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| Friday 13 November 2020 |

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| London Councils – consultation response |
|  | **Delivering Justice for Victims**  |

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[Delivering Justice for Victims: A Consultation on Improving Victims’ Experience of the Criminal Justice System](https://www.gov.uk/government/consultations/delivering-justice-for-victims-a-consultation-on-improving-victims-experiences-of-the-justice-system)

**Question 23: a) What legislative duties placed on local bodies to improve collaboration where multiple groups are involved (such as those set out above) have worked well, and why?**

**b) What are the risks or potential downsides of such duties?**

* For any statutory duty to be successful, it must come with sufficient and sustainable long-term funding (4 to 5 years at least). If legislative duties do not come with sufficient funding, there is a strong risk of an increased pressure on statutory services that lack capacity to genuinely improve services for victims. It is essential for funding to be long term, rather than on a year-to-year basis, to allow for strategic planning between statutory (and non-statutory) organisations. Surety of longer term funding enables commissioners to more effectively commission, and facilitate integrated approaches to make best use of available resources.
* There are risks when legislative duties are introduced rapidly, without due consideration of local needs and the time required to plan and commission services. One of the challenges in strategically commissioning services for victims and survivors of serious crime in London is the great range of stakeholders, including the GLA and MOPAC, 32 London boroughs plus the City of London, health partners, specialist domestic abuse and sexual violence organisations, and victims and survivors of domestic abuse themselves, whose voices must be central to the development of services. Within London boroughs, commissioning and operational decisions may be made across a range of departments. Therefore, when designing commissioning processes, time is needed to ensure all partners can be adequately engaged. Changes to duties for delivery of services and increased funding to commission services must come with sufficient time and additional resource to allow for genuine engagement, strategic planning and time to accurately assess and understand local need. Having to spend large amounts of money rapidly to commission services against tight deadlines can lead to rushed commissioning processes that do not lead to the best possible outcomes.
* The process of designing any statutory duty needs to involve meaningful engagement with boroughs and other partners prior to implementation and the drafting of statutory guidance. Guidance must be robust and clear, and developed with partners. Guidance must be published well in advance of when agencies are expected to begin delivering the duty.
* The complex commissioning landscape in London means more work is needed to understand how best to improve commissioning and integration of services, with overlapping spatial and departmental spheres. Before any new duties are introduced, time and resources will be required to create the right environment for the new duties to have maximum impact for victims and survivors. The government should invest in and support gap analysis and mapping of services.
* It is critical that, when changes are introduced to the commissioning landscape, existing provision is not destabilised. There must be continuity of funding for existing services so that they can continue to support victims whilst commissioning arrangements shift to meet new duties. New duties and requirements on commissioners must not unintentionally disadvantage specialist led by and for services.
* The additional funding associated with Duty 4 of the Domestic Abuse Act has been strongly welcomed. However, there have been challenges associated with implementation of Act that can be learned from.
* The restrictive nature of the funding has presented some challenges. That the funding can only be used to commission services for victims in specified safe accommodation presents a challenge due to the housing crisis in London and thus the deficit in specified safe accommodation. For example, a victim of domestic abuse may be placed in temporary accommodation due to a lack of appropriate refuge space – the victim is safe, however, the accommodation does not meet the specified safe accommodation criteria . Support for such victims cannot currently be commissioned through the Duty 4 funding, even though these victims will have similar support needs for advocacy, advice and mental health support, in addition to needing support with moving on from temporary accommodation. This disproportionately affects certain groups for whom there is a lack of refuge space (such as women with multiple children, victims with multiple disadvantage and complex needs, victim with disabilities and LGBT+ victims).
* Any new funding/duty relating to community-based support for victims of domestic abuse must be designed to cohere with the existing duty around safe accommodation. It is important to note that many survivors of abuse will have different support needs at different times and will require support in both safe accommodation and in the community. Duties - and funding - need to support commissioners to establish service pathways for survivors to seamlessly transition through support arrangements.
* We would strongly encourage any funding for community-based support services to be flexible to enable commissioners to commission support that meets the needs of survivors in a holistic way.

