

# MOPAC Victims Strategic Needs Assessment

## Final Report



# Contents

Part A	3
Overview of approach	4
Context	9
Data picture	22
Engagement	44
Summary of victim needs	60
Part B	64
Overview of approach	65
Key findings and recommendations	66
Deep Dives	95
Overview	96
Mental Health	97
Disproportionality	116
Prioritisation of recommendations	135
Annex I - Stakeholder engagement	143
Annex II - Funding and service analysis methods	161
Annex III - Longlist of recommendations	164

# Part A

# An Overview - what we have done

## Part A: In-depth analysis of victimisation in London

**Quantitative analysis: Analyse MPS/Service provider/CJS data to create a shared understanding of victimisation in London by establishing the:**

- **Scale** of victimisation in London, exploring volumes across different cohorts/trends in offence type and severity.
- **Nature** of victimisation, understanding who it affects and where (victim demographics).
- Detail on **disproportionality**, articulating any groups or communities overrepresented within the data.
- Profile of **vulnerability** amongst victims, outlining which (if any) affect the type, severity, and recurrence of victimisation.
- Demand for victims' services within London, **which cohorts receive support** from statutory and non-statutory services.
- **Impact of COVID-19** on victims' experiences within London.

**Qualitative analysis: Robust qualitative analysis will complement the insights generated by the data.**

- **A literature/document review** – drawing out what we already know, recommendations and best practice.
- **2 practitioner sessions** (one with victim services and one with CJS partners) to understand the demand, need, and impact of services.
- **4 focus groups with victims and witnesses** to capture their lived experiences **inc. experience of victims and witnesses going through the criminal justice journey.**
- We have pivoted our approach away from group sessions in favour of 1-2-1 victims interviews.
- **Victim journey mapping** – developing detailed case studies to support an understanding of areas of disproportionality or unequal impact of victimisation.

### Key output of Part A: a detailed interim report - changed to emerging findings

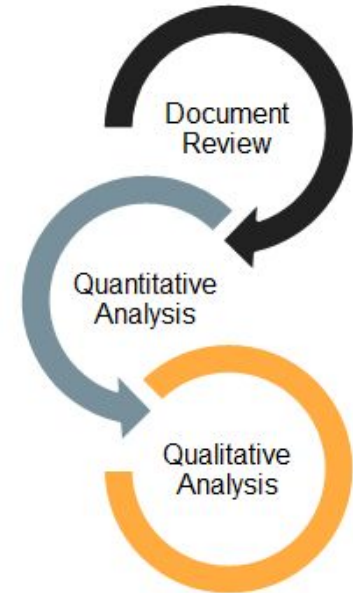
Highlighting key emerging findings from the qualitative and quantitative analysis and identifying cross-cutting themes. This report will make recommendations on suggested areas for further deep dive analysis to support decision making and wider partner engagement.



# Overview of Our Approach

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- We followed a **three-phase approach** to develop the emerging findings and recommendations on the future direction of the project. The three phases enabled us to take a holistic view to understanding the changing nature of victim need in London and the degree to which commissioned services have met this need.
- This holistic view was based on a thorough understanding of the work done in this field to date, an objective assessment of key data sets which present a top-down view of victimisation in London, and broad stakeholder engagement to capture the views and experiences of services providers, statutory partners and many victims themselves.
- The approach was iterative rather than linear, allowing the findings from each phase to inform and guide the lines of enquiry in another.



# Overview of our approach (1/3)

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## Phase 1: Document Review

- From the outset of the project, we have conducted a thorough document review of all related pieces of research and analysis previously commissioned by MOPAC. The document review included 23 sources.
- The purpose of this was not only to minimise duplication of previous work, but also to ensure that the focus of this project builds on and is additive to the findings previously established in this area.
- This approach was also crucial to maximising the value of the qualitative analysis phase; by conducting the document review we were able to both add to the voice of the victim and prevent frustrating stakeholders of all types by revisiting previously answered questions or going over ground that has been adequately covered elsewhere.

# Overview of our approach (2/3)

## Phase 2: Quantitative Analysis

- The purpose of the quantitative analysis phase is to generate a data-driven, top-down view of the scale and nature of victimisation in London. It also intends to surface those cohorts of victims with a high level of vulnerability and provide detail on the disproportionality of victimisation, articulating any groups or communities which are overrepresented in the data.
- The two main sources of data to date in the project have been **the LVWS Monthly Referral and Case data** (for adults and children) and the **MPS victim and flag data for a selected number of offences.**
  - LVWS data is limited in that it does not cover the entirety of the previous mayoral cycle and does not cover victims with such specific needs that they would be referred to/self-refer to specialist services directly.
  - MPS data is limited by selected offence types and is aggregated into annual reports, which makes it difficult to compare its trends and findings to the monthly victim data shared by LVWS.. There were delays in receiving this data from MPS which has impacted the amount of time we have had to analyse this data and for it to inform the emerging findings.
- There is no single record of a victim/witness' journey through the criminal justice system, there is no straightforward way of measuring attrition. Local Witness Care Unit and CPS attrition data has not been provided. Therefore, proxy measures have been used to increase our understanding including individual service data, financial returns and contract management information. We have also requested additional data from CJS partners including the CPS. While we have received Metropolitan Police Service data we were not able to obtain Crown Prosecution Service data.
- Published data sets, such as GLA population data, HO crime outcome data and MoJ trial effectiveness data were used as needed to complement our analysis.

# Overview of our approach (3/3)

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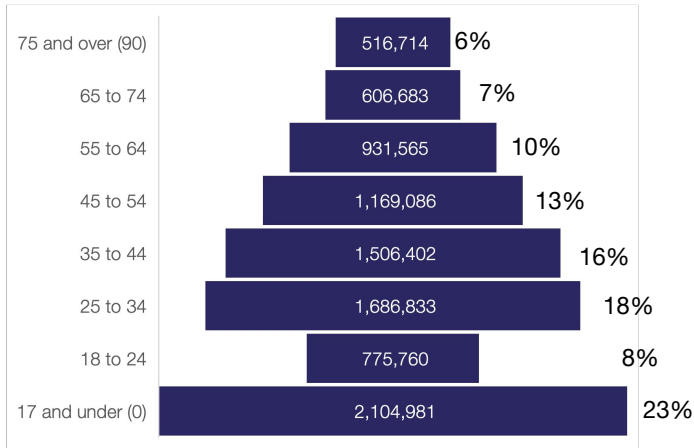
## Phase 3: Qualitative Analysis

- Our qualitative analysis has sought to enrich the evidence presented from the various data sources with the first-hand experience of services providers, statutory partners and victims of crime in London. We have delivered distinct, interactive sessions for these different groups to create the right forums for them to share their perspectives and experiences with the project.
- Our engagement with statutory partners included the MPS (both pre-charge and WCU), HMCTS, CPS, representatives from London Councils, representatives of the Judiciary, MOJ, the Parole Board, Victims Contact Scheme and the NHS. Where partners were unable to participate in a group session, we have followed up individually to ensure that their perspectives have not been missed.
- We engaged directly with all of MOPAC's key commissioned providers of victims' services. We have also worked with the London Community Foundation (LCF) as a vehicle to engage with grassroots community providers, for whom we ran an additional focus group to ensure the broadest possible representation. Alongside the focus groups, we set up a survey for front line staff to ensure that their views were captured, in addition to service managers.
- We have drawn on three main sources to identify the right individuals to engage with us to represent the voice of the victims:
  - recommendations from service providers
  - candidates provided by the office of the Victims' Commissioner
- In total for Part A., we have spoken directly with **16 victims** to inform the findings and victim journey maps.

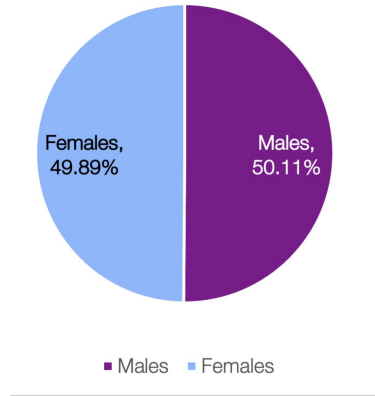
# Context: the commissioning picture

# London demographics: young people make up the majority of London's population, which is equally divided by gender. Although White British is the biggest ethnic group, London is very diverse and is home to significant proportions of ethnic groups

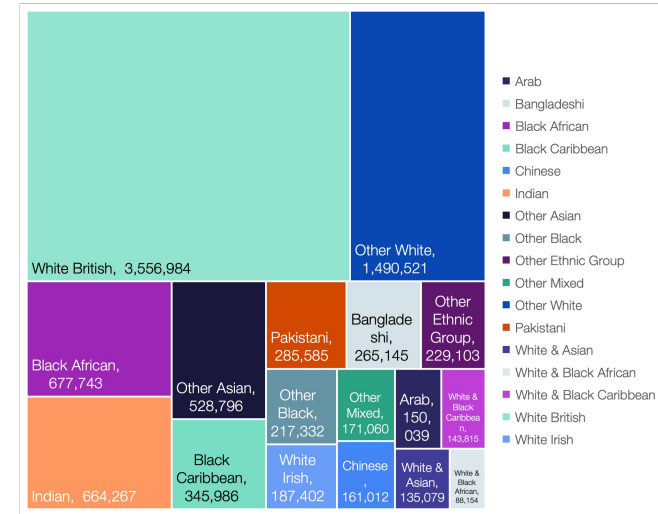
Age distribution according to GLA Housing Based projections (2021)



Gender distribution according to GLA Housing Based projections (2021)



Ethnic distribution according to GLA Housing Based projections (2021)

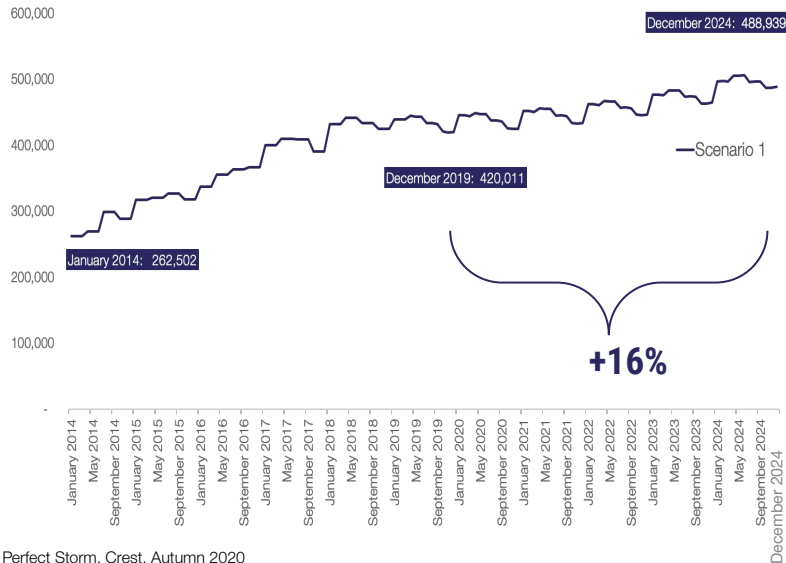


# The CJS, and therefore victim support services, are facing an increase in the volume and severity of demand. Given the court backlogs, the length of cases is also likely to increase

Crest’s modelling of future police recorded crime shows a minimum increase of 16% (2019-2024) and, taking the pandemic into consideration, this jumps to 26%.

Both serious and low level crime are projected to increase. Taking the CJS backlog into consideration, support services can expect increased demand and a more complex caseload that stays with services for longer.

Historical projection scenario: police recorded crime (2014-2024)



Source: A Perfect Storm, Crest, Autumn 2020

**Future Outlook:** Looking ahead, legislative changes and social movements around women’s safety and Black lives are also likely to impact victims and their journey through the criminal justice system.

**Victims’ Law:** The government are due to begin consultations on a new Victims’ law which will ‘underpin victims’ rights in legislation and ensure justice agencies are held to account for delivering them’

**Gendered violence and women’s safety:** In response to the death of Sarah Everard and renewed concerns around women’s safety, the Home Office have announced that, on an experimental basis, police forces will be asked to record misogyny as a hate crime where victims believe that crimes have been prompted by a “hostility based on their sex”.

**Domestic Abuse Bill:** Will place a statutory duty on local authorities to provide support to victims of domestic abuse, and their children, residing in refuges and other safe accommodation.

**Black Lives Matter:** In light of global BLM protests in the summer of 2020, the mayor published the Transparency, Accountability and Trust in Policing Action Plan. The aim being to address the low levels of trust and confidence that Black Londoners have in the MPS. The plan includes a review of MARAC to understand how concerns about immigration status can impact women with insecure immigration.

# Timeline of Previous Work

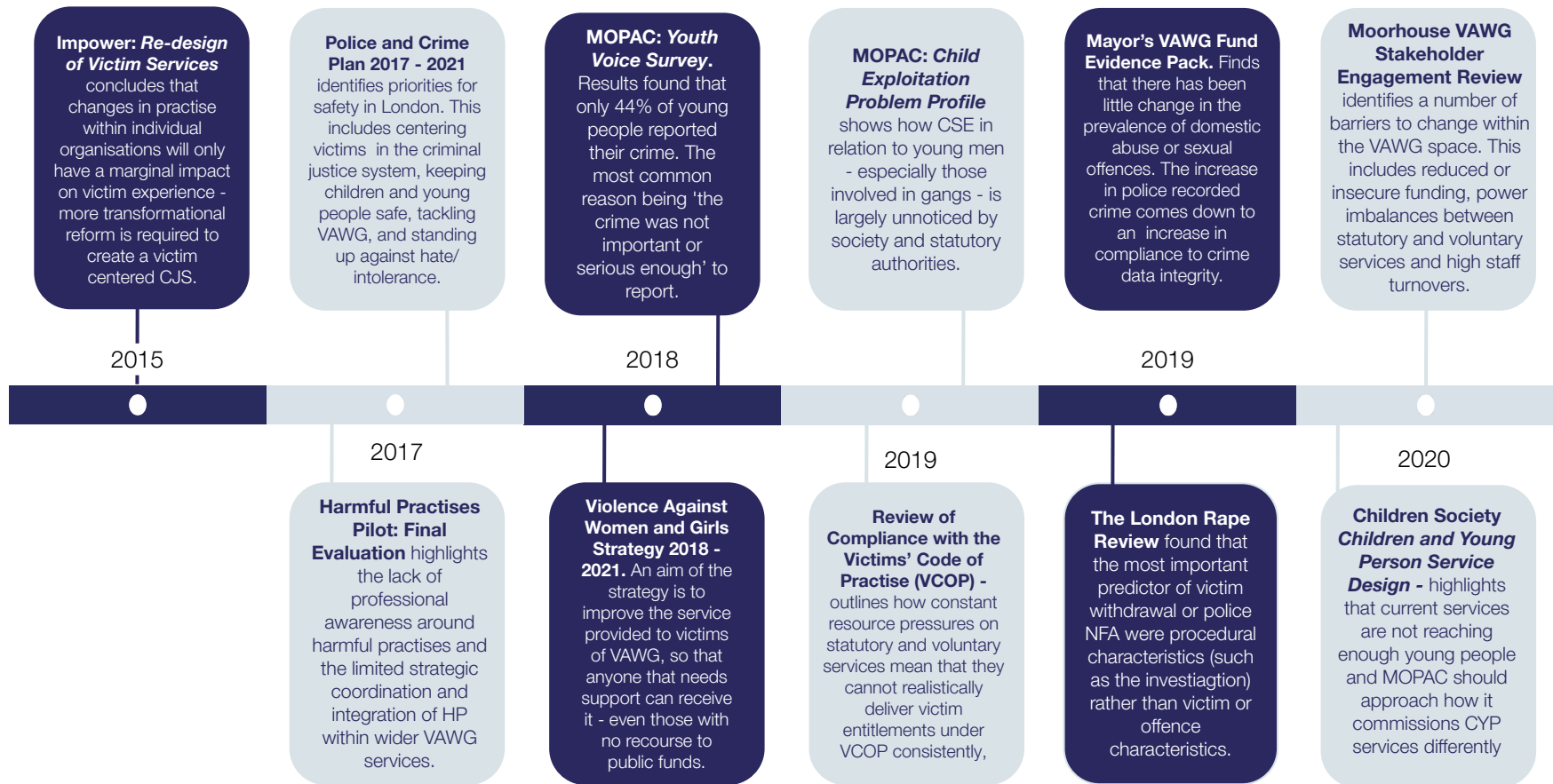
To inform our work, **we conducted a thorough document review of all relevant pieces of research and analysis on victimisation in London** over the last five years. This included: published and unpublished reports and evaluations from MOPAC's evidence and insight team, MOPAC commissioned reports, mayoral strategic plans, and reports from service providers regarding victimisation in London.

After reviewing all these documents, **we created a timeline of reports and evaluations with their key findings.** The purpose of this was to highlight key findings and recommendations from previous reports, and **identify areas of insight that this project could build on and explore further without duplicating previous efforts.**

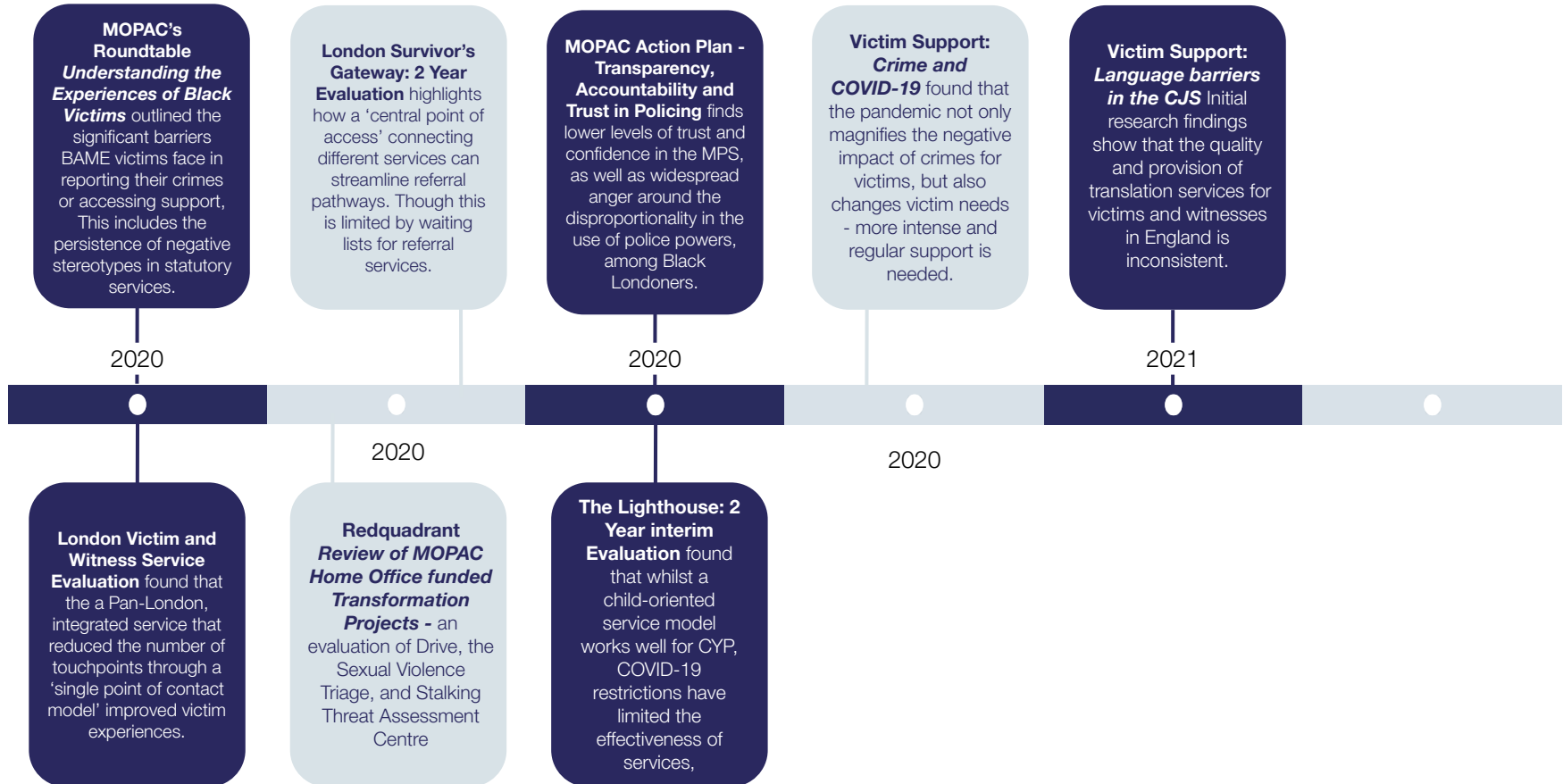




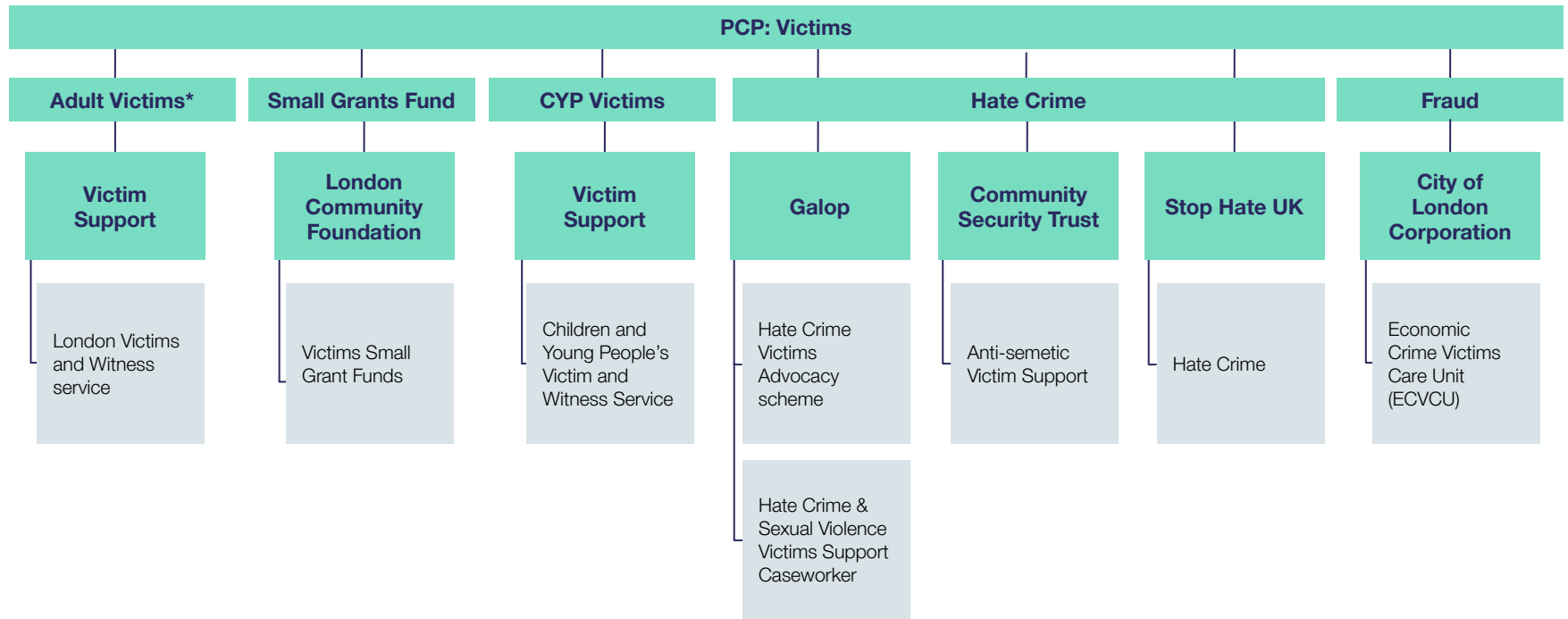
# Reports and Evaluations



# Reports and Evaluations

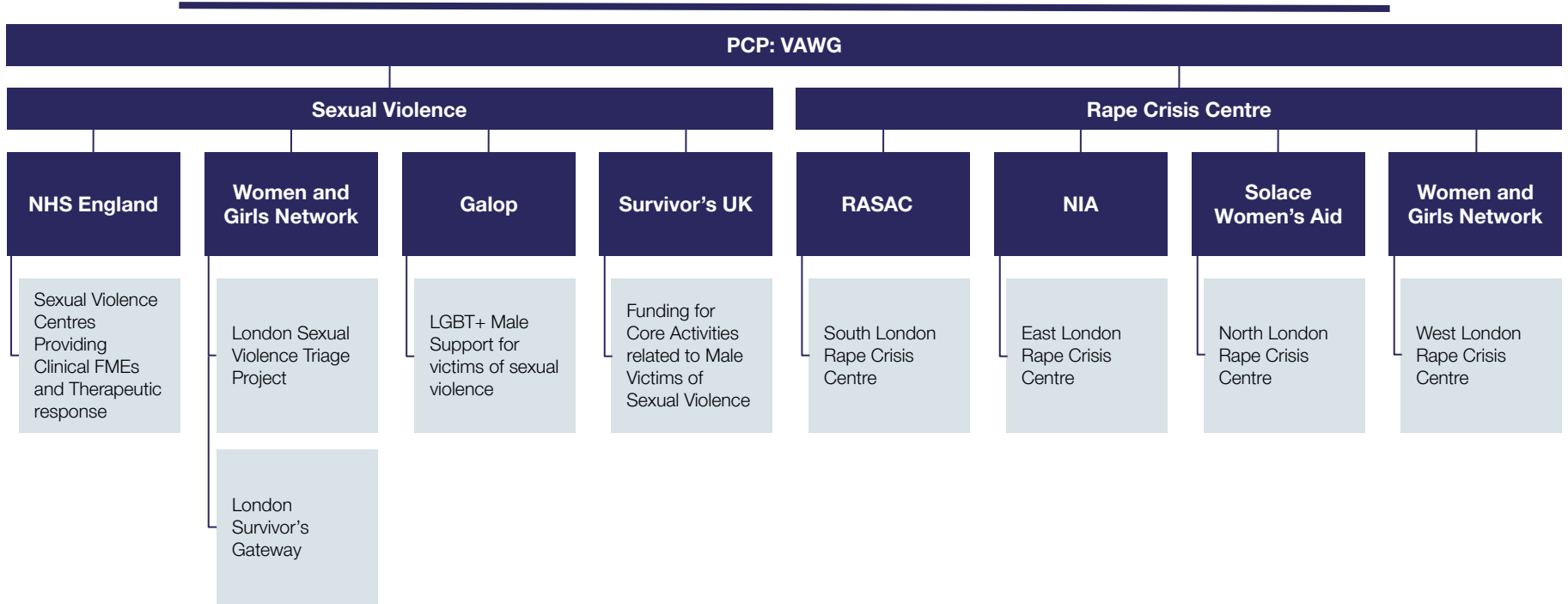


# A picture of MOPAC commissioned services by thematic need: overall victim needs including adults, children, hate crime and fraud (1/4)

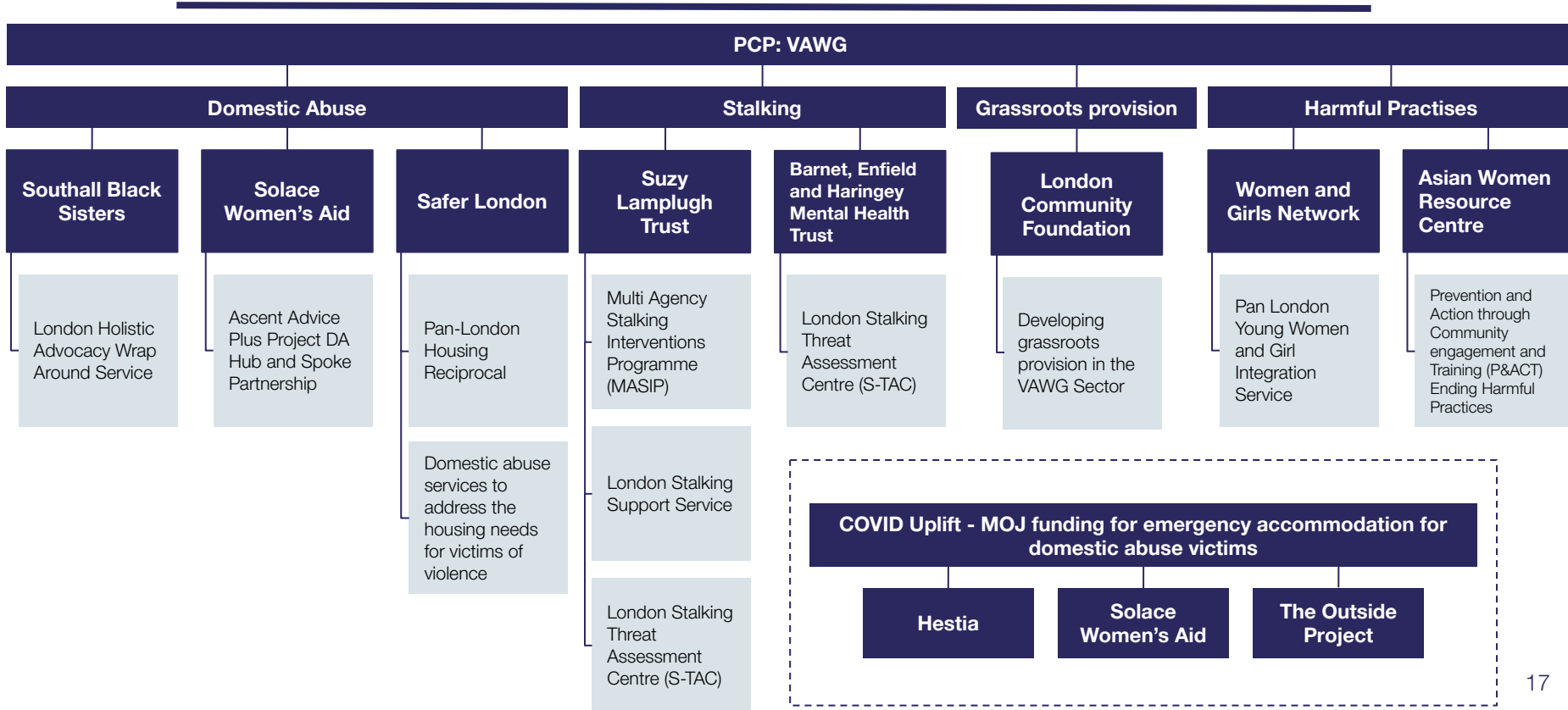


\*The LVWS service includes multi-crime and domestic abuse support services. Up until March 2019, these were commissioned as separate services.

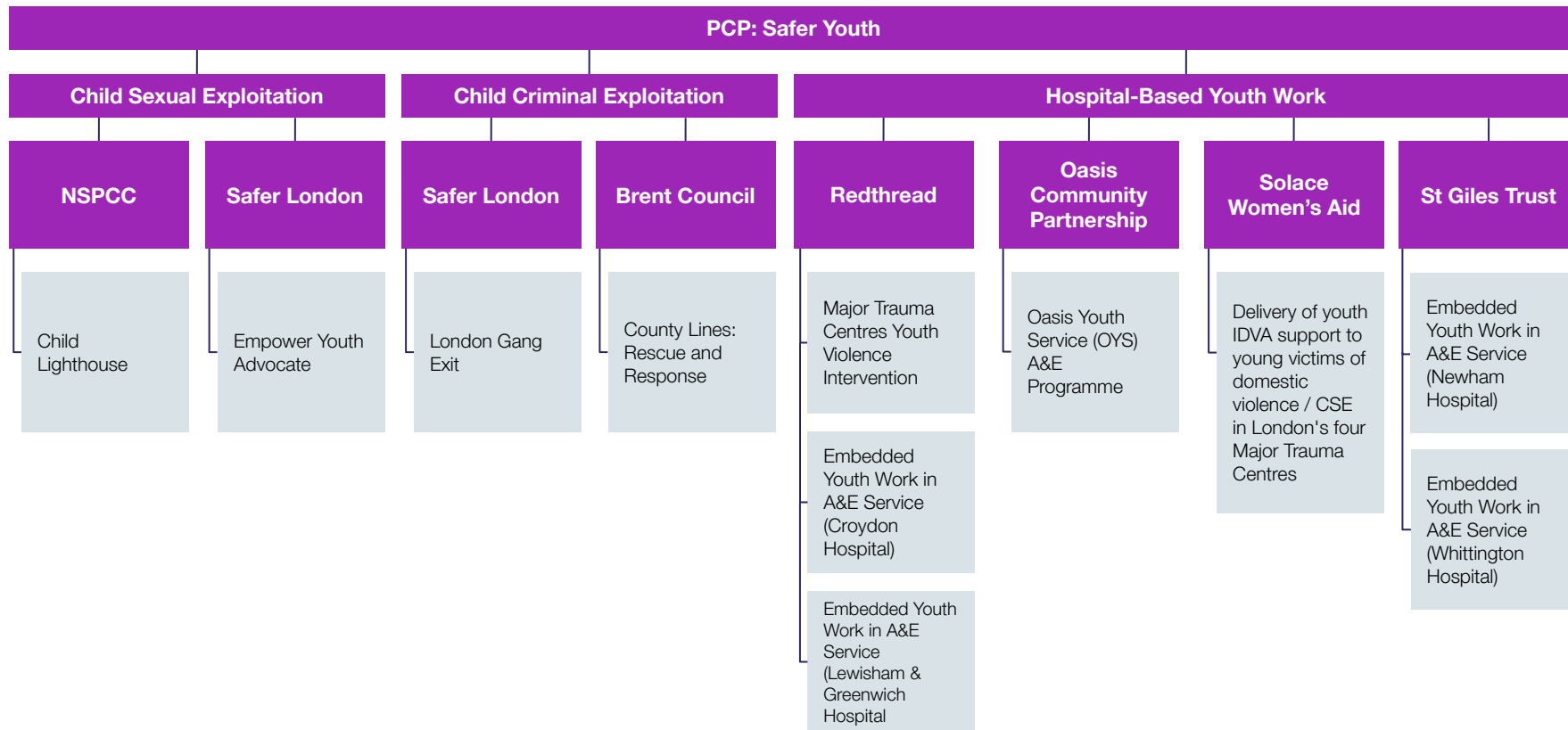
# A picture of MOPAC commissioned services by thematic need: domestic abuse and sexual violence (2/4)



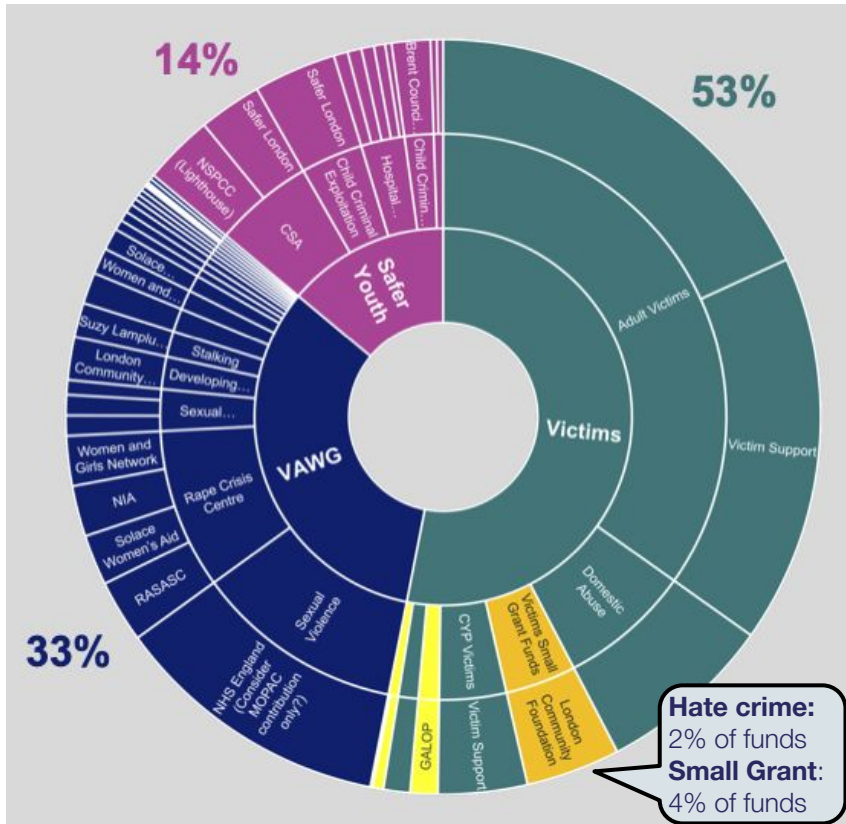
# A picture of MOPAC commissioned services by thematic need: domestic abuse and sexual violence continued (3/4)



# A picture of MOPAC commissioned services by thematic need: young people, serious violence and exploitation (4/4)



# Commissioned Services - Mayoral Term 2016-2021



**£54,774,266 in Total Funding**

- 44 Total Awards
- 24 Recipient Organisations

**In the financial year: 2020/2021:**

- **£24,752,510** spent on victim front line support (excluding Covid-19 uplift)
- **743,346** crimes recorded by the police
- **209,457** victim support referrals made
- **The average unit cost** per victim for support services was **£116.79 in 2020/21** (excluding Covid-19 uplift)

Source: MOPAC funding and performance data

# Volume of victims through the criminal justice and support service system in comparison with spending (2020/21). The volume of victims supported by thematic area is consistently less than a quarter of victims recorded by the police. See annex for methods

**CJS journey:**

**PRC total victims:  
743,346**

**Charged\*: 66,901**  
\*Based on national average

**Witness Care Unit:  
446,300\***  
\*including non-civilians and older cases

**London Victim and Witness Service: 176,625 referrals vs 743,346 PRC,  
24% of PRC victims, 83% of all victims supported, 22% of the budget, £31.18 unit cost**

**Service category**

**CYP and Safer Youth\* (excluding VRU activity)**

**Sexual violence**

**Domestic abuse (inc. stalking but excluding other provision)**

**Fraud**

**Hate**

**Recorded crime**

**47,949**

**17,288**

**202,978**

**40,232**

**28,199**

**Victims supported by specialised services**

**10,162**

**5,333**

**13,260**

**3,607**

**3,972**

**% of ALL PRC victims**   **% of ALL victims supported**

**6%**

**5%**

**2%**

**3%**

**26%**

**7%**

**9%**

**2%**

**14%**

**2%**

**Percentage of budget**

**25%**

**33%**

**17%**

**1%**

**2%**

**Unit cost**

**£615.67**

**£1,537.88**

**£318.15**

**£58.22**

**£120.38**



# **Victims are under-supported across the board, including vulnerable victims like young people. Hate crime and Fraud victims are especially under-invested. Even where the budget percentage matches or supercedes the percentage of reported vulnerable victims like for DA and CYP, the percentage of supported victims is around or less than a third of victims reported**

## **General victim support:**

- **Referrals to LVWS only represent 24% of all victims connected to police recorded crime** (excluding summary offences and fraud) and represents 84% of all victims supported in London. The unit cost per victim (c.£31 per person) was low, as expected. While mandatory referral is not desirable, the low proportion of victims referred does suggest that **some victims are not accessing service**

## **Children and young people:**

- **Children and young people who are victims of crime are vulnerable**, and the experience of victimisation can have long lasting impacts on their development and implication in the CJS. It is therefore striking that **only 21% of young victims recorded by the police are supported** in London by victim services. However **this funding data does NOT include VRU-funded** and managed programmes which addresses young people
- A high unit cost (c. £615 per person) and a high proportion of the budget (25% in 2020/21) spend is justified by the fact that specialised services deal with extremely serious and complex crime types like criminal and sexual exploitation and serious violence

## **Sexual violence:**

- **A high proportion of victims of sexual violence** are supported by MOPAC specialised services (**31%**). However, given the gravity of the offence and the level of underreporting, it is likely that more support is needed. **The high unit cost of £1,537 reflects the extent of the harm** caused by this offence type

## **DA victims:**

- The **greatest proportion of victims funding is allocated to DA and stalking services** over the Mayoral term 2016-2021 (31% in 2020/21)
- Covid funding has led to a further uplift in VAWG funding with the focus on DA/SV - supporting increased demand and safe accommodation
- Nevertheless, **only a very small proportions of victims reported were supported by specialised services** (7% in 2020/21). This is likely to be driven **by other local services supporting victims**, as well as a potential under-service

## **Hate:**

- **Only 14% of hate crime victims recorded are supported by services in London.** This is very low, especially considering the well known gap in reporting of hate crime and the increase in offending over time. Is this too low?

