



Devon & Cornwall Police



PCC
Office of the Police and
Crime Commissioner
Devon and Cornwall

An Evaluation of the Devon and Cornwall & Isles of Scilly

Victim Care Model

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Contents

1. Executive Summary	1
1.1 Aims of the evaluation	2
1.2 Strengths of the model	2
1.3 Further improvements and recommendations	4
1.4 Conclusion	8
2. Introduction and background	10
2.1 Statutory requirements	13
2.2 Developing a model of victim care in Devon, Cornwall and the Isles of Scilly	14
3. Evaluation aims and methodology	18
3.1 The aims of the evaluation	18
3.2 Methodology	18
4. The Victim Care Model – identifying needs and reducing harm	22
4.1 The initial police response and identifying victims' needs	22
4.2 The VCU process	24
4.3 Challenges relating to completion of the VNA	27
4.4 A particular challenge - identifying cases of domestic abuse	30
4.5 A pro-active approach	34
4.6 The quality and accuracy of the VNA	34
4.7 Barriers to VNA compliance	37
4.8 Improving communication between specialist officers and the VCU	38
4.9 Prioritising victims of crime in Devon and Cornwall	42
4.10 Creating a victim-centred process through partnerships	43
5. The Victim Care Unit – structure and management	45
5.1 Management and performance	46
5.2 Training and staff development	47
5.3 Future developments for the management of the VCU	49
6. The Victim Care Network	50
6.1 Victim Care website	51
6.2 Website performance	53
6.3 Findings from the VCN online survey	54

6.3.1	The impact of membership on referrals	56
6.3.2	The value of Networking Days	58
6.3.3	The benefits of belonging to the VCN	59
6.4	Findings from semi-structured interviews with agencies	60
6.5	Measuring outcomes – volume, intensity and complexity	63
7.	The Victims' Perspective	65
7.1	Findings from the Victim Outcome Survey	66
7.2	Findings from the victim focus groups and interviews	68
7.3	Emerging themes	74
7.4	Impact of the Victim Care Model – case studies	75
8.	Conclusion	77
8.1	Strengths of the model	78
8.2	Further improvements and recommendations	80
9.	References	84
10.	Appendices	88
10.1	Appendix A – MyVCU Case Offence & Gender of Victim 01/07/15 to 31/05/16	88
10.2	Appendix B - Total VCU Referrals by Lead Agency 01/07/15 to 31/05/16	89
10.3	Appendix C - Results of Outcome Survey for Victims of Crime	90

1. EXECUTIVE SUMMARY

The Police and Crime Commissioner's (PCC's) commissioning framework, guided by the Ministry of Justice (2013), has provided all PCC's with a valuable opportunity to improve the co-ordination of local victims' services and to develop a consistent, coherent and sustainable approach to the provision of high quality support, accessible to all victims of crime who need and require it. This has undoubtedly presented some challenges and a number of different models have subsequently evolved across England and Wales. Some PCCs were early adopters and started in October 2014, whereas the remaining PCCs started in April 2015. Whilst some areas have chosen to remain with their existing service providers and referral processes, others have embraced the challenge and sought to adopt more innovative approaches.

The strategies adopted have now been in operation for at least 18 months, providing PCCs with an opportunity to evaluate the impact of the different models introduced in their local areas. In January 2016, the Institute of Criminal Justice Studies, University of Portsmouth, was commissioned to undertake an evaluation of the victim care model established in Devon, Cornwall and the Isles of Scilly in

April 2015. The model chosen consists of two major components; a Victim Care Unit (VCU) and the Victim Care Network (VCN). The process starts with the initial police response, when the responding officer completes a victim needs assessment (VNA) in order to identify any specific needs the victim may have. The VNA acts as a filter and is examined by the VCU, whose key function is to act as a triage service. Victims initially assessed as not requiring support are sent a letter, whilst those identified as having needs are contacted within two days to discuss with them their requirements and to provide information about the support services available. People who would like further support consent to the VCU referring them on to an appropriate service provider, which is a member of the Victim Care Network (VCN). Members of the VCN receive accreditation following a successful application process, and are able to receive referrals through the MyVCU, an electronic case management system. This filtering process is designed to ensure that the needs of victims are identified early and that they are given timely and relevant information to enable them to make an informed choice about the services they may require at a time appropriate for them.

1.1 *Aims of the evaluation*

The aims of the evaluation focus on the key principles identified as underpinning the model of victim care chosen and the ability of the VCU and VCN to achieve these:

- To deliver a service with the individual needs of the victim at the centre, which is client led and enables informed choice.
- To promote an integrated mixed model approach where a diverse range of core and specified services can be delivered through partnerships, facilitated by co-operation and collaboration.
- To promote greater ownership of victim care within the OPCC and the Constabulary, and to work in partnership with other agencies to ensure that the statutory obligations outlined in the Victim's Code of Practice are met.
- To provide gateways of support regardless of whether the crime is reported, and to ensure that all victims are given sufficient information and advice to make informed choices about the types of service and support they may require.

The research design has utilised a mixed methods approach and has involved a range of key stakeholders, providing a unique insight to the operation of the victim care model, less than 18 months since it was first established. It should be highlighted that significant evidence has been found demonstrating the commitment of the people working in the VCU, the OPCC, the members of the VCN, and members of the Constabulary, to ensure the success of the model and to working in partnership to deliver a service tailored to the individual needs of victims and their families. This evaluation assists in capturing the development of the model, which remains work in progress, and in doing so identifies the key strengths and highlights areas where further improvements can be made.

1.2 *Strengths of the model*

- The role of the VCU is fundamental in the Constabulary's ability to comply with its responsibilities under the Victim's Code of Practice, by ensuring that all victims are informed of the relevant support services available, and that those identified as victims of serious crime, repeat victims and vulnerable victims are provided with targeted support.

- Contact by the VCU within two days of reporting the offence provides victims with an opportunity to gain information and ask further questions. This initial contact with the VCU may be sufficient to meet the needs of the victim and no further support may be necessary. Alternative actions may include a request being made for the officer in the case (OIC) to contact and update the victim, and/or a referral on to an appropriate service provider so that the relevant support can be provided.
- Everyone's experience of victimisation is very unique, depending upon a number of factors and personal circumstances that may impact upon a person's ability to cope and recover. As a consequence, people may require support at different times during their recovery and their needs may change over time. A pro-active approach following the reporting of a crime ensures that people are provided with information about the support services available, so that they are able to make an informed choice as to when and how they access these. This places the victim at the centre and the choices made are victim led.
- The development of the VCN has actively contributed to the promotion of an integrated mixed model approach to commissioning. It has raised awareness among service providers as

to the diverse range of core and specialist services that currently exist and helps to highlight where gaps in services remain. Membership of the VCN creates an environment where services can be delivered through partnerships, facilitated by co-operation and collaboration. This remains work in progress and there are further opportunities to encourage and co-ordinate closer collaboration between the police, the VCU and VCN members. In particular, this relates to vulnerable victims of serious crime, including domestic abuse, sexual violence, child sexual exploitation and human trafficking.

- Information about the support services available are publicised online and within the wider community. The PCC website promotes Victim Information and a Victim Services Directory on its homepage. The Victim Care site provides a filter where people can find information about the relevant services based upon the type of crime, what they would like help with and who they would like help from.
- Mechanisms have been introduced to encourage victims who have not reported an offence to seek support through a helpline or an online link via email, and advertising campaigns have been undertaken to raise public awareness. Proposed changes to the

VCU database will also allow the number of unreported crimes being dealt with by service providers to be recorded. This will help to provide a clearer picture of local needs.

- The methods used to measure victims' experiences of the VCU indicate high levels of victim satisfaction. Many respondents spoke of how helpful it was to have someone to talk to and to be listened to. They felt informed about the services available and were aware that they could access these at any time. Many said they found that the service improved their wellbeing, in particular, they felt stronger, supported and more confident.
- Victims who expressed most dissatisfaction were those who felt they were not being kept updated or informed about the case, which remains the responsibility of the police.
- In addition to the reported offence, some people have multiple and complex needs that increase their vulnerability. Whilst the VCU and VCN do their best to provide support, or refer people on to more appropriate agencies or statutory bodies, it may not always be possible to resolve all the issues, therefore, it is important to manage victim expectations with sensitivity.

- The qualitative victim feedback illustrates the importance of having someone to talk to, to ask questions and to be listened to. It also demonstrates how VCU officers act as an effective triage; providing sufficient support during the initial contact, or identifying needs and referring on to an appropriate agency. This filtering process avoids a blanket approach aimed at all victims of crime and enables the efficient targeting of support where it is most needed. Some victims may build a rapport with a particular VCU officer and prefer to contact them again if they need further information or advice. It is important to monitor this activity, as the VCU is essentially acting as a single point of contact, which although not its remit, demonstrates victims' needs for up to date information.

1.3 Further improvements and recommendations

- Although the VCU is located within Devon and Cornwall Constabulary, the force needs to demonstrate greater ownership of the initiative. To raise public awareness of the priority given to victim care and the services available, greater prominence should be given to the VCU on the force website. It should

be given the same priority as nine other services on the homepage, illustrated with a title and a picture and a link to further information (www.devon-cornwall.police.uk). At the present time, information and support for victims is at the very bottom of the homepage, listed as the last item under 'Support links' in small print.