**Question 24: What works in terms of the current commissioning landscape, both nationally and locally, for support services for victims of: a) domestic abuse b) sexual violence (including child sexual abuse) c) other serious violence?**

(Please note the below refers primarily to commissioning support services for victims of domestic abuse and sexual violence)

* Across London there are strong examples of joint and integrated commissioning, to deliver multiple agency support to victims and survivors of abuse and sexual violence. “One Stop Shop” models delivering a range of collocated services for victims and survivors of abuse are a common example across London. Commissioning works best where there is a strong survivor voice throughout the commissioning process; this is often supported by structures such as survivor networks. Local multiagency steering groups with a strong survivor voice contribute to good commissioning of services. The best commissioning is victim centred and trauma informed.
* Equality and Diversity is central to effective commissioning, as is a strong knowledge of the local needs of residents.
* At a pan London level, London Councils delivers a grants programme on behalf of boroughs, which includes funding for tackling domestic abuse and sexual violence. The benefits of this programme include: a 4 year long grant cycle, to enable longer term planning of services; delivering of funding via grants rather than procurement, enabling prioritisation of quality of service and addressing key needs, and funding of specialist services that are more effectively commissioned at a regional level
* IDVAs and ISVAs play an essential role in joining up support across agencies and supporting survivors to navigate complex systems of support (health, legal, housing etc.). IDVAs who are commissioned to work across various organisation (such as health, local authorities, and the police) improves support for victims and survivors, increases disclosures and can support links across the system

**Question 25: How could the commissioning landscape be better brought together to encourage and improve partnership working and holistic delivery of victim services for: a) all victims of domestic abuse b) all victims of sexual violence c) all victims of other serious violence d) children and young people who are victims of these crimes?**

**Services for victims of domestic abuse and sexual violence:**

* As described above in response to question 23, London presents a complex commissioning landscape for services. Services are rightly commissioned by multiple statutory bodies and at multiple levels and there can be challenges in ensuring services join up.
* It is important for government legislation and duties to facilitate a landscape that enables joined up, integrated commissioning. Funding must be flexible enough for commissioners to easily align funding and impact measures and for services to effectively operate across funding streams. There needs to be incentives to work together and build joint accountability between partners
* It is essential that funding be long term and sustainable. Short term funding cycles inhibit strategic commissioning and make planning integrated services challenging. An emphasis on new, time bound initiatives and projects rather than longer term services can lead to inconsistent services that do not have sufficient time to embed in communities and provide long-term, high-quality support. This creates challenges for third sector providers, especially specialist led by and for providers. Short term funding creates instability and insecurity, and frequent recommissioning takes up vital capacity. Funding needs to take into account the broader running and infrastructure costs of services (e.g. buildings, maintenance) in addition to the direct delivery of support.
* More emphasis on survivor experiences/experts by experience is essential in the development and the appraisal of services, to ensure they are genuinely holistic and focused on survivor needs. As changes to health commissioning through Integrated Care Systems become statutory, the survivor voice must be centred in those systems.
* More investment is needed in research to understand what works to support victims of domestic abuse, especially children and young people, so that commissioners can jointly make informed decisions and invest money where it will be most beneficial.
* Particular gaps in the commissioning landscape for support services for victims of domestic abuse and sexual violence have been identified by both boroughs and providers. When considering commissioning of support services, these areas should be prioritised:
	+ Mental Health support for victims and survivors of violence and abuse. Organisations have noted an escalation of need and complexity during the pandemic, with survivors experiencing more severe mental health problems[[1]](#footnote-2)
	+ Support for victims and survivors with dual-diagnosis or multiple disadvantage, such as mental health problems and substance misuse. These people are at risk of falling in between services.
	+ Victims of Domestic abuse or Sexual Violence With No Recourse to Public Funds are particularly vulnerable and need specialist support, best provided by specialist, by and for services. It is important that such victims are provided with comprehensive legal and immigration advice in order to understand their rights; it should be noted that a victims’ immigration status is often used as a tool of abuse and method of coercive control by perpetrators, and thus adequate legal advice and support is part of supporting them to recover from the crimes they have experienced.
	+ Early Intervention and Preventative Services – providing support for victims of domestic abuse, sexual violence and other forms of serious crime early, before they reach crisis, is essential both for reducing harm to the victim and reducing pressures on services.
* Whilst this consultation concerns community-based services, the essential role of stable housing must be factored into the journeys of victims and survivors. Lack of housing is often the main barrier to escaping abuse. Strong join up between specialist services and housing is essential, as is provision of support to victims at risk of losing housing due to crime (e.g. housing advice, tenancy sustainment support and support to access private housing). In London, more investment is required to expand safe housing available to victims of domestic abuse and other crimes which lead to people needing safe housing (such as Modern Slavery).