## **Fraud:**

- **Only 9% of recorded victims were offered support**, and given the increase in fraud offences and the potential significant consequences on victims, it may be worth revisiting **whether spending only 1% of the budget is the adequate amount**

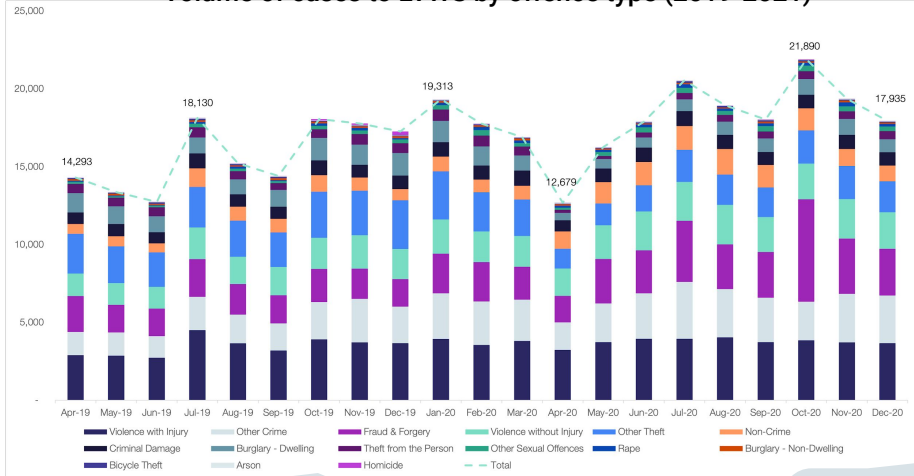
# Data picture

## Both Police Recorded Crime (PRC) and LVWS data dipped with the first lockdown before scaling back up. The distribution of offence type is different, suggesting varying needs by offence type

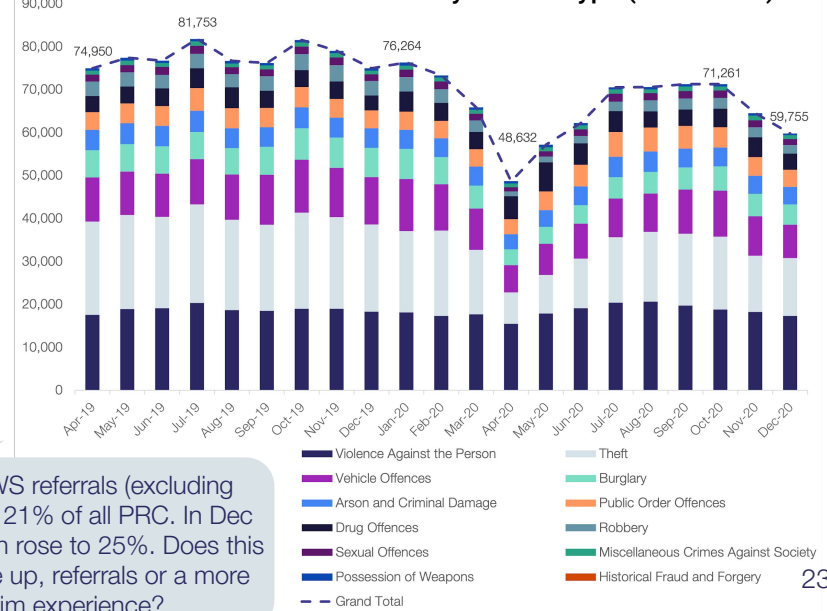
The top 3 offence types are: Violence With Injury, Other Crime and Fraud. Covid did not change these proportions. VWI has been stable despite the pandemic, VWOI has actually risen and theft has decreased

In contrast, the top 3 offences in PRC are: Violence Against the Person, Theft and Vehicle offences. The differences between the graphs may reflect a different need for support based on the offence type

Volume of cases to LVWS by offence type (2019-2021)



MPS Police Recorded Crime by offence type (2019-2021)



There is a clear increase in volume and proportion of Fraud victims being referred through. We are investigating the October spike but the overall increase is something for MOPAC to consider.

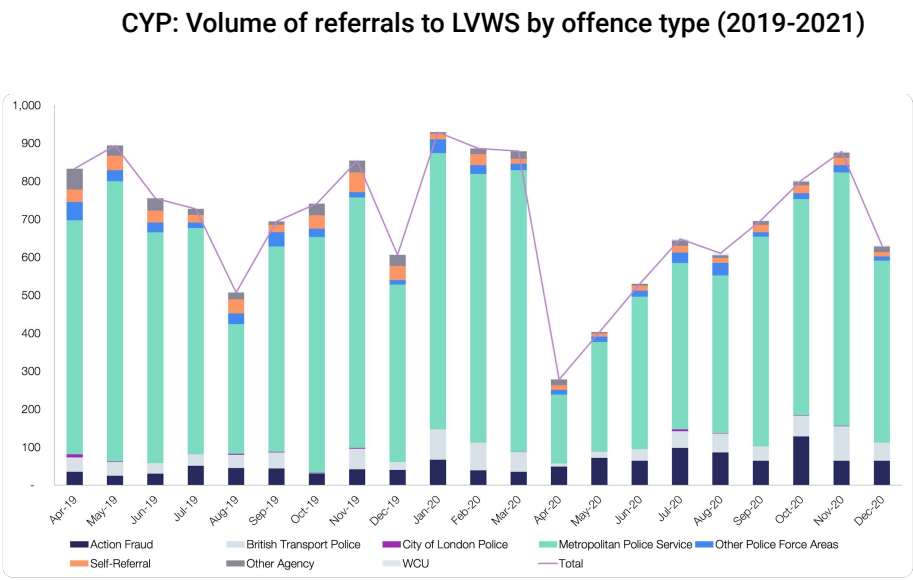
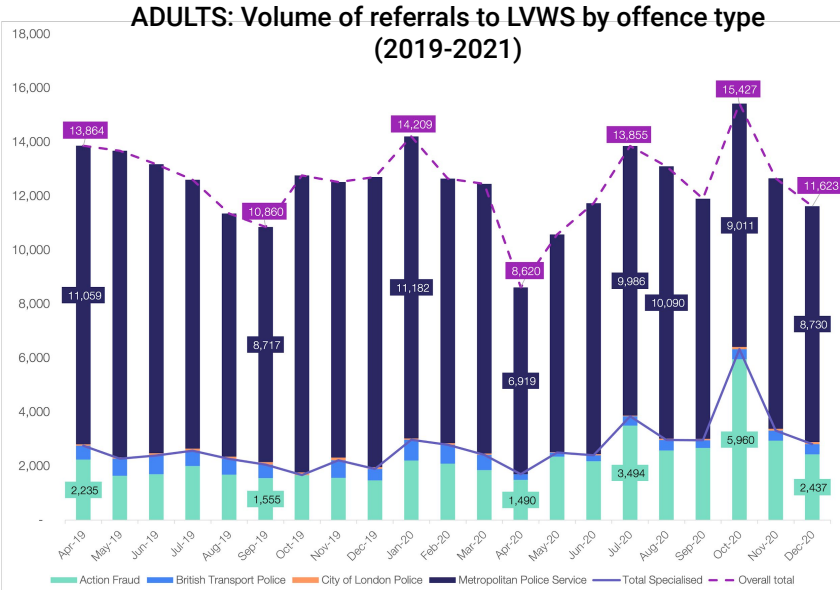
In Dec 2019, LVWS referrals (excluding Fraud) represented 21% of all PRC. In Dec 2020, this proportion rose to 25%. Does this indicate better take up, referrals or a more difficult victim experience?

# Scale of victimisation

## LVWS referral sources for adults and children. The MPS is the major referee, followed by Action Fraud. Should other agencies play a bigger role, especially for children and young people (CYP)?

Met referrals followed the PRC throughout the pandemic, suggesting a stability in referrals. In contrast, Action Fraud referrals rose since the first lockdown

The majority of referrals came from the Met and followed a relatively similar patterns to the adults (except for the dip in July-August 20). It is notable that the Action Fraud referrals also increased from the first lockdown onwards



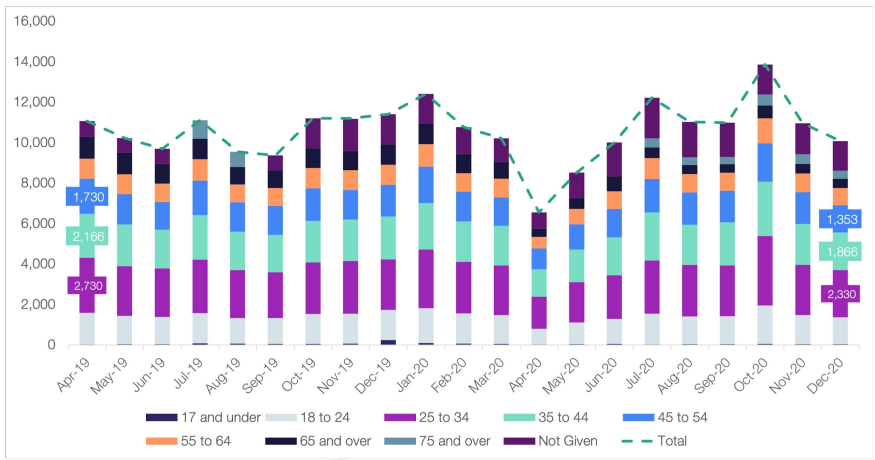
Source: LVWS data and CYP data

## The majority of victims recorded both by the Met and LVWS are 18-44 years old. The bulk of victims are relatively young. Do services reflect that?

The majority of victims supported by LVWS are 18 to 54 years old. The 18 to 24 category increased slightly during the pandemic. This may highlight the need for support service provision to be tailored to younger people's needs

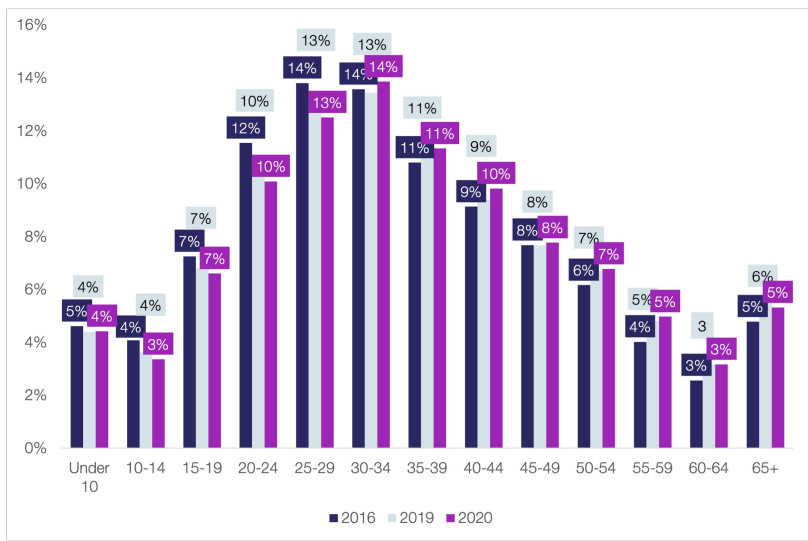
The majority of victims for given offences are between 20 and 49 years old. The two most important categories are 25-29 and 30-34. COVID-19 has not significantly changed the distribution but there is a slight increase in older victims

Age distribution of LVWS cases (2019-2021)



Perhaps contrary to expectations, the Fraud spike in October mainly appears to affect younger demographics, from 18 to 44 years old

Age distribution Met (received) data (2019-2021)

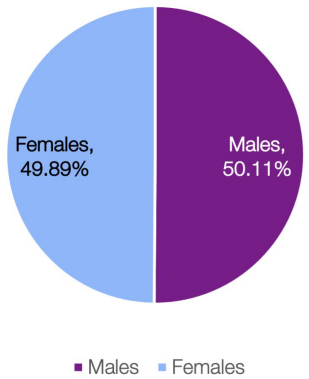


# Victim demographics: Gender

Despite an equal split in the London population, females are overrepresented in LVWS cases and males are overrepresented in the (given) Met data. Does this reflect a different victim experience?

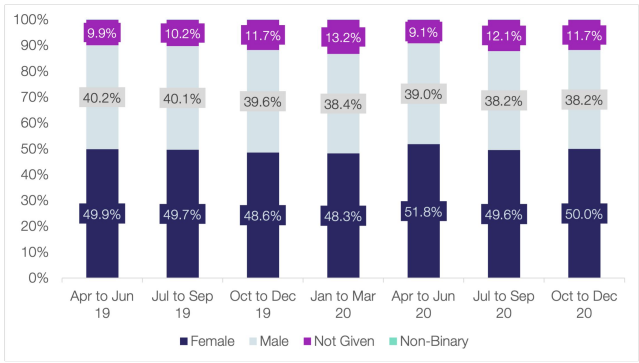
According to the Greater London Authority (GLA) housing based projection, the distribution between males and females is almost equal

Gender distribution according to GLA Housing Based projections (2021)



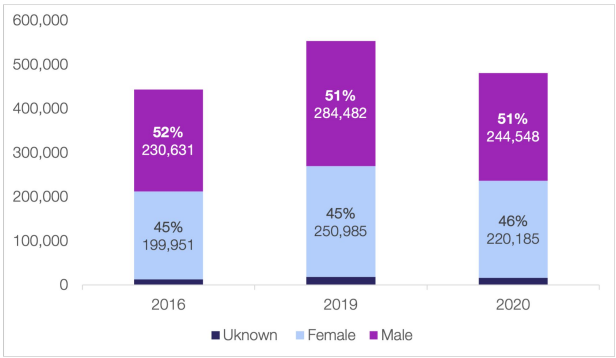
Including a small proportion of cases where gender is not given, female victims appear over represented compared to male victims

Age distribution of referrals to LVWS (2019-2021)



In contrast, in the given Met data, Males are overrepresented compared to females

Gender distribution Met (received) data (2019-2021)



# Victim demographics: Ethnicity

**White victims are the largest group. White and Asian victim LVWS cases increased since the pandemic, but not in the (given) Met data. We will examine the rates of representation compared to the London population**

Compared to MPS data, LVWS held more disclosed ethnicity data in 2020. However, this data is only for Take Up Of Service (TUOS). Proportionally, the biggest increase is White victims; there is also a notable volume increase of Asian victims, especially between the first lockdown and Dec 2020

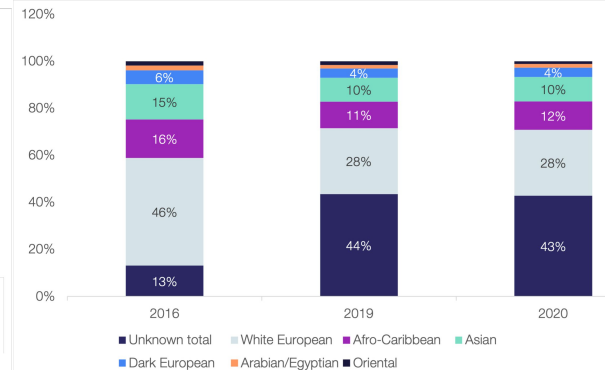
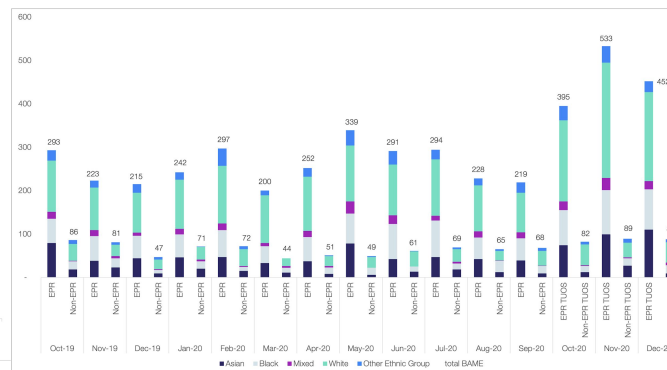
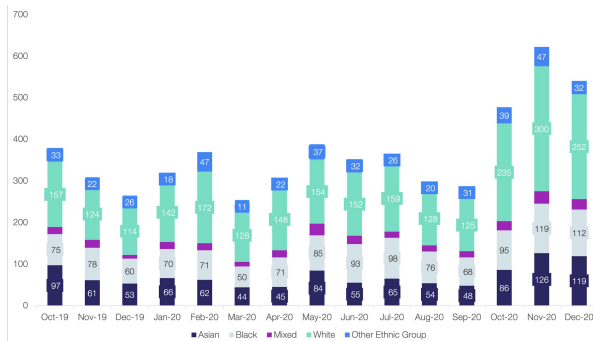
There has been a marked increase in White and Asian Enhanced Priority Referrals (understood as a marker of vulnerability) towards the latter half of 2020. This may be related to domestic abuse and hate crime

The ethnicity of victims identified by the Met is majoritarily White European, followed by African/Caribbean and Asian. There has been a marked increase in Unknown since 2016. Is there a systematic process to record?

**Ethnicity TUOS distribution of referrals to LVWS (2019-2021)**

**Ethnicity TUOS distribution of referrals to LVWS by EPR referrals (2019-2021)**

**Ethnicity distribution Met (received) data (2019-2021)**



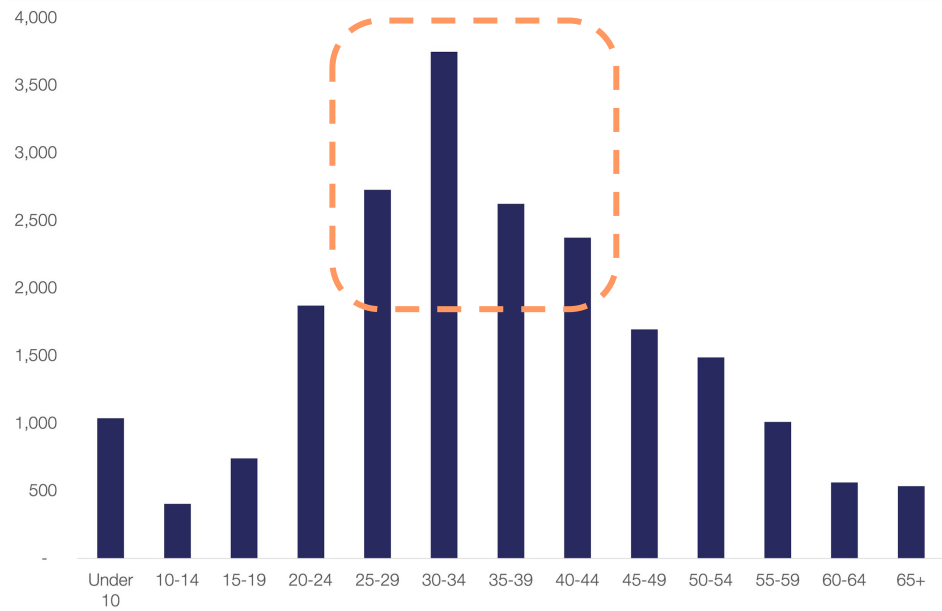
# Victim demographics: Ethnicity

According to Met data, in 2020 a high proportion of victims of crimes flagged as racial incidents were aged 30 - 34. These crimes were mostly harassment offences

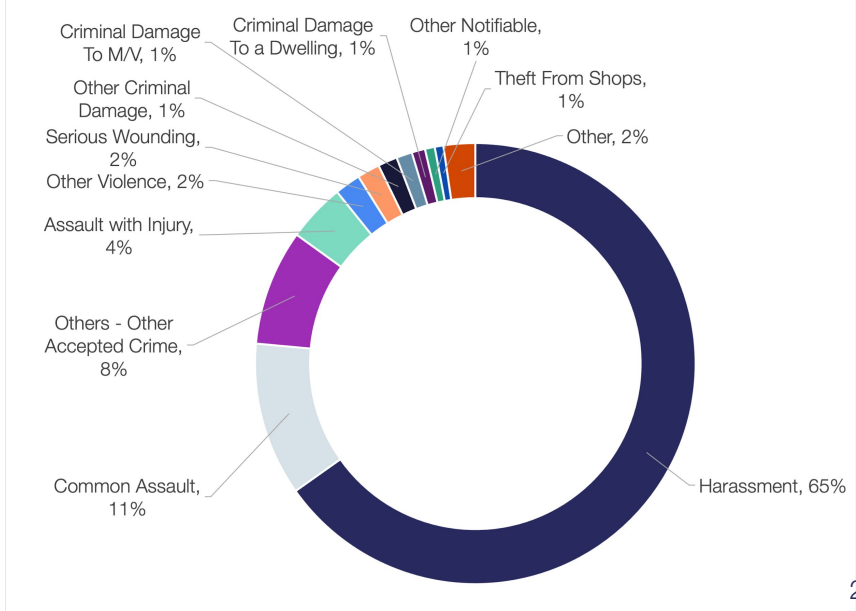
30 - 34 was the largest age group of victims. The majority of victims were aged between 25 and 44

Almost two thirds of crimes where a racial incident was flagged were harassment offences

Racial incidents in 2020, age of victims



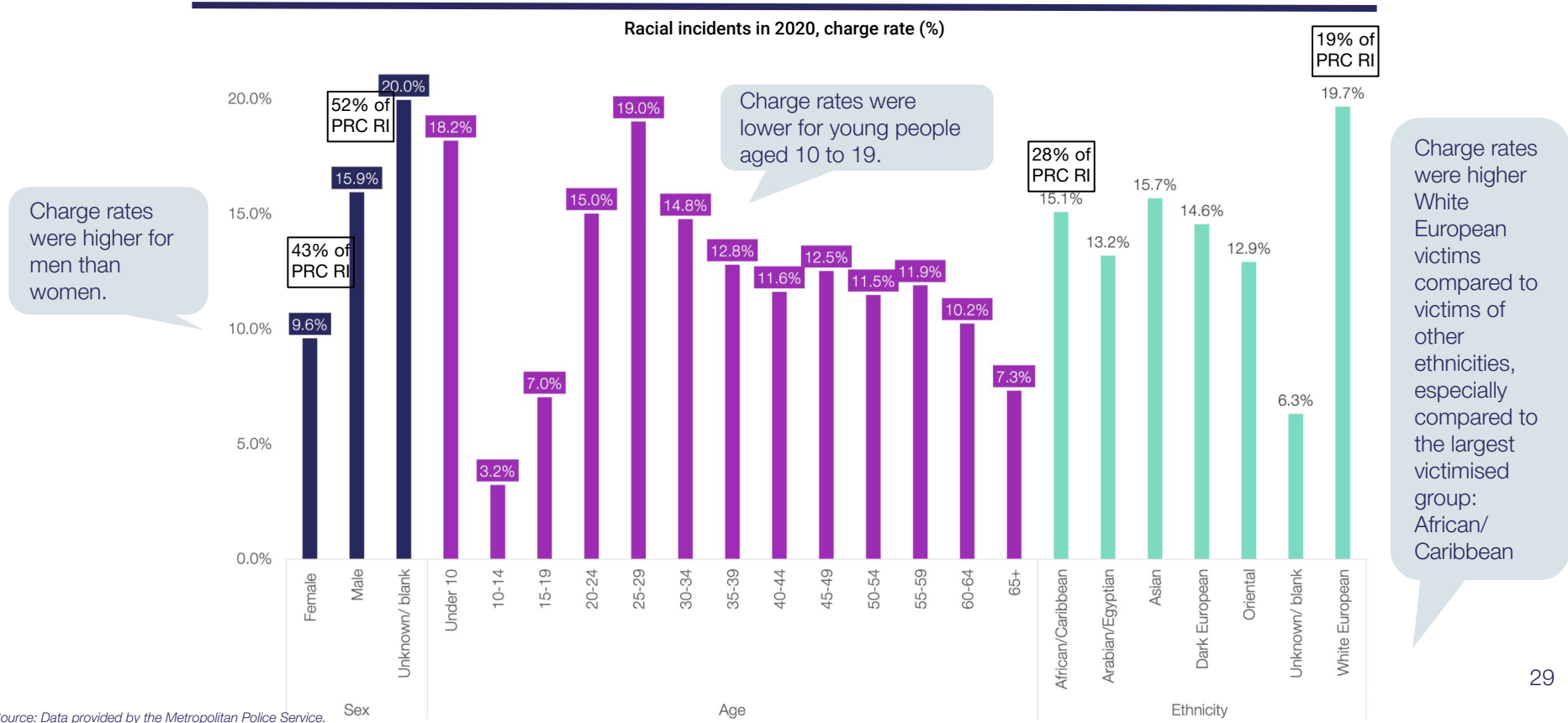
Racial incidents in 2020, crime types



Source: Data provided by the Metropolitan Police Service.



According to Met data, charge rates for racial incidents were higher for White European victims compared to victims of other ethnicities. The charge rate was also higher for men than women

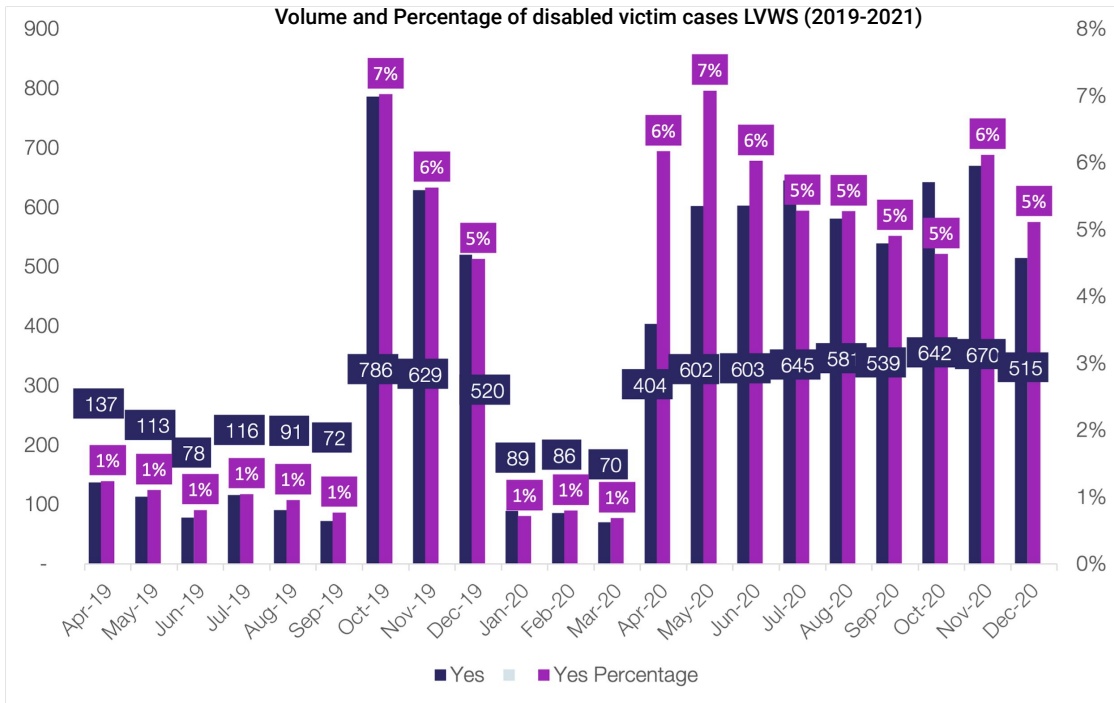


Source: Data provided by the Metropolitan Police Service.

# After a brief peak, the proportion of disabled victims supported by LVWS remained largely stable around 5-6%

The percentage and volume of victims with a disability rose sharply after March 2020 (probably a recording change) and remained stable despite the pandemic

The lack of dip in April, when all other crime dipped, suggests either continued under reporting or a very high rate of victimisation which was not captured pre-pandemic.



Source: Data provided by LVWS.

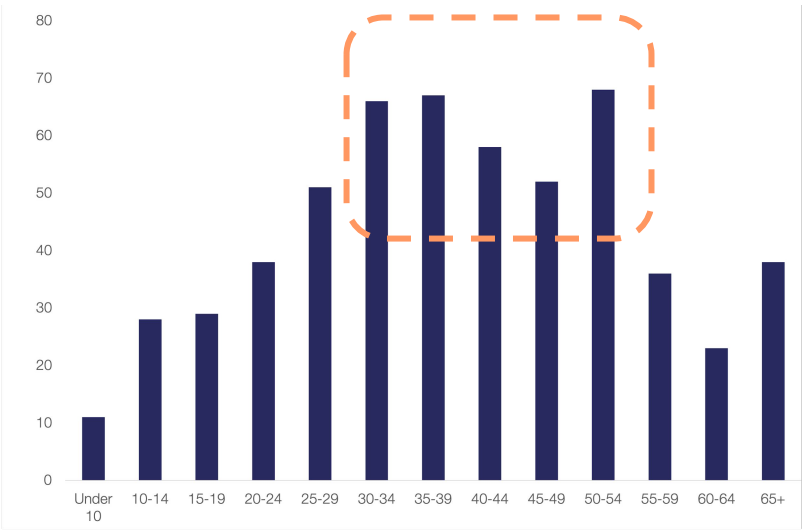
# Victim demographics: Disability

## According to Met data, in 2020 disability targeted incidents had an older profile than other flags. The majority of the crimes were harassment offences

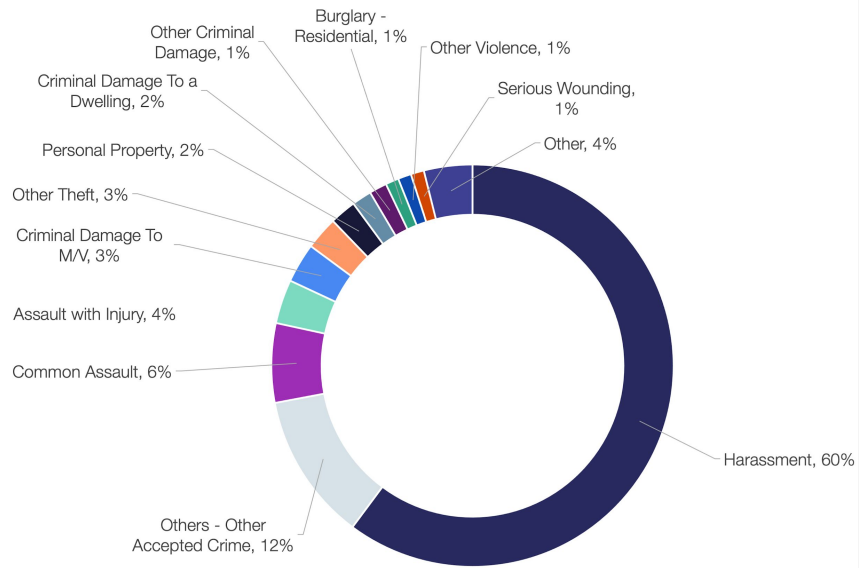
The age profile of disability targeted incidents was slightly older than other flags, the largest age group was 50 to 54. More than half of victims were aged 30 to 54

Three fifths of disability targeted incidents were flagged against harassment

Disability targeted incidents in 2020, age of victims



Disability targeted incidents in 2020, crime types



Source: Data provided by the Metropolitan Police Service.