- The report acknowledges the difficulties presented by the geography of Devon, Cornwall and IOS, and the challenges this presents to all organizations, including the police, the OPCC and support organizations. Differences in culture can create barriers not only between organizations, but also between regions within the same organization, such as the police. Further education and training is required to ensure all areas are made aware of the benefits of the victim care model and encouraged to work collaboratively.
- Views were expressed within the force regarding the location of the VCU in Exeter. This leads to perceptions that the VCU is remote and belongs to HQ, rather than encouraging local ownership and acknowledging the benefits of the VCU to them. Whilst it would not be an efficient use of resources to create more than one VCU, further work is being undertaken to improve police officer's knowledge and understanding of the role of the VCU. This should help to

demonstrate how the VCU assists officers' across the whole region to comply with their responsibilities under the Victim's Code of Practice, and how providing victims of crime with timely and appropriate support services, not only assists with the well-being of victims, but may also increase their motivation to remain engaged with the criminal justice process.

- Equally, members of the VCN commented on the location of the VCU. They felt that VC officers based in Exeter did not always have sufficient local knowledge of other areas within the wider region. There were concerns that this may impact upon the referrals being made and the possibility that smaller services were not receiving sufficient referrals. Whilst no obvious bias was detected in the referral process, it may be that VC officers may unintentionally make referrals to those agencies they have greatest knowledge of and contact with. However, this is not determined by region as evidence was found of referrals being made across the area where appropriate services exist. Whilst regular Networking Days provide opportunities for some VC officers to meet and interact with service providers, greater awareness of local services across the region could be improved further through on-going training for VC officers. This could include more

interaction with service providers through site visits and joint training events. This would assist in developing VC officers' knowledge and understanding of the range of support services available and what they can offer, which may help to reduce the number of cases that are rejected and require referral on to another service.

- Evidence from the data collected indicates that victims' perspectives of the initial police response are mixed and that a greater consistency is required. It is apparent that a more victim-centred approach is required in order to adequately assess the needs of the victim and to assist in the early identification of victims who are entitled to receive enhanced services under the Code. In particular, a detailed VNA needs to be completed so that the VCU can go on to determine with the victim what support services are the most appropriate. Devon and Cornwall Constabulary need to make victims of crime a greater priority.
- The early identification of vulnerability and risk of further harm is central to providing victims of crime with protection and appropriate support services. There is a need to improve compliance rates in relation to the completion of VNA's and to improve the quality of information they contain. A review of the VNA has recently been undertaken and following

consultation with the police, the template has been revised. There are now plans to re-launch the VNA and for further training to assist police officers to develop a greater understanding of the purpose of the VNA, and its central function in ensuring victims' needs are identified early and met by the targeting of specific services. Monitoring the performance of the revised VNA will need to be undertaken to identify where further training is required.

- Processes and procedures within the VCU need to be formalised in order to ensure best practices are shared and implemented consistently by all staff. This includes the level of detail passed on to VCN members when referrals are made, with particular attention being given to appropriate risk assessment and management procedures. This can be achieved through the development of a staff induction programme and regular training events involving partner agencies.
- A mechanism for measuring the breadth of work being undertaken by the VCU needs to be formalised in order to provide an evidence base of the added value provided by the VCU. Performance data aimed at analysing the UNIFI prefixes is due to be undertaken when resources allow and a further addition to MyVCU as a case management system for VCU staff is

currently being developed. This will enable a greater understanding of the range of tasks being performed by VCU staff and the overall contribution of the VCU to improving victims' experiences.

- A clearer and more coherent mechanism for capturing victim feedback on their contact with the VCU and the subsequent support provided needs to be developed. The methodology needs to capture timely and meaningful data in order to evaluate victims' experiences and identify where further improvements can be made.
- The victim feedback obtained needs to be used to inform and improve both police and VCU policies and procedures. In particular, it needs to be disseminated to staff in order to ensure best practices are shared and areas where further improvements are required can be identified and the appropriate action taken.
- Those victims who were most dissatisfied were those who felt they were not being kept updated or informed about the case, which is the role of the police. Some people had expectations that they would be helped with housing problems, and although they were referred to the appropriate agencies, they were disappointed if the housing issue was not resolved. This demonstrates that some victims have

multiple and complex needs that the VCU and VCN may not be able to assist with and that it is important to manage victim expectations.

- Greater collaboration is required between specialist officers, the VCU and VCN members. There do not appear to be clear and specific referral processes for vulnerable and high risk victims, resulting in some victims not receiving the relevant and appropriate support. Closer collaboration between specialist officers, the VCU and VCN members would help to ensure that victims are receiving on-going support from the relevant specialist agencies, thereby enabling officers to focus on the investigation and keep victims informed and updated with the progress of their case. This relates in particular to offences of domestic abuse, sexual violence, and stalking and harassment.
- The role of the OPCC as the commissioner of services is pivotal in encouraging the development of collaborative partnerships between VCN members. This is currently facilitated by the organization of Networking Days where there are opportunities to meet and raise awareness of services, identify gaps in provision and undertake joint training. It could be developed further by offering funding incentives to encourage closer partnerships to enable the sharing of

resources, knowledge, experience and best practice in order to improve the effective delivery of services.

1.4 Conclusion

The design and implementation of a new victim care model has presented difficulties and challenges, but these have been embraced by key stakeholders whose commitment, enthusiasm and determination has assisted in the development of two mechanisms essential to the model; the VCU and the VCN. Described as a 'bold, but necessary move', Devon and Cornwall PCC have developed in partnership with Devon and Cornwall Constabulary an innovative approach to victim care. The model facilitates the provision of timely and appropriate information and advice, enabling victims to make an informed choice from a network of providers, offering a range of generic and specialised support services. The model is delivered by a dedicated and experienced team whose focus is the wellbeing of victims of crime. As a consequence, feedback from victims demonstrates high levels of satisfaction with the service provided.

Further work is required to ensure that the needs of all victims are met, in particular,

the provision of timely and accurate information regarding the progress of their case and protection from further harm. The need to be kept informed and updated remains a major cause of dissatisfaction for victims of crime and can hinder a victim's ability to cope and recover (Wedlock and Tapley, 2016: 13). Not knowing what is happening can increase feelings of anxiety and reduce feelings of safety. These factors can impact on a victim's motivation to remain engaged with the criminal justice process and if left feeling unsupported and unprotected, they may choose to withdraw their co-operation. The criminal justice process expects a lot from people when they are at their most vulnerable and it is essential that this is recognised by all professionals who work across the criminal justice sector. In return for their co-operation, all victims of crime must be informed of their entitlements, kept updated and valued for their participation in a process that relies upon their courage and good will.

The quality of service that victims receive from criminal justice professionals and associated agencies often has a greater impact upon their overall satisfaction and wellbeing than the final outcome of their case. Perceptions of fair treatment, including knowledge of and access to entitlements, increases victims'

perceptions of legitimacy and aids compliance. While there remains no one single agency with overall responsibility for victims, the responsibilities placed upon the PCC's to commission services in accordance with the EU Directive has created an opportunity to develop and co-ordinate a range of support services to meet the needs of all victims in their area.

There is evidence that the model of victim care introduced in Devon and Cornwall is making a significant contribution to improving the quality of services being provided to victims of crime. An evaluation of the progress made since being established in April 2015, indicates high levels of victim satisfaction for those who have reported the offence and received additional support from appropriate services. This remains work in progress and provides further opportunities for all agencies to work in collaborative partnerships to promote the sharing of knowledge, experience and best practice. Whilst this may create challenges, it also presents significant opportunities that have the potential to improve substantially the experiences of victims of crime and their ability to regain a sense of autonomy and greater well-being.

2. INTRODUCTION AND BACKGROUND

The gradual shift in focus towards a 'victim-centred' criminal justice system from the 1990s onwards has enabled significant progress to be made to improve victims' experiences of the criminal justice system. The politicisation of crime victims has resulted in the introduction of a number of initiatives, policies and reforms, all placing increasing responsibility upon criminal justice agencies to work with victims and witnesses and to provide greater support.

These responsibilities have been outlined and updated in a number of documents published by governments, starting with the Victim's Charter in 1990, revised in 1996 and replaced in 2006 by a Code of Practice for Victims of Crime (the Victim's Code), pursuant to section 33 of the Domestic Violence, Crime and Victims Act 2004. The Victim's Code was further revised in 2015 and the statutory requirements relevant to this report are outlined in more detail below. Whilst these documents have progressively outlined an increasing number of entitlements for victims, evidence indicates that many of the minimum standards set out are not being implemented as intended, thereby remaining aspirational rather than a reality for many victims of crime. Whilst the rhetoric has inferred that victims have

rights, many of the policies are not supported by legislation and concerns have been raised regarding a lack of enforcement and accountability (Victims' Commissioner, 2015).