**Services for Victims of Modern Slavery**

* Potential victims of modern slavery are referred through the national referral mechanism (NRM), where they can receive support through the Modern Slavery Victim Care Contract (through which victims receive safe housing, subsistence rates, health care, legal advice and a support worker) until a conclusive grounds decision is reached on whether they are a victim of modern slavery; the Salvation Army is commissioned to deliver this support. If the conclusive grounds decision is positive, victims have 45 days to exit the support provided by the NRM (including safe housing) and will have access to drop-in support services for 6 months, and if the decision is negative (which does not necessarily mean that they are not a victim, just that there was not sufficient evidence), they have just over a week to move on from NRM support. Due to this harsh cut off point for support, there needs to be long-term support, from housing advice to mental health provision, to ensure victims are able to establish independent lives and not re-enter a cycle of abuse and exploitation. This long-term support should apply to all victims, and integrated personalised support plans should be established to ensure holistic support.
* It is important that those across local authorities, the police, health and other public bodies are able to understand and support victims of modern slavery (as well as victims of other crimes) and are also aware of how to identify victims of modern slavery and refer into the NRM – joint commissioning of modern-slavery and victim support will help to ensure this and support various partners to work together more effectively. However, not all victims self-identify as ‘victims’, or know where to go for support, and thus the commissioning of awareness campaigns is also crucial.

**Question 26: a) What can the Government do to ensure that commissioners are adequately responding and implementing the expertise of smaller, ‘by and for’ organisations in line with local need?**

* Led By and For specialist services provide essential support to Londoners that could not be provided by more generic organisations. However, led by and for services are often disadvantaged compared to larger generic organisations, especially in competitive procurement processes. These organisations are often underfunded and have less capacity than larger organisations to bid for contracts.
* The government could support commissioners to make the commissioning process more accessible by:
	+ Allowing more flexibility upfront in when funds are spent so commissioners can allow more time for led by and for organisations to submit bids
	+ Provide guidance to encourage forms of commissioning through grants (un-competed, general, formula, grant-in-aid/strategic as well as competed) and stipulate in guidance that commissioning should focus on quality of service over cost
	+ Ensuring long term sustainable funding, so that providers can have stability to deliver services over a longer period, and do not have to spend significant capacity on year-to-year funding rounds
	+ Consortiums of smaller and specialist organisations can provide an effective vehicle for these organisations to bid to larger tenders. Time and resource is required to form such consortiums; allowing additional time for commissioners to spend funds will therefore support them. There should be more consideration of how organisations can be supported to form consortiums (for example through development funding)
	+ Communicating funding opportunities to commissioners clearly and with sufficient notice for these to be cascaded to local organisations

**Question 28: a) What challenges exist for victims in accessing integrated support across third sector and health service provisions?**