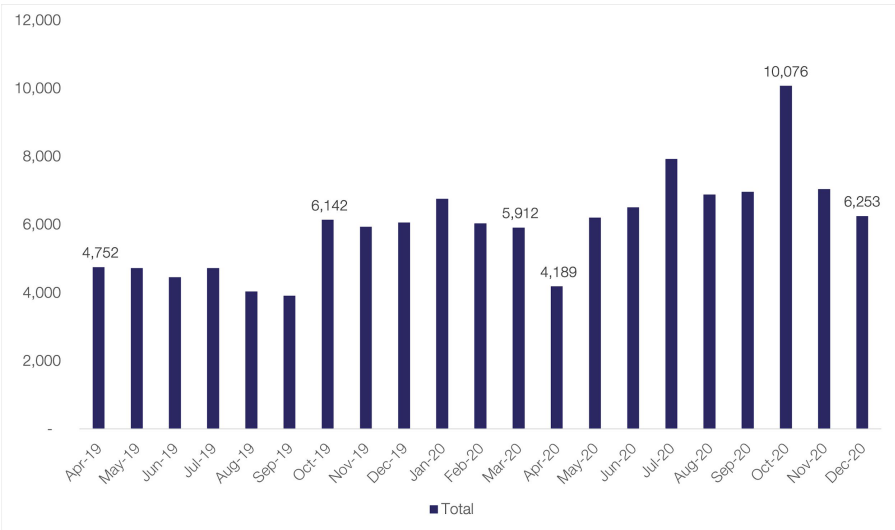
# Victim demographics: Vulnerability

Overall, Enhanced Priority Referral (EPR) LVWS victims increased during COVID-19 after an initial drop, again with a spike in October. However, this is driven by Fraud victims and is likely to be a recording issue. More analysis is needed

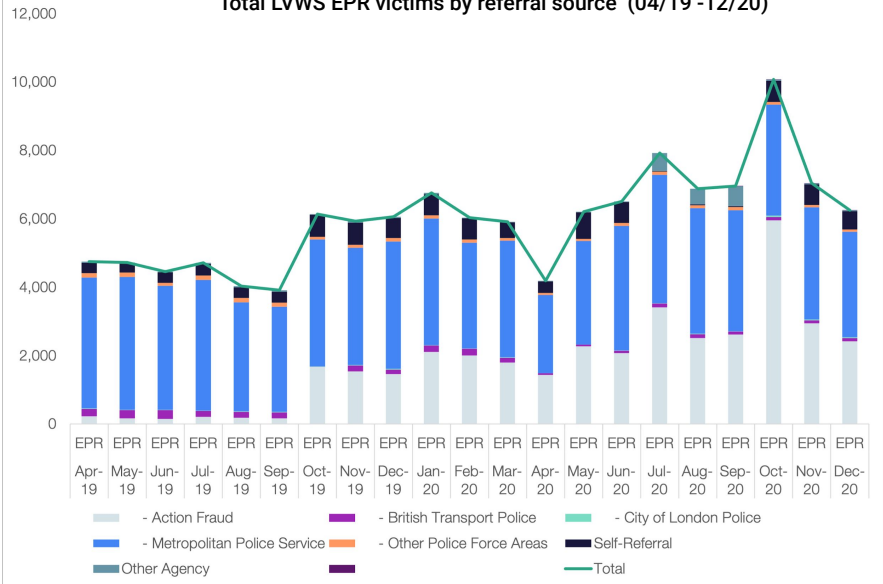
After an initial dip at the time of the first lockdown, EPR cases increased and spiked in October. This is partly driven by Fraud victims being automatically classified as EPR. Nonetheless, this drives an increased demand on the services

Although Fraud EPR referrals grew during the pandemic, they had already emerged previously. This suggests that the increase has long term drivers as well as COVID-19

Total LVWS EPR victims (04/19 -12/20)



Total LVWS EPR victims by referral source (04/19 -12/20)



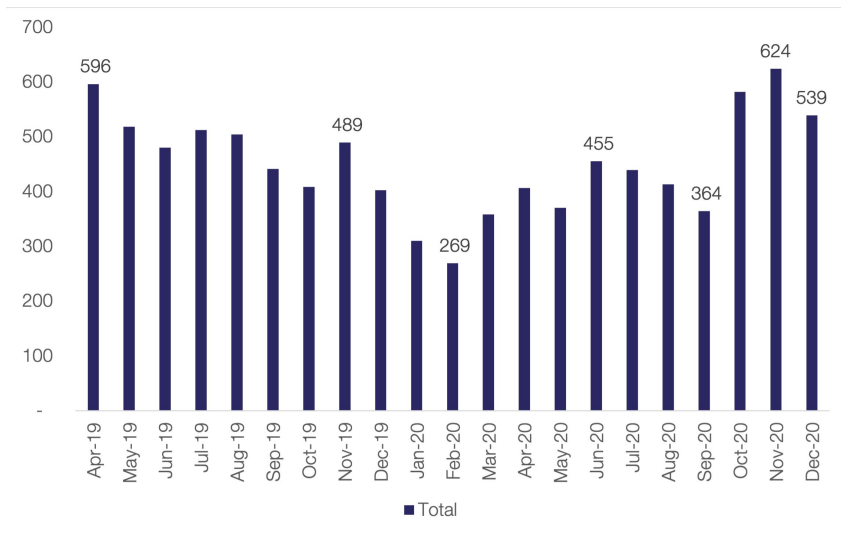
Source: Data provided by LVWS.

# LVWS high risk victim flows initially decreased during lockdown but then increased rapidly; medium risk victims flows remained stable except for June. Does this reflect different dynamics and different opportunities to report?

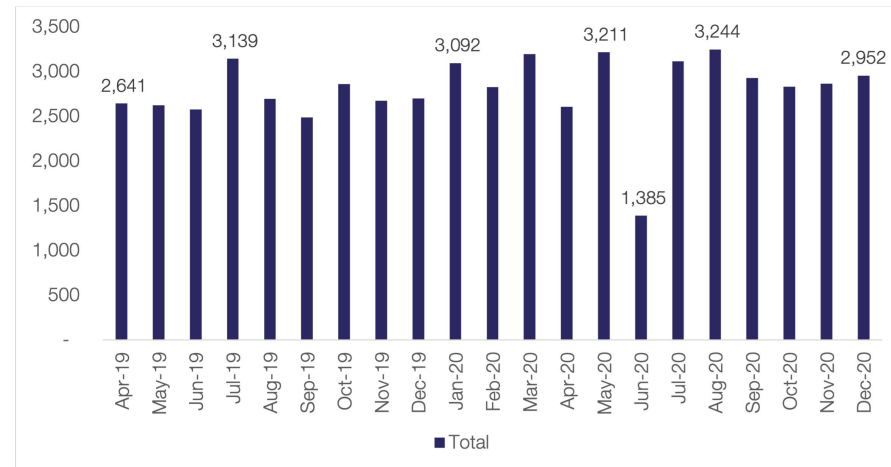
LVWS High Risk DA victim cases initially dropped with the first lockdown but subsequently rose sharply throughout the year. This suggests that some reporting and referrals did continue despite barriers

In contrast, LVWS Medium Risk DA Victim Cases barely dipped at the beginning of the pandemic, except in June. This difference suggests a change in reporting opportunities or willingness to report

High Risk DA victims (04/19 -12/20)



Medium Risk DA victims (04/19 -12/20)

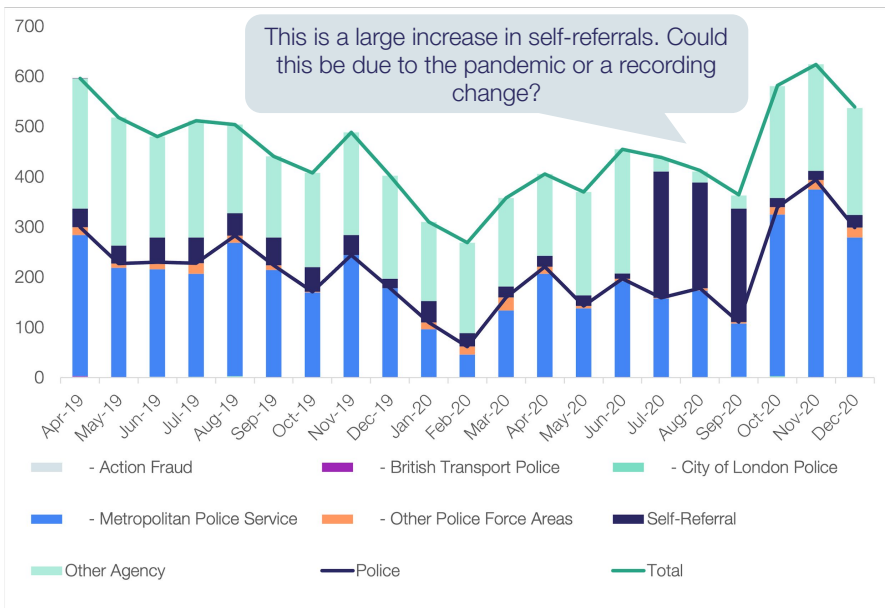


**This difference may be explained by key sources: High Risk DA referral sources are largely split between the MPS and 'other agencies', but self-referrals explode between June-September 2020. Conversely, Medium Risk DA referrals are dominated by MPS**

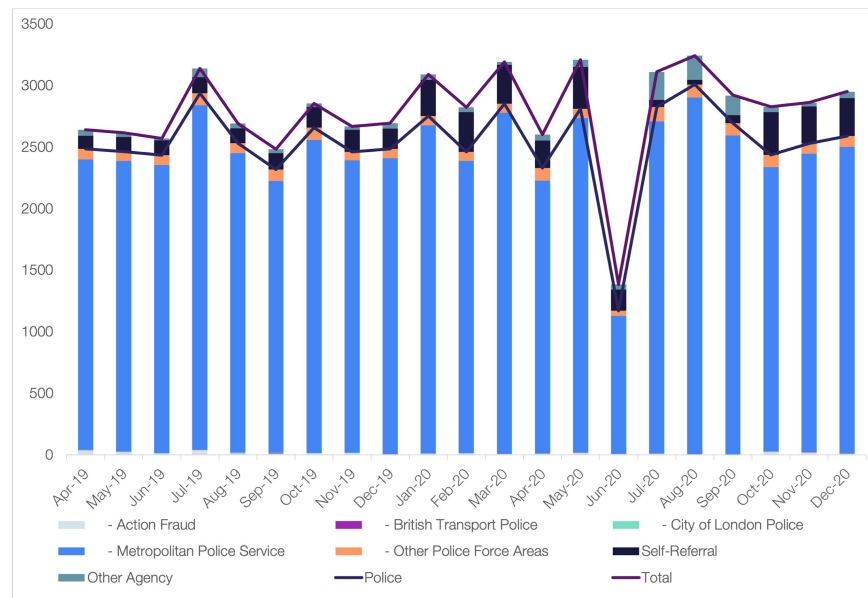
Notably, between June and September 2020, self-referrals replaced other agencies as referral sources. What drove this?

In contrast, police referrals were the consistent bulk of Medium Risk DA cases. Is this satisfactory?

High Risk DA victims by referral sources (04/19 -12/20)



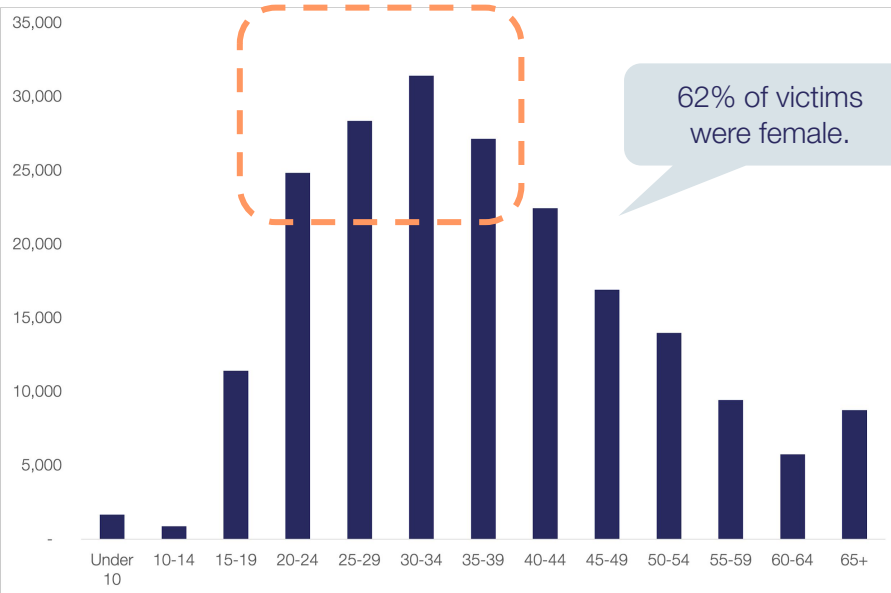
Medium Risk DA victims by referral sources (04/19 -12/20)



## According to the Met (given) data, in 2020 victims of domestic violence were predominantly aged 20 to 40; three fifths of victims were female

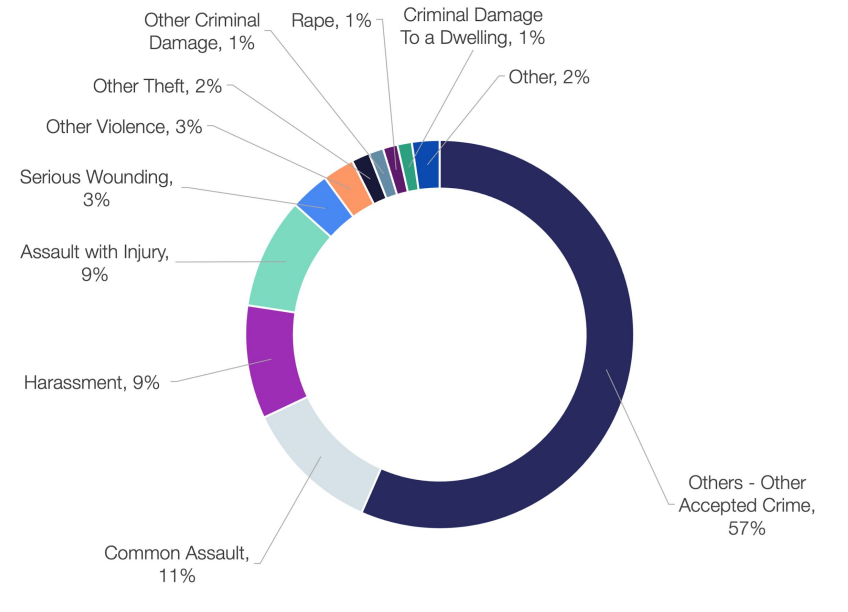
30 - 34 was the largest age group of victims. The majority of victims were aged between 20 and 40

Domestic violence incidents in 2020, age of victims

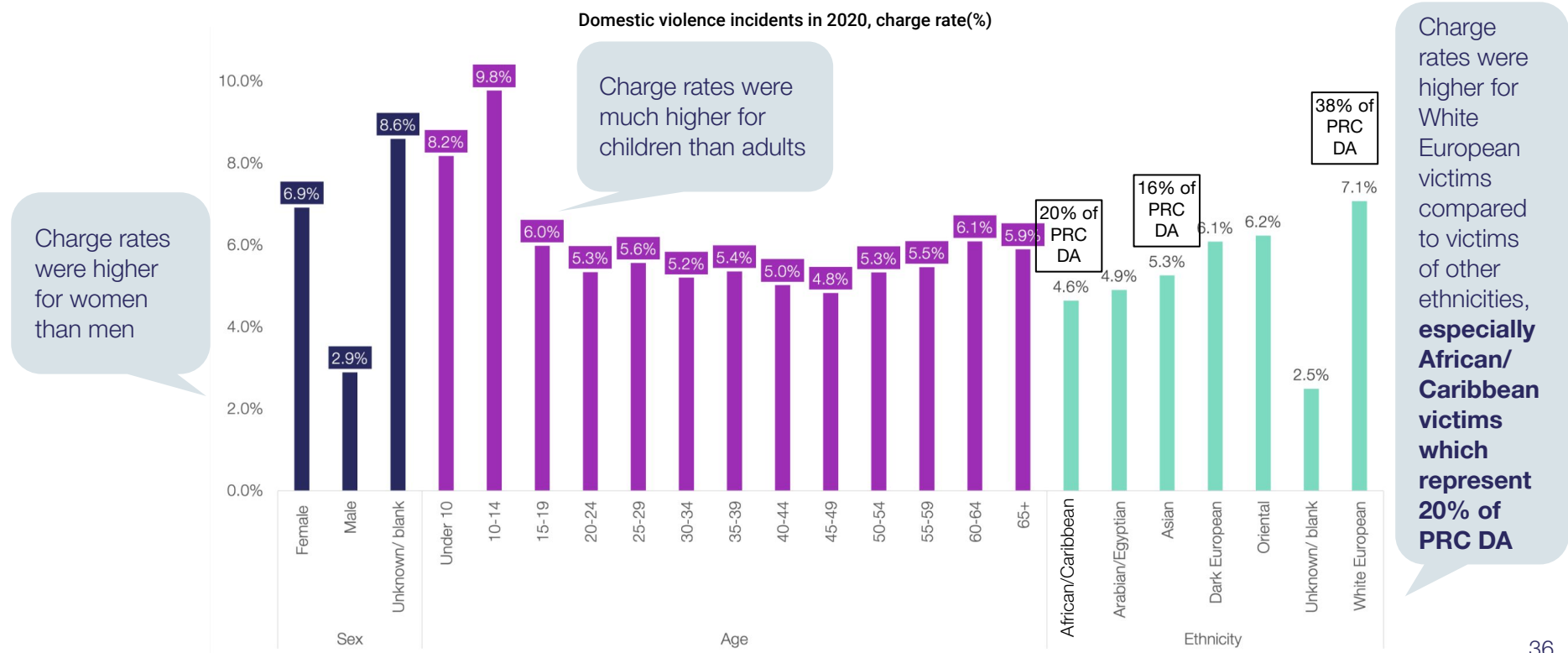


Over half of crimes with a domestic violence flag were 'Other Accepted Crimes', followed by common assault (11%) and harassment (9%)

Domestic violence incidents in 2020, crime types



According to the (given) Met data, charge rates for domestic violence were not the same across demographic characteristics. For example, domestic violence involving a female victim was more likely to result in a charge





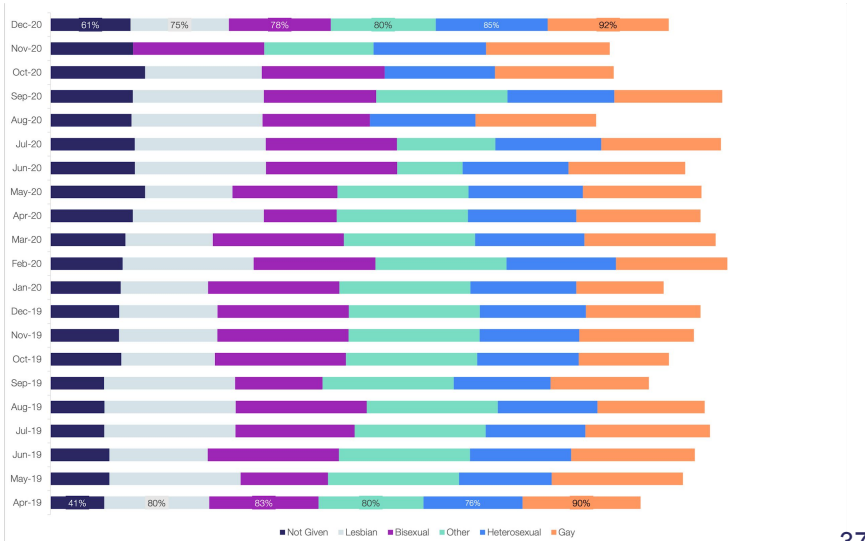
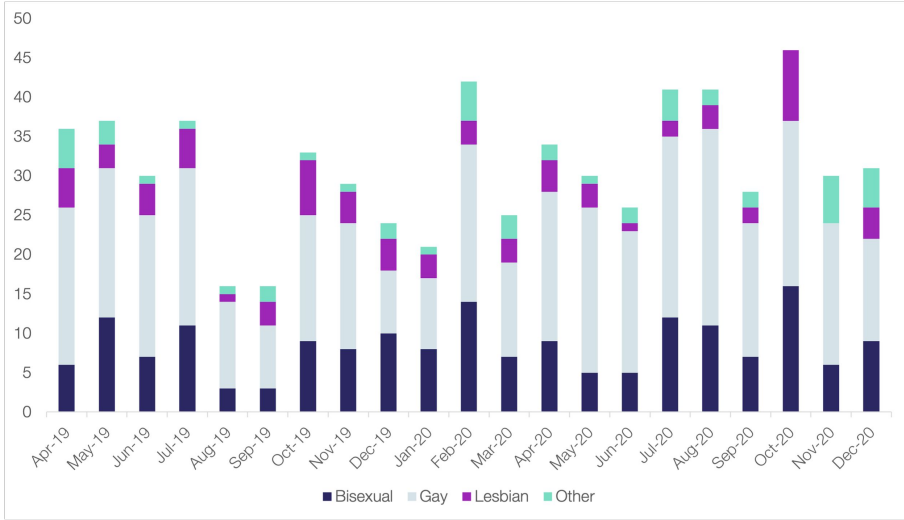
# In LVWS cases, the majority category for sexual orientation is 'Not Given'; LGBTQ victims seem to increase during COVID-19 outside of lockdowns

Gay was the most represented of LGBTQ categories. There seems to have been an increase during the pandemic, but this may be a recording change

Gay was also the most represented category recorded as an Enhanced Priority Referral out of all recorded sexual orientations. This is an umbrella term for a large part of the LGBTQ+ community

Victims by sexual orientation - only given (04/19 -12/20)

Victims by sexual orientation - only given - EPR rate (04/19 -12/20)



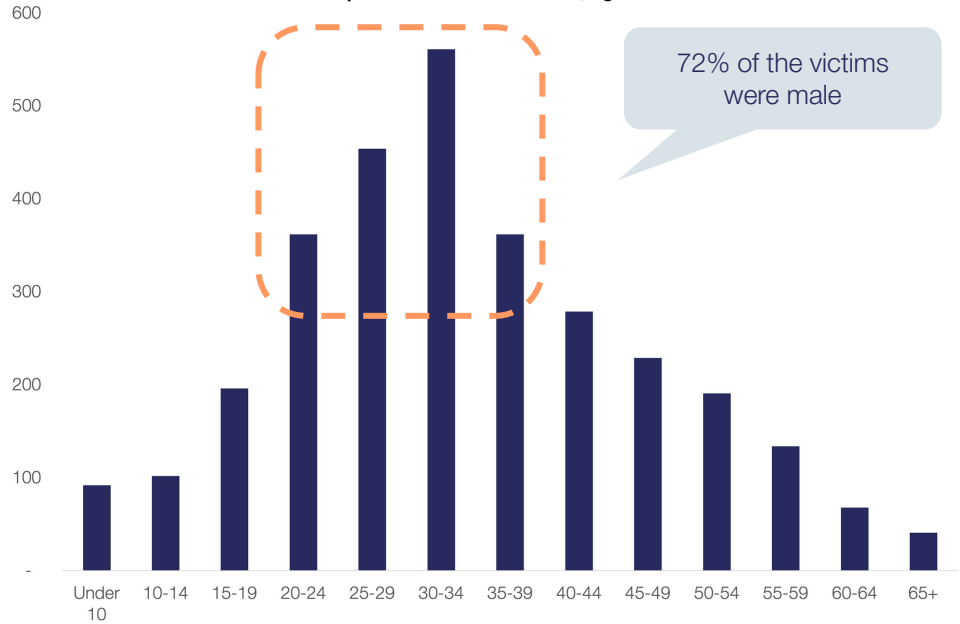
Source: Data provided by LVWS.

# In 2020, the victims of homophobic incidents were largely men between the ages of 20 and 40. The majority of these incidents were flagged against harassment offences

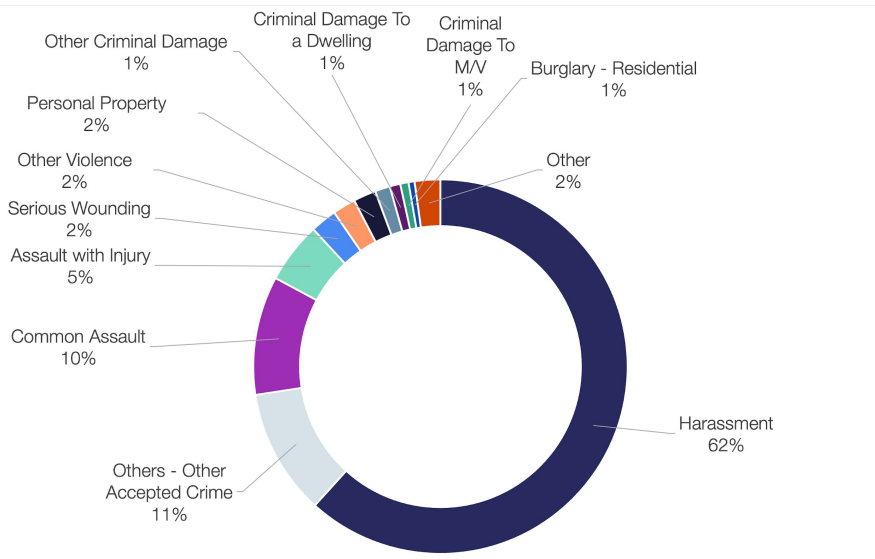
30 - 34 was the largest age group of victims. The majority of victims were aged between 20 and 40

Three fifths of crimes where a homophobic incident was flagged were harassment offences

Homophobic incidents in 2020, age of victims

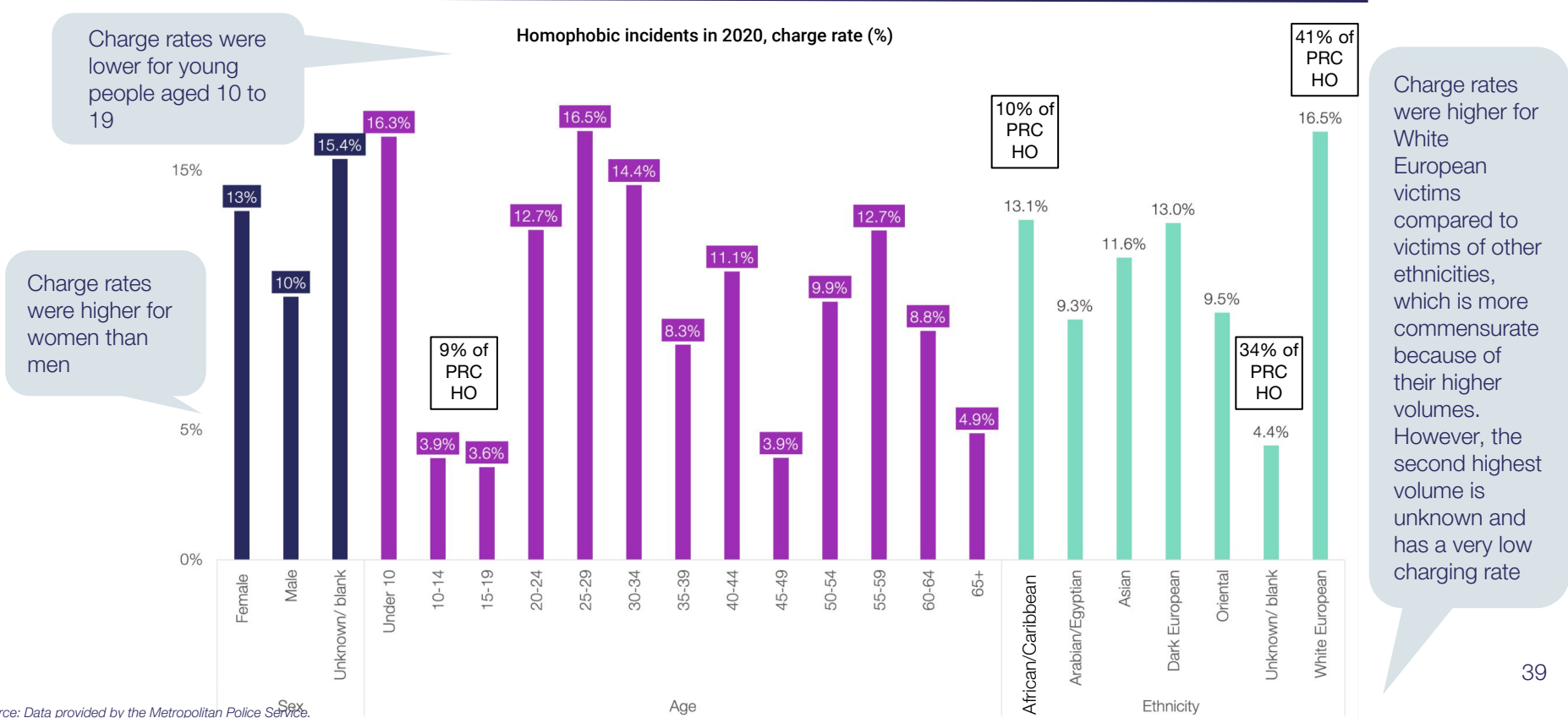


Homophobic incidents in 2020, crime types



Source: Data provided by the Metropolitan Police Service.

# Charge rates for White European victims where a homophobic incident was flagged were higher than any other victim group. Women also had a higher charge rate than men



Source: Data provided by the Metropolitan Police Service.

# Domestic violence incidents have increased since 2016, so have homophobic and racial incidents. Other incidents, including carer abuse and disability targeted incidents, have fallen in the same time period

Overview of flagged victims data (years provided = 2016, 2019 and 2020)

	Domestic Violence incident (DV)	LGBT Relationship within DV (DI)	Homophobic incident (HO)	Racial incident (RI)	Carer abuse (AA)	Vulnerability targeted hate incident (VA)	Disability targeted incident (VH)
Volume in 2020	209,978	2,695	3,071	20,806	869	312	565
Volume in 2019	185,524	2,015	3,027	17,385	873	320	503
Since 2019	+9%	+34%	+1%	+20%	0%	-3%	+12%
Since 2016	+4%	+83%	+42%	+28%	-24%	-73%	-35%
Rate per 1,000 in 2020	22	0.3	0.3	2.3	0.09	0.03	0.06

Source: Data provided by the Metropolitan Police Service.

# The higher prevalence of certain types of incident is linked with busy central areas in Inner London - namely homophobic and racial incidents. Four out of the five top boroughs for carer abuse are located in Outer London

Top and bottom five boroughs across different victim flags in 2020, rate per 1,000 population

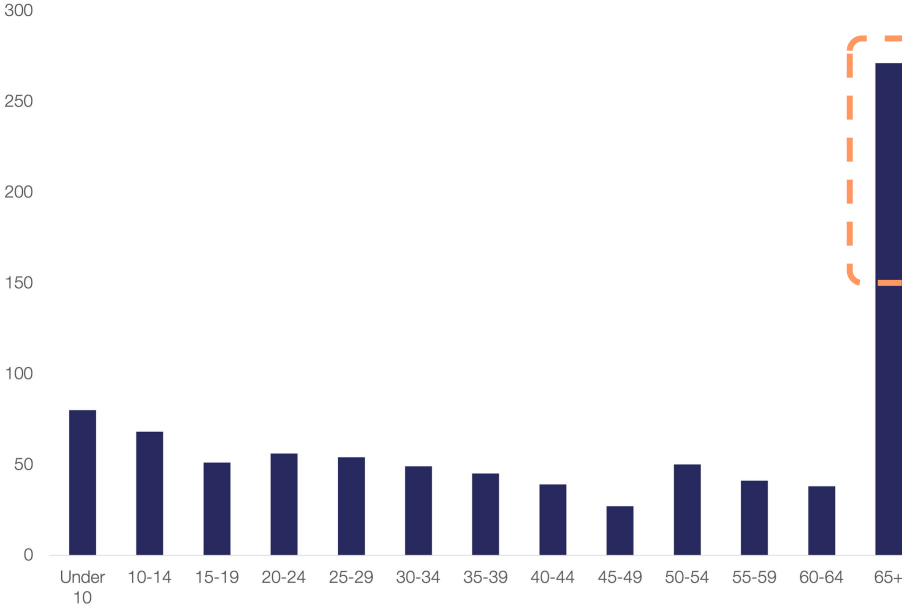
	Domestic Violence incident (DV)	LGBT Relationship within Domestic Violence (DI)	Homophobic incident (HO)	Racial incident (RI)	Carer abuse (AA)	Vulnerability targeted hate incident (VA)	Disability targeted incident (VH)
1st	Barking and Dagenham	Lambeth	Westminster	Westminster	Redbridge	Kingston upon Thames	Camden
2nd	Hounslow	Greenwich	Lambeth	Hackney	Bromley	Wandsworth	Islington
3rd	Tower Hamlets	Westminster	Camden	Camden	Greenwich	Merton	Merton
4th	Greenwich	Southwark	Kensington and Chelsea	Hammersmith and Fulham	Bexley	Lewisham	Hammersmith and Fulham
5th	Croydon	Lewisham	Southwark	Lambeth	Croydon	Kensington and Chelsea	Enfield
28th	Wandsworth	Ealing	Enfield	Richmond upon Thames	Kingston upon Thames	Lambeth	Barnet
29th	Harrow	Barnet	Sutton	Merton	Newham	Barnet	Kensington and Chelsea
30th	Barnet	Sutton	Redbridge	Kingston upon Thames	Kensington and Chelsea	Havering	Redbridge
31st	Kingston upon Thames	Harrow	Harrow	Havering	Waltham Forest	Waltham Forest	Harrow
32nd	Richmond upon Thames	Redbridge	Havering	Sutton	Westminster	Harrow	Waltham Forest

# Carer abuse involves predominantly older victims. A significant proportion of the crimes where carer abuse was flagged were violent crimes

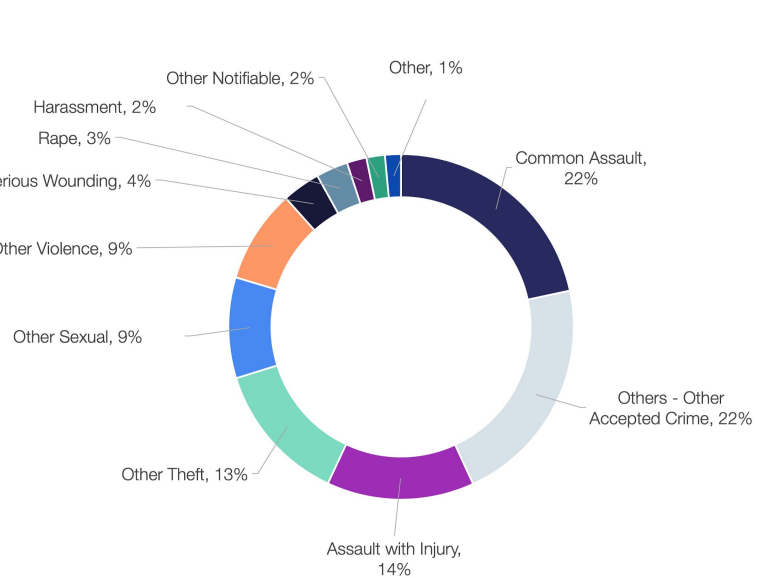
Carer abuse had a much older profile than other crimes, mostly involving victims aged 65 plus

The largest proportion of these crimes was common assault. Almost half of these crimes were violent (common assault, assault with injury, serious wounding and other violence)

Carer abuse in 2020, age of victims



Carer abuse in 2020, crime types



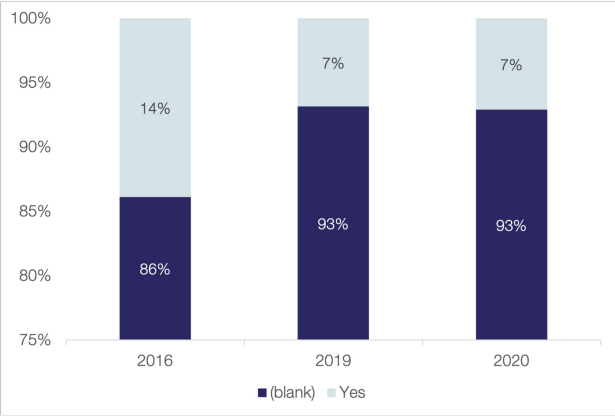
Source: Data provided by the Metropolitan Police Service.

# Proxy measures have been used to better understand the victim journey through the CJS and attrition. Proportion (and volume) of charged cases are down, proportion of victims not supporting further action have shot up but attrition from court seems to have diminished. The last measure does not resonate with lived experience which suggests more victims are dropping off

Attrition data is not held in interoperable systems and so all of the measures below are used as proxies

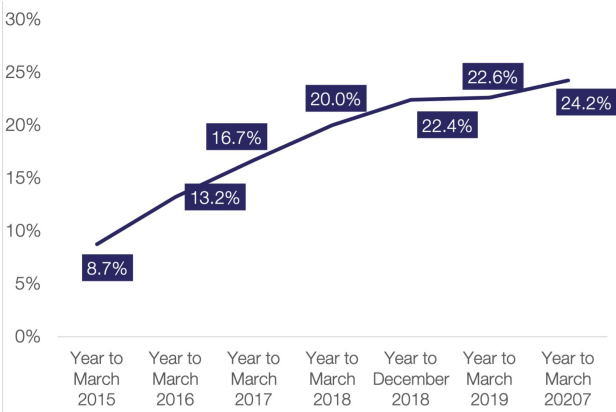
The proportion of cases not charged has risen sharply since 2016. In parallel, we know that the volume of crime nationally has decreased

Proportion of charged cases - given Met data (2019-2021)



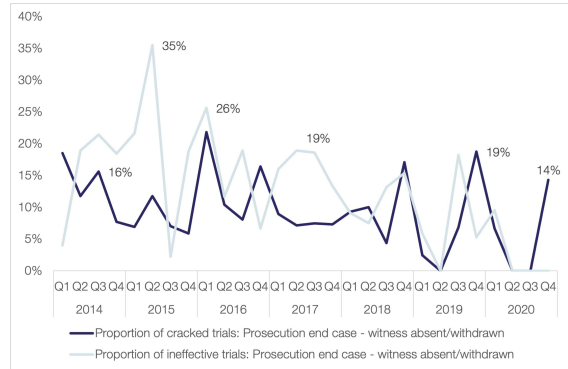
The proportion of victims not supporting further action has risen dramatically (nationally). Victims are reluctant to enter the CJS

National proportion of victims not supporting further action (2019-2021)



The proportion of Inner London cracked and ineffective trials due to witness issues has gone down. This does not resonate with service provider experience

Proportion of cracked and ineffective trials due to witness issues in London (2019-2021)



Published data seems to only include the 'Inner London Session' and exclude all other London LJAs. **It should be interpreted with caution**

Source: HO outcome data, MOJ effectiveness data.

# Engagement



# Victim Engagement

## Objective

To keep the victim's voice central to this research, one-on-one interviews were held to understand unique journeys. Combined with learnings from existing victim cases studies, these discussions helped to inform how the greater system is setup to provide support as well as identify opportunities for improved victim experiences.

## Methodology and Interview Profiles

17 volunteer interviewees were identified and approached by their service providers. Identifying suitable candidates included:

- A mix of victim profiles, taking into account sex, age, ethnicity & crime type
- Candidates who were comfortable discussing their experience and at low risk of re-traumatisation

Crest & Gate One then coordinated 1:1 virtual/telephone sessions, each scheduled for 1 hour, with the option to have their support provider/advocate present. Ahead of the session, volunteers received an overview document for the SNA and the structure of the interview.