As part of a plan to improve the delivery of support services, the Ministry of Justice (2012) published a consultation document 'Getting it Right for Victims and Witnesses', and following the consultation announced that the majority of support services for victims of crime would be commissioned at a local level by the Police and Crime Commissioners (from October 2014 for early adopters and nationally from April 2015). This has introduced a new mixed model of commissioning, with PCC's responsible for the local commissioning of services, while some national services (for example, the Witness Service) remain funded by central government. However, further clarity is still being sought regarding the sustainable funding of domestic abuse and sexual violence support services.

In preparation for this shift towards a mixed model of commissioning, a number of PCCs undertook strategic assessments in order to clarify existing services, identify what support is required and highlight gaps in provision (Sarkis, 2013; Avon and Somerset PCC, 2014; Tapley, Stark,

Watkins and Peneva, 2014). These audits revealed a fragmented and complex landscape, consisting of a range of statutory and non-statutory agencies, all competing for funding with other providers in order to sustain and develop the services they provide.

This landscape reflects the essentially organic way in which support services have evolved in England and Wales since the late 1960s, historically consisting of a range of voluntary and third sector agencies, responding to specific needs and providing services where none previously existed. Whilst some voluntary services have benefited from government funding, the more politically driven agencies, campaigning for changes to legislation and often critical of the poor treatment of victims, have had to operate in an environment of short-term funding, thereby creating an environment of victim services that lack clarity and coherence, often with conflicting aims and overlapping priorities (Wedlock and Tapley, 2016: 6). In times of austerity, increasing competition for funding has created tensions and distrust between agencies, actively discouraging information sharing and partnership working. This has resulted in the duplication of services in some areas, whilst services remain patchy and inconsistent in others, leaving victims of

crime exposed to a postcode lottery of service provision across England and Wales (Tapley, Stark, Watkins and Peneva, 2014).

The PCC commissioning framework, guided by the Ministry of Justice (2013), has provided a valuable opportunity for all PCC's to improve the co-ordination of local victims' services and develop a consistent, coherent and sustainable approach to the provision of high quality support, accessible to all victims of crime who need and require it. This has undoubtedly presented some challenges and a number of different models have subsequently evolved across England and Wales. Some PCCs were early adopters and started in October 2014, whereas the remaining PCCs started in April 2015. Whilst some PCCs have chosen to remain with their existing service providers and referral processes, others have embraced the challenge and sought to adopt more innovative approaches.

Some PCCs have adopted a significant focus upon improving communication with victims and keeping them updated (Dorset and Avon and Somerset), as a failure to provide victims with sufficient information about the criminal justice process and to keep them updated about the progress of

their case, remains a major cause of dissatisfaction for victims of crime, despite being well documented throughout the last 30 years (Wedlock and Tapley, 2016: 13).

Avon and Somerset PCC was an early adopter and set up Lighthouse Victim Care, which is a multi-agency team of police staff and independent support organizations co-located and working together to provide victim care. The officer in the case is initially responsible for updating victims, but if a victim is required to attend court as a witness, they are allocated a Victim and Witness Care Officer to be their main point of contact as the case progresses to court. Dorset PCC has set up the Victim's Bureau, which includes a team of police staff who contact victims to update them on the progress of their case, in addition to referrals being made to a service provider that contacts and informs victims of the support services available. Kent PCC has set up Compass House, which is a co-located multi-agency hub, including Victim Support, the Witness Care Unit, the Witness Service and links to independent support providers. Compass House also has meeting rooms available and a live video link facility so that victims can give their evidence to the court remotely. Cambridge PCC introduced the Victim and Witness Hub, whereby an initial needs assessment is undertaken and a referral

made to a relevant support service, if required.

The local strategies adopted to improve the co-ordination and delivery of support services to victims have now been in operation for at least 18 months and provides all PCCs with an opportunity to evaluate the impact of the model adopted in their local area. The Institute of Criminal Justice Studies, University of Portsmouth has been commissioned by Devon and Cornwall PCC to undertake an evaluation of the victim care model adopted in Devon and Cornwall and the IOS. The evaluation starts by clarifying the statutory requirements and key entitlements contained within Chapters 1 to 3 of the revised Code of Practice for Victims of Crime (Ministry of Justice, 2015) to which all PCCs and the police must comply, as cited organizations with responsibilities under the Code.

2.1 Statutory requirements

The Victim's Code was revised in October 2015 to incorporate the principles of the European Union Directive (2012/29/EU), which establishes minimum standards on the rights, support and protection of victims of crime. The Code sets out the services that must be provided to victims and sets a minimum standard for these services. It has not yet been made clear what, if any, impact the exiting of the European Union will have on future guidelines, but continuing proposals for a new Victim's Law in England and Wales indicate that the responsibilities of criminal justice agencies towards victims of crime will continue to be developed as part of an increasingly formal process (Strickland, 2016).

The Code forms a key part of the wider Government strategy aimed at putting victims first and making the criminal system more responsive and easier to navigate.

'Victims of crime should be treated in a respectful, sensitive, tailored and professional manner without discrimination of any kind. They should receive appropriate support to help them, as far as possible, to cope and recover and be protected from re-victimisation. It is important that victims of crime know what information and support is available to them from reporting a crime onwards and who to request help from if they are not getting it.'

(Ministry of Justice, 2015:1)

The Code provides a list of key entitlements and sets out enhanced entitlements for victims in the following categories, because they are more likely to require enhanced support and services through the criminal justice process:

- Victims of the most serious crime;
- Persistently targeted victims; and
- Vulnerable or intimidated victims.

The above categories are designed to ensure that victims who are most in need will be able to access enhanced support

and acknowledges that some victims may fall into one, two or all three of the categories above (Ministry of Justice, 2015: 14).

The Code states that the final decision on who may fall into the above categories is the responsibility of the relevant service provider, so it is essential that all police officers and police staff are sufficiently trained to be able to identify those individuals who fall into those categories and to ensure that they receive the enhanced services they are entitled to.

Once police staff or a police officer has identified a victim as being eligible for enhanced entitlements, they must ensure that this information is passed on to other service providers with responsibilities under the Code and to the relevant support services, if required. It is important to check with the victim that they consent to their details being passed to support services.

In addition to the categories above, ALL victims of a criminal offence are entitled to an assessment by the police to help identify any needs they have and what support they may require, including a referral to an

organization supporting victims of crime and whether they may benefit from Special Measures. The level of detail required for an assessment will depend upon the severity of the crime and, most importantly, the impact this has had on the victim.

The level of support required will depend upon the needs of the individual victim and not the crime type, therefore, it is essential that sufficient detail is provided on the initial needs assessment.

2.2 *Developing a model of victim care in Devon, Cornwall and The Isles of Scilly*

To assist in the commissioning process, Devon, Cornwall and the Isles of Scilly OPCC undertook a comprehensive needs assessment of victims' services. It was first drafted in December 2013 and a final report published in January 2014. The findings from the scoping and consultation process indicated a need to develop a service that places the individual needs of victims at the centre, ensuring that these needs are targeted in order to achieve the best outcomes for victims, improve partnership working and secure best value for money. A set of guiding principles were identified to assist in the development of a model that

would meet these aims, together with the potential risks and challenges presented.