* Experiences of victims accessing support vary significantly across London and across organisations. Often experiences of victims are dependent on the level of knowledge and awareness of services and referral pathways that the professional they are interacting with has. Variations in awareness and understanding of domestic abuse and other forms of serious crime across non specialist services is a major barrier.
* Challenges for victims include:
	+ Professionals across multiple statutory and non-statutory services lacking knowledge and awareness of different pathways to support, especially specialist services, and pathways of support not being properly integrated
	+ Overly complex referral pathways leading to multiple referrals across agencies, with victims having to attend multiple appointments/assessments to gain support, and having to tell their story multiple times
	+ Victims with multiple complex needs (such as mental health issues combined with substance misuse) falling between services, or services being unable to cope with victims’ needs
	+ High thresholds for accessing secondary health services – this is especially a challenge in accessing mental health support for children through CAMHs. This leads to increased pressure on specialist Domestic abuse and Sexual abuse services
	+ Lack of culturally sensitive, led by and for services
	+ Challenges in information sharing between organisations
	+ Financial barriers to accessing services
	+ Certain groups being excluded due to lack of accessible services – e.g. disabled or LGBT people
* Due to lack of resource and short-term funding, support services for victims are often short-term. With the growing complexity of needs and severe and enduring mental health problems, it is essential support be long term for it to be effective.
* Victims of Modern Slavery and victims of crime with No Recourses to Public funds experience significant barriers in access to services, including
	+ Not knowing where to go for support
	+ Fearing accessing support due to fear of information about their immigration status being shared with the Home Office
	+ Financial barriers, exacerbated by having no recourse to public funds

**Question 28 b) What and how could practical measures or referral mechanisms be put in place to address these?**

**Services of victims for domestic abuse and sexual violence:**

* Practical measures such as increasing co-location of services (e.g. placing IDVAs in hospitals) and investing in greater awareness raising and training for health staff to understand support available for victims and ensure quicker referrals are beneficial.
* A greater recognition of the impact of domestic abuse and sexual violence on mental health, with a trauma informed approach, when delivering mental health services, would be beneficial.
* Simplifying data sharing systems would be of huge benefit to joint working. Where services use the same casework system, this typically leads to more integrated services.

**Services for victims of modern slavery:**

* To ensure victims of modern slavery access integrated support across the third sector and health services, it is vital that staff within these bodies receive the appropriate training. Adequately funded training can help to improve joined up support and consolidated referral pathways– for example, when someone makes a referral to the NRM for a potential victim of modern slavery, they should also inform a relevant single point of contact (such as a member of a local authority community safety team) to track and note the support that the potential victim accesses.
* Another way to help ensure integrated support, is the establishment of multi-agency meetings and groups (for example multi-agency groups to address modern slavery) and thus trends and gaps in support/provision can be identified and discussed.
* There are key teams/departments that we should ensure have specialists in ‘victim support’ (and are prioritised for training). For example, having housing officers with a focus of victim support and an awareness of modern slavery could help to reduce cases of homelessness and help ensure that victims of modern slavery are able to access key support services after they have been through the NRM and their Modern Slavery Victim Care Contract has ended.

**Question 35: What are the challenges in accessing advocate services, and how can the Government support advocates to reach victims in all communities?**

* The challenges described in response to question 28 also apply here.