Interview questions focused in 2 core areas;

- The procedural journey, to include steps taken, people/orgs engaged, and general timeframes
- How that journey felt - what worked and what could have been better

All feedback has been reviewed and categorised in themes alongside stakeholder feedback. Select interviews have been chosen for Victim Journey Maps, and are presented at the end of this section. These are intended to provide additional insight into specific experiences.

<b>7 Males / 10 Females</b>	<b>15 Adults / 2 Youth</b>	<b>8 DA/SV Cases</b>	<b>6 Hate Crime Cases</b>	<b>2 CSA Cases</b>
<b>1 Antisocial Behavior Case</b>	<b>12 White / 5 BAME Victims</b>	<b>10 Repeat Victims</b>	<b>10 Linear / 7 Non-linear Cases</b>	<b>15 Pre-Pandemic / 3 Intra-Pandemic Cases</b>

# Victim Engagement

## Summary of Themes and Feedback

7 themes emerged from the 1:1 interviews:

- **Education and preparation (Victim)** - process roadmaps, timelines, service commitments and available support
- **Coordinated Support Services** - a multi-agency approach, enhanced referral pathways
- **Challenging dynamics between the CJS and the victim** - victims working with the CJS, not against it
- **Coherent system of administrative practices** - victim communications and progressing timelines
- **Single point of contact / Advocate - Specialist support** - expert advice to guide the victim
- **Victim Safety** - Safeguarding during reporting/pre-trial, feeling safe to report
- **The importance of peer support** - experienced victim guides, victim support groups

Victim feedback largely revolved around a lack of process education, disjointed coordination between statutory and service providers and difficulties navigating relationships with the police.

Throughout most conversations, there was a clear sense of feeling alone, and often lost, in the CJS. A single point of contact, or peer sponsor, is something many state they wish they had.

Victim feedback on support services was predominantly positive. Those who connected with supported services immediately or early on credit that experience as the main driver in their recovery. Many did not connect with their service providers until later in their journey, years later for some. For those victims, their only regret was not knowing how to get connected sooner, tying back to victim education at the onset of their journey.

# Victim Journey Map 1- Sexual Violence

Overview: 36 year old female, survivor from rape case in 2017, Linear Journey



<b>Survivor activity</b>	<b>Needs Met Well</b>	1 <sup>st</sup> told a friend, called the police together		Went to 56 Dean Street Clinic for assessment- referred to Haven from here		Initiated Service w/ Haven	Follow-up w/ Haven. Contacted the Sapphire Unit to discuss reporting options	Reported to the Police		Went to police station to submit Video Recorded Statement		Received victim's copy of VRI statement		Submission of victim's medical records & phone records		Engaged Additional Support Services		Continuing the Process	
	<b>Neutral</b>																		
	<b>Needs Not Met</b>																		

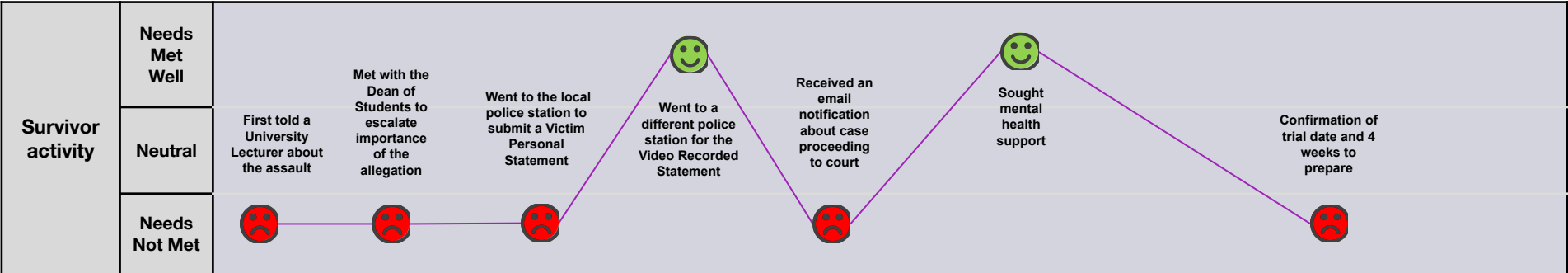
<b>Time-lapse</b>	Day after offence, Aug 2017	Next Day	2 Days Later	2 Weeks later	Several Weeks Later	1 Month Later	8 Months Later	During record submission timeframe	2018-Present
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<b>Survivor Quote</b>		"The clinic was good at explaining the situation, my rights, the process. what I did and did not have to do. They immediately referred me to Haven for additional support."	"The team at Haven was very calm and reassuring, very professional, despite the degrading and stressful process I was going through."	"Haven reported to the police on my behalf. It took several weeks of chasing the police to get back to me. Several weeks went by until I could go to the MPS and make my Video Statement. Haven kept chasing them for me."	"I went in to make the statement. It was weird. No reception area at the station, you had to wait in an alley until your officer came down for you."  "I felt uncomfortable about being on camera, so opted for a written statement."	"The police liaison hand wrote my story. I received my copy a month and half later and found multiple discrepancies- a lot of information missing, and later the MPS accused me of lying in that original statement."	"They were insistent on having medical records to age 14 (I'm 36 now) plus my phone records. They required this b/c the CPS wouldn't take my case without them, they said."  "The police requested my records from my GP but didn't receive them for 8 months."	"Solace and Rape Crisis have a flow chart on what to expect from the process, which differed from my experience."  "I also engaged w/ the Centre for Women's Justice to help with the digital strip-search."	"Police sent me a letter stating my case was going to be dropped- No Further Action."  "The police mishandled the case by not handing it off as a "Conditional consent" case, which should have immediately gone to the CPS."  "4 years later I'm still trying to get them to do their job properly. You have to really fight them every step of the way."
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<b>Take-Away</b>		Victim education helped inform the survivor of what to expect and who she could seek help from	The service provider was also helpful in terms of educating on process, and also providing emotional support	The police were slow to respond to advance the process. The victim's charity supported most of the follow up	The in-person experience at the police station was uncomfortable	Police administrative processes created additional difficulty downstream	Slow administrative processes caused long delays in advancing the case	The victim's nuanced case required her to seek specialist help, each of which had its own benefits	Getting the case from the MPS to the CPS has been a long and challenging process. Lack of representation and legal support was a factor, so the victim engaged the CWJ to advance her case to the CPS. This is still in process
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# Victim Journey Map 2- Hate Crime

Overview: 23 Year old white male, victim of LGBT Hate Crime in 2019, Linear Journey



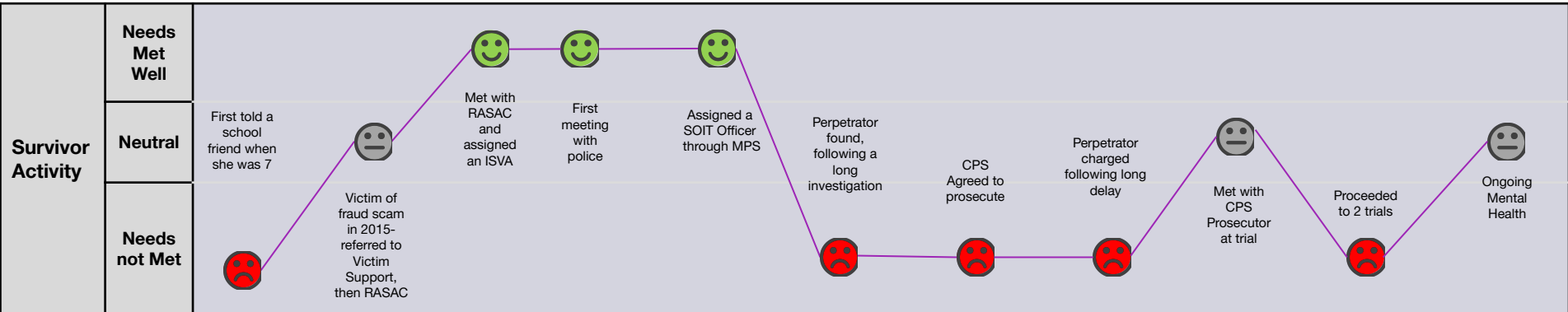
Time-lapse	Dec 2019	3 Weeks Later	5 Weeks Later	2 Weeks Later	April 2020	Dec 2020	March 2021
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Survivor Quote	<p>“The university has done the most pitiful job of all agencies. The defendant has been let back into university, so I asked the dean of students for a meeting. He finally agreed to after 3 weeks of reaching out to him.”</p>	<p>“The meeting was a bit mediocre. It seemed like he wanted to brush it under the rug. I think if I were a woman, it would have been treated a lot more seriously. Lack of action led me to report to the police.”</p>	<p>“I reported to the police 2 months after event. The police station was under construction and I had to meet with an officer in an open-plan office space. The officer said there weren’t any private meeting rooms. I had to share my story around multiple people who could hear me. It was uncomfortable.”</p>	<p>“I went to a police station for the VRI and met with 2 female officers, who were lovely. I felt a little uneasy in the police station but felt better reporting to a woman. They put me in touch with GALOP, which was timely and what I needed.”</p>	<p>“I got an email 3-4 weeks before lockdown in April 2020, for a court date in April 2021. Then over a year of radio silence. That’s where I felt really lost, and got into a bad headspace.”</p>	<p>“I found a psychologist and a psychiatrist through my private health plan and they have been good guys to talk to. I also started multiple medications  I’ve never been a fan of AA or NA groups, but I joined an anonymous mental health group. I wanted to talk to other victims. The people you meet in there seem like their life is completely put together, so interacting with them makes me feel better.”</p>	<p>“I received a message from the court that my case is confirmed for April 2021 and it really brought me down. From nothing (no communication) to everything at once put me into such a bad place, mentally, that I was admitted to the hospital for suicidal ideation.”  “I have a list of 30 things I have to do to prepare for court, GALOP is helping but I have to do most of it myself.”  “Now, I spend the whole day wanting to cry but don’t have time to because I have things to do to prepare for trial.”  “I almost got in touch with Victim Support but couldn’t stomach more people to talk to. But I do think they could have been helpful in the lead up to my trial.”</p>
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Take-Away	The first professionals approached for help did not report the crime or connect to support services	The victim felt unsupported when he first sought help	The in-person experience at the police station was uncomfortable	The victim felt supported by his liaison officers and valued his connection to support services	The gap between charge and trial was long and a lack of contact from CJ professionals created mental health challenges	Mental health professionals were comforting during the downtime between charge and trial, plus peer support groups provided hope for long term recovery	Preparing for trial can be emotional and burdensome for victims. Support during this phase is critical to the victim’s well-being
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# Victim Journey Map 3- Youth (Historic)

Overview: Mid-50s White Female with history of CSA



Time-lapse	10 Years	Q1 2015	May 2015		June 2015	June 2016	Aug 2016	Jan 2018	July 2018	Jan 2019	2019-Present
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Survivor Quote	"I told a friend when I was 7, my parents found out when I was 17. I didn't report when I was 17 as I didn't think I would be believed, I couldn't face the prospect of having to see him again."	"I was a victim of a scam, and this triggered me. I felt so unsafe in my own home. When I reported the scam I was referred to victim support. This was the beginning of my journey."	"RASAC sent me a lot of information to work through, plus face to face meetings with the ISVA, who arranged for me to speak to the police."	"The ISVA was brilliant, the first time I went to RASAC to speak to the police the ISVA sent them away. She told them to come back with a female officer who was specially trained."	"The SOIT officer was very experienced, she was happy to work with my ISVA and have her present whenever possible which helped me. She made me feel comfortable."	"It took a year to find him, and at that point it was challenging because the male detective on the case didn't seem so interested, there was tension between him and the SOIT officer."	"CPS agreed to press charges August 2015, but at this point bail conditions changed, I felt so scared that he would try to find me, there were no formal restrictions placed on his movement - I was living in a constant state of fear."	"1st September 2017 I was told he would be charged, He was actually charged Jan 2018. The delay in charge was very challenging, a dark time for me in terms of the impact on my mental health and my family."	"CPS prosecutor saw me before the trial which was in July 2018. This was helpful he really cared and gave me lots of information."	"There were 2 trials in the end. 2nd trial took place in Jan 2019. He was found guilty on every count."  "The support dropped away between the 1st and the 2nd Trial. My new SOIT officer was never available."	"RASAC ISVA was incredible - supported all the way through - well over 4 years."  "Long term support for recovery needs to be about mental and physical health."
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Take-Away	Survivor voiced crimes to friends at a young age but never received help	Finally connecting with support professionals enabled the survivor to report her case	Specialist support allowed the survivor to advance the process	ISVA was an ideal single-point-of-contact / advocate	Specialist police support was also valuable	Not all statutory partners were supportive and some slowed the process	Survivor was in fear for her safety following the arrest	Long delays in the pre-trial process caused significant mental health issues	A supportive CPS Prosecutor eased the difficulty of the trial	The survivor was not properly supported by her SOIT (new) during trial	The survivor is grateful to her support provider and acknowledges the importance or ongoing counseling
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# To enrich our understanding of victim experiences, we reviewed a total of 87 case studies from MOPAC commissioned services

These case studies covered a wide range of offences, including domestic violence, sexual violence, hate crime and criminal exploitation. The case studies also covered a wide demographic of victims, including LGBTQ+, BAME, disabled and young victims.

## Key findings:

- **Children and young people have less direct exposure to the police compared to adults.** This is partially because many of the children and young people supported by the LVWS are witnesses to an offence, such as domestic abuse, so are not actively involved with the CJS
- **Much of the support provided to children and young people revolves around mental and emotional needs.** For example, the LVWS provides support with coping strategies around anger and anxiety. **A common outcome of this is that children and young people are better able to express themselves and manage their emotions.** This manifests in their interpersonal relationships and in their engagement with school
- In some cases, particularly those around domestic abuse and sexual violence, the emotional support provided enables the child or young person to understand that what happened to them was not okay and that they should report it

30 case studies came from the LVWS Children and Young People service

34 case studies came from the LVWS Adult service.

A further 23 case studies came from other commissioned service, including CST, Stay Safe East, Solace and Safer London

## Case study review: key findings (continued)

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- **Mothers play an important role in the provision of support for children and young people.** Not only do they help facilitate the support, by referring the child or young person, but they also liaise with the case worker
- Importantly, in some cases mothers are also in receipt of support. This is particularly the case where domestic abuse is involved. However it is also in other cases, where support provided to their child means that they are provided with information around the criminal justice system. This improves their understanding and awareness of the CJS
- In comparison to children and young people, **adults are more exposed to statutory services, so are more likely to feel let down by a lack of action or communication by those services. A lot of the services provided to adults therefore revolve around advocacy**, for example with social services, housing or the police
- **Victims with disabilities seem to be particularly let down by statutory services, who are often unable or unwilling to accommodate their needs**
- **Most victims and witnesses are apprehensive about going to court, with many unaware of what to expect and fearful about being in the same building as their perpetrator.** Some are anxious about the process of giving evidence and fearful of reprisals. This is especially true in cases involving serious youth violence, where the young person is afraid of confronting members of their former peer group

# Stakeholder Engagement

## Objective

Interface with key stakeholders within statutory services and support organisations to better understand the profiles of victims they see, who is disproportionately impacted by crime, the effectiveness of identifying victim needs, and ongoing improvements within services.

## Methodology and Engagement

**Over 40 stakeholders were engaged** in a number of ways including a provider survey, multiple focus groups, and 1:1 meetings. The primary means of engagement was through focus groups, in which prepared questions drove group feedback.

To facilitate the focus groups an interactive tool, Pigeonhole Live, was used to obtain feedback in the form of word clouds and live polls. These polls started group conversation on select topics. Stakeholders who could not join the focus groups were engaged separately with the same question set as their peers.

Focus Group questions focused in **two main areas**:

- Victim profiles and needs in the 3-4 years prior to the pandemic
- Changing needs and service challenges over the past 12 months, and suggestions for moving forward

All feedback has been reviewed and categorised in themes alongside victim testimonials.

## Summary of Themes and Feedback

The same 7 themes that emerged from victim conversations also surfaced with stakeholders. An 8th theme emerged from both statutory partner and service provider sessions - **early identification of victim needs and early intervention**: recognising victims who require support services, accounting for all their unique needs, and connecting them with all necessary services as soon as possible.



# Stakeholder Engagement

## Summary of Themes and Feedback, cont.

### Service Providers:

“Early identification of victim needs and early intervention” drove much of the discussion amongst service providers, followed by “Coordinated Support Services,” and “Challenging Dynamics Between CJS and Victims.” Service providers highlighted how certain victim types do not receive support as early as they need, if ever. This includes young people as well as women without recourse to public funds, both of whom have lower levels of reporting.

Another area of interest is how certain victims, such as LGBTQ individuals, are underrepresented in police data due to classification issues within the system. This is noteworthy given service providers report a dramatic increase in all types of hate crime over the past few years, including LGBTQ hate crime.

**Local provider feedback** was predominantly in-line with larger providers with the exception of 2 items:

- Funding - 1 year funding cycles creates breaks in continuity for victims, especially at year-end
- Awareness - local organisations feel their services are not as well known by Statutory Partners

### Statutory Partners:

Victim education and journey preparation was an important topic amongst statutory representatives. Much of this education focused on enabling victims to enter the justice system with a knowledge of how they can influence outcomes. Moreover, they should be clear on their rights, as should police.

Specialised support professionals were also acknowledged as valuable, such as IDVAs for DA victims, and representatives discussed how similar specialists could help in hate crime or other vulnerable casework.

**Both stakeholder groups agree on improving the coordination of services between agencies as well as enhancing victim support structures through the court process.**

# Stakeholder Participation



## 9/3/21 Service Providers

- **14 Participants**
- LVWS
- WGN
- Solace
- Safer London
- Redthread
- NHS- King's Trust
- Southall Black Sisters



## 11/3/21 Statutory Partners

- **11 Participants**
- MPS
- CPS
- HMCTS
- Parole
- Probation



## 31/3/21 Local Service Providers

- **7 Participants**
- Into The Light
- Africa Advocacy
- Merton CIL
- Free Your Mind CIC
- EERC
- Road Peace
- Redbridge Equalities



## Additional Engagements

- **10 Participants**
- Victim Support
- London Community Foundation
- The Monitoring Group
- NHS England

# Practitioner Comparison: Looking to the Future

This slide shows outputs from the word clouds we generated during our focus groups. We asked each group questions about preparing for the future.

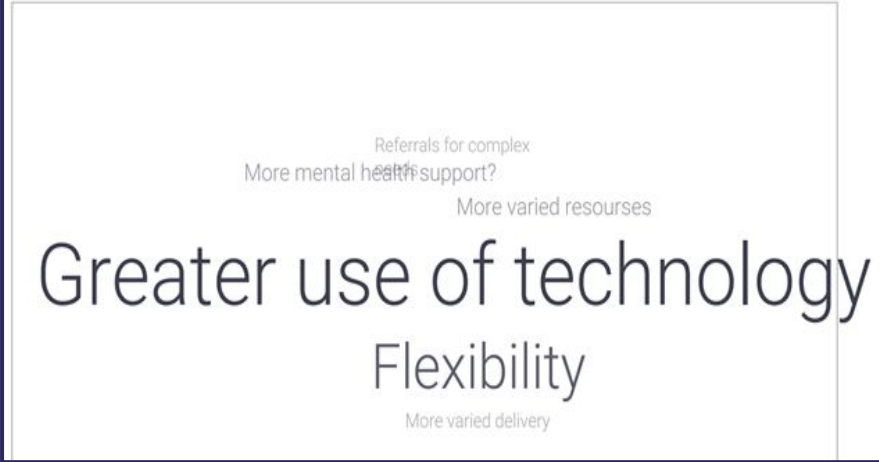
## Service Providers

How would you like to see services improve in the future? And how would you like to be enabled to make those changes?



## Statutory Partners

Q: Taking into account the victim profile and the changing needs of victims alongside the impact of COVID, in your opinion how do you feel the nature of victims' needs will change further?

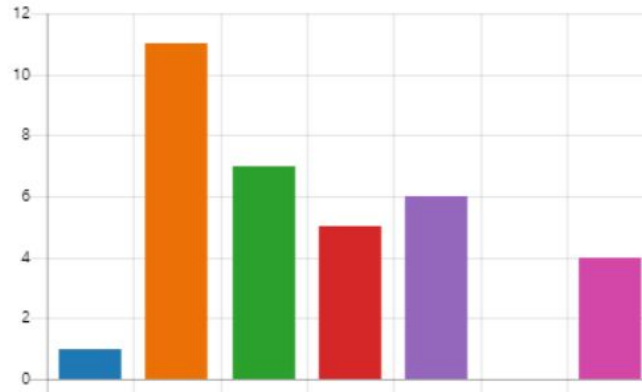


# Service Provider Survey

**18 service providers** completed the “MOPAC Victims Strategic Needs Assessment Provider Survey” which consists of 26 questions pertaining to victim profiles, levels of engagement, and levels of satisfaction with both support services and statutory services. The purpose of the survey was to help create content for focus groups and also build an understanding of the support service landscape. Here are a few selections from the survey

1. Which of the following victim cohorts do your services mainly serve? Select multiple answers if applicable.

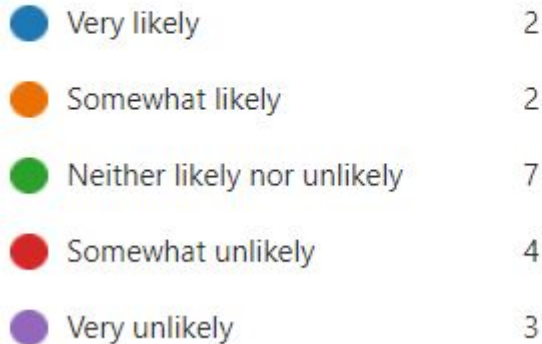
[More Details](#)



# Service Provider Survey

## 8. How likely are your victims to report to the MPS?

### More Details



Lack of understanding and empathy for survivors, shame, fear

We see 2 typical barriers. The first being the victim does not believe their incident is important enough to report to the police and secondly they don't believe there will be any action taken by the police

Fear of reprisals, not being believed and potential issues on access

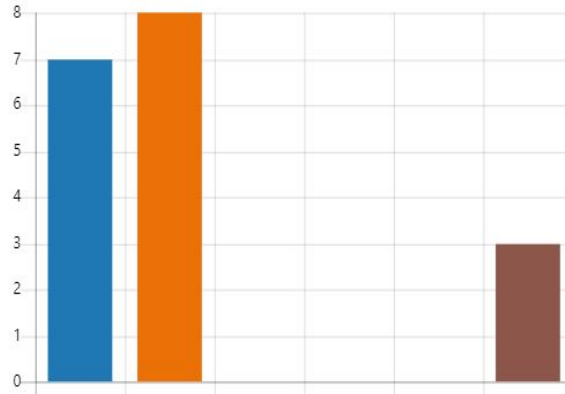
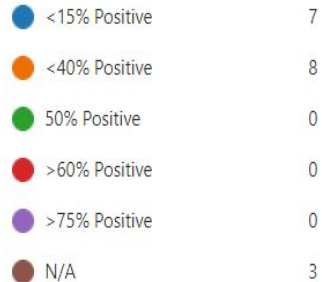
Reporting is variable and nuanced, with many factors affecting who will engage the CJS

# Service Provider Survey

11. What do you believe is your victims' overall satisfaction level with their experience in the CJS (if applicable)?

[More Details](#)

 Insights



In your view, what support is needed to secure victim engagement in the CJS process?

They must be able to see a clear pathway to prosecution and a better understanding of the implications as they participate in the CJS process

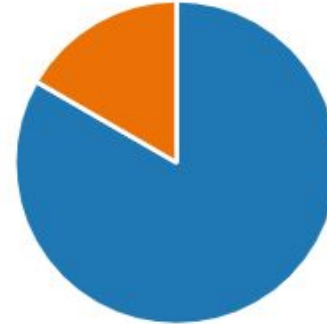
Better communication from the police both in terms of keeping a victim fully updated but also managing their expectations realistically

83% of respondents believe less than 40% of the clients are satisfied with their CJS experiences

# Service Provider Survey

25. Do you feel there are any gaps in the services you provide, or any areas of your service that need to be significantly improved, to enable the victim to better cope and recover?

[More Details](#)



Demand for our service heavily outweighs capacity. Greater amounts of advocate time/case would significantly improve the outcomes for victims

The most common challenges we face are regarding the police. It can be a huge battle to get OICs to respond with information and updates to advocates and victims, and often has to be escalated

We would welcome better engagement with Police and Education

# Summary of the needs of victims



# Common Themes from the Data Analysis

## Volume

- In December 19 there were 12,707 referrals to LVWS, or 16% of total Police Recorded Crime. In December 20 there were 11,623 referrals, or 19% of Police Recorded Crime
- The volume of victims into the London Victim and Witness Service follow the Police Recorded Crime patterns.
- However, victims of certain offence types follow different rhythms, most notably victims of Fraud and Domestic Abuse victims
- There was an increase in between 2019 and 2020 of the percentage of LVWS referrals from PRC data, increasing from 21% to 25% of the total - is this indicative of a improved referrals and engagement or a more difficult victim experience. In Q3 2020/21  $\frac{1}{3}$  of victims referred took up the service

## Age

- The majority of victims reflect a London demographic or relatively younger people (under 40) - the majority of victims in Met and LVWS data reflect a young cohort
- The referrals for young people into the CYP service are predominantly Police generated , highlighting a gap regarding the engagement of wider statutory agencies

## Gender

- Males are over-represented in Met data and females in LVWS data. It is important to consider whether this reflects different experiences of victimisation and patterns of reporting and referral?

# Common Themes from the Data Analysis

## Ethnicity

- The majority of victims are White - with higher levels of charging present for white males predominantly
- It is notable that LVWS has seen an increase in White and Asian victims during the pandemic, not seen in the Met data

## Sexual Orientation

- The majority of victims' sexual orientation is unknown. Of known LGBTQ victims, Gay victims are the largest group

## Domestic Abuse victims

- DA victims follow different referral and reporting patterns dependent on the level of severity of the offence
- Data suggests that during summer 2020 self-referral for serious DA increased significantly. For medium level DA victims, it suggests there may be a gap in victims' levels of self reporting and other agencies' identification and responses to medium risk DA victims and therefore the consequential referring pathways

# Common Themes from Victim and Stakeholder Feedback

There were many shared themes across all engagement conversations, but 3 in particular were standouts across victim and practitioner sessions; **Education and Preparation**, **Early Identification of Needs and Early Intervention** and **Coordinated Support Services**.

Theme	Victim	Service Provider	Statutory Partner
<b>Education and Preparation</b>	"Take the guesswork out for the victim and make the processes clearer for the charities and the police, it needs to be more efficient."	"Information and resources about support choices should be readily available. If a victim comes forward it should be an empowering experience rather than experiencing more abuse and let down."	"Victims do not expect to have rights - the only rights people hear about are suspect rights ("Miranda rights"). There should be more publicity and education around victim rights so officers and victims are aware of it."
<b>Early Identification of Needs and Early Intervention</b>	"To me, being a victim, I want an organisation that I know is tailored to me and my experience. I expect the police to be the ones who could make these recommendations/connect me with services."	"More people coming in have more complex mental health needs. After experiencing a crime, these needs get exacerbated. An issue is trying to get people into specialist Mental Health services in a speedy way."	"It is important to start engaging with victims early on. At this point, the police should bring up special measures etc. Doing this early will give the victim confidence."
<b>Coordinated Support Services</b>	"When you (victim) hear you have to contact 10 places, and your mental health and confidence are low, you're just not going to make those 10 calls. You don't have it in you"	"Multi-agency approach - would be good to have a platform where individual organisations can speak to each other and have a joined-up approach."	"It would be good if we could build in referrals from VCOP to local VCS groups who can help in this space (how can we reflect local opportunities in standard response across the MPS)"

# Part B

# An Overview - What We Said We Would Do

## Part B- Effectiveness of the existing MOPAC victim services in London

**A thorough review of the current commissioning landscape and impact of MOPAC commissioned services. This included:**

- **Holding a stakeholder mapping session** – We facilitated a workshop with commissioners and service providers to map the existing commissioning landscape and services; the victim cohort supported, and levels of funding
- **Identifying key stakeholders and issuing a ‘call for evidence’ to analyse the reach and impact of provision** – we collated performance/impact data on the type and volume of victims supported by MOPAC commissioned services and carried out supply and demand analysis
- **Engaging commissioners across and beyond statutory partners** including health and the voluntary sector, to assess how partnership and collaboration could improve service across the wider system
- **Assessing the level of service integration within MOPAC’s commissioned victims’ services**, specifically referrals and integrated support models

**Key output of Part B: a gap analysis report. Collating our findings from Parts B and A, we have highlighted the effectiveness of current services and suggested gaps. This includes:**

- An outline of the current commissioning landscape and mix of provision
- An overview of the reach of services to the victim population and key barriers to services with a specific focus on key victim cohorts, and for those in and out of the CJS process
- An assessment of how well services are managing demand and delivering positive outcomes
- Deep dives, providing specific additional information and recommendations on mental health and disproportionality

# Victim Services commissioned by MOPAC are having a positive impact on victims' recovery ... BUT the system of support is under significant strain and is not sustainable longer term

## Victim Services are effective in supporting victims

Victim services commissioned by MOPAC are having a positive impact on the victim's ability to cope and recover:

- When engaged services provide good-quality support with skilled specialist advocates having a positive impact on the victim's recovery journey
- A patchwork of specialist services provides the victim with choice and access to bespoke specialist support where required
- There is increasing collaboration across services with increased awareness - in the main supported well by a positive commissioner - provider relationship

## Longer term this is not sustainable, services are not resourced or structured appropriately to manage growing demand in a beleaguered system

### 1. Demand exceeds provision

The current capacity and configuration of services is not able to meet the current level of demand for victim support, this is further exacerbated when we take future projections of need and demand into account:

- Sheer volume of PCR versus service capacity
- Ongoing failure to record victims data/needs
- The complexity of cases - multiple deprivation, mental health and repeat/historical victimisation
- The significant impact of a slow and ineffective criminal justice system on services ability to effectively support victims
- Pandemic and post pandemic impact on crime patterns, the criminal justice system, services and victim resilience

### 2. Expenditure not aligned to Victim's profile or needs

- CYP form 25% of London population and 13% of Police recorded crime only 21% of reported victims are referred for support using 25% of the spend
- CYP experience different forms of victimisation - increasingly victims of violence (victim or perpetrator) and require different service offers
- Hate Crime is increasing

### 3. Violence expected to continue to rise

Serious and violent crime will increase over the next four years, based on historical trends (for example a 64% increase in possession of weapons, a 24% increase in violence against the person and a 58% increase in sexual offences) Domestic abuse incidents have increased during the pandemic and there are indications incidents may also have increased in severity.

# Victim Services are effective in supporting victims

**There was overwhelmingly positive and consistent feedback from victims who have benefitted from commissioned services.**

## Key Themes

- When engaged, it was clear that services provide good quality support with skilled specialist advocates having a positive impact on the victim's recovery journey
- A patchwork of specialist services provides the victim with choice and access to bespoke specialist support where required
- There is increasing collaboration across services with increased levels of awareness. In the main, this is supported well by a positive commissioner-provider relationship

## Qualitative Evidence

Through the victim engagement in Part 1 and through reviewing the victim testimonies provided in the LVWS quarterly reports, there has been consistent positive feedback from victims on the beneficial nature of commissioned services on their experience.

*"Client is sleeping better and feeling safer for the first time in years."*

*"Victim felt believed for the first time."*

*"Better informed about the CJS and process. Also better informed about her rights as a victim and witness. This meant she was less anxious about giving evidence."*

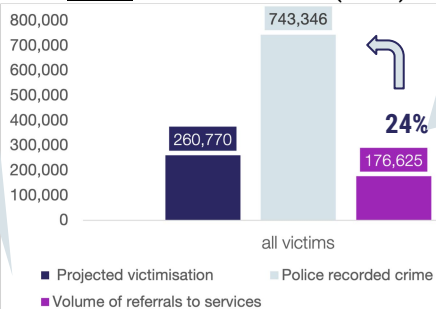
*"Victim feels safer overall and is more able to understand the psychological aspect of the Domestic Abuse she was experiencing - meaning she is less likely to go back to the abuser."*

*"Support ended when the victim that she did not need on-going support and had built up her resilience and could manage on her own. Ability to cope with abuse had improved, as well as ability to engage with the CJS."*

# Matching provision to demand: services only support a very small proportion of the victimised population in London. This should be closely examined especially for vulnerable victims. Please see the annex for methods and sources

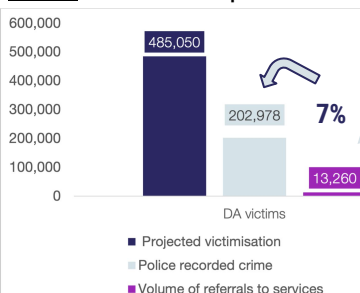
London has a higher victimisation rate than the rest of the country so the CSEW data should be taken as a conservative estimate

CSEW projected London victimisation, PRC all crimes vs referrals to LVWS (20/21)



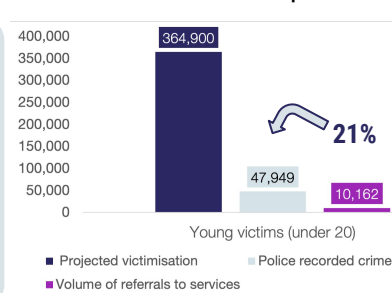
Obviously we would not expect this to be 100% as not all victims need or want support but this may be lower than desired.

CSEW projected London victimisation, PRC DA victims vs referrals to specialised services (20/21)



This does not reflect additional local provision for DA which is not directly funded by MOPAC

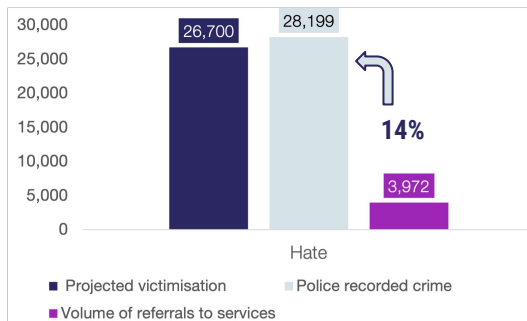
CSEW projected London victimisation, PRC under 20 victims\* vs referrals to specialised services (20/21)



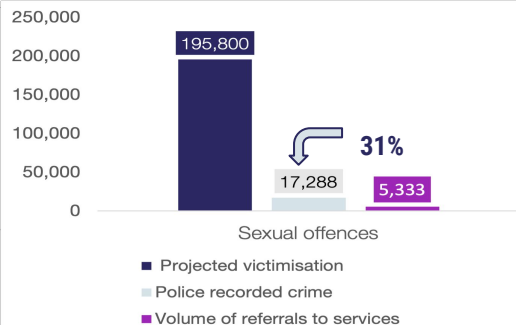
This does not include VRU funded activities with young people and children

This analysis was made using the best available data and should be taken as an indication of scale of need

CSEW projected London victimisation, PRC hate crime victims vs referrals to specialised services (20/21)



CSEW projected London victimisation, PRC sexual victims vs referrals to specialised services (20/21)



CSEW projected London victimisation, LVWS fraud victims vs referrals to specialised services (20/21)



This reflects a service that is only partially funded by MOPAC



# **Victims are under-supported across the board, including vulnerable victims like young people. Hate crime and Fraud victims are especially under-invested. Even where the budget percentage matches or supercedes the percentage of reported vulnerable victims like for DA and CYP, the percentage of supported victims is around or less than a third of victims reported**

## **General victim support:**

- **Referrals to LVWS only represent 24% of all victims connected to police recorded crime** (excluding summary offences and fraud) and represents 84% of all victims supported in London. The unit cost per victim (c.£31 per person) was low, as expected. While mandatory referral is not desirable, the low proportion of victims referred does suggest that **some victims are not accessing service**

## **Children and young people:**

- **Children and young people who are victims of crime are vulnerable**, and the experience of victimisation can have long lasting impacts on their development and implication in the CJS. It is therefore striking that **only 21% of young victims recorded by the police are supported** in London by victim services. However **this funding data does NOT include VRU** funded and managed programmes which addresses young people.
- A high unit cost (c. £615 per person) and a high proportion of the budget (25% in 2020/21) spend is justified by the fact that specialised services deal with extremely serious and complex crime types like criminal and sexual exploitation and serious violence

## **Sexual violence:**

- **A high proportion of victims of sexual violence** are supported by MOPAC specialised services (**31%**). However, given the gravity of the offence and the level of underreporting, it is likely that more support is needed. **The high unit cost of £1,537 reflects the extent of the harm** caused by this offence type

## **DA victims:**

- The **greatest proportion of victims funding is allocated to DA and stalking services** over the Mayoral term 2016-2021 (31% in 2020/21)
- Covid funding has led to a further uplift in VAWG funding with the focus on DA/SV - supporting increased demand and safe accommodation
- Nevertheless, **only a very small proportions of victims reported were supported by specialised services** (7% in 2020/21). This is likely to be driven **by other local services supporting victims**, as well as a potential under-service

## **Hate:**

- **Only 14% of hate crime victims recorded are supported by services in London.** This is very low, especially considering the well known gap in reporting of hate crime and the increase in offending over time. Is this too low?