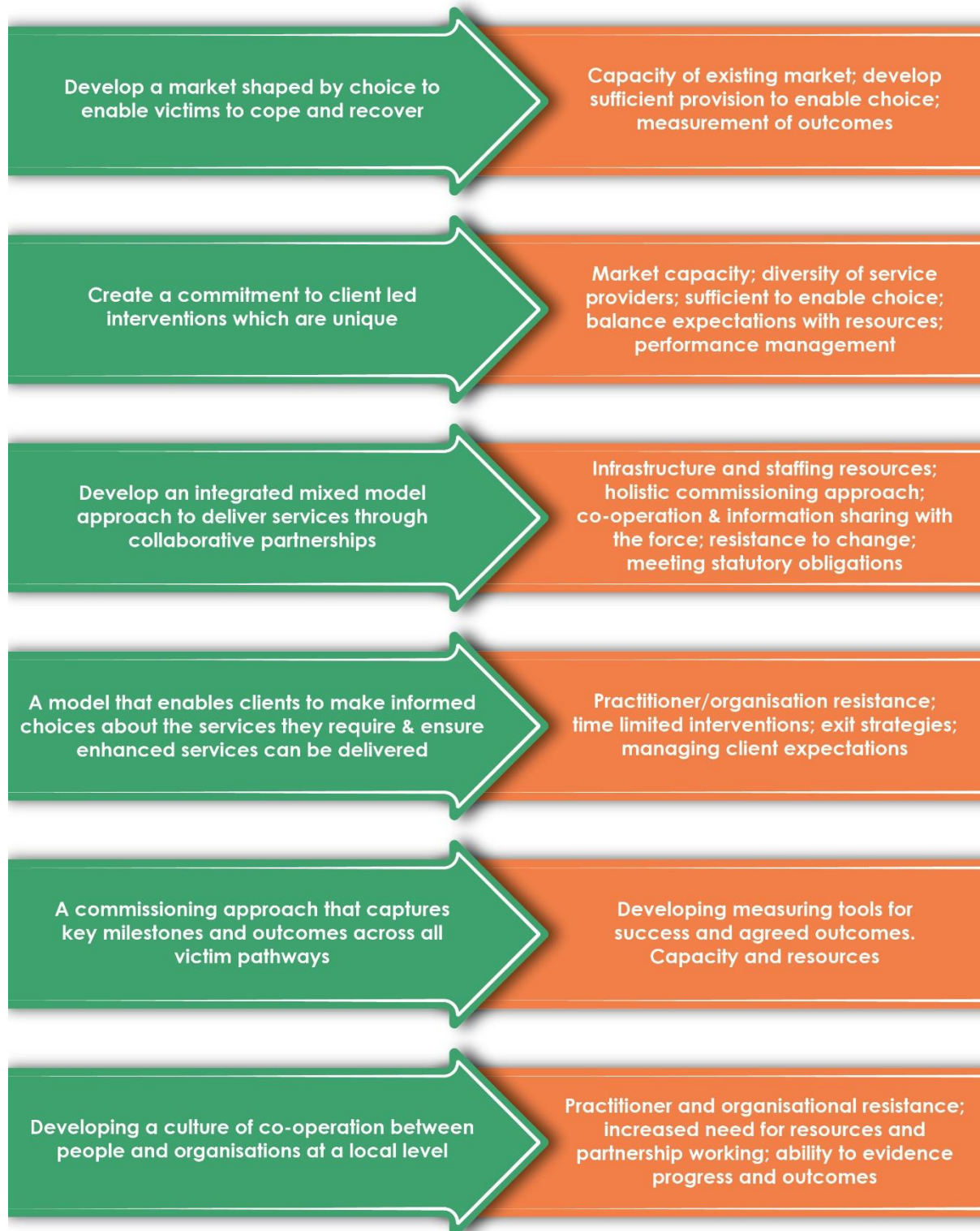
Based upon the principles outlined overleaf, the Victim Care Unit (VCU) was designed and subsequently implemented in Devon, Cornwall and IOS in April 2015. Funded by the OPCC, the VCU is situated within the force and based in Exeter, thereby alleviating difficulties regarding the transfer of data between police records and the VCU. The secure transfer and sharing of data is essential to ensuring that accurate details are passed to the unit, enabling victims who have been identified with needs to be contacted the following day and referred on to appropriate services, if required. The referrals are made through the MyVCU database, a secure cloud based management system that allows secure referral, case and performance management. From that point onwards the referral can be monitored and tracked. Once the intervention has been completed and the case has been closed, organizations are required to ask the client to complete the Victim Outcome Survey, which is monitored by the OPCC.

Whilst the VCU responds to cases of reported victimisation, the OPCC also funds Victim Support to provide a non-reported helpline that is advertised on the

Victim Care website. All VCN members act as gateways for non-reported crime and can make referrals to each other. The MyVCU system is currently developing a back facing area not accessible to the VCU and OPCC that can be used to record and monitor non-reported crime.

To capture the capacity and diversity of the existing market of service providers, a Victim Care Network (VCN) has been established, comprising of over 70 third sector organizations. Some are single-issue specialist support services, focusing on specific crimes (domestic abuse, sexual violence, child abuse, fraud) and some work with specific groups (children and young people, the LGBT community, elderly people, people with disabilities and people with mental health problems). Other organizations provide more generic support services within the community, working with families and young people, and providing a more holistic service addressing a range of needs, including housing, addictions, debt, education and employment. Support organizations can apply to join the VCN and if successful are grant funded and awarded accredited status, giving them permission to use the MyVCU accreditation badge that acknowledges they are an organization that the VCU make referrals to.

PRINCIPLES AND CHALLENGES



A key purpose of setting up the VCN was to increase the visibility of support services across the region, raise awareness of the types of support available and to encourage the development of partnership working to reduce duplication of services and identify gaps in service delivery. The OPCC organises and hosts Networking Days which are held three times a year, providing members of the VCN with an opportunity to meet up and share news and information about initiatives and services, and to receive updates regarding the MyVCU. It also provides a forum to raise any issues relating to the partnership between the VCU and the VCN.

As part of the OPCC Victim Care provision, information about the VCU is provided on the Devon and Cornwall Police website. However, this is not given sufficient prominence. Victim care should be given the same priority as nine other services currently highlighted on the homepage; illustrated with a title and a picture (www.devon-cornwall.police.uk). At the present time, information and support for victims is at the very bottom of the homepage, listed as the last item under 'Support links' in small print. Information for victims of crime is given greater prominence on the Devon and Cornwall PCC website. A link to the Victim Service Directory is provided at the top of the left

hand side of the homepage, and on the right hand side below the search facility there is a link to 'Victims information' (www.devonandcornwall-pcc.gov.uk).

The Victim Care site provides a filter where people can find information about the relevant services based upon the type of crime, what they would like help with and who they would like help from. This website is easy to find, well-designed and easy to use. It also provides a contact number for the VCU and a helpline for people who do not want to report the crime, but would like access to support. Not all PCC areas provide this level of information about local support services.

3. EVALUATION AIMS AND METHODOLOGY

In January 2016, the Institute of Criminal Justice Studies, University of Portsmouth, was commissioned to undertake an evaluation of the victim care model developed in Devon, Cornwall and IOS, established in April 2015. In particular, the evaluation was to focus on the role of the VCU as the key mechanism for making contact with victims who had reported a crime, and to refer those victims who had been identified as requiring additional support on to an appropriate support service identified as a member of the VCN. This is to ensure that the needs of victims are identified and that they are given sufficient information to enable them to make an informed choice about the services they may require.

3.1 The aims of the evaluation

The aims focus on the key principles identified as underpinning the model of victim care chosen and the ability of the VCU and VCN to achieve these:

- To deliver a service with the individual needs of the victim at the centre, which is client led and enables informed choice.

- To promote an integrated mixed model approach where a diverse range of core and specified services can be delivered through partnerships, facilitated by co-operation and collaboration.
- To promote greater ownership of victim care within the OPCC and the Constabulary, and to work in partnership with other agencies to ensure that the statutory obligations outlined in the Victim's Code of Practice are met.
- To provide gateways of support regardless of whether the crime is reported, and to ensure that all victims are given sufficient information and advice to make informed choices about the types of service and support they may require.

3.2 Methodology

The research design adopts a mixed method approach, including both quantitative and qualitative methods, and ethical approval was granted by the University of Portsmouth Ethics Committee in March 2016. In April 2016, an online survey was distributed to all members of the VCN and achieved a 34% response rate, which is relatively high for this method of data collection. Two VCU Network Days were attended and observed (June 2015 and March 2016), which provided a

valuable insight to the diverse range of support services that make up the VCN, how information about the Network and services can be shared and how the potential for partnerships can be explored. Semi-structured interviews were also undertaken in August 2016 with four support services, which provided additional qualitative data to that collected by the VCN online survey.

Whilst some quantitative data was accessed through the MyVCU database (a secure internet based management system that allows secure referral, case and performance management), the current limitations of the system to produce meaningful aggregated data meant that it was too time consuming to create large sets of data, so a more qualitative approach was adopted. Key Performance Data was provided by the OPCC at the closing stages of the evaluation and although this did not allow sufficient time for a detailed analysis, it does provide an overview of how VCN member's performance and outcomes are going to be monitored.

The fieldwork was undertaken between February and October 2016, and included a total of six days spent at the VCU in Exeter during this period. Time spent at the

VCU included shadowing a VCU officer, attending and observing meetings of the management team, a VCU performance meeting and a VCU team meeting. Semi-structured interviews were undertaken with four VCU officers, two VCU Advocates and the VCU Manager. Two meetings were also held with staff at the OPCC with responsibilities for the VCN. This provided an insight to the daily routine, governance and operational management of the VCU and the VCN.

In addition to gaining the views of those working in the VCU and members of the VCN, it was important to gain the perspective of Devon and Cornwall Constabulary. A semi-structured interview was undertaken with a Chief Inspector with responsibility for the VCU, and attempts were made to meet with an Assistant Chief Constable, appointed as Strategic Lead for Victims in June 2016. However, this meeting was cancelled on the day and a telephone interview subsequently arranged at a later date with a Detective Superintendent. Attempts were also made to seek the views of police officers. As part of a review of the Victim Needs Assessment template used by officers, a number of Police Focus Groups had already been arranged and it was agreed that these could be observed. Unfortunately only one Focus Group in

Devon could be attended, and further focus groups involving specialist officers were not subsequently arranged by the VCU manager in time for the evaluation. However, data from a Victim Process Staff Survey (undertaken from 25/08/15-11/09/15) was provided and one telephone interview was also undertaken with a specialist officer in Cornwall. Police performance data for the VCU was provided (covering the period from 01/07/15 to 31/05/16), which captured performance relating to compliance with the Victim Needs Assessment, a requirement of the Victim's Code.