**Services for Victims of Domestic Abuse and Sexual Violence**

* There are not enough IDVAs to support those at risk of serious harm, due to lack of investment from government. This means that IDVAs who are working across London are under resourced and typically face high caseloads. SafeLives research found that there were 19 Hospital Based IDVAs working across London; the safe minimum number of HIDVAs recommended by Safe lives is 36. They also found that 3.4 FTE IDVAs were practicing in three out of ten Mental Health Trusts, compared with the minimum of 20 across London’s 10 Mental Health Trusts that SafeLives would recommend for a safe service[[2]](#footnote-3).
* Disjointed IDVA support can be a barrier for survivors; often, it would be best for a single IDVA to support a victim through the end-to-end process of support, including through the legal system. However, victims/survivors may have to change advocates due to the way commissioners are directed to fund services – for example they may be supported by a community based IDVA up until they reach court, at which point a court based support worker takes over the process.
* Better funded support for IDVAs and ISVAs, who can experience unreasonably high caseloads, vicarious trauma and burnout, is essential
* Victims from Black, Asian and minority ethnic communities and victims with insecure migration status face particular barriers in accessing advocacy. These can include language barriers and lack of culturally sensitive support. Funding for training and access to translation services would enable better support for victims.
* Home Office policy requires police forces to pass on the immigration status of victims to immigration officials if they suspect the victim does not have the right to reside in the UK. A victims immigration often feeds a perpetrator’s ability to control and manipulate them because of their status[[3]](#footnote-4). A consequence of this policy is that people who have suffered some of the most serious crimes including forced marriage, domestic abuse, sexual offences, rape and modern-day slavery can be deterred from going to the police because they risk deportation. A firewall between police, public agencies (that can provide key support to victims) and immigration enforcement could help to ensure that more advocates are able to reach victims in all communities. Any reassurances that key advocate services can provide on not reporting or noting people’s immigration status, could help victims to seek and accept support.
* Services are not always available at the time of greatest need. As noted by Claire Waxman (the London Victims’ Commissioner) in the updated London Rape Review 2021, victims of sexual violence are often not receiving ISVA Services early enough in the criminal justice process, contributing to high rates of victim drop out[[4]](#footnote-5).

**Question 40: What are the advantages and disadvantages of the current qualifications and accreditation structures? Are there any changes that could improve it?**

* There is currently insufficient, quality assured training available to allow practitioners to qualify as advocates. More investment is required.

**Question 41: How can we ensure that all non-criminal justice agencies (such as schools, doctors, emergency services) are victim aware, and what support do these agencies need in order to interact effectively with IDVAs, ISVAs or other support services?**

* Non-criminal justice agencies need clear guidance and training on the roles of IDVAs and ISVAs, and their obligations relating to supporting victims of domestic abuse, sexual violence and other crimes.

**Question 42: What are the barriers faced by ISVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

* See issues raised in Question 35
* Lack of awareness on behalf of partner organisations of Domestic Abuse and sexual violence and the role of advocates in supporting victims is a barrier to joint working.
* High case loads for IDVA and ISVAs can be a barrier due to lack of capacity; as noted in question 44, for providers on small budgets, frontline service delivery often needs to be prioritised over strategic join up.
* Information sharing with partner organisations can be challenging, especially due to GDPR.

**Question 43: What are the barriers faced by IDVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

* See answer to question 42

**Question 44: What are the barriers facing specialist or ‘by and for’ services preventing cross-agency working, and what steps could the Government take to address these?**

* For providers working on small budgets, participating in essential strategic join up is challenging, especially as they typically need to prioritise frontline services and fundraising, and thus do not have capacity to engage in wider strategic work. One borough responded to London Councils’ call for comment: ““It is difficult to have a good quality, fully cohesive range of services and commissioned services without adequate resource to enable the staff in those services time to network effectively with each other. Time to spend on collegiate, joint and partnership working, consulting each other and meeting with relevant delivery partners to ensure fully considered strategic thought in a complex arena and also to be able to consider the often bespoke and complex needs of its clients”. The process of building relationships and networks must be acknowledged as work being asked both of commissioners and services, in addition to other aspects of delivery.
* As mentioned previously, specialist by and for services are often dependent on short term, year to year funding. Short term provision of services makes it more challenging to build up relationships with partner organisations.
* The government could address these issues with long term sustainable funding for by and for services, and through providing support for specialist organisations to build up networks.
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2. <https://safelives.org.uk/we-only-do-bones-here> [↑](#footnote-ref-3)
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