## **Fraud:**

- **Only 9% of recorded victims were offered support**, and given the increase in fraud offences and the potential significant consequences on victims, it may be worth revisiting **whether spending only 1% of the budget is the adequate amount**

# The inability to manage the demand is exacerbated by elements of current practice and by the failure of partnership working across the system to put the victim first

Victims and specialist practitioners are clear in their view that a victim's ability to recover and for those that choose to pursue a positive outcome from the CJS is enhanced if they are able to **build a single trusted relationships**, **reduce their touch points** with different services, **feel safe**, and are kept **well informed**

## Building a single trusted relationship drives effective victim recovery

The presence of a single point of contact in the form of an advocate ensures:

- Enhanced victim recovery - the victim is able to take better control of their journey with regard to informed decision making
- A more holistic understanding of a victim's needs
- A better response from statutory services, alongside improved adherence to the Victims Code of Practice

The outcomes of this approach are compromised by:

- A failure of statutory services to value the role and capabilities of a victim advocate - *most notably a failure to share information or seek advice*
- The ability to maintain a single trusted relationship is negated by the length of criminal justice cases; *the impact on a victim's mental health and their inability to access therapeutic support during this period*

## Lack of effective communication

Poor communication was seen to be key driver in exacerbating victim mental health as well as victims' withdrawal from the CJS. The following were viewed as the key causes for poor communication:

- Lack of trauma informed practice across statutory services - *victim blaming*
- The inappropriate use of the term credible victim with *specific regard to BAME victims and disabled victims*

## Failure to offer a coordinated package of support across services

The failure across VCS and statutory services to offer effective coordination when supporting victims increases the need for the victim to retell their story

- Ineffective coordination across MOPAC commissioned services - *short term funding fails to incentivise*
- Lack of effective coordination at a local and community level - *inconsistency in the quality of integrated and specialist pathways supporting victims*
- Specialist services do not always prioritise co-working or the provision of professional advice - *the focus for many is on maintaining caseloads incentivised by commissioning practice*
- Lack of trust, co-working and integration between VCS and statutory services
- Failure of needs assessments to effectively follow victims between services - *multiple referrals create retraumatization through retelling the story*

## Victim Safety

A victim both feeling and being safe was strongly aligned to their ability to recover and engage in support services available.

- Victim safety was critical at the point of disclosure
- The freedom of movement of a perpetrator pending report and charge
- Access to safe housing critical to ensure recovery and wider statutory services engagement

# Volume of victims through the criminal justice and support service system in comparison with spending (2020/21). The volume of victims supported by thematic area is consistently less than a quarter of victims recorded by the police. See annex for methods

CJS journey:

PRC total victims:  
743,346

Charged\*: 66,901  
\*Based on national average

Witness Care Unit:  
446,300\*  
\*including non-civilians and older cases

London Victim and Witness Service: 176,625 referrals vs 743,346 PRC,  
24% of PRC victims, 83% of all victims supported, 22% of the budget, £31.18 unit cost

Service category

CYP and Safer Youth\* (excluding VRU activity)

Sexual violence

Domestic abuse (inc. stalking but excluding other provision)

Fraud

Hate

Recorded crime

47,949

17,288

202,978

40,232

28,199

Victims supported by specialised services

10,162

5,333

13,260

3,607

3,972

% of ALL PRC victims | % of ALL victims supported

6%

5%

2%

3%

26%

7%

9%

2%

14%

2%

Percentage of budget

25%

33%

17%

1%

2%

Unit cost

£615.67

£1,537.88

£318.15

£58.22

£120.38

## The current level of provision has been overwhelmed by demand

### 1. The sheer volume of police recorded crime is greater than the capacity of commissioned services

- In 2019, only 27% of Police recorded crimes were referred to LVWS (or 552,417 PRC) vs (152,856 LVS referrals). That year, LVWS handled on average 16,200 cases which is 11% of the cases referred and only 3% of all police recorded crime. Cases supported represented 28% of those offences which were charged (60,221 were charged by the CPS in 2019)
- 2020 numbers were affected by the pandemic, but a similar picture occurs: Of the 480,041 police recorded crimes in 2020, 58,785 cases were charged by the CPS. Of the total recorded crimes, 90,724 cases were referred to LVWS. By quarter three, LVWS had managed on average 17,900 cases, 4% of all PRC and 30% of cases charged by the CPS
- Despite the desire to increase the take up of support services from those who report crime, moving to a model of mandatory referral from the Police or the conversion rate was to substantially increase, it would create a level of volume that would be unmanageable for LVWS

### Qualitative Evidence

Through the focus groups and practitioner interviews there was a clear sense that services were struggling to effectively triage, manage or refer victims to appropriate services based on the volume of cases that they were receiving. One particular challenge was the flow of referrals across the system. Long waiting lists or the closure of some services due to them being over-capacity, has led to bottlenecks in the network of support services and victims not being passed on to those services who are best able to support them.

*"Services should have their own doors to their communities/ clients. You want services to retain these specialisms."*

*"They have had thousands of people on waiting lists, many stuck for a onward referral (massive bottleneck)"*

*"The challenge has been keeping up with the referrals coming AND maintaining support for those already waiting for their trials to be listed."*

*"Victims/ survivors need a choice of where they want to go"*

*"Issues of linking people to other services (waiting lists, capacity issues). You know where someone should be sent for support, but there are barriers in accessing that."*

# The current demand exceeds the capability and capacity of the system in terms of complexity and severity

## 2. The complexity of cases is increasing which exacerbates demand on services

- Crest's statistical model projects that serious and violent crime will increase over the next four years, based on historical trends. Thus the system is likely to have to **continue to deal with more complex and serious cases**. This does not take into account the impact of the pandemic which is likely to exacerbate people's vulnerabilities further
- This means that **an increased amount of victims are likely to require clinical mental health support**, as studies show that 20%-30% of victims of violence and 50-80% of victims of sexual assault will develop a clinical mental health need.
- **Not only is complex and clinical mental health demand likely to increase, but it is likely to already be underserved** and since currently, LVWS only handles on average 2.5% of cases from violence and sexual offences recorded by the police, suggesting a major service gap for the remaining 20-50% of victims of those crime types who are likely to develop a serious need.

## Qualitative Evidence

Throughout the engagement with service providers, they articulated the instances where increasingly complex caseloads were creating capacity issues within their services. These capacity challenges manifest as bottlenecks as provision capacity is used up by supporting higher complexity victims for longer. The most frequent examples included:

- **Higher risk crime types (DA, SV and violence with injury) which are increasing**
- **Instances of multiple deprivation, and its intersection with protected characteristics**
- **Increasing prevalence of mental health support needs, including the mental health of the victims' support network and/or family.**

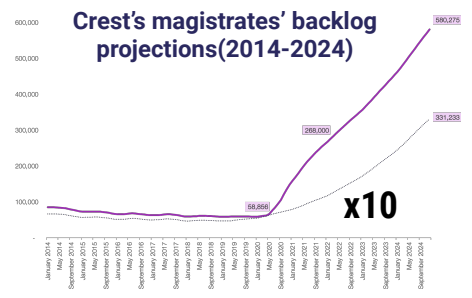
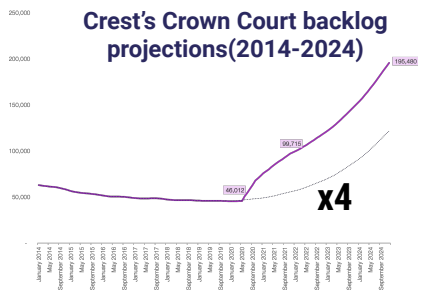
This is explored in more detail in the deep dive.

*Somebody might be from the BAME community, and also a particular faith... they also might be for the LGBT community... intersectionality needs to be taken into consideration"*

*"More people coming into VS have more complex mental health needs. After experiencing a crime, these needs get exacerbated. An issue is trying to get people into specialist MH services in a speedy way."*

## The current demand exceeds the capability and capacity of the system in terms of complexity and severity

### 3. The Covid pandemic is a further variable which is changing the nature and extent of demand placed on victim services



**Quantitative Evidence:**  
 Crest's modelling of the courts' backlogs under the pandemic and beyond showed that if nothing was done, Crown Court backlogs and magistrates' courts backlogs would increase respectively 4 times and 10 times.  
 The government is addressing this issue by allocating unlimited sitting days to the judiciary and has pledged an additional £275m in the 2020 budget to manage the extra capacity. Nevertheless, court backlogs are expected to impact victims and offenders experiences.

### Qualitative Evidence

- Cases are being held by support services for longer as a result of the severely delayed CJS. To compound this, the elongated CJS process is exacerbating victim trauma and support needs.
- The mental health impact of Covid (irrespective of the victimisation) means that victims are increasingly presenting with mental health support needs increasing the complexity of their support requirements.
- Increased usage of digital channels of engagement has enabled services to respond in a cost-effective manner. However:

*"More and more people are coming forward with complex mental health needs that are not being picked up by other services"*

*"Due to the court backlog and justice taking longer to deliver, some specialist services are full and not taking new referrals. This means that the flow through the referral network from LVWS to specialist isn't happening at the right rate, and some organisations are holding on to their caseload for too long as there is nowhere else for it to go, and not offering the right support at the right time to victims. Without the flow, you just moved the bottleneck, but this is temporary as, the need is so much greater than supply."*

*"A hybrid model doesn't inherently mean you can provide more support to people. The centrality should be making sure the journey/ experience of the service user is good."  
 "Digital provision should be driver by quality rather than the need to capture everyone (lack of resourcing etc.)"*

## The current prolongation of the CJS process exacerbates the trauma and victimisation of victims and witnesses, creating additional support needs

### 4. Going through the criminal justice system adds to the trauma of the victimisation and creates additional support needs. This is exacerbated by the ambiguous nature of the CPS Pre-Trial therapy guidance

Court timeliness has been growing for the past five years. Victims within the CJS have a very different recovery journey, limited/restricted by the timeframes applied by statutory service. The duration of this journey, the number of professional engaged, poor communication and inadequate access to support and therapy pre-trial has placed an unmanageable burden on specialist services and their ability to effectively support victims for a good long term recovery. It is also intrinsically linked to poor mental health outcomes.

*"Victims feel alone and disoriented during the journey"*

*"Failure to refer all victims early enough to support services - prevents early understanding of their rights as well as their options and outcomes for their CJS journey"*

*"There is a huge issue with the lack of a trauma informed approach from the Police. It is so discouraging to victim survivors. Examples of good practice comes through some individuals but not through the system."*

### Qualitative Evidence

The **victim journey maps generated in Part A** outline the impact of the journey on victim satisfaction and the wider importance of communication. Going through the CJS journey creates confusion, loneliness and triggers negative outcomes for victims, including an impact on victims' mental health. The engagement with practitioners in Part B was focused around the key findings in Part A covering Education and Preparation, Early Identification of Needs and Early Intervention and Coordinated Support Services. Example feedback includes:

- **Education and Preparation**
- **Early Identification of Needs and Early Intervention**
- **Coordinated Support Services**

*"There is a huge amount of misinformation and misunderstanding."*

*"Getting services to understand the role of an advocate is key. "Statutory services often do not respect the role, they ask who are you and why should i talk to you?"*

*Mental health services are not so well engaged, their care co-ordinators will often ask why we are calling them. "We are too often removed from co-working and an integrated service offer with mental health services."*

# Understandings of victims' profiles are not clear or standardised enough to adequately tailor provision

## 5. There is a lack of detailed and standardised victim data from victim care service providers (VCS) and specialist services including protected characteristics and needs. This contributes to muddying the waters in terms of understanding of referral pathways, caseload and adequate provision by characteristics

- In conducting quantitative research, **we observed the absence of record of certain data i.e. appropriate categorisations of ethnicity in police recorded crime**, which is based on the officer's observation not self-declaration and leads to problematic categorisations such as 'oriental'. Record of ethnicity is also not consistent, for some crimes **76% of records were marked as 'unknown'**
- Although LVWS collects data on ethnicity, gender, religion and sexuality, **it has until recently failed to capture the ethnicity of service users until take up of service which presents a gap in knowledge**. Even when data on ethnicity is collected at the point of TUOS, **84% of entries are marked as not given**. Furthermore, ethnicity categories do not match either the police's or the census, making it challenging to coherently identify disproportionate need
- **Data should be collected in a way which enables analysis by crime type and characteristics**. Instead of looking at the overall characteristic profile of all LVWS and other service data, analysis should enable the breakdown by multiple characteristics, e.g.: age/ gender/ ethnicity

### Qualitative Evidence

Service providers **identified gaps in ethnicity data at the point of referral**, explaining that this need for reporting begins at the first point of contact which is often the police.

This information needs to be captured to enable service providers to understand the take-up among different groups and tailor their service accordingly, especially since they are observing an increase in the number of BAME victims

*"Without knowing more about those victims, at the point of entry, if you like, we don't know who isn't taking up a service."*

*"In order for us to understand more about our disproportionality [we need] better information recorded at the point where police start working with victims, where crime is reported. The gaps in ethnicity data are huge."*

*"There's no standardised collection of data, we all collect it very differently. And we all interpret it very differently, had a case where the police, Spanish guy, and the police identified him as being black, because he was of a dark skin. And so that's what he tipped it off as, rather than asking him"*

*"You're losing a lot of victims that have got intersectional identities because of the approach at the first point of contact, when they are actually reaching out to speak to police forces"*



## Recommendations

### Managing Demand - volume of victimisation

- MOPAC should establish a strategic vision for addressing victimisation in London** informed by the SNA evidence and the current economic climate to address the need for much greater prioritisation. The strategy should:
  - Respond effectively to future demands and changes in victim profile alongside the impact of COVID 19.*
  - Define the priority cohorts of victims and effective interventions/outcomes to be achieved*
  - Create the foundations on which to better convene statutory and voluntary sector partners to develop co-working between professionals*
  - Create the right platform to lobby for a review of current government funding allocation for victim services*
- MOPAC should agree a set of KPIs/ Data review points** that provide an updated annual picture of victim demand, need and outcomes which can support continuous improvement in commissioning and service provision.
- MOPAC needs to consider the strategic alignment of its commissioning priorities and associated budgets with the crime and victim profile in London**
- MOPAC should establish a victim expert panel** with the remit to convene convene partners to inform good practice, drive good practice and inform future commissioning decisions
- MOPAC should seek to utilise their convening powers** to seek formal agreement from statutory partners both (LA and regional) as to how through new specialised referral pathways the issues of complex needs, multiple deprivation and disproportionality can be better addressed

# Recommendations

## Managing Demand - volume of victimisation

- 6. **MOPAC should nurture, develop and sustain the patchwork of specialist service provision in London that operates from the community to the regional level.** *This provides the required access points in for all victims of crime, supporting formal referrals between agencies as well as self referral*
- 7. However MOPAC should focus **on enhancing the consistency of referrals from statutory agencies such as police and LA** into victim support services
  - a. The approach should be aligned to the prioritisation of specific victim cohorts as set out in the strategic vision (Ref: Rec 1)
  - b. It is recommended that the most effective way to ensure a consistent safety net is to maintain and development the LVWS and Gateway single front door for all victims of crime (accepting the distinction between LVWS and the Gateway)
- 8. MOPAC should **adequately fund front doors for victim referrals**, the process, the triage and also the network of services which are utilised to underpin the victims support longer term
  - a. The network of specialist services aligned to **the Gateway service need adequate resource** to accept cases and provide support
  - b. MOPAC **need to consider whether the LVWS has adequate resource /skill set to operate as a front door triage service** for all victims of crime (excluding victims of SV and under 18 year olds). *A formal review of the service model should be considered alongside further development of the LVWS consortia model and specialist referral pathways. Consideration should be given to redistributing some the budget of the LVWS (excluding the DA element) to other specialist provisions with a view to focusing LVWS on core functions such as an effective front door, triage, and generalist source advice and guidance for those victims without complex needs*
- 9. MOPAC should **fund and support ongoing training of statutory services on the ‘front doors’ for victim support** - *this can be aligned to wider training recommended within the MH deep dive section in relation to trauma informed practice and communication with victims of crime*

## Recommendations

### Managing Demand - volume of victimisation

- 10. MOPAC to **consider whether the LVWS EPR definition works effectively in categorising those victims most in need of support**, and whether changes are required both to update this according to the changes to the Victims Code of Practice, but also to align to the evidence of victim need, to enable better management of demand and triage of cases
  - a. *This would need to take into account the outcomes sought to be achieved victim recovery, reductions in repeat victimisation and ongoing vulnerabilities*
  - b. *It should be considered whether a consistent renewed definition of victims that require an enhanced service should be applied across all victim services*
  
- 11. MOPAC should **undertake a formal assessment of all service waiting lists and onward referrals** across their providers to assess where the critical bottlenecks in the system
  - a. *This would provide further evidence to support the conveying of statutory partners and the development of further referral pathways*
  - b. *It is clear that MH assessments , onward referrals and waiting times for access to services creates a significant bottleneck for victim services. This is exacerbated by needs related to substance misuse, housing, debt management and social services*

### Managing Demand - complex cases

- 12. MOPAC should work with commissioned services to **conduct a skills assessment to ascertain the level of capability and skill-set required to manage their increasingly complex caseload**. *The focus should be on capability to address the key areas such as housing, immigration, debt management, child safeguarding and mental health. (There are detailed recommendation in the mental health deep dive which should be considered alongside this)*
  
- 13. MOPAC need to **review the length of time a victim requires support based on their needs assessment and referrals pathways** and **set some minimum service standards** across all of their commissioned services regarding time of support for complex cases and review service budgets and outcomes accordingly
  
- 14. MOPAC should **require data to be collected from all victim service providers on victim needs, alongside a picture of victim recovery/outcomes**
  - o *This would provide a clearer long-term picture of complex need and multiple deprivation and how it intersects with victim recovery and support*
  - o *MOPAC should also seek to agree key definitions so that provider data can be analysed across the board to create a picture regarding victims needs, patterns and trends and future predictions (This would support the delivery of Rec. 2)*

## Recommendations

### Managing Demand - the impact of the CJS

15. MOPAC need **to ensure that all commissioned services have an adequate and effective intervention supporting those victims within the CJS**, one that offers the right type, duration and quality of support required for victims to be stable to engage in the CJS stages as well as to recover well. This requirement should then be applied to the commissioning of any future victim services. Specialist services are committed to supporting the development of a consistent and effective level of support
- Consideration should be given as to whether this applies only to priority victim cohorts, how it aligns with the issues raised in the mental health and disproportionality deep dives as well as the wider implications of the role out and resourcing of section 28*
  - Access to consistent long-term advocacy are at the heart alongside appropriate access to wider support service*
  - Full engagement and support from statutory services is required - interim development of specialist pathways and co-working on cases between CPS, WCU and the advocate*

MOPAC need to **address the issue of pre-trial therapy guidance and the impact that this guidance has on victims' recovery** and the ability of specialist victim services to support victims throughout increasing long CJ journeys. It is suggested that this can be addressed in both the short and long term

16. In the **short term** it is recommended that:
- A **consistent offer of pre-trial therapy** is developed across all relevant victim services to enhance victims recovery and outcomes (aligns to Rec.15)
  - An **alternative to the pre-trial therapy guidance** is drafted fully supported by London statutory and specialist sector with a view to engaging full support of the MoJ and the CPS in the adoption of the alternative
  - Training for statutory partners by specialist services** to uplift the understanding of the role of advocates and how best to work with them throughout the journey
17. In the long term, **system change is required to create better models of professional collaboration and improved integration between statutory bodies** who support victims. This integrated **victim care approach** needs to support the victim advocate model and re-consider or replace the pivotal role and function of the WCU as the primary statutory liaison with victims going through the CJS into something which is better able to coordinate victim support across statutory partners

# Recommendations

## Managing Demand - the impact of COVID-19

- 18. MOPAC should seek to **review with commissioned services the strengths and weaknesses of the at-distance approach** to victim care adopted during the pandemic with a view to agreeing some top level parameters regarding the quality of victim care and its application to different victim cohorts
  - a. *This should result in the adoption of a hybrid model or set of standards of support that are applied to all commissioned services, focused on ensuring effective victim care and quality outcomes*
  
- 19. MOPAC to **agree any further post-pandemic changes to the victims commissioning model** based on identified need during the pandemic.
  - a. *This should be strongly aligned to the recommendations set out within the mental health deep dive, whilst also recognising the impact of deprivation on individuals' vulnerability to victimisation*
  - b. *Furthermore evaluations related to additional COVID funded services should be considered and recommendations implemented within the context of the strategic vision, most notably the impact of DA refuge provision and how this aligns to future needs assessment on housing need and commissioning recommendations*

## Managing Demand - Expenditure is not aligned to victim need

20. MOPAC **should review of how their spend is profiled across the different victim cohorts**, alongside a review of delivery models to determine if alternative approaches and interventions could improve reach and impact. *This requires MOPAC to prioritise which victim cohorts should receive dedicated caseworker support and why, developing a range of intervention and support options for different victim cohorts within budget*
21. *As part of this review MOPAC should aim to* **increase their investment in CYP victim services** to address the distinct needs and characteristics of this cohort, *alignment to the wider youth services such as gang exit and response and rescue would need to be considered, taking into account the findings from the MOPAC serious violence assessment.* This increased investment should address the following needs:
  - a. *Support to adolescent victims of serious violence*
  - b. *To better address disproportionality experienced by young victims of violence*
  - c. *To provide where needed holistic family support engaging parents in the recovery of the young person*
22. **Further assessment work is required on the level of need regarding CSA**, alongside a review of the Lighthouse model of provision to develop a scalable operating model that can provide a consistent quality intervention across the capital (*Outcomes of the safeguarding review work for MOPAC and the VRU may also offer some evidence and support for a different approach*)
23. **MOPAC should put in place an evaluation of the newly commissioned hate crime service** to understand the changes in flow of cases into the service, their capacity to support (inclusive of the triage function) and an overview of the outcomes for victims. This evaluation should also provide a more detailed profile of hate crime victims and their experiences with the CJS
24. **MOPAC should require contracted services to put in place targeted outreach raising awareness of their service**, this should aim to achieve better community integration and the engagement of specific hard-to-reach victims within services. This would aim to address the underrepresentation of young, black males within services as well as addressing the wider needs of BAME and disabled victims as set out in the disproportionality deep dive section

## Suggested list of key data review points to be able to do an annual refresh to manage demand

Information	Source	Use
Census based published demographic information in London	London Datastore (published)	This gives a baseline against which to measure likely demand and disproportionality by demographic characteristics
Crime Survey for England and Wales	ONS (published)	This gives a frame of reference for under reporting and identify likely demand that does not reach police or services
Police recorded crime: number of victims who report to the police (estimate based on number of reported crimes) by crime type, demographics and flags (MH, DA, Hate crime etc), number of repeat victims	MPS (not published)	This gives a narrower picture of demand but is a very complete dataset, allowing for victims/survivors' characteristics to be analysed by offence type and flag (e.g. hate crime), location and demographic characteristics
LVWS: number of referrals, number of cases, breakdown by offence type, demographics, enhanced priority referrals and referral sources	LVWS (adult and & CYP) (not published)	Given the nature of the LVWS (adult and CYP), this is a key data set to identify demand flowing into the system which may not be reported to the police, and to identify characteristics of victims/survivors who are reaching support
MOPAC: Criminal Justice Commissioning Performance data to be used to aggregate flow through the system by theme of need	MPS (not published)	This data set enables an overview of the flow of referrals, cases and their retention across specialised services. This allows for a closer view of vulnerable victims who have specific needs (eg LGBTQ+)
Number of victims who are supported by the WCU	MPS (not published)	This data allows the user to examine the volume of victims who are in contact with the CJS and the police post-charge

## Violence is expected to increase and with it the profile of most vulnerable and affected victims is also likely to change

**An increase in certain crime types will affect the profile of key cohorts, namely victims of serious violence (CSE and Criminal Exploitation, DA, SV, Personal Robbery and CSA)**

We expect to see a particular increase in service users of younger African/Caribbean males and females, White European and South Asian females, and South Asian males. Victims are concentrated in the 15-34 age range for violent crimes. African/Caribbean males and females are both overrepresented as victims of violence with and without injury, and DA. South Asian Males are also overrepresented among victims of violence with injury and significantly overrepresented as victims of personal robbery, along with African/Caribbean men. African/Caribbean, South Asian and White European females are all overrepresented as victims of sexual offences and DA.

### Qualitative Evidence

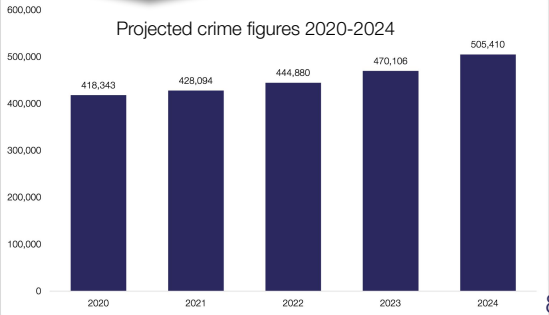
When engaging with service providers, we heard evidence increasing numbers of young women requesting mental health care at hospital are victims of violence and sexual violence. Similarly, a disproportionately high number of young black and minority ethnic men are presenting at hospital for violent crime, particularly knife crime.

*"We certainly see victims of violence, particularly large knife, crime [has] a disproportionate effect on people from black and minority ethnic groups."*

*"We've also seen an increase in mental health presentations at hospital with young women presenting and they've come into hospital and then shared that they've been victims of violence, either historically or presently, but particularly sexual violence"*

*"...year on year increase in presentations of serious youth violence. And I think what we've noticed is that age groups who are impacted by targeted and significant violent incidents are [getting] younger as well."*

**Between 2016 and 2019, there was an 18% increase in police recorded violent crime.** Crest crime projections modeled on historical evolution of baseline figures from 2014, **forecasts a 21% rise in serious violence from 2020 to 2024.** These are our most conservative figures, not taking into account Brexit or Covid





# Recommendations

## Projected increase in violence

- 25. **A formal shift in MOPAC’s victims commissioning model is required to address violence;** an enhanced service offer is required which is supported by specialist services and integrated referral pathways with statutory services. *This approach should be integrated with a new approach to addressing the MH needs of victims of crime and aligned to recommendation 21: greater investment in CYP victims*
- 26. MOPAC should **prioritise the funding, commissioning and resourcing of services where violence is present** (inclusive of; CSA, Sexual Violence, Criminal Exploitation, Serious Violence and Domestic Abuse)
  - a. *This would mean in practice a more limited 'light touch' offer for those victims non-violent crime - (aligns to recommendation 1)*
- 27. In order to better support victims of violence it is suggested that MOPAC **define under-18s involved in serious violence as victims first - perpetrators second** (Aligns to recommendation 21)

# A single point of contact drives more effective victim recovery

## 1. The presence of an advocate is crucial for victim recovery

Practitioners and victims agree that **a single trusted relationship with an advocate, who can liaise with different agencies and professionals, is crucial for victim recovery.** Not only does it ensure that victims feel supported throughout their journey, but it also means that **victims are better able to navigate the criminal justice system - including the broader system of statutory and voluntary support services.** This drives more effective victim recovery.

### Qualitative Evidence

In our interviews, victims highlighted how important it was to have an advocate as a single point of contact to access key information. This provided victims with updates from statutory services regarding their case, and helped **victims understand how their needs should be met by services and if and special measures could be put in place.** This advice and guidance was quite important as **many victims in our interviews also spoke about feeling quite alone and lost when trying to navigate the system on their own.**

Practitioners highlighted similar points, emphasising **their role in helping victims navigate the criminal justice system, and access support from statutory and voluntary services.**

*"ISVAs are critical - they aid the navigation of the system and support you to ask and get more from statutory services"*

*"Expert advice on DA cases is critical, as if they have an IDVA then they already have a trusted relationship which does not need duplicating."*

*"Once I got in touch with GALOP, updates started coming more regularly"*

# A single point of contact drives more effective victim recovery

## 2. Advocates in the VCS supporting victims are not valued professionally by statutory services

Statutory services, in particular the police, CPS, social services, housing and mental health professionals do not professionally value advocates working in the VCS on behalf of victims. As advocates do not have a privileged direct channel to access these services, it can be quite difficult to work with them and get information. **This can be detrimental for the victim who may not receive important updates regarding their case, or have their needs and concerns taken seriously.**

### Qualitative Evidence

In our interviews and focus groups, practitioners discussed how **it can be difficult to support victims when statutory services were unwilling to meaningfully engage** - for example, by responding to queries, emails and phone calls.

This lack of engagement appeared to stem from both the perception that statutory service had of practitioners in the VCS (as “nuisances”) and from the lack of incentives within statutory services to encourage working with or supporting practitioners in the VCS.

*“There is no consequence on the police for not engaging with us”.*

*“[They] look at us as nuisances and they won’t want to respond”*

*“[One of the] biggest challenges has been getting, particularly statutory services, particularly the police, for example, or other professionals, to understand and kind of recognise the role of advocates and be willing to work with advocates”*

*“We have no direct door into any kind of police liaison”*

# Recommendations

## Single point of contact drives victim recovery

- 28. MOPAC should **better value the provision of professional advice and co-working between professionals as part of funding and contract delivery**, ensuring a move away from caseload/referrals as the core measure of success. This would reduce the level of victim referral and movement between services that is not required
  
- 29. MOPAC to **support an enhanced awareness within statutory services as to the importance of the role of the victim advocate** and their level of training and capability. MOPAC should enable specialist services to create a training consortia to upskill the statutory sector, focused on trauma informed practice
  
- 30. MOPAC should **enable specialist services to better evidence the impact of their service on victim outcomes** working with the Evidence and Insight team to develop practice examples that can be shared throughout the wider partnership

# Failure to offer a coordinated package of support across services (statutory and VCS)

## 1. Specialist services do not always prioritise co-working or the provision of professional advice

However, there are excellent examples of good practice such as Suzy Lamplugh Trust and WGN.

*"Partner organisations aren't just referral pathways, but they can act as advisors and provide training (Stay Safe East, Shelter etc.). You need to be able to utilise the expertise of partner organisations"*

*"There needs to be focus on allowing services to offer professional advice and support. Enabling victims to stay primarily with one service and one advocate."*

*"We should have statutory services co locate with voluntary services. The power dynamics and culture of the inverse relationship can be destabilising for the worker."*

## 2. Assessments fail to follow victims between multiple touch points

When victims are referred to multiple services they are often reassessed and forced to repeat their story and relive their trauma. Better coordination between services would enable these assessments to be shared, minimising the possibility for re-traumatisation.

*"Victims are simply traumatized again, they feel unsafe all the time, they can't make plans for the future and most often there is no support at all."*

*"There should be a way of information being shared so that all services can be aware of where we're at. So young people don't feel like they're repeating themselves and, and then wondering, Well, what is anyone actually doing?"*

*"It should be clear to advocates what referrals have been made for an individual to minimize duplication, reassessment and re-traumatisation."*

*"These networks don't share information because everyone has different systems. Everyone has different processes. Information isn't shared in a way that is helpful in supporting that victim"*

# Failure to offer a coordinated package of support across services (statutory and VCS)

## 3. Lack of required coordination across VCS services

More can be achieved across MOPAC commissioned services, with a focus on enhanced referral pathways, co-working and the provision professional advice .

*“One giant service (opposite of patch work) will not work because of the nature of London.”*

*“Commissioners need to bring services together, encourage them to develop support networks and services that are focused on ensuring one ongoing relationship”*

*“Important for services to have roles that can be dedicated to partnership building and referral pathways”*

*MOPAC were good at facilitating connections with other services that had been commissioned at the same time, and encouraging that they build those relationships. This led to reciprocal training on stalking - which was useful.*

## 4. Lack of integration and trust between VCS and statutory services

Practitioners stressed the importance of trust and mutual understanding between VCS and statutory services, and highlighted the need for co-working and integrated models of service.

*“People need to respect existing trusted relationships.”*

*“MH need to build links with ISVAs and other advocates, we need to see co-working on cases.”*

*“Getting services to understand the role of an advocate is key. Statutory services often do not respect the role, they ask who are you and why should I talk to you?”*

*“We spend too much time fighting with statutory services (especially with migrant women around the Children’s Act). Statutory services and the police don’t accept responsibility and try to push it on the service, they should work with the services.”*

*“There remains an ongoing conflict between CPS, Police and ISVAs - there seems an unwillingness to work together. But we need to work together to support victims better”*

# Recommendations

## Failure to offer a coordinated package of support across services (statutory and VCS)

It is critical to maintain the diverse nature of the specialist service provision in London (aligned to rec: 6), the focus has to be on enhancing collaboration between services, sharing of professional advice and expertise and in the development of specialist referral pathways which do not require repeat assessment for the victim.

- 31. MOPAC should **incentivise victim services to develop integrated local links to communities and community-based services**, working closely with Local Authorities, considering the role of the London Crime Prevention Fund to incentivise and develop integrated service models that benefit the victim
- 32. Funding has a significant role to play in enabling services to develop local support structures and pathways to enhance support. MOPAC **should establish funding models and contracts that value and enable partnership development, advocacy and development of specialist pathways** in the way that is needed
- 33. MOPAC should **consider ways to enable co-working on cases** both between statutory services and the specialist VCS, as well as across MOPAC commissioned services
- 34. MOPAC needs **to create and share updated information on all MOPAC commissioned victims' services**, which can be accessed frequently by all service providers
- 35. MOPAC **to convene and run a Victim Provider Partnership** - the purpose to enhance awareness of all victim services in London, roles and responsibilities, to incentivise collaboration and aim to develop provider innovation
- 36. MOPAC **to create and lead VCS/statutory partner victim case review sessions where victim data, performance and cases are scrutinised** - the purpose to maintain ongoing awareness regarding the victim experience and to grow a shared approach to addressing the barriers to co-working and positive outcomes for victim. *These sessions would compliment the work of the London Victims' Board providing evidence to support strategic oversight*
- 37. MOPAC should continue with its approach to enable longer-term funding and contracts, as this enables services to invest in developing relationships across VCS networks but also at borough level

# Lack of appropriate and effective communication between services and with service users can lead to victim blaming and attrition, exacerbated by structural racism and stereotyping

## 1. There is poor access to quality services to support effective and appropriate communication with disabled victims and BAME victims. Interpretation services represent a specific issue

*"They aren't being asked, What is your most spoken language? or What language do you feel most comfortable in. And so they are then trying to explain their experience and the traumatic effects that it's had in the language they aren't comfortable with...so we've had service users report back and say they've made they've NFA'd the case [...] because I felt like I couldn't fully say what happened."*

*"You certainly sense that there is an automatic discrimination against the credibility of a victim-survivor if perhaps there's disability or there's a mental health issue where their behavior and their presentation may be challenging because of it, and certainly where there's no recourse to public funds. [...] And that is I think a major barrier."*

*"African heritage women are often very reluctant to come forward for support around domestic abuse for fear of deportation, fear of challenges around their immigration status, certainly incredibly reluctant to report to police."*

## 2. This is exacerbated by structural racism and the use of stereotypes which can often lead to victims having their experiences minimised or not taken seriously

*"For young black and minority women, who have reported SV, we have seen much higher proportion of NFA decisions, both by police and by CPS"*

*"In the early days, you didn't see many minorities, women being arrested. But far more black women were being arrested when they called out the police and ran domestic violence. But what we're beginning to see a lot more is that the primary victim is now being arrested. And I'm seeing a lot of these cases now where they being arrested and put in a cell as opposed to the perpetrator."*

*"Victims of violence, particularly knife crime, can be often seen as a perpetrator [...] Sometimes their victimhood is forgotten, I guess, or overseen in that way. [...] And given the disproportionality, that obviously affects people from the BAME background more, I would say."*



# Lack of appropriate and effective communication between services and with service users can lead to victim blaming and attrition, exacerbated by structural racism and stereotyping

## 3. The lack of trauma-informed practice across statutory services drives poor communication and language, which can lead to victim blaming and not viewing victims as credible

*"It is very true that victims are blamed, from the minute they report they are the ones on trial." "They do not know their rights, they feel they are being investigated"*

*"We see problematic language, we see victim blaming attitudes from all services, really all statutory services"*

*"Trauma-informed training for police would fundamentally improve their communications and the points at which they refer."*

*"If all the CPS have is a victim statement then most often [victims] are told that is not enough, that means their word is not enough. The CPS also then work on anything to undermine the statement - it's all victim blaming."*

## 4. Some victims, especially victims of sexual assault and domestic abuse, do not feel safe during the reporting process due to service capability, systemic prejudice and poor communication

*"There should be a greater focus on a victim's safety, especially those that are waiting for a CPS outcome, they always wait until contact is made to do something. The system doesn't allow prevention."*

*"Victims feel very unsafe especially after they have made a formal report. Biggest issue is police just tell them they are safe rather than working it through with them. Police do not listen to their fears they often just deny their feelings."*

*"Police have a role to deliver personal safety briefings to victims of violence around key moments of charge and release."*

*"I think one of the main main things is around housing. We can't do anything with young people or victims of harm or violence without them feeling safe."...the inability to get a victim survivor away from the perpetrator and the place where they're at highest risk and into safe housing"*

# Recommendations

## Lack of effective communication

- 38. MOPAC to **drive forward trauma-informed practice across statutory services**, to support specialist services to develop and deliver a programme of training and co-design which reviews and improves victim engagement and language used at key points of victim interface. Key partners to include, Police, the Witness Care Unit and the CPS. End product a best practice guide and new communications materials to support victims in London
- 39. MOPAC to **ensure that all commissioned victim services have basic provision and minimum practice standards to ensure effective initial engagement and support for disabled victims of crime**
  - a. Engagement of specialist smaller providers that work with disabled victims to support the development of these minimum standards and resources across the spectrum of victim services
- 40. MOPAC to **ensure investment and support in services to develop innovative ways to address the deficit in terms of language support and communication** through different languages
  - a. *Consider the option for a pan-London approach aligned to the recommendation made regarding the development of the victim advocate model*
  - b. *Resource and incentivise specialist services to create in-house improvements with regard to language support, building on best practice where services have aligned this to the development of their peer support models*

## Victim safety

- 41. MOPAC to **work with the MPS to upgrade the quality of information included in a victim referral alongside an assessment of the benefit of mandatory referral of victims of violence** (inclusive of sexual violence) to specialist support services, to ensure earlier access to advocacy support (prior to VRI and entering the CJS journey)
- 42. MOPAC to **review the use and enforcement of breaches of all domestic abuse protection orders** in London, including: Domestic Abuse Protection Notices (DAPNs), Domestic Abuse Protection Orders (DAPOs), Stalking Protection Orders (SPOs) and non-molestation orders. MOPAC should assess variations in practice, the effective roles of different CJ partners and the outcomes for victims
- 43. MOPAC to **ensure that the new statutory responsibility through the DA Bill to provide safe accommodation to victims of domestic abuse forms a key part of the strategic vision for how commissioned service holistically address victimisation in London**

# Deep Dives

# Deep Dive Overview

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**The purpose of the deep dives is to provide additional information and insight on the key topics that have arisen from the analysis in Part A. The areas of mental health and disproportionality were chosen based on the following factors:**

## **Drivers for deep dive selection**

- Where we need to know more about the victim profile to be able inform prioritised recommendations for an improved response to victims needs
- Where we need to clarify MOPAC's role (current or future) versus wider CJS and statutory partners – balance between statutory responsibility/demand
- Where exploration of a different response either from a specialist service or multiple agencies is required – resource limitations and likelihood of impact considered
- Where consideration should be given to the proportion of investment made to meet the needs of a certain victim cohort/offence – is the balance right?
- Where consideration of political priorities is given to ensure future-proofed final recommendations, including women's safety and the response to Black victims

# Mental health

# Mental Health Deep Dive: Our Approach

## Rationale

This is the key barrier identified by partners, providers and victims to recovery. This is having a significant detrimental impact on attrition. Service providers do not have robust, accessible data on this area, which makes it difficult for MOPAC to understand the extent of the problem and manage it. The picture of violent crime is increasing and there is a clear association between victimisation and perpetrators. A proactive policy on addressing mental health as an exacerbating factor of victimisation would support a public health approach to violence reduction.