When undertaking an evaluation of a service it is crucial to gain the perspectives of those people for whom the service is being provided, so it was essential to gain the views of crime victims. Whilst there was limited data available from the police regarding victim satisfaction with the VCU, an analysis of the PCC Outcome Survey for Victims of Crime was able to provide some data, as the first three questions on the survey ask about their experience of the VCU. Data was also received relating to the MyVCU website activity, which provides information on the number of visits, search types and site performance.

Three Victim Focus Groups were arranged (Exeter, Plymouth and Truro), but it proved more difficult to recruit participants than anticipated, partly due to problems identifying accurately those victims who had consented to further contact on victim feedback surveys. However, three support services assisted in this process and three Victim Focus Groups were held, resulting in a total of 14 people attending. In addition, 2 semi-structured interviews were held with people who could not attend a Focus Group and 6 telephone interviews were completed. Further qualitative data was collected in the form of Case Studies provided by the members of the VCN delivering support to victims, which were analysed to gain further insight into the extent and nature of the support provided. Whilst these research samples are small, they have provided rich qualitative data regarding victims' experiences with the police, contact with the VCU and services provided by the VCN.

The research design employed has enabled data to be sourced from a variety of methods and has involved a range of key stakeholders, providing a unique insight to the operation of the OPCC MyVCU Network, less than 18 months since it was first established. It should be highlighted that significant evidence has been found that demonstrates the commitment of

people working in the VCU, the OPCC, members of the VCN, and members of the Constabulary, to ensure the success of the model and to working in partnership to deliver a service tailored to the individual needs of victims and their families. This evaluation assists in capturing the development of the model and the current work in progress. It identifies the key strengths and highlights areas where further improvements can be made.

4. THE VICTIM CARE MODEL – IDENTIFYING NEEDS AND REDUCING HARM

A fundamental role of the VCU is the targeting of support services to those individuals who require support at a time appropriate for them, and for that support to be tailored to their individual needs. Everyone's experience of victimisation is very unique, depending upon a number of factors and personal circumstances that may impact upon their ability to cope and recover. As a consequence, people may require support at different times in their recovery and their needs may change over time.

A pro-active approach following the reporting of a crime ensures that people are provided with information about the support services available, so that they are able to make an informed choice as to when and how they access these. This pro-active approach helps to ensure that people are referred on to the relevant support services available to assist them when they choose and with their informed consent. Previous referral processes have adopted a blanket approach whereby all victims are contacted, often by letter, whether support is required or not, and specific needs have often remained unidentified and consequently unmet (Tapley *et al*, 2014). The value of adopting

an approach that seeks to identify the needs of victims during their initial contact with the police is examined in this report, together with an analysis of the challenges that this presents. As indicated by the diagram below, the victim care model intends to provide a service that begins and ends with the victim.

4.1 The initial police response and identifying victims' needs

A substantial body of research has demonstrated the significance of the initial contact between officers and the victim when responding to an incident. The attitude and perceived helpfulness of the officer will not only influence that person's perceptions of the police, but will also shape their views of the whole criminal justice process and their subsequent willingness to engage with it (Shapland, Wilmore and Duff, 1985; Walklate, 2007; Freeman, 2013; HMCPSI, 2016). As part of the victim care model adopted in Devon and Cornwall, the responding police officer is required to complete a Victim Needs Assessment (VNA) with the victim during the initial contact. This should be done prior to taking a Witness Statement and the VNA should be placed on the police database UNIFI, to be picked up by the VCU the following day. The purpose of the VNA is to establish at the initial point of contact what impact the crime has had upon the victim

and what needs they may have. In accordance with the Victim's Code of Practice, the VNA helps responding officers to identify whether the victim

comes under one or more of the three categories that may entitle them to receive enhanced entitlements under the Code (outlined above in Section 2.1).



The completion of an accurate and detailed VNA is essential to the success of the victim care process, as VCU officers rely on this information to inform their subsequent actions. If a VNA indicates “no needs”, then the VCU response will be to send a letter to

the victim outlining what support is available and where more information can be found, including the telephone number of the VCU and details of the Victim Care website

www.victimcaredevonandcornwall.org.uk

If the VNA indicates that the victim has needs, sufficient details should be provided so that the VCU has a good understanding of the issues and can undertake the necessary preparation before contacting the victim.

4.2 The VCU process

Every day data is taken from the daily crime report and cases are filtered according to whether a VNA is present, and whether the victims are identified as having “needs” or “no needs”. Following this process, cases are allocated to the VCU officers and Advocates. Data taken from the MyVCU database indicates that since its inception on 01/04/15 to 31/10/16, the VCU has met the needs of 2287 victims and during this period 1749 cases have been referred on to the VCN and subsequently recorded as completed. Records indicate that the length of interventions can range from one session to support lasting over several months, depending upon level of need and intensity. On 01/11/16 there were 556 active cases, 9 cases pending allocation to a support service and 133 rejected cases. Rejected cases are those where the VCU has made a referral to a VCN member, but the case is not considered to be appropriate and is referred back to the VCU. Rejections can occur for a wide range of reasons and indicates the importance of initial needs being identified

as accurately as possible, and for the VCU to have a good understanding of the services that the VCN members can provide.

Prior to contacting a victim, it is essential to gather as much information as possible, as a lack of accurate and relevant information can display insensitivity and a lack of empathy, however unintentional, and may discourage the victim from engaging with services or the criminal justice process. In preparation, the VC officer will look for any further details on UNIFI and explore what services may be appropriate. If unsure, they are able to call VCN members in advance for advice. If the support required is not offered by the current VCN members, VC officers may undertake their own search to see if the service is provided elsewhere and may have to refer victims to agencies who are not a member of the VCN. This information is then passed on to the OPPC who may choose to contact the organization to discuss joining the VCU. This process, therefore, enables VC staff to identify where there are potential gaps in services and forward this information to the OPCC. This level of preparation also enables VC officers to provide victims with a potential choice of services, enabling them to make an informed choice.

Victims are contacted by the VCU within two days of the offence being reported, using the preferred method of contact indicated on the VNA. This is most often by telephone and the VC officer can enquire how the victim is and ascertain what further support may be required. Receiving a call so swiftly after reporting the offence may help to improve victims' confidence that their complaint is being dealt with and positively influence their impressions of the police and the criminal justice process. However, if important information on the VNA is incorrect, it may reduce the person's confidence in the system. An example of this was found when a victim was contacted by the VCU by telephone and it transpired that the victim was deaf, but this information had not been included on the VNA. Sharing accurate and detailed information is essential, as it saves victims having to repeat what information they may have already provided and enables the VCU to clarify any further issues with professionalism and sensitivity.

This initial contact acts as a triage, whereby the VC officer can determine what further support may be required, by listening to the victim. The VC officer may be able to provide sufficient information and practical advice, so that referral to a VCN agency is not required at that time, or give the details of other organizations more suited to

addressing the specific needs of the victim. As indicated above, the initial contact by the VCU often meets the need of a large proportion of people, who are reassured that support services are available should they need them in the future, even if they are not thought to be needed at the present time. For people who are identified as having specific needs and requiring additional support, further details can be clarified by the VCU officer and, with their consent, a referral can be made to an accredited support agency that is a member of the VCN. The length of these calls may vary from a few minutes to up to an hour, depending upon the level of need. From that point onwards the referral can be monitored and tracked. Once the intervention has been completed and the case has been closed, organizations are required to ask the client to complete the Victim Outcome Survey, which is monitored by the OPCC.

The system counts the number of referrals on the basis of pathway, as identified by the Ministry of Justice (2013) commissioning framework. The total number of referral pathways counted from 01/04/15 to 31/10/16 are shown in Table 1 overleaf and helps to demonstrate the diversity of services and support required across a broad range of categories.

Referral Pathway	Total Count
Financial/Compensation	428
Family, friends and children	594
Empowerment and self esteem	1732
Perception of safety	1513
Access to services	1175
Health and wellbeing	1645
Education, skills and employment	137
Drugs, alcohol and addiction	61
Accommodation and housing	394

TABLE 1: TOTAL NUMBER OF REFERRAL PATHWAYS FROM 01/04/15 – 31/10/16

VC officers advise that the majority of people are pleased to receive a call because it provides victims with an opportunity to ask questions and gain the information they need straight away. If support is required, victims can be informed of the different types of services available and helped to determine which may be the most appropriate for them. As commented by one VC officer:

“It’s friendlier when you talk to someone on the phone, it gives someone somebody to talk to, to ask questions and get advice... it’s more personal. It makes you wonder who did these things before we were here. There was one lady who was a victim of domestic abuse with a baby, but no support had been offered, so I contacted the Sergeant.”

Due to the unique position of the VCU, VC officers are able to identify when VNA’s have not been dealt with correctly, particularly involving victims who have not been correctly identified as vulnerable and intimidated. On these occasions, they are able to take the appropriate action by contacting the police and by ensuring that support is provided when identified.

Some people, however, express dissatisfaction and frustration when contacted by the VCU because no further contact has been received from the police. Evidence that victims are not being kept updated by the officer in the case (OIC) has been found throughout the current evaluation from a range of sources. VC officers have advised that a high percentage of calls coming into the VCU include calls from victims requiring information about the progress of their case:

'Some victims call Comms [101] because they're having problems contacting the officer and they're passed on to the VCU.'
(VCU Officer)

'A lot of time is spent chasing police officers because they've not heard from them'
(VCU Officer).

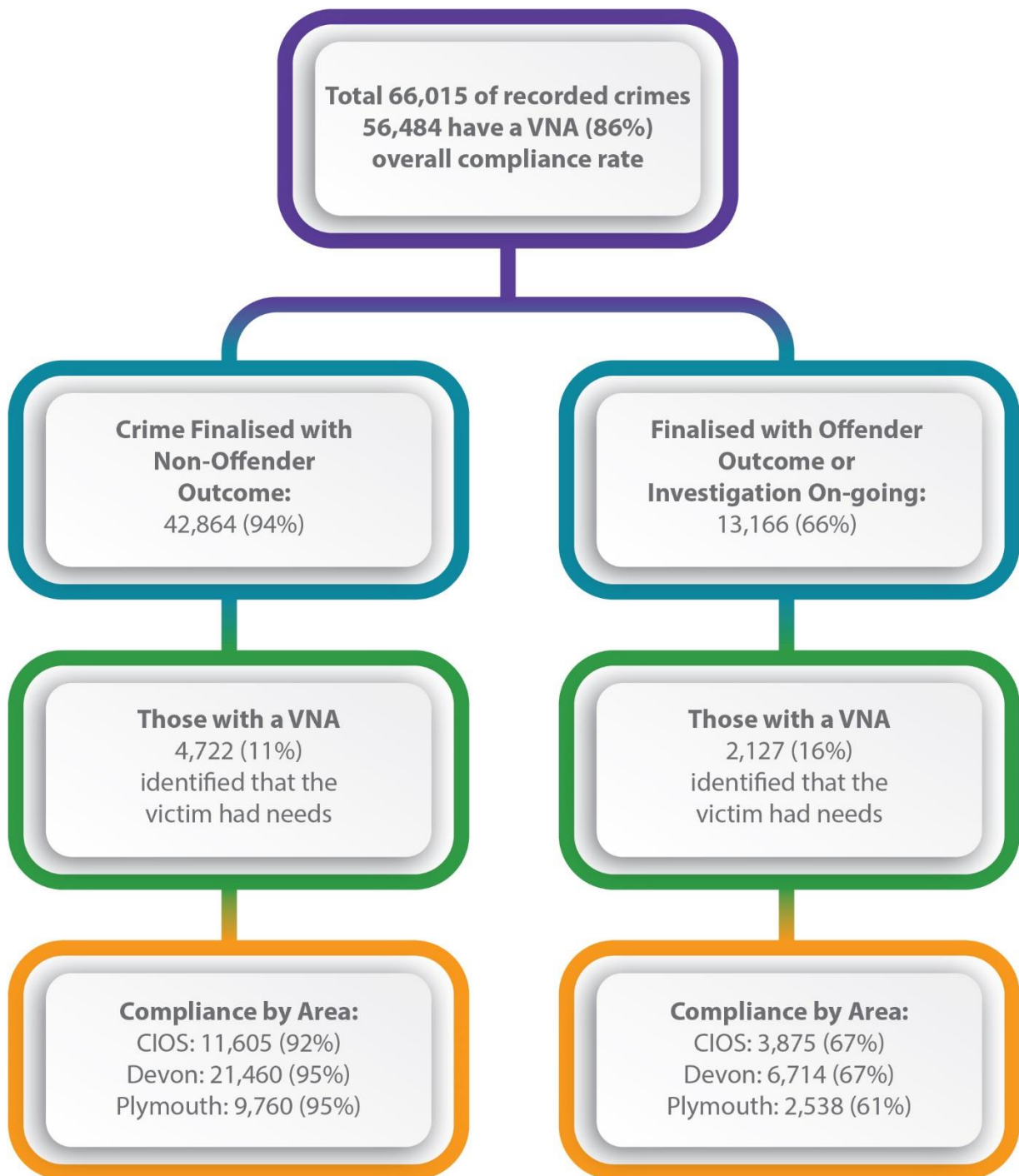
'If the VCU was updated it would save a lot of time.... It seems to be a real issue.' (VCU Officer).

In response, the VCU will email the OIC and advise that the victim needs to be updated, but they are not allowed to give the victim the contact details of the OIC. If the name of the OIC is unknown, they have to call 101 and quote the crime number to obtain this information. This can be time-consuming and evidence of the resources spent on following up OIC's to request an update for a victim should be captured when performance data for the MyVCU as a case management system for VCU staff has been established. This is currently work in progress.

4.3 Challenges relating to completion of the VNA

It became apparent during the early stages of the evaluation that there were a number of difficulties and challenges associated with the completion of the VNA, but it was clear these challenges had been acknowledged and actions were being taken to examine performance and monitor the process. A VCU Performance Summary from 01/07/15 to 31/05/16 demonstrates the following VNA compliance rates overleaf.

The VNA compliance rates indicate that for those offences with an Offender Outcome or Investigation On-going, compliance rates are significantly lower than compliance rates for crimes with a Non-offender Outcome and that this is a consistent finding across the areas. However, when cases in this category do have a VNA, it shows that a higher percentage of victims have needs (16% compared to 11%), which raises some concern, because if victims in this category are more likely to have needs, but less likely to have a VNA completed, then they will not be getting their needs identified and will not be referred on to the appropriate services.



A possible explanation for the disparity between the two categories could be that Crime Standards return crimes to officers to have VNA's completed when not already done so, because cases have to have a VNA before they can be closed on the system, and Crime Standards only deal with crimes dealt with by a Non-Offender Outcome, which would then push the compliance rate up for these offences. However, since April 2016, 3% (418) of the crimes examined by Crime Standards were returned to officers for a VNA to be completed, suggesting that whilst outcome type may influence compliance rates, it is not the only associated factor. An apparent anomaly here is that officers appear more likely to undertake a VNA when no offender has been identified, rather than when one has. This may indicate that officers believe victims are less likely to need support when an offender has been identified than when one has not, but there is evidence to suggest that this is not the case, because victims often require additional support to help them navigate the complexities of the criminal justice process, in particular to reduce secondary victimisation by the process itself (Wedlock and Tapley, 2016). When examining the timeliness of VNA completions across overall crimes, whilst 50% were completed within 34 hours, a total of 75% were completed within 5 days. A small peak of completions occurs after 29 days, which is almost certainly due to

Crime Standards requesting VNA's be completed for cases to be closed.

It is clear that overall compliance rates need to be improved. The percentage being completed when the offence is first reported also needs to be improved in order to ensure victims are informed about the types of support available soon after the offence has occurred. The research also highlights concerns regarding the quality of the information being provided on the VNA, as the performance data indicates only a small percentage of victims being identified as having needs, raising the possibility that not all victims with needs are being identified due to VNA's not being completed at all or not being completed properly.

The performance data above indicates that overall for the period from 01/07/15 to 31/05/16, a total of 6,849 victims with VNA's were identified as having needs. From this, you would expect the VCU to have contacted all of these victims and to have referred them on, if appropriate. However, when the data from the MyVCU database is examined, the actual total number of referrals for that same period is 1382, meaning there were 5,466 cases where the VNA identified a need but no referral was made. This appears to be a

large number and is worthy of further investigation as to what happens in these cases. There are a number of possibilities; it may be that the VCU were able to address any needs during the first contact or that it was not possible to make contact with the victim. Alternatively, the victim may have already sought support elsewhere, due possibly to information already provided by the police, information found on the MyVCU website, or previous knowledge and experience of a support service.

At the present time it is not possible to investigate the outcome of the 5,466 cases where the VNA identified a need, but no referral made, and to examine what further action is being taken outside of the referral process. Work is currently being undertaken to capture the performance data of the VCU and once this is complete it will be possible to distinguish and record the range of tasks being undertaken by the VCU and the outcomes. This will provide important information regarding the 'added value' of the VCU.

If the VCU is contacting 6,849 victims identified as having needs and managing to provide sufficient information to almost 80% of them, whilst referring 20% on to

other agencies, this demonstrates the importance and efficiency of adopting a targeted approach. If unable to contact a victim, a "no needs" letter should be sent, and it would be helpful to know how many people who receive a "no needs" letter go on to contact either the VCU or a service provider for further information or advice, or how many people who receive a call and do not need support at that time, then later decide that they would benefit from some support. This information needs to be gathered through performance monitoring of VCU activity.

4.4 A particular challenge - identifying cases of domestic abuse

A particular difficulty in identifying cases of domestic abuse is that domestic abuse is not an offence category in itself, but can be behaviour that spans a range of criminal offences. Offences occurring within a domestic context can include criminal damage, harassment, assault, sexual offences, kidnap, attempts to kill and homicide and, following further legislation in December 2015, coercion and control. Table 2 below provides information taken from the Office of National Statistics (ONS) website (accessed 10/11/16) and details the extent of offences related to domestic abuse in the six months from April to September 2015.