## Methodology

1. **Quantitative:** We gathered publicly available relevant data to quantify the size of the victim cohort with mental health support needs and project has this is likely to develop over the next period
2. **Desk-based Research:** We clarified the statutory responsibilities for commissioning mental health support services, and detailed the existing referral pathways for mental health support in London
3. **Practitioner Sessions:** We ran 2 practitioner focus groups with frontline service provider staff from Victims' Support, Havens, Galop, Gateway, WGN, Survivors UK and Solace Women's Aid to capture their qualitative perspective on their caseloads, to better understand the relative volumes, the nature of the presenting needs and the referral pathways open to them
4. **Victim Interviews:** We conducted 3 victim interviews where mental health is a presenting need to capture qualitative feedback on their needs throughout their journeys, using this insight to develop an example journey map
5. **All-Providers session:** We ran an all-provider workshop to present back the findings of the analysis, and explore with them service response options to better support victims with mental health needs throughout their recovery journey

# Mental health should be a priority within MOPAC's commissioning approach to victim services for the next Mayoral term and beyond

## Victims with mental health needs contribute to huge demand on services

There is **huge demand within the system both at the lower and higher end which is preventing victims' recovery** and placing strain and risk on services. Projections and modelling suggest this demand will only increase and is not the result of the pandemic. There are significant gaps in MH provision with services providing limited talking therapies or acute support with limited follow up.

## The complex mental health needs of victims must be treated holistically

The mental health needs of victims cannot be separated in a simplistic way to assess whether the need was present before or after victimisation, as often victimisation and disclosure trigger previous trauma. **The victim's needs must be treated holistically**; focus should be given to **establishing a single point of contact for support and the development of a trusted relationship** to be maintained throughout the victim's recovery.

## Victim services lack mental health expertise

Services lack the expertise required to assess, refer and negotiate on a level playing field with mental health professionals which can **further delay and complicate the process for victims, resulting in challenges regarding their safety and long term recovery**. This has an impact both at the lower end where early intervention could prevent the escalation of mental health issues as well as at the acute/higher risk end of the spectrum.

## Data collection must be improved to understand demand

**We still need to know more on an ongoing basis regarding demand on victim services**. Data collection must be improved and data shared with MOPAC. The impact of the CJS on victims with mental health needs must be recorded, alongside referrals and responses, and a watching brief on the caseload of those with mental health needs.

## MH services have a limited understanding of victimisation

Mental health services lack an understanding of the nature of offences, the trauma inflicted, the impact of CJS delays and victim-blaming culture and **how these aspects may present as a mental health need**.

## The CJS must work for victims with mental health needs

Criminal justice key points (charge, CPS decision and outcomes of trial) are mental health triggers for victims, **often leading to acute mental health crisis and withdrawal from the CJS**. **The lack of trauma-informed training** for statutory services and **co-working arrangements with advocates** exacerbates this

Victims of sexual violence offences are **doubly disadvantaged due to CPS guidance and the restrictions placed upon them**

## Referral pathways for mental health support don't work

The current referral pathways do not work, there is an absence of any specialist referral pathways which prioritise those with acute mental health needs as a result of the trauma endured due to victimisation

# The NHS has made a number of commitments towards mental health provisioning in its long-term plan. This is to be implemented by CCGs

In January 2019 the NHS published its long-term plan, outlining its key priorities and commitments over the next decade. Regarding mental health, the plan states that the NHS will:

- **Continue to expand access to Improving Access to Psychological Therapies (IAPT)**
- **Expand current service models to provide comprehensive mental health support to children and young people. This will be based on an integrated approach, with support embedded in schools and colleges through Mental Health Support Teams**
- **Ensure that there is a 24/7 age appropriate crisis care via NHS 111**
- **Develop new integrated models of primary and community mental health care**

The development of new integrated models of community mental health care is of particular importance. **It signals a move towards a ‘flexible system that proactively responds to ongoing care needs’.** This is in contrast to the current system “based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support’.

Moreover, as the model operates on a ‘no wrong door’ approach, **‘people with the full range of mental health problems will be able to access support, care and treatment in a timely manner and from wherever they seek it’.** This can be from their GP, local community services, or through digital avenues.

## NHS England

Sets out strategic direction, supporting NHS services nationally through improvement programmes and system leadership. Importantly, it also funds CCGs.

## Clinical Commissioning Groups (CCGs)

Decides what services are needed for their local populations and commission most hospital and community NHS services.

## Local Authorities

Have broad responsibilities around public health, social care and housing.



# London is establishing five CCGs that commission hospital and community services in local areas

<b>North West London</b>	Covers Brent, Ealing, Hammersmith and Fulham, Harrow, Hillingdon, Hounslow, Kensington and Chelsea and Westminster
<b>North Central London</b>	Covers Barnet, Camden, Enfield, Haringey and Islington
<b>North East London</b>	Covers Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge
<b>South East London</b>	Covers Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark
<b>South West London</b>	Covers Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth

London is currently in the process of establishing five CCGs which bring together smaller, existing, CCGs. Because these 5 CCGs are in the process of being created, **most do not have published, detailed priorities**. Those that do, only have drafts. These draft priorities **closely align to the NHS's long-term plan**. Recurring themes include:

- **Developing an integrated community care model by bringing together partners in primary care, secondary care, local authorities and voluntary services.** In the North West London CCG, two models are being tested, one based on a Community Mental Health Hub (CCMH) and another based on a Mental Health Integrated Network Team Model (MINT)
- **Expanding the children and young people's mental health offer by developing and implementing a comprehensive 0-25 model.** This should ensure a more seamless transition of care between CYP and adult services
- **Develop and expand access to alternative crisis support** by working jointly with local partners, and increasing capacity within existing services

# The Mayor has no statutory duty to provide mental health services - this is provided by CCGs, local authorities and the VCS

**The mayor, through his convening role, works around improving health, care and wellbeing through advocacy and awareness.** This can be exemplified by his role in the London Health Board, as well as by the London Inequalities Strategy and Thrive LDN.

## The London Health Board

The London Health Board is a non-statutory group chaired by the mayor of London. It is comprised of elected leaders and health professionals.

The aim of the Board is to drive improvements in London's health and reduce health inequalities through political engagement and advocacy.

## London Health Inequalities Strategy

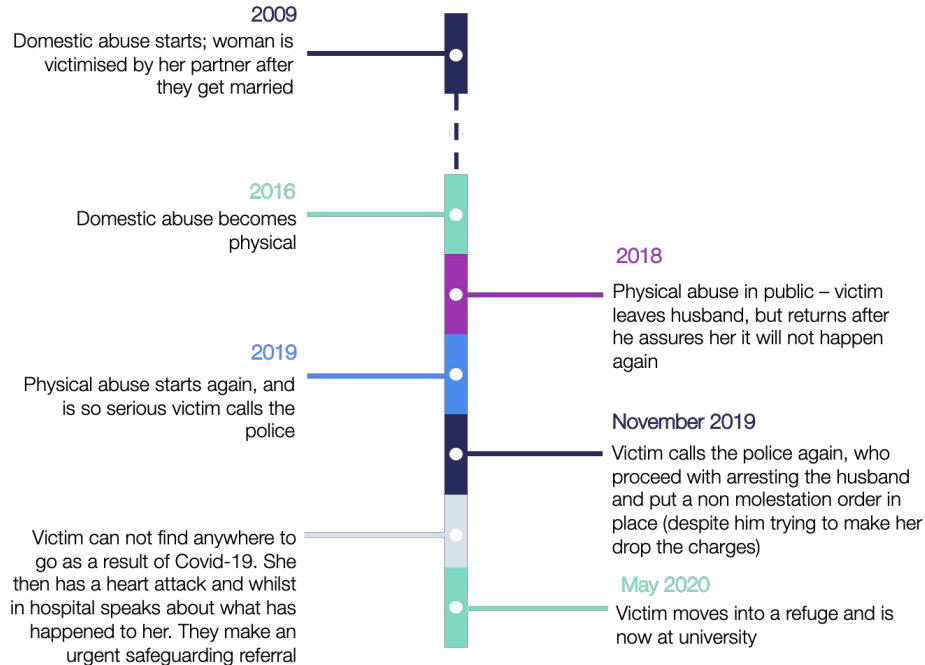
The 2018 London Health Inequalities Strategy is the mayor's action plan to make London a healthier and fairer city by tackling the determinants of health inequality. The plan broadly focuses on five key areas:

- Healthy Children
- Healthy Minds
- Healthy Places
- Healthy Communities
- Healthy Living

## Thrive LDN

Thrive LDN is a campaign launched by the mayor, aimed at improving mental health and well-being in London. By working with wide range of partners, from academics to schools and workplaces, the campaign strives to raise awareness around mental health and reduce the stigma and discrimination associated with it. Through digital technology, the campaign also aims at improving access to support and services.

# Current referral pathways into mental health services are ineffective even in the most high risk cases, leaving victims unable to effectively recover



## Victim's mental health journey

**1. During court proceedings, the victim was so affected that she decided to go to the GP and was put on antidepressants.**

*"When I first went to the GP I was covered in bruises, she referred me to talking therapies, then they referred me to someone else and at that organisation they asked me what crimes I had committed. They gave me another number when I said I didn't understand, and I just gave up."*

*"I needed help then it took a lot to go to the GP and I just got moved around. I wasn't safe then at all."*

*"When I was having to go to court it affected me to the point I was crying day and night – I went to the GP myself and he put me on antidepressants, I couldn't walk or eat anything, I felt so ill I just drank water."*

**2. The victim repeatedly called 111 while the abuse was happening but "they did nothing". She had to go to A&E and it was only at this point when her mental ill health was addressed; she was admitted to the Maudsley hospital.**

**3. The victim started home treatment and they came to the refuge, but was eventually handed over to a mental health nurse at a GP.**

*"It was hard to make the adjustment, but I had to understand there was no resource to keep helping me."*

**4. The victim still has no ongoing mental health counselling; a referral was made by Maudsley but months later the victim has not had a response.**

*"It is such a long time I really need someone to talk to now, only spoke to someone for 3 sessions before Christmas and it all continues to affect me so badly – I really do need help now."*

## Feedback from victims



During interviews, victims described how CJS processes and delays had triggered past trauma and expressed their frustration with the lack of support, particularly for those with mental health needs.

*“If I couldn’t have accessed private treatment it would have made the whole impact worse, **I don’t think I was well enough to have coped with the waiting lists and the referrals...** victims are simply left to pick up the pieces.”*

*“The system though is worse than useless at helping you to recover, **especially the lack of mental health support.**”*

*“The impact was to **trigger all the previous DA as well.**”*

*“The experience left me in bits, in a heap on the floor crying, **my body went straight back to the experiences through the attack.**”*

*“**I am still receiving mental health support now** and it is still private – this week I am starting treatment for complex PTSD. EDMR uncovers deep issues and emotions that need to then be addressed...**recovery is not a quick process.**”*

# The Mayor can play an important role supporting the provision of mental health services by creating and strengthening referral pathways and encouraging collaborative working

## Existing Service: Victims of Major Incidents Framework

This framework is designed to help PCC's co-ordinate support for victims following a major incident.

The two core aims of the framework are to **'enhance the resilience and capacity of existing local victims' services'** and to **provide a 'consistent model of coordination and pathway between victims' services and the statutory sector'**. This ensures joined up service provision for those suffering from psychological trauma and potentially longer-term mental health issues.

To achieve this, it is recommended that PCC's identify a single point of contact within their office to serve as a strategic link between relevant stakeholders and provide oversight.

## Existing Service: The Gateway

The London Survivors Gateway aims to **address sexual violence by simplifying access routes into services and ensuring that victims receive consistent support and high quality.**

Bringing together MOPAC, NHS England and commissioned services, the Gateway does not replace existing services. Instead, it **enhances service provision by building partnerships across the London sexual violence landscape.**

Whilst meeting demand (both incoming and onward) remains a challenge, **the service has been well received by stakeholders and service users, who found that the service improved referral pathways and access to support.**

## Opportunity: Pathfinders for survivors of sexual violence

To address unmet need, the NHS's Sexual Assault and Abuse Services team developed proposals for pathfinders for adult victims of sexual assault and abuse with complex trauma related mental health needs.

Underpinning the proposal is the desire to **reduce fragmentation for people accessing care by encouraging collaboration and co-production. Specifically, through delivery partnerships between the NHS and specialist sexual violence and abuse VCS services.**

Important to this is the ability to share knowledge and information through consultation, advice and training. This is both between the NHS and specialist services, and with the wider system of services that engage with victims of sexual violence and abuse.

# Mental Health Demand Volume: Our Approach

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## Rationale

Research shows that some victims of violent crime and sexual assault will develop a clinical mental health need. With the expected increase in crime, this will increase the number of complex cases that LVWS manage. Working from scientific academic research, projected crime figures and court timeliness data, we have been able to project demand volumes on mental health services.

## Methodology

- 1. Crime statistics:** The figures for 2019 and 2020 are the official Met Police recorded crime statistics. For 2021 onwards, we have used Crest's own trends in crime projections. These are modeled on historical evolution of baseline figures from 2014. These are our most conservative figures not taking into account Brexit or Covid
- 2. Number of people who will develop a clinical mental health need:** We are working from academic research which finds that one in four sexual assault victims and one in three victims of violence will develop some post traumatic stress disorder. We have provided upper and lower estimates for each crime type
- 3. Timeliness:** People will need support the year that the offence is committed, notwithstanding the CJS journey

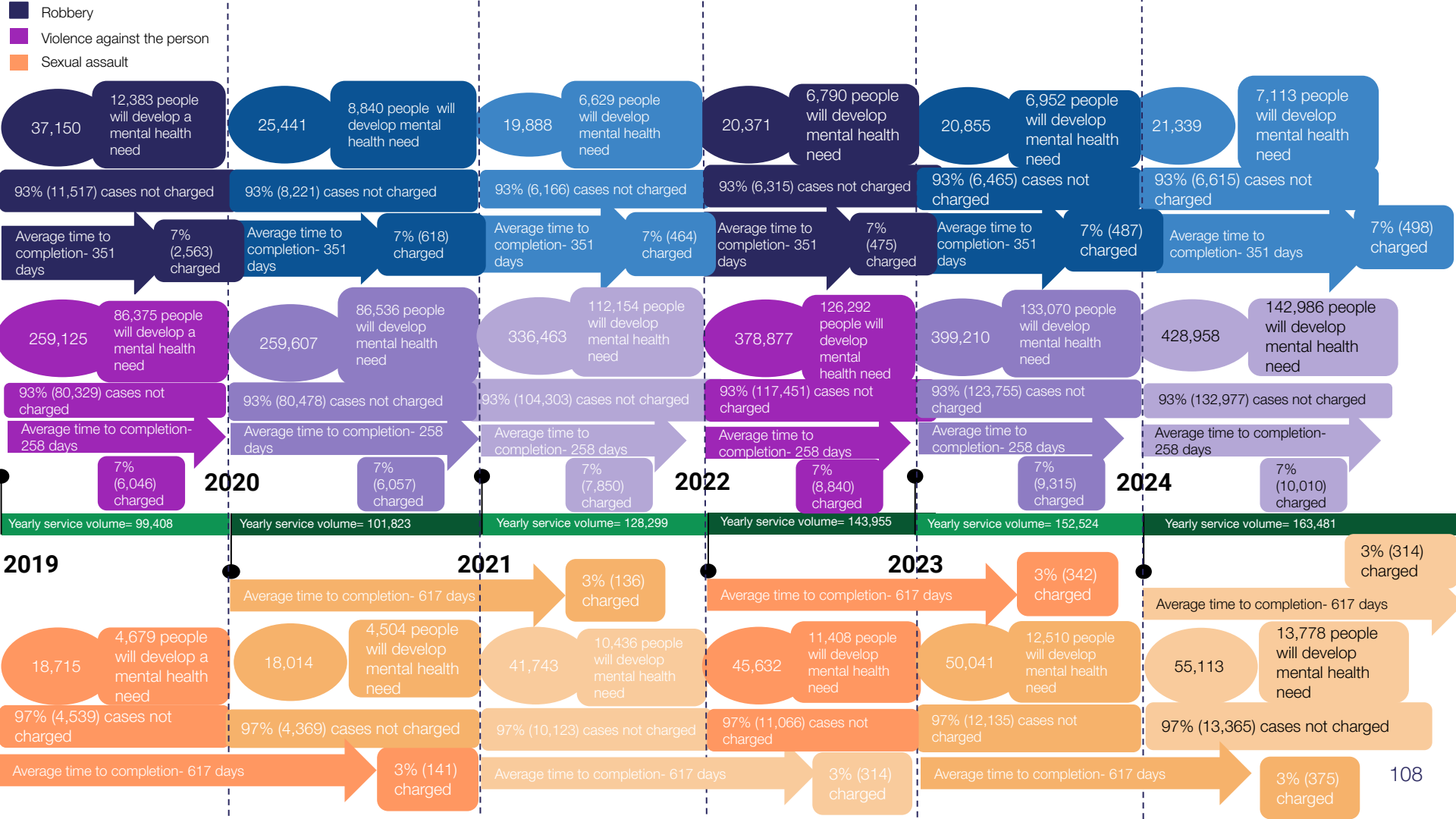
# The demand for clinical mental health support is likely to grow given the projected increase in victimisation of serious crimes

The volume of victims of serious crime who are likely to develop a clinical mental health need is projected to grow over the next four years. The table below presents a conservative and a higher estimate, based on peer review studies and expert clinician opinion



**Victims of violence against the person, robbery and sexual offences**

	2019	2020	2021	2022	2023	2024
<b>Total projected victims</b>	314,990	303,062	428,094	444,880	470,106	505,140
<b>Lower bracket</b> VAP: 20% Robbery: 20% SO: 50%	68,613	66,017	98,142	102,666	109,034	117,616
<b>Upper bracket</b> VAP: 30% Robbery: 30% SO: 80%	113,730	109,427	162,178	169,588	180,054	194,189





# Feedback from practitioners



## Increased demand on services related to mental health

During the pandemic, there has been an **increase in referrals with a presenting mental health need**. This includes anxiety, self-harm and suicidal ideation.

Victims' families have also presented with mental health needs. This can be challenging for the victim and can mean that **caseworkers are drawn into supporting a wider network of family members**.

*"We're finding that the levels of support that they do need is much, much more intense than it has ever been"*

*"Certainly in the last 18 months, I'm more surprised when a case doesn't have complex mental health needs."*

*"We are finding that caseworkers, you know, children and young people caseworkers, are actually sort of getting drawn into sort of supporting in adults as well"*

## Lack of mental health data from commissioned services

We still need to know more about the demand that mental health needs pose on victims' services. **Data must be consistently and rigorously collected around this, and shared with MOPAC.**

*"The more that we don't capture that kind of data, the more that you end up burning out or not having the right funding."*

## There is a mental health crisis within victim services

Services have reached a critical tipping point, unable to cope with the volume of victims versus resource. **A more transformational response is required**, putting victims' care and recovery at the forefront.

*"I think the pandemic has just really highlighted how much we've been getting by with in the sector"*

*"That systemic change piece needs to be equally funded, as well as the frontline service. Otherwise, we're just going to be firefighting forever."*

# Feedback from practitioners



## CJS outcomes can trigger an acute mental health crisis and lead to victim withdrawal

**Better communication** is needed around CJS processes, outcomes and timelines to provide the victim with reassurance.

Access to needed mental health support those victims within the CJS is exacerbated by the **issues related to pre-trial therapy guidance**.

*"Often it's the investigation which is triggering, because that's when everyone finds out. [...] And people will often at that stage pull out because they realize the impact this is having on their lives"*

*"The number of the delays within the CJS are having a catastrophic impact really on those who are in quite distressing circumstances and feel their lives are in limbo."*

*"Victims are simply traumatized again, they feel unsafe all the time, they can't make plans for the future and most often there is no support at all."*

## Current referral pathways into mental health services do not work for victims

In most cases, there are **no specialist referral pathways**; services have to have to advocate on behalf of the victim via GP referrals.

Some victims have incredibly complex mental health needs that are not always linked to the crime that they experienced. **Victim services are holding cases for longer than they are resourced to do so.**

*"They come to the service because they have mental health needs, and they're struggling to get support for their mental health [...] Sometimes we're not the most appropriate service to deal with really complex mental health needs"*

*"Because of the length of time that is required for them to wait for mental health services, most clients then are referring back into our service."*

*"Usually we're phoning GPs or asking for referrals to be made to mental health services, and then the person just ends up waiting and not getting any specialist support that they need. "*

# Feedback from practitioners



## There are gaps in mental health provision which leave victims without support

There is a **gap in mental health provision for victims** whose needs go beyond talking therapy or IAPT, but who do not meet the threshold for clinical intervention.

Victim services are set up to provide short-term care. Often, after intensive support for a mental health need is received, **there is no long-term support in place** - this can derail the victim's recovery.

*"They are seeking out the right support, but they are saying they're not meeting the high threshold, but their circumstances are too high for talking therapy."*

*"We're very activated when somebody is at that point of suicidality. When the risk kind of de-escalates a little bit [...] that's when services fall away"*

*"At the moment services are set up to offer something very short term in the immediate aftermath. And there isn't kind of like an acknowledgement of the long term consequences of something like sexual violence."*

## Improved communication between statutory services and victim services is needed

Better communication is needed across services to **avoid the compartmentalisation of care** and prevent repeated assessments which may cause victims with complex mental health needs to disengage.

There is a **huge overlap between substance abuse and mental health**. However, mental health services won't treat you if you have ongoing substance abuse issue and vice versa. The absence of support exacerbates the impact of victimisation.

*"I think it's about creating dynamics where there is more conversation between practitioners"*

*"you see a lot of survivors with complex mental health needs especially disengaging because they've just had enough, they just can't cope with another assessment."*

*"The intersectionality between drugs and alcohol and self medication in relation to the mental health picture [...] that dual diagnosis often means that people get bounced around services"*

# Feedback from practitioners



## Victim services lack the 'clinical credibility' required to assess and refer on a level playing field with mental health professionals

Referrals from victim services are sometimes **dismissed by mental health professionals**, creating delays in support and long-term recovery.

**Accredited training for staff or in-house mental health advocates may bridge the gap in expertise**, providing early support to prevent the escalation of mental health issues and advising on NHS services.

*"We do find that we have to advocate quite strongly [...] there is, at times, a little bit of a dismissal of referrals, which is really worrying"*

*"One of the things that we perhaps don't have are individuals who are really up to speed and experienced around navigating, negotiating and have knowledge of the Mental Health Act or the Care Act, of how the structure of NHS services work"*

*"We just need to have staff trained in mental health and accredited training that we'll recognise can continue to provide that support to bridge that gap"*

## Mental health services do not have an informed understanding

Mental health services lack an understanding of the nature of offences, the trauma inflicted by certain crime, the impact of CJS delays and victim-blaming culture and **how these aspects may present as a mental health need**. Trauma-informed training is needed in this context.

*"Mental health services [...] need a better understanding and education around clients who are involved in criminal justice proceedings"*

*"[The] language used by different clients about distress and how mental health teams can miss that"*

*"Perhaps some coordinated working between everyone that is under the survivors gateway [...] delivering training and saying this is what trauma informed care looks like in clients"*

*"Trauma informed training - so that services don't say something, or engage the client in a way that sets them back and re-traumatizes them"*

# Recommendations

## Mental health

1. More data is needed on an ongoing basis regarding the mental health of victims engaged in MOPAC commissioned services victim services. **It is imperative that MOPAC develop a watching brief on mental health caseload inclusive of referrals**, service responses and the impact of the CJS for those that have formally reported their victimisation
2. MOPAC **should develop a consistent set of data measures and require services to record** these as part of contract management, provide an annual measure

The mental health needs of victims cannot be met in a simplistic way. It is not effective to assess whether the need was present before or after victimisation; often victimisation itself and the act of disclosure triggers previous trauma

3. MOPAC needs to **ensure that victims can be treated holistically** and that the focus on a single point of contact for support and the develop of a trusted relationship is maintained for this cohort

Victims who are within the criminal justice system with specific regard to sexual violence offences are often doubly disadvantaged, due to the impact of CPS pre-trial guidance and the restrictions placed on accessing professional support

4. **Training for statutory services Police, CPS on trauma informed practice and developing co-working arrangements with advocates is critical in effectively managing victims' mental health**
  - a. The delivery of key messages regarding case progression, how this is done and ensuring wrap around support is critical. *This is linked to the understanding of the role of an advocate within specialist victim service – their role, trust from statutory agencies, consent and information sharing need to be prioritised*
  - b. **There needs to be a separate model of support developed for those who have reported their offence and are within the CJ system** and have mental health needs, aligned to the recommendations made in Part B of the SNA, focused on demand management. *With specific regard to those victims that are affected by CPS guidance re: access to counselling and mental health interventions*

# Recommendations

## Mental health

**The current referral pathways do not work:** victims tend to only gain timely access to support when mental health issues are acute which means that victim services are holding cases for longer than they are organised and resourced to do so.

The demand on victim support services is acute and at a critical point, previous attempts to balance waiting lists through additional resource and to encourage services to develop effective local relationships and referral pathways have not addressed the overwhelming demand – a more transformational response is required, putting victims care and recovery at the forefront.

**It is recommended that a long-term commitment to transformation is adopted.** This should consist of both short- and long-term actions which run in parallel – investment from the mayor’s office which could reduce over time with effective co-commissioning, services integration and co-working across victim services and mental health commissioners and practitioners

### 5. Short term actions which aim to reduce harm/risk and alleviate pressure on services

- a. **The development of a mental health training package** developed by specialist victim services to be provided to statutory services to raise awareness of the needs and the types of victimisation that manifest into significant trauma
- b. **The introduction of a common mental health needs assessment tool across all MOPAC commissioned victim services**, to provide a consistent understanding of need
- c. **The appointment of high-intensity mental health practitioners** in victim support services to provide support for cases that are waiting to access NHS support, with a focus on safety and recovery pending handover to NHS services when referral/capacity allow *(some sense of scale is needed here, to all services or into some and evaluate impact)*
- d. **Place MH navigators/advocates into victim support services** – to manage low level cases and develop more effective local referral pathways and advice and support on access and negotiation with clinical colleagues

6. **Longer-term strategic actions - The aim should be to create a different co-commissioning arrangement between the Mayor and mental health commissioners and services in London;** the focus being on developing more integrated models of victim support within the context of the integrated mental health support model, alongside developing a specialist pathway of assessment and support for victims of violent crime
  - a. **To recognise the need for co-working on victim cases between victim services and mental health services.** Need to move beyond pilot – evaluation
  - b. **To introduce a specialist pathway for victims of violence into mental health services in London,** to consider how it aligns strategically and geographically to the super-CCG pathways. It should be noted, the NHS's long-term plan and the priorities of CCGs around mental health need to be considered in the context of the pandemic
  - c. Recognise that this does not cover all cases/victims, therefore the short-term actions and the co-working together with this create a systemic response to the need. **Any specialist referral pathway for a cohort of victims has got to be part of a wider systemic response** to ensure that the wider issues of vulnerability are picked up through improved relationships and co-working between specialist victim and mental health services
7. **Consider the opportunity presented by the SARC integrated support hub** – look to exploit this opportunity to develop a co-commissioned approach to supporting high risk victims of violence, inclusive of but not restricted to sexual violence

The purpose is **to create an agree offer of support for a specific cohort of victims,** consider the timeliness re: assessment, support offered and then the development of a longer-term recovery plan working jointly with victim specialist services (*There will be a need to consider longer term where and if an continued specialist response to these victims within the CJS needs to continue in light of this*)

This work should be **developed equally between a funded team drawn from the specialist victims' services and from mental health services in London** – funded and resourced adequately to develop the approach. CJS partners should be committed and engaged to create the right system of support

# Disproportionality



# Disproportionality Deep Dive: Our Approach

## Rationale

Service providers and partners are clear that race and wider protected characteristics are key when considering who is disproportionately impacted by crime and their recovery affected, however there is a lack of clarity on how best to respond to this and what that means for good outcome

## Methodology

### 1. Quantitative

- We revisited the data from Part A to draw out the specific insights relating to disproportionality by race, disability and those with no recourse to public funds, articulating the limits of the data that exists
- We also issued a call for evidence to service providers to capture as complete a picture as possible, and used MOPAC funding data to understand the current funding allocated to address disproportionality

### 2. Desk-based Research

- We conducted desk-based research to understand the issues from the Victims' Commissioner's roundtables on race, and to clarify the current London picture of victimisation for those with no recourse to public funds

### 3. Practitioner Sessions

- We ran 2 practitioner sessions with selected service providers from Victim Support (LVWS), WGN, TMG, Stay Safe East, Galop and Southall Black Sisters to capture their qualitative perspective on their caseloads. This enabled us to better understand the issues faced by these groups as a result of the disproportionate impact of crime, and to understand this both for victims in and outside of the CJS

### 4. Service Provider session

- We then ran an all-provider workshop to present back the findings of the analysis, and explore with them service response options and recommendations to address the issues identified

## Disproportionality Deep Dive: Ethnicity breakdown

Analysing data sets which categorise ethnicity differently has required a matching of groups. This has resulted in the use of terms that may be problematic

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Crest – Gate One	GLA Ethnicity Categories	Police ethnicity categorisations
Arab	Arab	Arab/Egyptian
South Asian	Bangladeshi, Indian, Pakistani	Asian
African/ Caribbean	Black African, Black Caribbean. Other Black	Afro/Caribbean
White European	White British, Irish, Other White	White European & Dark European
East Asian	Chinese, Other Asian	Oriental

# There are a number of barriers that prevent BAME, LGBTQ+ and disabled victims from accessing support and engaging with the criminal justice system

## African/Caribbean and South Asian people are overrepresented as victims of the most violent crimes.

In 2020, **19% of violence with injury victims were African/Caribbean, despite only making up 13% of the population.** For South Asians, the disproportionality was smaller - 14% of violence with injury victims were South Asian despite only making up 12% of the population. These figures are without excluding 'unknown' ethnicity cases, which strongly increases the disproportionality of victims.

## Statutory services make assumptions about victims based on their gender, ethnicity, sexuality and disability. This results in a minimisation or mischaracterization of victim experiences.

BAME women in particular are viewed as 'difficult' and can be considered complicit in their violence. As a result, they are not always treated like victims.

## Lack of access to quality interpretation services is a barrier for victims navigating the CJS and support services

**Services do not have the resourcing or funds to access interpreters,** and where interpreters are sourced, the quality of support given cannot be guaranteed. This affects BAME victims have have specific linguistic and cultural needs, as well as victims with No Recourse to Public Funds.

## Support available for victims with No Recourse to Public Funds is dependant on the offence committed and the victim's immigration status.

Whilst victims of modern slavery and human trafficking can access support through the national referral mechanism, **victims of domestic violence can only access support if they are able eligible under the domestic violence rule or local authority support.** Many victims fall outside of this and rely on voluntary sector support.

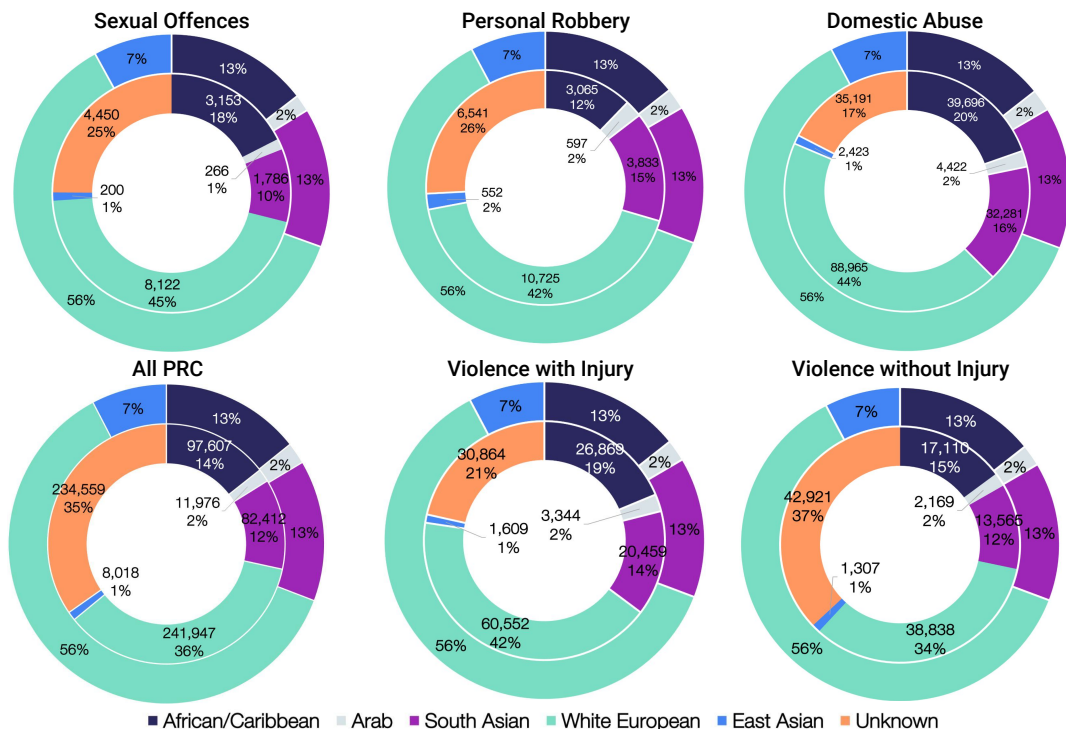
## In the absence of legislative protection, victims with NRPF are only guaranteed support when resources become ring-fenced for that purpose.