England and Wales	
Offence	Number of Offences
All offences	207,514
Violence against the person	160,675
Sexual offences	6,223
Miscellaneous crimes	2,825
Public order offences	8,443
Criminal damage and arson	18,791
Other offence types	10,557
1. Source: Police recorded crime, Home Office 2. Police recorded crime data are not designated as National Statistics 3. All forces have returned data to the Home Office for the first six months of the financial year. These data are provided and have not been reconciled with police forces	

TABLE 2: NUMBER OF OFFENCES RECORDED BY THE POLICE WHICH WERE FLAGGED AS DOMESTIC ABUSE RELATED, APRIL TO SEPTEMBER 2015 (ONS, FEBRUARY, 2016)

Table 3 overleaf indicates the number of VCU referrals by offence category for 01/07/15 to 31/05/16, the same period used for the VCU Performance Summary above. In particular, it highlights the high level of referrals for ‘Violence against the person’ and a number of other offences which could also be domestic abuse related, as highlighted in Table 2. Although MyVCU data is able to provide data on offence type and gender, it does not highlight accurately cases occurring within a domestic abuse context. Table 3 indicates that there were less than 10 referrals for DV (Domestic Violence), which does not correlate with the extent of DA cases being reported during that period. An examination of the case offences from 01/07/15 to 31/05/16

(MyVCU database, see Appendix A), indicate that there were 306 female victims and 198 male victims of violence against the person, and 106 female and 6 male victims of sexual offences. Harassment and stalking are not identified as a separate category, but further analysis demonstrates that these offences come under the category of ‘Other’, for which there were 223 female victims and 106 male victims. However, Table 3 indicates that no referrals were made for Harassment during this period. The disparity between the offences that are recorded and the subsequent referrals made, indicate that victims of serious offences, which may also be domestic-abuse related, are not being flagged and that victims may not be being referred to appropriate services.

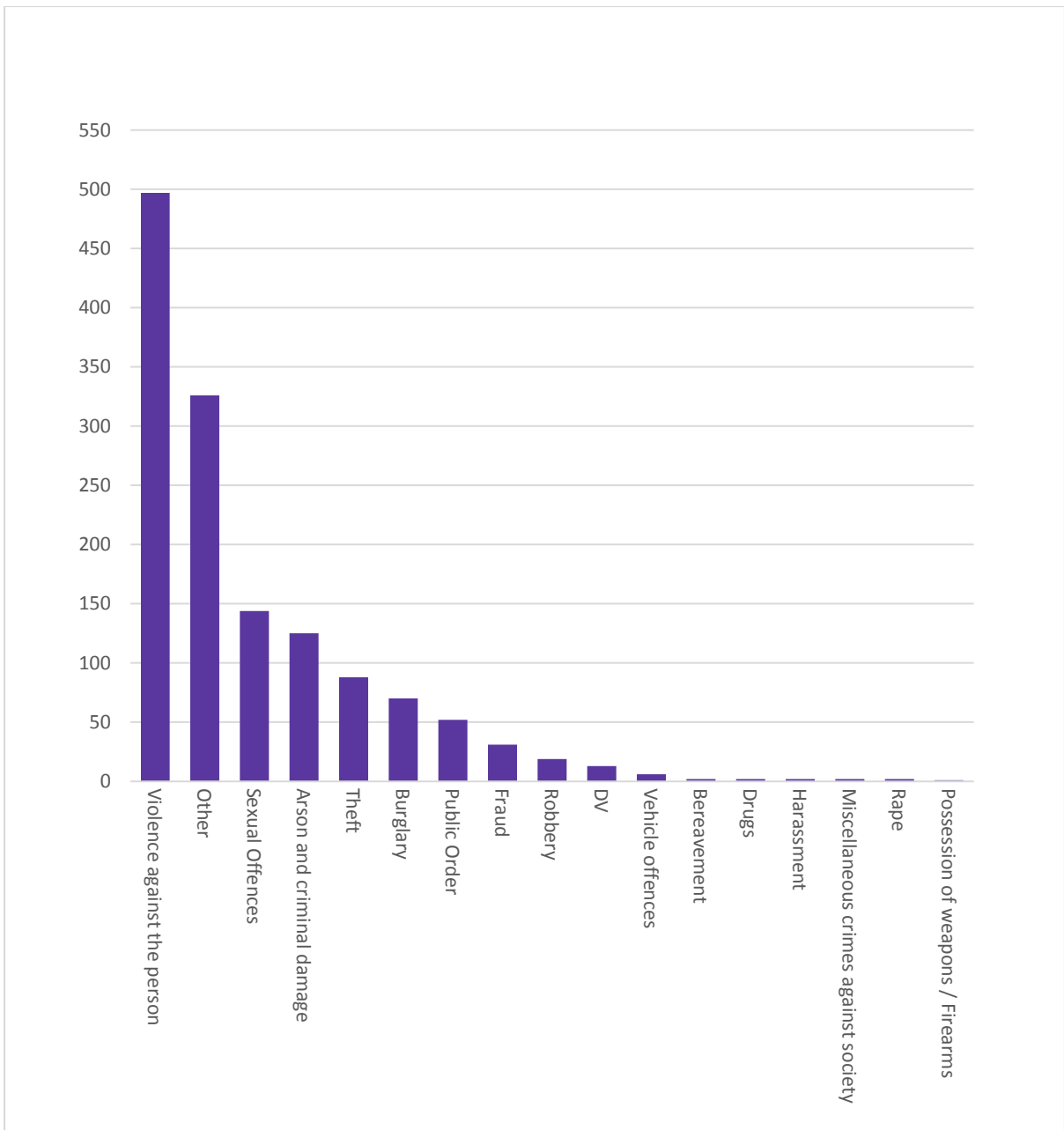


TABLE 3: REFERRALS BY OFFENCE CATEGORY 01/07/15 - 31/05/16

This raises concerns regarding the ability of the process to identify victims of domestic abuse, both male and female, who because of the nature of the offence, are likely to be more vulnerable and at risk of repeat victimisation. It also raises concerns

that their needs are not being identified and referrals to support services are not being made. This may provide a possible explanation for the findings of the VCU Performance Summary where in 5,466 cases a VNA identified a need, but no

referral was made. Table 4 below illustrates the non-physical impact of domestic abuse and indicates the levels of support that both male and female victims may require, but may not be receiving if referral processes fail to identify their needs.

All cases occurring within a domestic abuse context should be flagged and a risk assessment undertaken. Victims of domestic abuse (DA) are victims of a serious offence and are more likely to be repeat victims. This increases their vulnerability and may indicate a need for

specialist support. If cases are clearly flagged and the level of risk determined, it would help the VCU to identify such cases and assist in determining what type and level of support may be appropriate and who should be taking responsibility for ensuring support is provided. The extent of domestic abuse and the current processes for referring cases of domestic abuse are examined in further detail in Section 4.8 below.

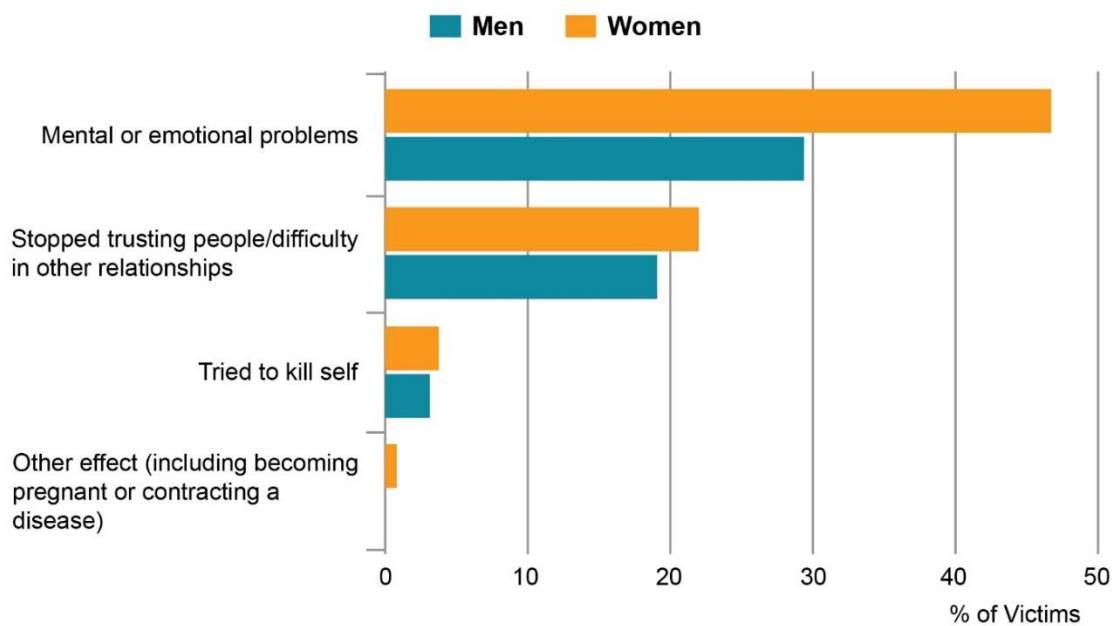


TABLE 4: NON-PHYSICAL EFFECTS FELT AS A RESULT OF PARTNER ABUSE EXPERIENCED IN THE LAST YEAR, YEAR ENDING MARCH 2015 (ONS, FEBRUARY 2016)

4.5 A pro-active approach

For many people, the impact of victimisation is not always initially evident. It may only be sometime later that they begin to realise that their behaviour has changed (not going out, changing their routine, avoiding certain places or activities, etc.) and that they are feeling overly anxious or worried. It is at this time that some people may wish to access support services and this highlights a key strength of the VCU model. Evidence from earlier research found that if people are not proactively contacted following the offence, but later on require support, they are less sure that they can still get support or how and where that support can be accessed (Tapley *et al*, 2014). However, if a victim has received a call from the VCU and is made aware of what support is available, they are more likely to seek support should they decide at a later time they would like help, as they already have a connection with someone and know how to access it.