Without legislative protection victims with NRPF struggle with accessing support. Even **within the voluntary sector, victims of domestic abuse with NRPF are often refused refuge spaces.** This can be overcome by ring-fencing resources to provide support and space for victims with NRPF.

# African/Caribbean and South Asian people are consistently overrepresented among victims of crime, including of the most serious offences such as robbery, sexual offences and violence with injury

## Victims of police recorded crime compared to London population

PRC represented by the inner circle and population by the outer (2020)



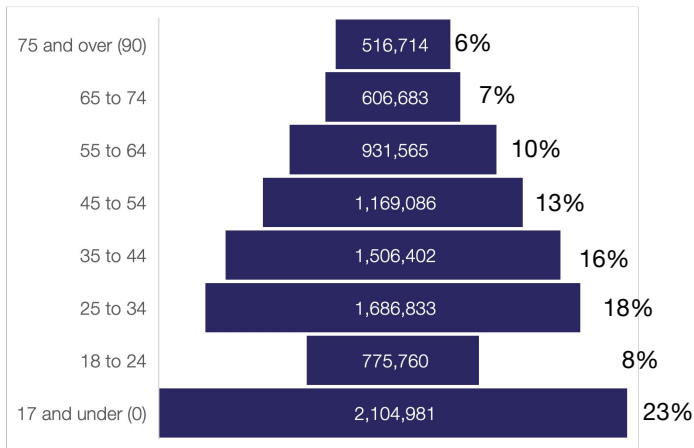
African/Caribbean and South Asian people make up a larger portion of crime victims than of the total population once 'unknown' ethnicities are excluded

These charts show the **ethnic breakdown** of the **total London population** against the breakdown of **victims** of police recorded crime. **Across all crime types** there is a significant proportion of victims where the ethnicity is **unknown**, but when these are **excluded** it is apparent that African/Caribbean and South Asian people are substantially **overrepresented** across crime types. For violence with injury, for example, **African/Caribbean** people make up **24% of victims** whose ethnicity is known, compared to **13% of the population**. For **South Asians**, these figures are **18%** and **13%** respectively. Nonetheless, White Europeans still make up the majority of victims.

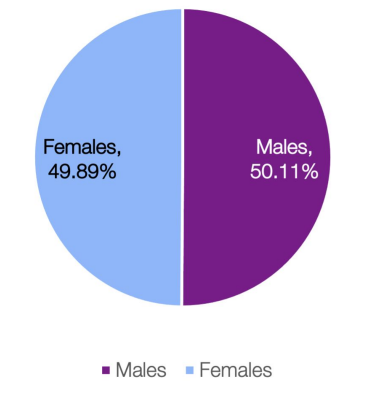
# Context: London demographics

Young people make up the majority of London's population, which is equally divided by gender. Although White British is the biggest ethnic group, London is very diverse

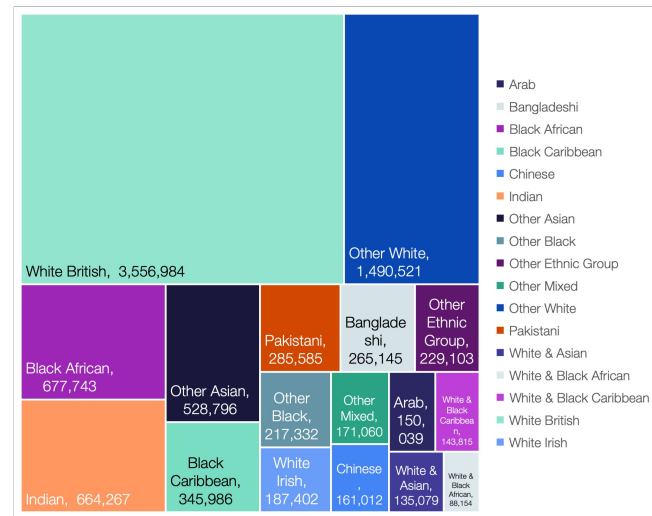
Age distribution according to GLA Housing Based projections (2021)



Gender distribution according to GLA Housing Based projections (2021)



Ethnic distribution according to GLA Housing Based projections (2021)



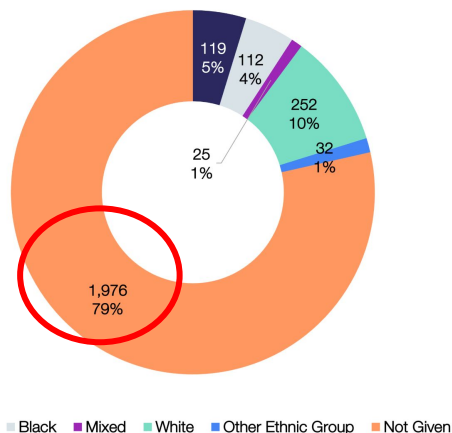
# LVWS demographic analysis suggests that better ethnicity data must be recorded, females are overrepresented in service provision and 18-44 year olds are the main age category to be victimised and supported

No conclusions can be drawn from the ethnicity of those who take up service at LVWS since 79% of users fall under 'not given'. There is no ethnicity data for LVWS cases before TUOS

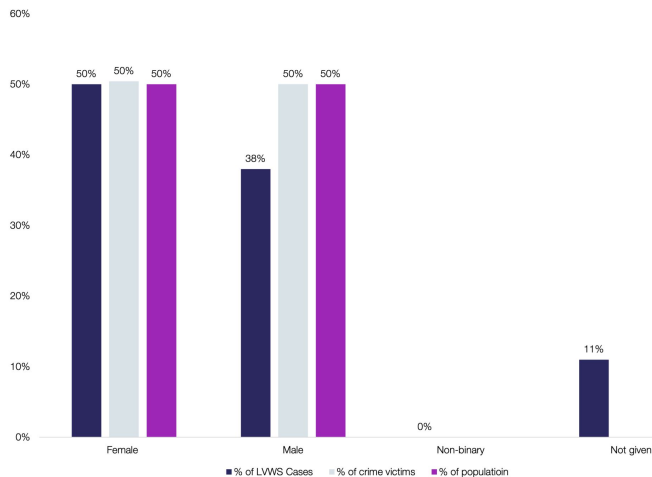
Though men and women on average face the same level of crime (50-50 split), in 2020, male victims accounted for only 38% of LVWS cases whereas females accounted for 50%. There were however, 11% unknown entries

Those aged between 18 and 44 are the most overrepresented age groups, 55% of all cases but only 42% of the population in 2020. The greatest overrepresentation can be seen in the 18-34 year olds

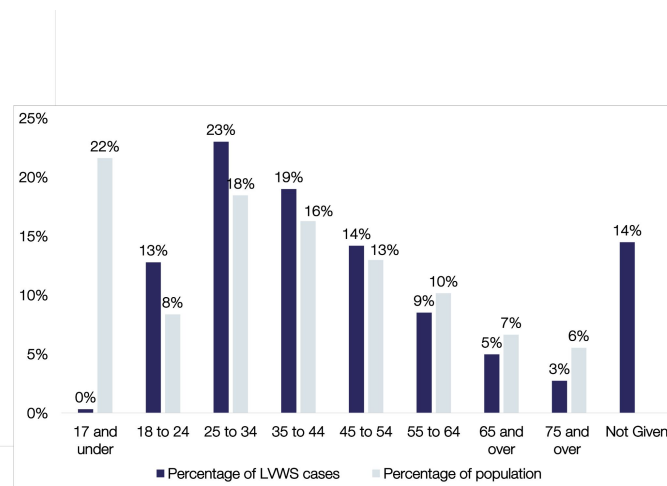
LVWS TUOS ethnicity comparison Dec 2020



LVWS gender/ population comparison 2020



LVWS age/ population comparison 2020

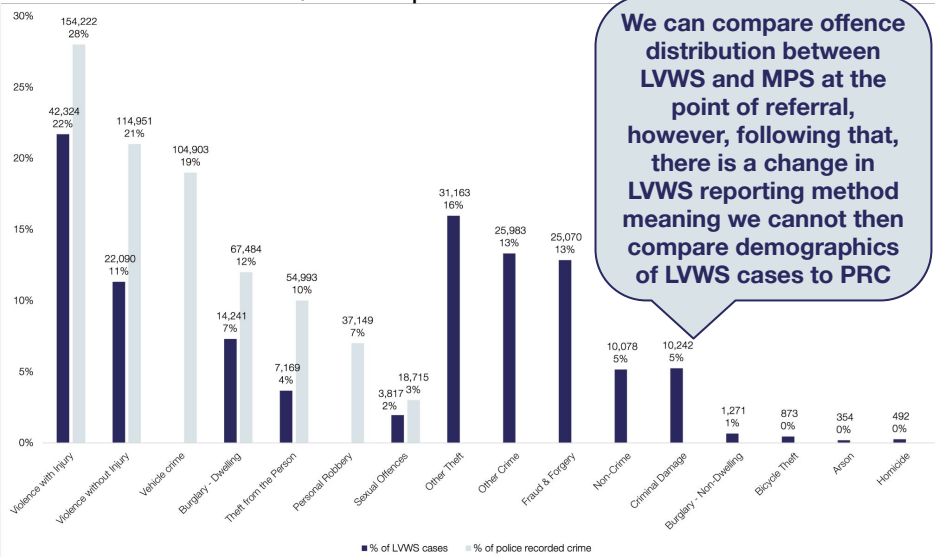


# The distribution of offence type between LVWS and PRC is different, suggesting varying needs by offence type. Violence with injury is the most common crime occurrence and LVWS case type. On the other hand, though violence without injury is the second most common crime type, it is only the third/ fourth most common LVWS case type

Looking at LVWS, the top 4 offence types are: Violence With Injury, Other theft, Other crime and Fraud

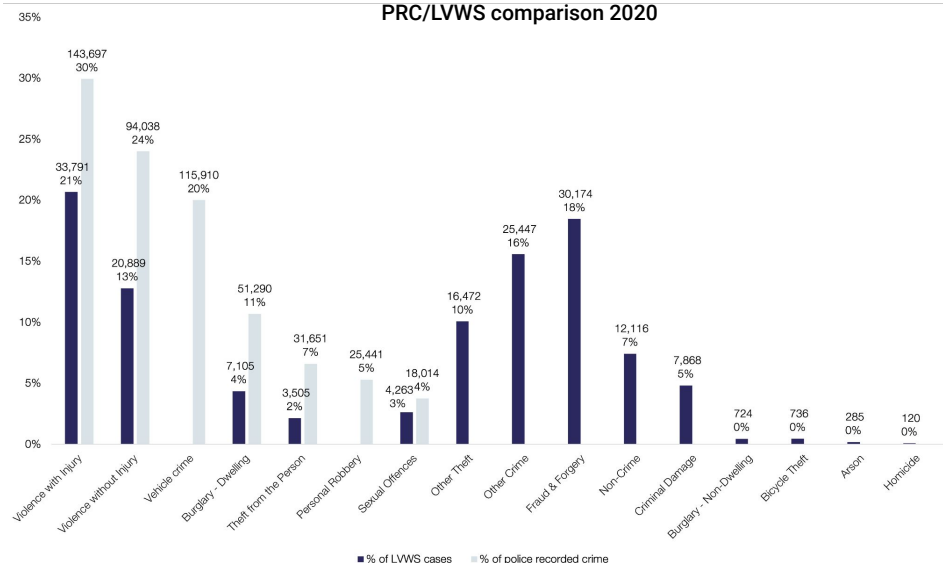
In contrast, the top 4 offences in PRC are: Violence with and without injury, Vehicle crime and Burglary - Dwelling

PRC/LVWS comparison 2019



We can compare offence distribution between LVWS and PRC at the point of referral, however, following that, there is a change in LVWS reporting method meaning we cannot then compare demographics of LVWS cases to PRC

PRC/LVWS comparison 2020



# Statutory services often make assumptions about a victim based on their gender and ethnicity

**Racist assumptions by statutory services can often lead to victims having their experiences minimised or not taken seriously.** At worst, victims may not be believed at all. This was highlighted by research from Imkaan, which showed how women from minority ethnic backgrounds are more likely to be criminalised and viewed as complicit in the violence experienced. These women are also more likely to be viewed as 'difficult' or not credible. They are therefore less likely to be believed or treated like victims by statutory services.

*"There's big work that needs to be done also around statutory services response. So the police, housing social services, as sort of like the main services that will be in contact with the survivor, looking at what their practices or policies around around discrimination, race, and you know, how they engage with black minoritized survivors."*

*"Victims of violence, particularly knife crime, can be often seen as a perpetrator [...] Sometimes their victimhood is forgotten, I guess, or overseen in that way. [...] And given the disproportionality, that obviously affects people from the BAME background more, I would say."*

*"The suspicion of accessing services is a major barrier to overcome, such individuals can often be criminalized."*

Such assumptions can also lead to a mischaracterisation of the violence and abuse experienced by victims. As further research by Imkaan shows, **the association of certain communities with harmful practises (for example, honour-based abuse and forced marriages) can lead to statutory services framing a victim's experience as an extension of their culture and religion. This can diminish the actual experiences of the victim.**



# Statutory services can also make assumptions about a victim based on their sexuality and/or disability. Multiple types of marginalisation often interact to increase barriers

**For all minoritized groups, discriminatory assumptions made by statutory services make victims more unwilling to seek help or report their crime, and these can intersect in ways that exacerbate barriers to accessing support**

**Ableist assumptions about the credibility and competency of disabled victims can have a significant impact on how services perceive and support those victims.** This is on top of the general inability for disabled victims to access good quality support as services often do not make arrangements to ensure disabled victims are accommodated.

*"We've also had service users report when they've had disabilities where they've had mobility problems, or [...] service users with chronic pain, where they've had difficulties getting down to the police station to report"*

*"Refuges in London don't particularly adapt to or have enough service provision to meet the needs of disabled victims"*

*"You certainly sense that there is an automatic discrimination against the credibility of a victim-survivor if perhaps there's disability or there's a mental health issue where their behavior and their presentation may be challenging because of it"*

**Homophobic and transphobic assumptions can mean that victims do not have their offence identified or understood.** For example, statutory services can overlook domestic abuse in same-sex relationships because of what they perceive to be the relationships in which domestic abuse can occur.

# Linguistic barriers can prevent victims from accessing support and navigating the criminal justice system

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**In order to provide universal access to support, services need access to language and translation services.** Many services do not have practitioners who speak languages accessible to victims and struggle to find interpreters. As research from Victim Support shows, practitioners can be waiting days or weeks before getting the right interpreter. This is especially true for voluntary sector organisations, where funding and resources are limited.

*“One of the biggest biggest things is funding for language support. So whilst there are agencies, specialists and VAWG services that cover certain languages [...] no one can cover all languages, but is never factored into support provision”*

*“Often what we see is that victims don't necessarily understand processes, like the criminal justice system”*

*“They may just get missed through going to court, or they won't understand the word summons, or the practical sort of criminal justice process”*

**Where interpreters are sourced, quality support is still not guaranteed and victims may still struggle to navigate and make informed decisions around the criminal justice system.** This can be because the interpreter provided does not speak the specific language or dialect that the victim does. It can also be because **the interpreter is not skilled within the field of criminal justice, so technicalities to do with the offence or proceedings may become ‘lost in translation’.** This can be a risk for victims of high harm offences, such as rape and sexual assault, which require specialist knowledge.

# Ensuring that victims are able to communicate their experience in a language they are comfortable with is crucial for effective victim engagement

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**Using an interpreter can significantly impact the relationship between the practitioner and the victim, as practitioners can struggle to build trusting relationships with victims if they have to go through a third party.**

On top of the potential for things becoming ‘lost in translation’, practitioners can also find it a lot harder to convey empathy or provide emotional support through a translator.

**This is important for victims, who not only need to be able to accurately communicate their wants and needs to practitioners, but also need to feel comfortable and safe enough to do so.**

Research by Imkaan around ‘by and for’ services emphasises this, showing how **victims need to be able to relate to practitioners and have a set of shared understandings in order to build a connection and engage with services.**

*“If you're not a trained interpreter, and particularly if you are family and friends, you can put your own spin or your own edit on things. It's totally inappropriate.”*

*“Those feelings can be so overwhelming, that trying to translate into another language is too much. And so we've had service users report back and say they've made they've NFA'd the case [...] because I felt like I couldn't fully say what happened.”*

*“They aren't being asked, What is your most spoken language? or What language do you feel most comfortable in. And so they are then trying to explain their experience and the traumatic effects that it's had in the language they aren't comfortable with.”*

# Support available for victims with no recourse to public funds is dependant on the offence committed and the victim's immigration status

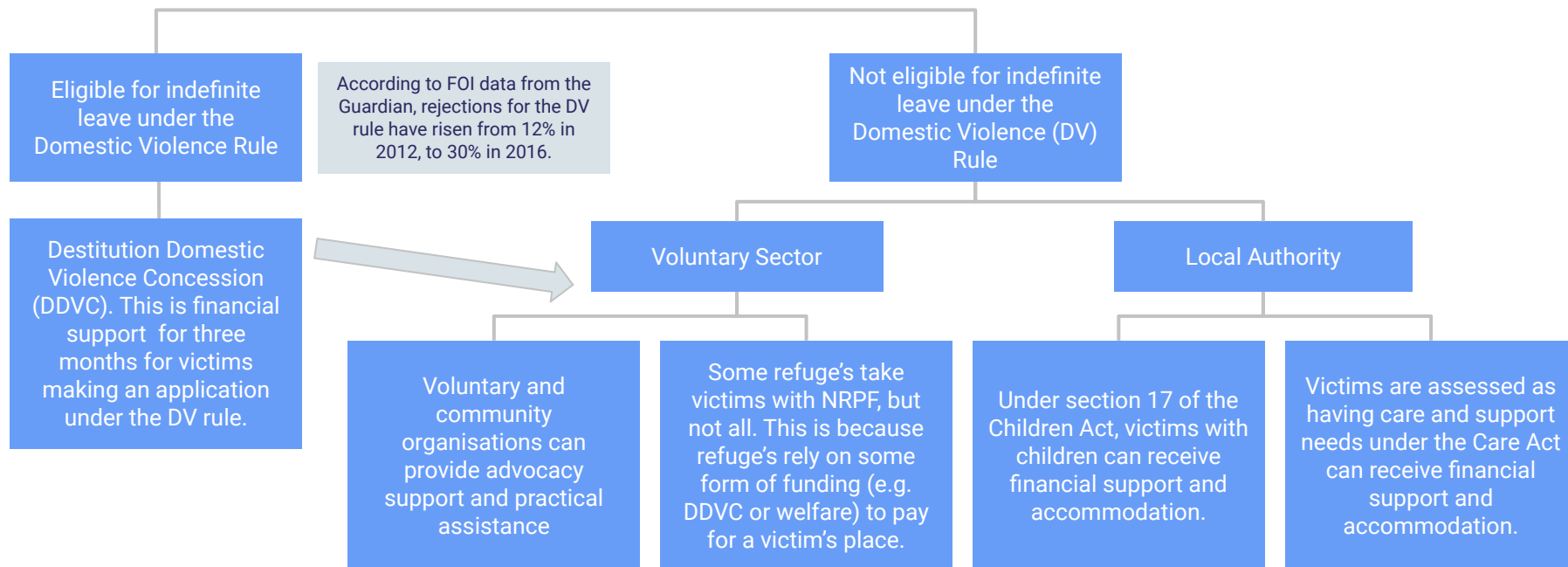
No Recourse to Public Funds (NRPF) is an immigration condition applied to certain visas that prohibits people from accessing benefits or local authority housing

**Victims with insecure immigration status, including victims with no recourse to public funds (NRPF), are often apprehensive to report their crimes or access support. Many are financially or socially reliant on their perpetrators, who weaponise their insecure immigration status to keep them silent** - for example, by threatening deportation or destitution should the victim seek help. **Many victims also perceive there to be a lack of 'chinese walls' between statutory services and immigration.** In a roundtable hosted by the Victims Commissioner, practitioners gave examples of where MARACs let Home Office officials sit in on meetings. This had a significant deterrent effect on victims from reporting their crime, even when their life was in danger.

**Support for victims with insecure immigration status is dependant on the offence committed and the victim's exact immigration status.** For victims of modern slavery and human trafficking, support is available through the National Referral Mechanism. This is largely delivered by the Salvation Army, though other organisations also provide support.

**For victims of domestic violence, access to support depends on whether or not they are eligible for indefinite leave under the Domestic Violence (DV) Rule** (see slide 130). To be eligible, victims must be on a two year visa as the spouse or partner of someone who is permanently settled in the UK. Victims also need to be able to show that their relationship broke down due to domestic violence. **The restrictive criteria of the DV rule means that a significant number of women with NRPF are excluded from receiving support.** These women can turn to the local authority and seek support under the Children and Care Acts. If they do not have children or meet the threshold of need required under the Care Act, then they must rely on support from the voluntary sector.

# Domestic violence victims with NRPF have very few options. Those that that are ineligible to apply for the domestic violence rule and don't receive local authority support are reliant on the voluntary sector



# In the absence of legislative protection, victims with NRPF are only guaranteed support when resources become ring-fenced for that purpose

**There is very little legislative protection for women with NRPF fleeing domestic violence** outside of the DV Rule and the DDVC. Whilst the government is introducing legislation under the Domestic Abuse Bill to provide protection and support to victims of domestic abuse, provisions do not extend to victims with NRPF. As the case studies below illustrate, **without legislative protection or support, victims with NRPF have to rely on ring-fenced funding.**

## Womens Aid: No Woman Turned Away

Funded by the Ministry of Housing, Communities and Local Government, the No Woman Turned Away Project uses a team of specialist caseworkers to support women who face barriers in accessing a refuge space.

In the first year of the project (2016), NWTA caseworkers supported 110 women with NRPF. Only 8 of these women were accommodated in a suitable refuge space. Casework data from that year shows that not having recourse to public funds was the second most common reason that women were refused a refuge space. This did not improve over time. In the fourth year of the project (2019), only 13 women were accommodated in a suitable refuge space.

## COVID-19 Emergency Accommodation

In response to the increase in domestic abuse incidents during the pandemic, the mayor created an emergency response fund to provide additional capacity to emergency accommodation provision for victims fleeing domestic abuse.

Part of this included 20 ring-fenced bed spaces for victims with NRPF. By ring-fencing spaces, providers were able to accept a higher number of victims with NRPF. Indeed, 27% of the total number of victims successfully placed in emergency accommodation had NRPF, compared to the London average of 9%. Despite this, it appears that demand for support exceeded capacity, as reaching the NRPF limit was the third most common reason why referrals were assessed as unsuitable or withdrawn.

# Feedback from practitioners



## Victims with NRPF have higher support needs

As a result of their inability to access mainstream housing and welfare, victims with NRPF often face homelessness and destitution.

Victims with NRPF are likely to face a number of linguistic and cultural barriers which makes it harder for them to navigate support services and the wider criminal justice system.

*"With no recourse to public funds, there's just more issues that you will need to advocate for that woman because they have so many challenges to accessing those services."*

*"If you're trying to get out and you've got all these cultural aspects, you've got these barriers, you've got a language need, how are you going to navigate through services"*

## Victims with NRPF are distrustful of statutory services and apprehensive of reporting

Because of a perceived lack of 'chinese walls' between statutory services (for example, between housing and the Home Office), victims with NRPF are reluctant to seek help for fear of having their immigration status challenged.

*"The suspicion of accessing services is a major barrier to overcome, such individuals can often be criminalized."*

*"Social services have embedded the home office in the team now, so that when you had no recourse case, they informed the home office people within the team to say that. So you can see why it deters."*

*"African heritage women are often very reluctant to come forward for support around domestic abuse for fear of deportation, fear of challenges around their immigration status, certainly incredibly reluctant to report to police."*

## Recommendations (1/3)

### Disproportionality

The challenge of effectively **addressing disproportionality is a systemic and societal one**, and cannot be addressed through simple, short-term commissioning choices. Instead, commissioners must put the **right foundations in place for the whole system to change** through increasing engagement with those groups disproportionately impacted by crime and building a stronger understanding of the problem.

1. **MOPAC should seek to create standard definitions with regard to how information on a victim's ethnicity and disability is recorded across victims' support services, both commissioned and statutory.** *This would allow for a system-wide understanding of the level of demand and vulnerability presented by these groups, as well as a much better understanding of referrals into specialist services and the nature of the criminal justice outcome*
2. **MOPAC should mandate the accurate recording of protected characteristics with a priority focus on BAME and disabled victims and those with no recourse to public funds** by victim services which they commission. All commissioned services should be encouraged to address the low levels of disclosure with regard to ethnicity, race and disability. This would inform a reliable baseline of data setting out how different groups are referred and engaging with victim services

There is a disconnect between London's diverse population, levels of police recorded crime and the representation of victims from specific ethnicities within victim support services, most notably the LVWS.

3. **MOPAC should consider convening an advisory group to underpin development in commissioning and service provision that is focused on increasing the engagement of BAME and disabled victims.** This would then inform the development of an **outreach approach** aimed at specific communities
4. **Consider the overrepresentation of young, African/Caribbean Males as victims of violence in future re-commissioning programmes related to CYP and young adults** *(Note the previous recommendation regarding CYP victim support, and the victim/perpetrator conundrum)*



We know that the effect of disproportionality is increased for victims going through the criminal justice process. **MOPAC must target those services, both commissioned and statutory, which support victims through this process in order to achieve better justice outcomes for BAME and disabled victims.**

5. MOPAC should **address the racist assumptions and stereotypes often applied when supporting victims from certain groups** with a focus on changing the language used by partners towards these groups. The engagement of the recommended advisory board is encouraged here to support the **development of training and ongoing awareness raising** - *this should be aligned to the recommendation in Part B regarding the development of a strategic vision/approach in tackling victimisation in London*
6. MOPAC should **work with the MPS and the CPS to co-commission a review into the criminal justice outcomes of BAME and disabled victims of crime.** There is a need to develop a much better understanding of how disproportionality effects BAME and disabled victims who formally come forward to report crimes
  - a. *Anecdotal evidence from services most notably those supporting victims of sexual violence suggests that positive criminal justice outcomes for these groups is less likely. The engagement of these services in the review and support for the development of their evidence base is advised*
7. MOPAC should commission **an enhanced translation and interpretation service** to support both the VCS and statutory services, to prevent excluding those people for whom English is not their first language, or those with communication difficulties. *Consideration should be given as to whether this forms a longer-term part of the victim advocate model*
8. MOPAC should **review the demand within the current commissioned services caseload where language and translation support has been required.** This will provide an indication of the level of current and ongoing demand as well as the cost incurred
9. MOPAC should **incentivise commissioned victim services to develop new and innovative ways to meet language and translation needs.** This could be aligned to a wider appetite amongst services to better engage victims into the service in peer support roles

## Recommendations (3/3)

### Disproportionality

**Victims who have no recourse to public funds (NRPF) remain significantly excluded from the system of support offered to the wider victim population.** Providers largely have their hands tied as to the quality of support for these victims, with statutory services only able to provide very limited support, focused on those with children. Changes in legislation through the recent Domestic Abuse Bill provide a very limited response, leaving many victims with NRPF falling through the gaps. During the pandemic, providers have seen an increase in the number of women with NRPF coming forward, so the demand on services is not reducing.

10. **Further changes to legislation to support victims with NRPF is very unlikely in the medium term following the DA bill. Therefore a Mayoral-level decision is required on the prioritisation of victims with NRPF** to shape and inform the level of resource and investment. A decision to ensure a better service offer for victims with NRPF should drive an enhanced Mayoral convening role with statutory and voluntary sector partners to establish an improved response in London
11. MOPAC should **seek to better understand the current demand on services provision from victims with NRPF, requiring all services to collect data in a consistent way.** The priority should be to mandate this for specialist services that deal with high volume of victims with NRPF (targeted with VAWG-based provision). Data collected should include:
  - a. Volumes of victims with NRPF
  - b. Presenting needs of victims with NRPF
  - c. Victims with NRPF and their respective offence groups (if MOPAC is interested in all victims instead of just DV victims)
  - d. Victims with NRPF and their eligibility for support (DV rule/ local authority/ refuge). This might just be outcomes data
12. MOPAC should seek to **upskill current service providers to more effectively address the needs of victims with NRPF**, by resourcing and engaging specialist providers to offer training across MOPAC-commissioned providers, with ongoing capacity to offer professional advice on casework
13. MOPAC to ensure that **the new statutory responsibility through the DA Bill to provide safe accommodation to victims of domestic abuse, enables improvements in the provision of services to meet the needs of victims with NRPF**, taking the lessons learnt from the Covid funded refuge provision to inform a ring-fenced approach

# Prioritisation of Recommendations

# Recommendations Prioritisation Approach

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## We followed a four step approach to prioritising the recommendations:

- 1. Longlisting:** We documented all recommendations relating to each of the five key findings and the Deep Dives
- 2. Green Book Analysis:** We assessed each recommendation using the HMT Green Book 5 case model to generate a balanced score. This gave us a shortlist of highest scoring recommendations
- 3. Quick Wins vs Systemic Change:** We plotted the shortlisted recommendations in a matrix showing its horizon of deliverability against whether it was a service or system change recommendation
- 4. Cost/ Complexity/ Benefit:** We used the Green Book scoring to visualise those recommendations which would deliver most benefit to victims, at lowest cost and lowest complexity of delivery

## Recommendations Prioritisation: Shortlist

Finding	Recommendation	Service/ System Change	Overall Scoring
1. Demand is greater than capacity	1. Develop/renew a strategic vision for addressing victimisation	System	12
1. Demand is greater than capacity	5. Consider the strategic alignment of its commissioning priorities and associated budgets	Service	12
<b>Disproportionality Deep Dive</b>	<b>Dis 3. MOPAC should consider convening an advisory group to underpin development in commissioning and service provision that are focused on increasing the engagement of BAME and disabled victims</b>	Service	12
1. Demand is greater than capacity	3. Create a victim expert panel	Service	11
1. Demand is greater than capacity	4. Utilise convening powers and formal partnerships to address complex victims issues	System	11
1. Demand is greater than capacity	6. Nurture and sustain a patchwork of specialist service provision in London	Service	11
1. Demand is greater than capacity	7. Enhance the consistency of referrals from statutory agencies	System	11
1. Demand is greater than capacity	8B. Review the role of LVWS as a front door for the system	System	11
1. Demand is greater than capacity	24. Develop outreach expectations criteria for commissioned contracts	Service	11

## Recommendations Prioritisation: Shortlist

Finding	Recommendation	Service/ System Change	Overall Scoring
2. Violence is set to increase	26. Prioritise the funding, commissioning and resourcing of services where violence is present	Service	11
Disproportionality Deep Dive	Dis 4. Consider the over representation of young, African/Caribbean Males as victims of violence in future re-commissioning programmes related to CYP and young adults	Service	11
1. Demand is greater than capacity	2. Develop a set of KPIs/ Data review points that provide an updated annual picture of victim demand, need and outcomes	Service	10
1. Demand is greater than capacity	11. Undertake a formal assessment of all service waiting lists and onward referrals	Service	10
1. Demand is greater than capacity	15. Ensure that commissioned services have a different type of victim support for those victims within the CJS	Service	10
1. Demand is greater than capacity	20. MOPAC should review of how their spend is profiled across the different victim cohorts	System	10
1. Demand is greater than capacity	21. Increased investment in CYP victim services is required	Service	10
2. Violence is set to increase	25. A formal shift in MOPACs victims commissioning model is required to address violence	Service	10

## Recommendations Prioritisation: Shortlist

Finding	Recommendation	Service/ System Change	Overall Scoring
2. Violence is set to increase	27. Define under 18s involved in serious violence as victims first - perpetrator second	System	10
4. Coordinated Package of Support	31. Incentivise victim services to develop integrated local links to communities and community based services	System	10
4. Coordinated Package of Support	32. Develop funding models and contracts that value and enable partnership development, advocacy and development of specialist pathways	Service	10
5. Communication and Victim Safety	40. Ensure Investment and support in services to develop innovative ways to address the deficit in terms of language support and communication	Service	10
5. Communication and Victim Safety	42. Review the use and enforcement of breaches of DAPNs, DAPOs and non-molestation orders in London	System	10
5. Communication and Victim Safety	43. Ensure that the responsibility to provide safe accommodation to victims of domestic abuse forms a key part of the strategic vision	Service	10
Mental Health Deep Dive	MH 4B. There needs to be a separate model of support developed for those who have reported their offence and are within the CJ system and have mental health needs	System	10
Mental Health Deep Dive	MH 5C. Appoint high intensity practitioners in victim support services	Service	10

## Recommendations Prioritisation: Shortlist

Finding	Recommendation	Service/ System Change	Overall Scoring
Mental Health Deep Dive	MH 5D. Include Mental Health navigators/advocates into victim support services	Service	10
Mental Health Deep Dive	MH 6A. Recognise the need for co-working on victim cases between victims' services and mental health services.	System	10
Mental Health Deep Dive	MH 6B. Introduce a specialist pathway for victims of violence into mental health services in London	System	10
Disproportionality Deep Dive	Dis 8. A Mayoral-level decision is required on the prioritisation of victims with NRPF	System	10



# Recommendations Prioritisation: Quick Wins vs Systemic Change

- 1** Demand is greater than capacity
- 2** Violence is set to increase
- 3** SPOC drives victim recovery
- 4** Coordinated Package of Support
- 5** Communication and Victim Safety
- MH** Mental Health Deep Dive
- D** Disproportionality Deep Dive



The majority of the key recommendations relating to Findings 1 can be delivered through Quick Wins.

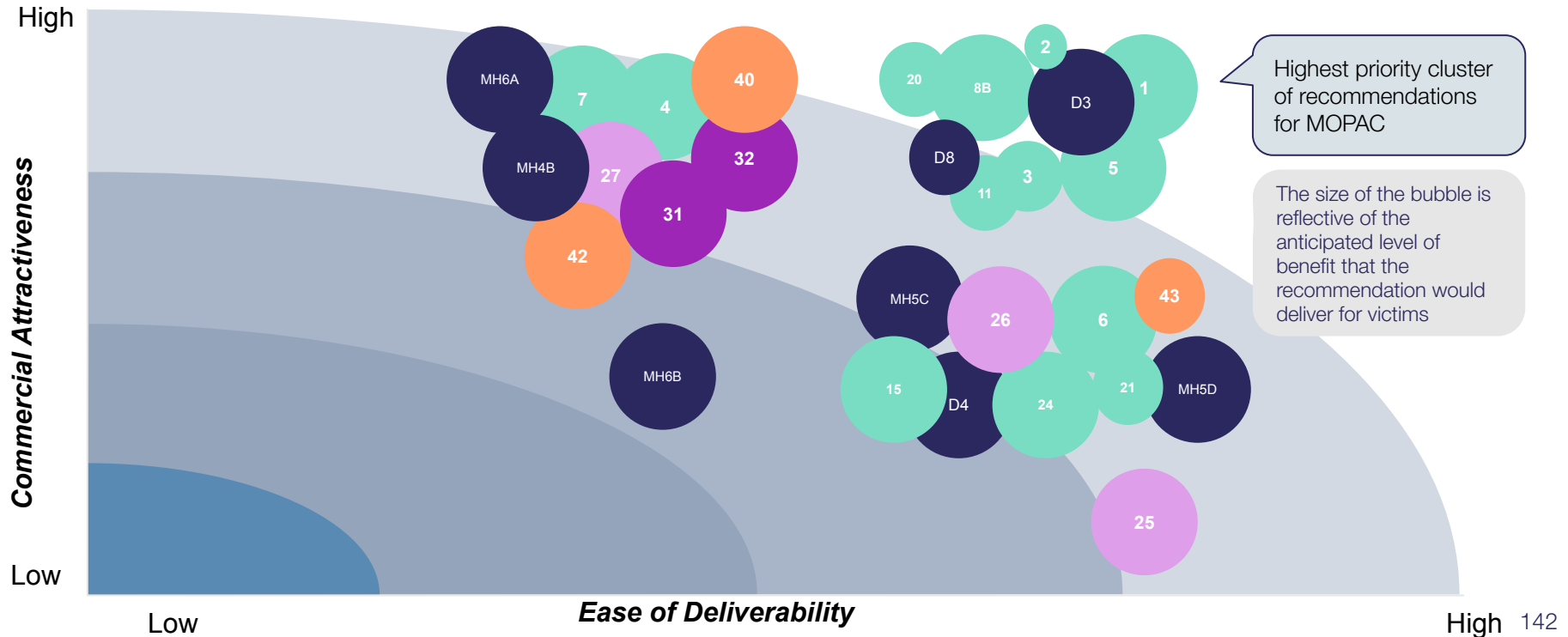
Those recommendations relating to addressing increasing violence and providing a more coordinated package of support require longer term change

Addressing the key recommendation from the Mental Health Deep Dive requires both a short term service response, and long term system change

N.B. Only displaying recommendations scored 10 or more.

# Recommendations Prioritisation: Cost/ Complexity/ Benefit

The recommendations are mapped across a cost/complexity matrix to provide a view on priority, deliverability, and impact



N.B. Only displaying recommendations scored 10 or more.

# **Annex I: Stakeholder engagement**

# We would like to thank all those who gave up their time to speak to us

## Who we spoke to

### Service providers and other organisations

- Victim Support
- Havens
- Galop
- Gateway/Women and Girls Network (V)
- Survivors UK
- Solace Women's Aid
- Havens
- Stay Safe East
- Southall Black Sisters
- Suzy Lamplugh Trust
- Tell MAMA
- Safer London
- The Monitoring Group
- CST
- KCH, NHS Foundation Trust
- Redthread

- Into The Light
- Africa Advocacy
- Merton CIL
- Free Your Mind CIC
- EERC
- Road Peace
- Redbridge Equalities
- London Community Foundation

### Statutory partners

- CPS
- MPS
- HMCTS
- Parole
- Probation
- NHS England

**We also spoke to victims from a selection of the services listed**

# We would like to thank all those who gave up their time to speak to us

## Topics

### Victims

- **Entry to service:** at what point did you seek support? What was the process? How was the first encounter
- **Pre-trial:** communication and information, MPS statement
- **Trial and post-trial:** court support, safety measures, communication of sentencing, parole updates and release of offender
- **Support:** how well did support services meet your needs? What were the most memorable parts of that particular service? What were the barriers?
- **Onward referrals:** how easy was it to access support? How long did it take? Once connected, how well did that service meet your needs?
- **Exiting service:** are you still receiving support? What long-term support would be helpful? What would you have liked to have gone differently?
- If you were giving advice to **someone who was about to start the same process as you**, what would you tell them?
- If you were to give advice to **the Mayor's office regarding victim service improvements** you'd like to see, what are the 3 things you would suggest they do?

### Practitioners

- What **works well** with your existing service provision?
- What are the **biggest challenges** you face when working directly with victims, and why?
- How can services to victims be **improved**?

### Mental health deep dive

- **Extent:** how significant an issue is it? Is there differentiation?
- **Nature:** how to MH support needs manifest?
- **Service impact:** assessment, triage, differentiation and offer
- **Referrals/integration:** what pathways exist? Is service response adequate? What are your common frustrations/what works well?

### Disproportionality deep dive

- **Understanding disproportionality:** what does it look like? What specific issues occur as a result? How common is it?
- **Understanding service response:** how is your service differentiated based on the identification of disproportionate impact? What specialised services do you offer to these individuals, including those with NRPF?
- **Improvements:** what more needs to be done? What are opportunities for quick wins? What more fundamental changes need to be made?

# Documents Examined

Title	Author	Date
Re-design of Victim Services: Stage 1 Report	Impower	August 2015
Police and Crime Plan: 2017 - 2021	Greater London Authority	March 2017
Harmful Practises Pilot: Final Evaluation Report	MOPAC Evidence and Insight Unit	May 2017
The London tackling violence against women and girls strategy: 2018-2021	Greater London Authority	March 2018
Youth Voice Survey	MOPAC Evidence and Insight Unit	December 2018
Improving Victims Outcomes Review	Opinion Research Services	February 2019
Review of Compliance with the Victims' Code of Practice	Claire Waxman, Independent Victims' Commissioner	March 2019
Child Exploitation Problem Profile	MOPAC Evidence and Insight Unit	April 2019
London Gang Exit: Interim Evaluation Summary and Next Steps	MOPAC Evidence and Insight Unit	April 2019
Violence Against Women and Girls (VAWG) Evidence pack	MOPAC Evidence and Insight Unit	June 2019
Beneath the Numbers: An exploration of the increases of recorded Domestic Abuse and Sexual Offences	MOPAC Evidence and Insight Unit	July 2019
The London Rape Review: A review of cases from 2016	MOPAC Evidence and Insight Unit & University of West London	July 2019

# Documents Examined

Title	Author	Date
Service Design: Victim and Witness Support Service for Young People.	The Children's Society and Darlington Service Design Lab	Late 2019/ Early 2020
VAWG Stakeholder Engagement Review: Main Report	Moorhouse	March 2020
Roundtable: Understanding the Experiences of Black Victims	Claire Waxman, Independent Victims' Commissioner, and organisations that work with/ support Black victims.	July 2020
London Victim and Witness Service: an update on key learning	MOPAC Evidence and Insight Unit	Summer 2020
Review of MOPAC Home Office funded Transformation Projects	RedQuadrant	
Rescue and Response County Lines Project: 2 Year Strategic Assessment		September 2020
The London Survivor's Gateway: A 2 Year Evaluation	MOPAC Evidence and Insight Unit	October 2020
The Lighthouse: 2 year interim evaluation report	MOPAC Evidence and Insight Unit	November 2020
Action Plan - Transparency, Accountability and Trust in Policing	Greater London Authority	November 2020
Crime and COVID-19. How Victims and Survivors have been impacted by the Pandemic.	Victim Support	November 2020
Language barriers in the criminal justice system: Initial research findings relating to victims and witnesses	Victim Support, The Institute for Crime and Justice Policy Research, and The Centre for Justice Innovation	February 2021

# Victim Engagement



# Victim Feedback

Theme	Key Point	Supporting Quote
Education and Preparation	A lack of understanding the process , was reported by all victims in one form or another- causes anxiety and being overwhelmed/lost	<p><b>Quote 1:</b> "The timeline of how things go is so messy- we need set criteria of when things should happen."</p> <p><b>Quote 2:</b> "...knowing what your rights are and what you are entitled to, especially service levels of the parties involved, keeping them accountable because people going through the system need that to be clear."</p>
	The importance of expert advice at the beginning of the CJS journey - many victims had to access/find expert support themselves as a timely effective referral process from police to specialist provision not in place	<p><b>Quote 1:</b> "Let victims know they are not alone- there is support out there and its free- so don't feel alone"</p>
	Many victims did not feel well informed between giving their statement and the offender being charged - it was felt that legal protection is critical at this stage	<p><b>Quote 1:</b> "A lot of these case are very nuanced- complicated power struggles, various levels of consent- lots dynamics at play- specialist support needed from charities, from police, from lawyers, etc. A specialist task force is needed to address all the nuance and hold people accountable."</p> <p><b>Quote 2:</b> "take the guesswork out for the victim and make the processes clearer for the charities and the police, it needs to be more efficient."</p> <p><b>Quote 3:</b> "it was a burden to wait, to always be expecting updates- it consumed my life."</p>
	There was no consistent understanding from the victims interviewed as to their rights regarding the Victim Code of Practice - and many victims felt very burdened by tasks and jobs allocated to them to support the CJ process	<p><b>Quote 1:</b> "I have to constantly seek info out and do tasks for people "helping" in the court process. Now, I spend the whole day wanting to cry but don't have time to because I have things to do for the trial prep. How do i prove that it was homophobicly charged."</p>
	Criminal compensation for victims is a key area where victims need more guidance support and specialist advice, many victims spoke about the challenge of navigating the system, the pressure placed on them to gather evidence and the cost incurred by victims for legal advice	<p><b>Quote 1:</b> "They needed Doctor's reports, Psychiatrist reports. I did not have anyone assigned to help me. A lot of victims go through a solicitor, who takes 25% of the compensation, it shouldn't be that way, victims should get the compensation they deserve and it should be easier."</p> <p><b>Quote 2:</b> "Compensation is a nightmare - I had Victim Supports help but the evidence and the documents required is extensive, it doesn't feel like it is set up to support you. They use it against you too in court. "</p> <p><b>Quote 3:</b> "The detective made me feel guilty and stupid for processing a compensation claim - however the timeframes around compensation require you to submit it early in the process ."</p>

# Victim Feedback

Theme	Key Point	Supporting Quote
<b>Coordinated Support Services</b>	The importance of statutory and specialist services being well connected and offering seamless/aligned information to the victim	<b>Quote 1:</b> " I understand police can't be accountable to charities, but they should want to partner better. And now, the relationship between police and charities doesn't seem that strong"
	A consequence of lack of coordination or collaboration is that the victim repeats the same information over and over again to different people within the same service and across different services - access to health and housing where the critical points referenced	<b>Quote 1:</b> "The inability to access and navigate mental health support is awful, you have to try again and again and again, even when you want to give up. And for nearly every one of those appt, you need to retell what happened - there never seems to be a record." <b>Quote 2:</b> "I felt that yet again I had no power or control. The number of conversations and appointments with GPs and mental health professionals i have lost count of, and they have all led nowhere, there has been no clear offer of support. "
	Victim found onward referrals to other services confusing and very time consuming; access to counselling, therapy and referrals particularly into NHS mental health services placed a requirement on the victim to retell and be reassessed multiple times. Victims called for better integration to aid their long-term recovery.	<b>Quote 1:</b> "When you (victim) hear you have to contact 10 places, and your mental health and confidence are low, you're just not going to make those 10 calls. You don't have it in you"
	The need for wider partnership with statutory services to meet victims needs was raised - victims spoke of the need for wider support outside of policing/courts - access to secure safe housing, employment and mental health support need resolution alongside a CJ journey	<b>Quote 1:</b> "Practical support also needs to be standard, such as help with housing and employment assistance."
	Victims spoke about more time at the beginning to assess their needs, to support the navigation of different services, helping them to be ready for the CJ journey	<b>Quote 1:</b> " It would be useful to know that certain organisations are working together, despite a separation of power. Good for the victim to know what certain organisations can and cannot do- Victim Support is a good example- be clear up front."
<b>Coherent System of Administrative Practices</b>	Inconsistent referrals from initial report to specialist support and help - related largely to MPS but also health and education systems were referenced	<b>Quote 1:</b> "To me being a victim, I want an organisation that I know is tailored to me and my experience. I expect the police to be the ones who could make these recommendations/connect me with services." <b>Quote 2:</b> "Police handling is not victim centric, it's more crime oriented- there needs to be a balancing act between the needs of the victim and the investigation of the crime"
	The time taken between initial report to the police, taking a formal statement and charge was referenced by many as being too long	<b>Quote 1:</b> "The delay in charging from the point i made my report to the police and from the CPS agreeing to the actual charge was very challenging, a dark time for me in terms of the impact on my mental health and my family."
	The time taken from charge to court was seen as very challenging - communication dropped off and anxiety/fear increased. The silence that often falls during this time victims stated led to a process of re-traumatization in readiness for the court hearing	<b>Quote 1:</b> "The space in between telling and court is lonely, there is a need to make it shorter or provide more structured support and communications at this point. Without filling the space you feel more and more anxious
	A number of victims asked why standard timeframes and response cannot be set	<b>Quote 1:</b> "The timeline of how things go is so messy- we need set criteria of when things should happen"

# Victim Feedback

Theme	Key Point	Supporting Quote
<b>Challenging Dynamics Between CJS and Victims</b>	Creating safe spaces for disclosure - physical environment	<b>Quote 1:</b> " the atmosphere at the police station was hurried and made me feel uncomfortable." <b>Quote 2:</b> "I did feel a little uneasy in the police station but felt better reporting to a woman."
	Victims consistently report difficulty with engaging with police - the questions asked and language used	<b>Quote 1:</b> "The police act like victims aren't supposed to challenge them" <b>Quote 2:</b> "Dealing with the police was worse than the rape itself. You have to really fight them every step of the way." <b>Quote 3:</b> "the police walk through of process was like going to the dentist, very formal/more clinical." <b>Quote 4:</b> "Police need to be more empathetic - historical reporting is not easy, its not easier it has taken years to even process it."
	Victim Blaming & trauma informed approach - victims talked about feeling that the burden of proof was on them	<b>Quote 1:</b> "Regarding services, I had someone on my side, and it does feel like sides (Victim Vs System)"
<b>Single point of contact / Advocate - Specialist Support</b>	The importance of a single and trusted relationship with an expert that could support them through their whole journey - in the majority of cases the advocate was the victims access to key information and their way of understanding how their needs should be met and what special measures should be put in place	<b>Quote 1:</b> "ISVAs are critical - they aid the navigation of the system and support you to ask and get more from statutory services"
	The importance of specialist knowledge and experience - trauma informed practice. The ISVA role/rape crisis and the helpline flagged as good practice	<b>Quote 1:</b> "When workers come into my life, it's helpful if they have relatable experiences. You can tell these people actually care, versus the police who are there just to check a box." <b>Quote 2:</b> "The rape helpline was so important to me, it helped me stop, I didn't take my life because of that phone call." More people should know about rape crisis, female only services are critical - i am scared of men. "
	Police responsiveness increases significantly when an expert advocate is in place	<b>Quote 1:</b> "Once I got in touch with GALOP, updates started coming more regularly"
	Early access to the right specialist support was deemed to be critical many victims felt largely on their own in early phases of their journey	<b>Quote 1:</b> "I would put them in touch with GALOP straight away" <b>Quote 2:</b> "Victim Support was really helpful. They offered a whole gambit of services. They listened well and were really helpful with my consent to other agencies"

# Victim Feedback

Theme	Key Point	Supporting Quote
<b>Victim Safety</b>	Victim safety was highlighted as a key concern by the majority of victims interviews	<p><b>Quote 1:</b> "From very first contact where violence is disclosed, that professional (physician, police, etc) should be able to act immediately to protect the victim"</p> <p><b>Quote 2:</b> "Until you're really safe, you don't know how much help you need, because its a real struggle to keep up with everything"</p>
	at the point of charging it was felt that little was done to respond to the victims concern regarding the movement and potential threat posed by the alleged perpetrator to them and their families - reinforced trauma	<p><b>Quote 1:</b> "I had no idea how unsafe I would feel after I made the report, not knowing where he was. Seek out any support you can to help you feel more in control."</p>
	It was stated that the change in bail conditions have exacerbated concerns regarding victim safety; victims felt few attempts are made to utilise other tools to protect the victim	
	Victims mentioned frequently the release of the offender following charge - where no notice or explanation was given	
<b>The Importance of Peer Support</b>	Victims raised the importance of peer support, throughout the process in terms of informal support for wellbeing, but particularly as an ongoing coping mechanisms following court	<p><b>Quote 1:</b> "It's hard for victims to know what a good/bad experience is until they speak to another victim- don't know what they don't know"</p> <p><b>Quote 2:</b> "Talk to other survivors, seek out peer support it makes the world of difference, stops you feeling alone. They can help you discuss how it feels, it is different from the process information from the police and CPS."</p> <p><b>Quote 3:</b> "the work of a group has taken the place of counselling for me."</p> <p><b>Quote 4:</b> "informal support through peer support offers gives victims an effective step down from more formal counselling, therapy."</p>
	Victims raised the need to help others as an important part of their recovery, either through support for victims directly and/or through engagement with policy/commissioning leads	<p><b>Quote 1:</b> "the experts by experience panel. It has been a godsend, meeting peers has been so important to my healing. The whole process makes me feel useful and that i have something to bring. "</p>

# **Service Provider Feedback**

# Service Provider Feedback

Theme	Key Point	Supporting Quote
<p style="text-align: center;"><b>Early Identification of Needs and Early Intervention</b></p>	<p>Crime exacerbates existing mental health issues and slow response to victim needs exacerbates the situation further.</p>	<p><b>Quote 1:</b> "More people coming into VS have more complex mental health needs. After experiencing a crime, these needs get exacerbated. An issue is trying to get people into specialist MH services in a speedy way."</p>
	<p>It's important to account for the needs of those who cannot express what they need, and/or identify needs that others have not addressed.</p>	<p><b>Quote 1:</b> "Children and YP often don't have the tools to recover- in terms of life experience and internal skills, the language/ability to express their needs and find out what's out there."   <b>Quote 2:</b> "More and more people are coming forward with complex mental health needs that are not being picked up by other services"   <b>Quote 3:</b> "Also consideration needed for the silent communities that have no voice such as those with No recourse to public funds and the street homeless"</p>
	<p>Policing data is improving but remains a challenge to properly classify victims and their needs.</p>	<p><b>Quote 1:</b> "LGBTQ are underrepresented in DA and SV (population in London vs identified victims, those who access support, become referred). "   <b>Quote 2:</b> "The met police dashboard has got better at looking at protected characteristics, although they do not ask detailed questions on gender or sexuality."</p>
	<p>Multiple organisations report a dramatic increase in all types of hate crimes over the past few years.</p>	<p><b>Quote 1:</b> "After Brexit, there was a rise in hate and religious hate crime. People were also attacked more at city centres and universities. These attacks happened on Eastern Europeans, not just BAME victims, and more women working in the gig economy became victims."   <b>Quote 2:</b> "Vulnerable EU communities seeking help to regularise their immigration status. Also hate crime against EU citizens has been on the rise as a result of Brexit."   <b>Quote 3:</b> "There has been an increase in hate crime against East and South East Asians."   <b>Quote 4:</b> "There has been an increase in online Hate Crime."</p>

# Service Provider Feedback

Theme	Key Point	Supporting Quote
<b>Coordinated Support Services</b>	Local Support Providers want to partner better with statutory agencies due to their (LSP) abilities at the community level.	<b>Quote 1:</b> "Statutory Services do not recognise the amount of goodwill and social capital there local organisations have in the community. We are good partners for them (SS)."
	An additional challenge of connecting a victim with the right service is whether the support organisation has the ability to take them on. Wait times can be harmful to a victim's recovery.	<p><b>Quote 1:</b> "Issues of linking people to other services (waiting lists, capacity issues). You know where someone should be sent for support, but there are barriers in accessing that."</p> <p><b>Quote 2:</b> "Other issues with referrals include therapy waiting lists/ bottle necks, issues addressing basic support needs first, or a mismatch between what they are commissioned to provide and what the victim actually needed."</p>
	Administrative standards between organisations would help ensure certain victims don't hit roadblocks or fall through the cracks.	<b>Quote 1:</b> "Thresholds for mental health. It is also hard when professionals do not take each other's assessments."
	Agencies need to partner better to fill gaps in their support offering.	<p><b>Quote 1:</b> "Survivors with complex mental health need support as soon as they are identified. The NHS, and others, send them to a specialist service but the Services do not have the capacity or resources to support people with complex mental health needs."</p> <p><b>Quote 2:</b> "More well funded agencies need to work alongside smaller agencies."</p> <p><b>Quote 3:</b> "Multi-agency approach - would be good to have a platform where individual organisations can speak to each other and have a joined-up approach."</p>

# Service Provider Feedback

Theme	Key Point	Supporting Quote
<p><b>Challenging Dynamics Between CJS and Victim</b></p>	<p>The court system can be difficult to navigate alone and victims need structured support during this phase.</p>	<p><b>Quote 1:</b> "The pretrial and outreach services being integrated in LWWS has had a significant impact on the delivery model - very resource intensive."</p> <p><b>Quote 2:</b> "In court witness support has increased demand on services and changes in section 28 have demands on the service."</p> <p><b>Quote 3:</b> "It's important for the victim to know how their life will be impacted if they go to prosecution. There needs to be a better way of explaining how the process will work and the expectations from them as an individual. For some people the outcome may not be worth the difficulties they may endure."</p>
	<p>There are opportunities for the police to better understand victim profiles/needs in victim categories that are increasing in demand</p>	<p><b>Quote 1:</b> "Better understanding of LGBT+/BAME/ faith/ disability and needs within stat services."</p>
<p><b>Coherent System of Administrative Practices</b></p>	<p>There should be a minimum standard of service set for police to adhere to, one that makes the relationship between the police and the victim easier and more efficient.</p>	<p><b>Quote 1:</b> "There should be a minimum standard of response. This includes sensitivity to victims (trauma informed approaches, understanding the pattern of harassment, intersectionality). It also includes making safety paramount and taking swift action without making false promises."</p> <p><b>Quote 2:</b> "There's value in shifting away from a "system model" and moving toward a "service model."</p>



# Service Provider Feedback

Theme	Key Point	Supporting Quote
<b>Education and Preparation</b>	<p>Victims need to be better educated on their rights and available services to properly engage in their own support plan, potentially even before making contact with a professional.</p>	<p><b>Quote 1:</b> "There's a whole host of people who aren't accessing support services- people of colour in particular"</p> <p><b>Quote 2:</b> "People not knowing their rights: those who know their rights are more assertive, those who do not know the system/ have language barriers, are withdrawn and they do not participate actively in their support plan."</p> <p><b>Quote 3:</b> "Information and resources about support choices should be readily available. If a victim comes forward it should be an empowering experience rather than experiencing more abuse and let down."</p>
	<p>Misconceptions about the safety of engaging in services leads some victims to not participate in support programs. This needs to be better understood so victims access the help they need.</p>	<p><b>Quote 1:</b> "A lack of Chinese Walls between services and statutory partners creates a perception of vulnerability for victims. In reality, there is a gray area between assistance to victims and immigration. This needs to be better understood."</p>
<b>Single point of contact / advocate - specialist support</b>	<p>Many organisations report having a legal representative for certain cases in the CJS, especially DA/SV, is incredibly valuable to the victim's ability to navigate the court system.</p>	<p><b>Quote 1:</b> "A greater need for counselling and also legal representation to navigate the criminal justice system."</p>
<b>The Importance of Peer Support</b>	<p>In addition to education provided by practitioners, peer guidance is a powerful resource for victims experiencing their first crime.</p>	<p><b>Quote 1:</b> "A victim-led approach, pairing victims up with former victims to help them navigate the process, works well. Shared experience adds a layer of comfort. Peer to peer support is good. Allows people to ask legal questions."</p>
<b>Victim Safety</b>	<p>Victims should be encouraged/enabled to report crime and barriers need to be minimised to support their engagement.</p>	<p><b>Quote 1:</b> "Those with insecure immigration statuses are less likely to report, as they are asked about their immigration status by police rather than safeguarding questions. This causes underreporting by BAME groups."</p>
	<p>There are structural barriers to young people receiving services they need.</p>	<p><b>Quote 1:</b> We see time and again where young people do not receive access to safe accommodation due to gatekeeping."</p>

# Statutory Partner Feedback

# Statutory Partner Feedback

Theme	Key Point	Supporting Quote
<b>Education and Preparation</b>	Victims should be encouraged/enabled to report crime and barriers need to be minimised to support their engagement.	<b>Quote 1:</b> "Making sure victims understand why they should come forward and how they can shape outcomes is important (if they don't want it to go to court). CLHC has designed a leaflet to map out what happens if they report an incident."
	More awareness of a victim's rights is needed by both victims and police officers alike.	<b>Quote 1:</b> "Victims do not expect to have rights - the only rights people hear about are suspect rights ("Miranda rights"). There should be more publicity and education around victim rights so officers and victims are aware of it."
<b>Single point of contact / advocate - specialist support</b>	Specialist knowledge is key for providing individualised support	<b>Quote 1:</b> "We have IDVAs for DA victims. Could we have something similar for hate crime or other vulnerable victims (e.g. mental health)?"
<b>Victim Safety</b>	Some victims disengage from the system, or do not engage in the first place, out of fear of the consequences.	<b>Quote 1:</b> "DV/DA suffers from attrition for all the obvious reasons: partner pressure, childcare etc." <b>Quote 2:</b> "People who don't come forward have complex needs (mental health, physical health, caring responsibilities, immigration status etc.). Some women do not come forward with domestic abuse because they fear their children going into care."

# Statutory Partner Feedback

Theme	Key Point	Supporting Quote
<b>Challenging Dynamics Between CJS and Victims</b>	The court system can be difficult to navigate alone and victims need structured support during this phase.	<b>Quote 1:</b> "Make sure victims are accommodated in courts (special measures, pre-trial visits, witness waiting time, keeping them updated)."
<b>Coherent System of Administrative Practices</b>	Victims need regular and reliable communication throughout their CJS experience	<b>Quote 1:</b> "Ensuring relevant updates are provided to the victim. If not provided, then victims can lose faith and confidence in the CJS."
	Inconsistent or prolonged administrative and procedural tasks can cause anxiety for the victim, leading to mental health issues and case attrition.	<b>Quote 1:</b> "Procedural aspects can cause attrition: case length (especially in sexual offences), disclosure and technology issues, time taken to gather evidence)."
<b>Coordinated Support Services</b>	Victims typically do not have one need to be addressed, rather multiple that require carefully coordinated support.	<b>Quote 1:</b> "Vulnerable victims are people with complex needs. This includes mental health, substance abuse, disability, gender and diversity (the last three make you more susceptible to hate crime)"
	Creating standard referral pathways for victims would help ensure victims connect with specialised support.	<b>Quote 1:</b> "It would be good if we could build in referrals from VCOP to local VCS groups who can help in this space (how can we reflect local opportunities in standard response across the MPS)"
<b>Early Identification of Needs and Early Intervention</b>	Early support of victim needs is important to instill confidence	<b>Quote 1:</b> "It is important to start engaging with victims early on. At this point, the police should bring up special measures etc. Doing this early will give the victim confidence."



# **Annex II: Funding and service analysis methods and sources**

# Matching provision to demand: methods and caveats defining demand and cohorts receiving services

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**Projected London victimisation:** prevalence of victimisation was obtained by the 2020 CSEW by offence type, including additional tables for Fraud, Hate Crime and Domestic Abuse. These proportions were applied to the London population as a whole according to the London Data Store. Given the higher rate of victimisation in London compared to the national average, the resulting projection is a conservative estimate.

**Police Recorded victimisation:** for all victims and sexual offences, published 2020/21 Police Recorded crime was used, for DA and Hate crime, received Metropolitan Police Service data fro 2020/21 was used. For Fraud, the volume of cases referred to LVWS was used as a proxy given that cases are automatically (opt-out) referred.

**Referral numbers were used** rather than closed cases to understand scale of demand despite engagement difficulties, but aware that this may inflate certain demand.

**Published PRC data uses calendar year** rather than financial year for (except for all victims which is published monthly).

**Received MPS data covers only selected offences:** Burglary residential, CSE, Personal Robbery, Sexual Offence,s Theft Person ,Vehicle crime, Violence With Injury, Violence Without Injury.

**Hate crime** is derived from PRC from selected offence types and a combination of the following flags: Homophobic Incident, Racial Incident, Anti-Semitic Incident, Faith Hate incident, Transphobic incident, Vulnerability targeted hate incident, Disability targeted incident, Islamophobic incident.



# **Annex III: Longlist of Recommendations**



## Recommendations Prioritisation: 1.The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>1. Develop/renew a strategic vision for addressing victimisation</b>	High	High	High	High	<b>12</b>
<b>2. Develop a set of KPIs/ Data review points that provide an updated annual picture of victim demand, need and outcomes</b>	High	Low	High	High	<b>10</b>
<b>3. Create a victim expert panel</b>	High	Med	High	High	<b>11</b>
<b>4. Utilise convening powers and formal partnerships to address complex victims issues</b>	Med	High	High	High	<b>11</b>
<b>5. Consider the strategic alignment of its commissioning priorities and associated budgets</b>	High	Med	High	High	<b>11</b>

## Recommendations Prioritisation: 1.The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>6. Nurture and sustain a patchwork of specialist service provision in London</b>	High	High	Med	High	<b>11</b>
<b>7. Enhance the consistency of referrals from statutory agencies</b>	Med	High	High	High	<b>11</b>
<b>8A. Mainstream and adequately fund the Gateway service</b>	High	High	Low	Med	<b>9</b>
<b>8B. Review the role of LVWS as a front door for the system</b>	High	High	High	Med	<b>11</b>
<b>9. Fund and support ongoing training of statutory services on the 'front doors' for victim support</b>	Low	Med	Med	Low	<b>6</b>

## Recommendations Prioritisation: 1.The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>10. Consider whether the LVWS EPR definition works as a way of categorising those victims most in need of support</b>	High	Low	High	Low	<b>8</b>
<b>11. Undertake a formal assessment of all service waiting lists and onward referrals</b>	High	Med	High	Med	<b>10</b>
<b>12. Work with commissioned services to conduct a skills assessment for managing complex cases</b>	High	Med	High	Low	<b>9</b>
<b>13. Review the length of time a victim requires support based on their needs assessment and set minimum service standard</b>	High	Med	Med	Med	<b>9</b>

## Recommendations Prioritisation: 1.The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>14. Require data to be collected from all victim service providers on victim needs</b>	Med	Low	High	Med	<b>9</b>
<b>15. Ensure that all commissioned services have an adequate and effective intervention supporting those victims within the CJS</b>	High	High	Med	Med	<b>10</b>
<b>16. Pre-trial therapy guidance - SHORT TERM - Consistent offer of pre-trial therapy is developed; alternative to the pre-trial therapy guidance is drafted, training for statutory partners by specialist service.</b>	Low	High	Med	Low	<b>7</b>
<b>17. Pre-trial therapy guidance - LONG TERM - system change is required to create better models of professional collaboration and improved integration between statutory bodies</b>	Low	High	High	Med	<b>9</b>

## Recommendations Prioritisation: 1.The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>18 Review with commissioned services the strengths and weaknesses of the at distance approach</b>	High	Med	High	Low	<b>9</b>
<b>19 Agree any further post pandemic changes to the victims commissioning model</b>	High	Med	Med	Med	<b>9</b>

## Recommendations Prioritisation: 1. The current level of provision has been overwhelmed by demand

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>20. MOPAC should review of how their spend is profiled across the different victim cohorts</b>	High	Med	High	Med	<b>10</b>
<b>21. Increased investment in CYP victim services is required</b>	High	Med	Med	High	<b>10</b>
<b>22. Further assessment work is required on the levels of needs regarding CSA</b>	High	Low	High	Med	<b>9</b>
<b>23. An evaluation of the expanded hate crime consortia service is required to understand the flow into the service and capacity to support</b>	High	Low	High	Med	<b>9</b>
<b>24. Develop outreach expectations criteria for commissioned contracts</b>	High	Med	High	High	<b>11</b>

## Recommendations Prioritisation: 2. Violence is expected to increase

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>25. A formal shift in MOPACs victims commissioning model is required to address violence</b>	High	High	Low	High	<b>10</b>
<b>26. Prioritise the funding, commissioning and resourcing of services where violence is present</b>	High	High	Med	High	<b>11</b>
<b>27. Define under 18s involved in serious violence as victims first - perpetrator second</b>	Med	High	High	Med	<b>10</b>

## Recommendations Prioritisation: 3. A single point of contact drives more effective victim recovery

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>28. MOPAC should better value the provision of professional advice and co-working between professionals as part of funding and contract delivery.</b>	High	Med	Med	Low	<b>8</b>
<b>29. MOPAC should enable specialist services to create a training consortia to upskill the statutory sector on the importance of the role of the victim advocate</b>	Med	Med	Med	Med	<b>8</b>
<b>30. MOPAC should enable specialist services to better evidence the impact of their service on victim outcomes</b>	High	Low	High	Low	<b>8</b>



## Recommendations Prioritisation: 4. Failure to offer a coordinated package of support across services

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>31. Incentivise victim services to develop integrated local links to communities and community based services</b>	High	High	Med	Med	<b>10</b>
<b>32. Develop funding models and contracts that value and enable partnership development, advocacy and development of specialist pathways</b>	High	High	Med	Med	<b>10</b>
<b>33. Enable co-working on cases both between statutory services and the specialist VCS</b>	Med	High	Med	Med	<b>9</b>
<b>34. Share updated information on all MOPAC commissioned victims' services with service providers</b>	High	Low	High	Low	<b>8</b>

## Recommendations Prioritisation: 4. Failure to offer a coordinated package of support across services

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>35. Convene and run a victim provider partnership</b>	High	Med	High	Low	<b>9</b>
<b>36. Create and lead VCS/statutory partner victim case review sessions</b>	Med	Med	Med	Med	<b>8</b>
<b>37. Continue with the approach to enable longer term funding and contracts</b>	High	High	Med	Low	<b>9</b>

## Recommendations Prioritisation: 5. Lack of effective communication and Victim safety

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>38. Drive forward trauma informed practice across statutory services</b>	Med	High	Low	Med	<b>8</b>
<b>39. Ensure that all commissioned victim services have basic provision and minimum practice standards for disabled victims of crime</b>	High	Med	Med	Med	<b>9</b>
<b>40. Ensure Investment and support in services to develop innovative ways to address the deficit in terms of language support and communication</b>	Med	High	High	Med	<b>10</b>

## Recommendations Prioritisation: 5. Lack of effective communication and Victim safety

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>41. Work with the MPS to upgrade the quality of information included in a victim referral</b>	Med	Med	High	Med	<b>9</b>
<b>42. Review the use and enforcement of breaches of DAPNs, DAPOs and non-molestation orders in London</b>	Med	High	High	Med	<b>10</b>
<b>43. Ensure that the responsibility to provide safe accommodation to victims of domestic abuse forms a key part of the strategic vision</b>	High	Med	Med	High	<b>10</b>

## Recommendations Prioritisation: Deep Dive Mental Health

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>MH 1. MOPAC develop a watching brief on mental health caseload inclusive of referrals</b>	High	Med	High	Low	<b>9</b>
<b>MH 2. Develop a consistent set of data measures and require services to record these as part of contract management</b>	High	Low	High	Low	<b>8</b>
<b>MH 3. Ensure that victims can be treated holistically with a SPOC for support</b>	Med	High	Med	Med	<b>9</b>
<b>MH 4A. Develop training for statutory services Police, CPS on trauma informed practice and developing co-working arrangements with advocates</b>	Med	High	Med	Low	<b>8</b>
<b>MH 4B. There needs to be a separate model of support developed for those who have reported their offence and are within the CJ system and have mental health needs</b>	High	High	Med	Med	<b>10</b>

## Recommendations Prioritisation: Deep Dive Mental Health

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>MH 5A. Develop a mental health training package</b>	High	Med	Med	Low	<b>8</b>
<b>MH 5B. Introduce a common mental health needs assessment tool across all MOPAC commissioned victims' services,</b>	Med	Med	Med	Low	<b>7</b>
<b>MH 5C. Appoint high intensity practitioners in victim support services</b>	High	High	Med	Med	<b>10</b>
<b>MH 5D. Include Mental Health navigators/advocates into victim support services</b>	High	High	Med	Med	<b>10</b>

## Recommendations Prioritisation: Deep Dive Mental Health

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>MH 6A. Recognise the need for co-working on victim cases between victims' services and mental health services.</b>	Med	High	High	Med	<b>10</b>
<b>MH 6B. Introduce a specialist pathway for victims of violence into mental health services in London</b>	Med	High	Med	High	<b>10</b>
<b>MH 7. Consider the opportunity presented by the SARC integrated support hub to develop a co-commissioned approach to supporting high risk victims of violence</b>	Med	High	Med	Med	<b>9</b>

## Recommendations Prioritisation: Deep Dive Disproportionality

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>Dis 1. MOPAC should seek to create standard definitions with regard to how information on a victims ethnicity and disability is recorded both across the victims support service commissioned and statutory services.</b>	Med	Low	High	Low	<b>7</b>
<b>Dis 2. MOPAC should mandate the accurate recording of protected characteristics with a priority focus on BAME and disabled victims and those with no recourse to public funds</b>	Med	Low	High	Low	<b>7</b>
<b>Dis 3. MOPAC should consider convening an advisory group to underpin development in commissioning and service provision that are focused on increasing the engagement of BAME and disabled victims</b>	High	High	High	High	<b>12</b>



## Recommendations Prioritisation: Deep Dive Disproportionality

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>Dis 4. Consider the over representation of young, African/Caribbean Males as victims of violence in future re-commissioning programmes related to CYP and young adults</b>	High	High	Med	High	<b>11</b>
<b>Dis 5. Address the racist assumptions and stereotypes often applied when supporting victims from certain groups with a focus on changing the language used by partners towards these groups through training</b>	Med	Med	Med	High	<b>9</b>
<b>Dis 6. MOPAC should work with the MPS and the CPS to co-commission a review into the criminal justice outcomes of BAME and disabled victims of crime</b>	Low	Med	Med	Med	<b>7</b>
<b>Dis 7. MOPAC should commission an enhanced translation and interpretation service to support both the VCS and statutory services</b>	High	High	Med	Med	<b>10</b>

## Recommendations Prioritisation: Deep Dive Disproportionality

Green Book Factor	Management Case	Economic/ Benefits Case	Commercial/ Financial Case	Strategic Case	Overall Scoring
<b>Assessment (H=3/M=2/L=1)</b>	<i>How deliverable is it/ ease of implementation? Is it within MOPAC's remit to deliver, or does it require partnership?</i>	<i>Does it make a positive impact on Victim Experience/ Satisfaction?</i>	<i>Is it financially attractive? Does it generate any cost savings?</i>	<i>How does it enable the Mayor to deliver on his commitments?</i>	
<b>Dis 8. A Mayoral-level decision is required on the prioritisation of victims with NRPF</b>	High	Med	High	Med	<b>10</b>
<b>Dis 9. MOPAC should seek to better understand the current demand on services provision from victims with NRPF, requiring all services to collect data in a consistent way.</b>	High	Low	High	Low	<b>8</b>
<b>Dis 10. MOPAC should seek to upskill current service providers to more effectively address the needs presented by victims with NRPF</b>	High	Med	Med	Med	<b>9</b>
<b>Dis 11. Ensure that the new statutory responsibility through the DA Bill to provide safe accommodation to victims of domestic abuse, enables improvements in the provision of services to meet the needs of victims with NRPF</b>	High	High	Low	Med	<b>9</b>