This demonstrates how the use of a VNA and the intervention of the VCU provides a triage whereby people who may have specific needs can be identified and assisted in gaining access to relevant support services. However, the effectiveness of that filtering system depends upon the quality of information being obtained and shared.

4.6 The quality and accuracy of the VNA

In addition to improving compliance rates, a further difficulty identified is the quality and accuracy of the information being provided by officers when completing the VNA. As the VCU does not have the capacity to contact every victim by telephone and the blanket approach of sending everyone a letter is an inefficient use of resources, the ability to target resources is fundamental to the model. However, the accuracy of the filtering relies on the quality of the VNA. A lack of sufficient detail and information requires VC officers to spend time making additional background checks and chasing the relevant officer for additional information. Further ambiguities are raised when a VNA states “no needs”, but additional information provided indicates that there may be, thereby requiring further follow up before the victim can be contacted. Whilst some officers were described as prepared to go ‘the extra mile’ and provide useful and detailed information, it became apparent that some viewed the VNA as a ‘tick box’ exercise and demonstrated little understanding of the purpose and subsequent use of it.

In a number of cases, no VNA is provided following the reporting of the offence. For example, on 03/02/16, out of 469 crimes, 152 had no VNA. The VC officer will

attempt to identify the officer to follow this up, but the majority of these will involve cases of domestic abuse and although these should be flagged up on the system, a flag is not always applied. A VNA can also be added to the system at any time, resulting in the crime appearing on the Crime Report the following day for action to be taken. As indicated above, a VNA may be completed retrospectively, as a case cannot be signed off without one, but could result in a victim being offered support retrospectively or not at all. There is evidence of this happening and on one occasion involved a young vulnerable victim with learning disabilities being contacted by the VCU some considerable time after the offence had occurred. There is a danger therefore of vulnerable victims 'falling through the cracks' if needs are not identified early and the relevant information not shared.

A staff awareness survey was undertaken from 25/08/15 to 11/09/15 by Devon and Cornwall police to capture officer awareness of the VCU and the purpose of the VNA. The survey went live on the intranet, but response rates were low. To improve this, emails were sent from managers and members of the Victim Code Improvement Group to staff, but this may have introduced a bias in the sample, as the emails would have been targeted at

officers with a greater level of knowledge and provided them with more opportunities to complete the survey. However, despite this possible bias, the survey demonstrated a lack of knowledge and confidence relating to VNA's and the VCU. The findings are based on a sample of 352 officers:

- 100% had heard of a VNA and 99% understood what one was.
- 33% only partially understood
- 96% knew that a VNA should be completed with every victim of crime
- 20% felt unprepared to conduct a VNA and only 50% felt fairly prepared
- Over 13% said their manager had not talked to them about the VNA
- 95% said they had heard of the VCU
- Almost 70% said they did not fully understand what the VCU does
- 33% said their manager had not talked to them about the VCU

Further evidence from attending a police focus group, organised as part of the review of the VNA, demonstrated that whilst a number of the officers had a clear understanding of the role of the VCU and

how the completion of the VNA fed into this process, levels of knowledge and awareness were mixed, even among the small group of officers at the focus group:

“To find out the impact on the person and help them cope. It then goes to a multi-agency assessment panel and gets signposted to agencies to assist. The VCU make contact and reassure and help victim to recover.”

“It helps work out what position the victim is in, and to risk assess, and assess what help they need.”

“The victim needs to be cared for and assessed in relation to how the crime has impacted their life. This is to help them recover.”

“It goes to Victim Centre who assess and make relevant referrals to support victims’ needs.”

“The VNA goes into a large pile, and only those that highlight major issues are flagged up.”

“To be able to help put in place functions to assist in the recovery of the crime.”

“Purpose of the VNA is to flag up to other agencies how to help someone recover from crime in short/medium term. It goes to the VCU to be distributed and the VCU make referrals to appropriate agencies after they make initial contact with the victim.”

“To actively involve victims in their own recovery plan, for example, don’t just leave them a leaflet. Especially important for ‘less capable’ people (for any reason).”

“The role of the VCU is to make contact with and reassure and help victim recover.”

“It tailors our care resources to the victims’ needs and it includes the victim in helping themselves.”

“The VNA is important so we as a force can identify specific needs of individuals where we can help to improve certain aspects to their lives and make them less vulnerable, and hopefully less likely to be a victim of

crime or offender. A VNA is then reviewed by VCU who will contact a victim and offer them assistance with the information we have provided and help signpost individuals to other services.”

4.7 Barriers to VNA compliance

Interviews with senior police officers provided some insight to which factors may impact on officer compliance with the VNA, in addition to not fully understanding its purpose. It was acknowledged that the responsibilities of responding officers during initial contact had increased during the last fifteen years due to the introduction of a number of reforms, requiring officers to provide victims with a significant amount of information at this early stage. This includes information about the criminal justice process, their entitlement to make a Victim Personal Statement (VPS), the Victim Code of Practice, information about support services and from 2016, their right to ask for a review of police and CPS decisions. However, victims who participated in the current evaluation indicated that they had not been provided with all of this information and, in particular, the majority had not heard about the Victim’s Code of Practice, or been made aware of their entitlement to make a VPS and to read this out in Court. Many had not been told about the Victim’s Right to Review, although information regarding

this is now included in the letters sent out by the VCU.

Senior officers made specific references to the influence of police culture. Whilst acknowledging the shift that has taken place during the last decade, from performance measures based upon arrests and conviction rates, towards an emphasis on identifying vulnerability, harm reduction and safeguarding, senior officers accepted that police culture in Devon and Cornwall had been slow to adapt. The introduction of the VCU was considered to be a “bold decision, but the right decision” and that it represented the change in ethos of the force. It was essential that officers “get it right first time” because if they miss anything, time has to be spent going back and doing it again. It was acknowledged that the process had become burdensome and that it was little surprise that some officers would miss something under pressure. It was suggested that in order to address this, officers needed to be made aware of the wider context and to understand the amount of support being provided by the VCU as a result of the information provided on the VNA; thereby promoting it from another “tick-box” exercise to something more meaningful and of particular benefit to them.

“The VCU provides a real opportunity for quality follow-up, provided the officer does their due beforehand. They only need to have a short conversation with the victim and record it, they no longer have to follow it up... it has helped improve compliance with the Code.”

4.8 Improving communication between specialist officers and the VCU

A senior officer indicated that a closer partnership needed to be developed between specialist officers and the VCU. Specialist officers (SODAIT/SOLO) are required to complete VIST (the force victim screening tool) in order to identify victim needs and prior to the VCU, officers would make referrals to the specialist support services themselves, if at all. There is some confusion as to who is responsible for ensuring victims of domestic abuse and sexual violence are being provided with information about the relevant support services and it has been acknowledged that referrals regarding cases of domestic abuse (DA) and sexual violence (SV) have presented a number of challenges since the VCU has been introduced.

How victims of DA are responded to depends upon the outcome of a risk assessment, but it should always be

remembered that risk is not a static concept and the likelihood of further harm can be reduced if the victim is kept informed and receives on-going support. DA cases assessed as ‘high risk’ using the DASH (Domestic Abuse Stalking and Harassment) risk assessment tool should be dealt with by specialist SODAIT officers (Sexual Offence and Domestic Abuse Investigation Teams) and managed by the MASH (Multi-Agency Safeguarding Hub). High risk victims should also be allocated to an Independent Domestic Abuse Advisor (IDVA), who is associated with a specialist support service, and referred to a MARAC (Multi-Agency Risk Assessment Conference). The VCU is not involved with ‘high risk’ cases. Cases assessed as ‘medium risk’ are dealt with by the VCU, but are reliant upon consent being confirmed on the VNA together with an indication of needs. The VCU advises that in 90% of cases “no needs” are indicated on the VNA, which is of serious concern, as victims of DA can come under all three categories identified by the Code as being entitled to an enhanced service, including a referral to a support service. This may account for some of the concerns raised in section 4.4 above. Victims of rape and sexual assault should be allocated to a specialist officer (SODAIT) and referred to the SARC (Sexual Assault Referral Centre) where the services of an ISVA (Independent Sexual Violence Advocate) should be available, together with information about additional

specialist support services. However, it is not clear that these practices are being followed consistently.

A telephone interview with a specialist officer in Cornwall indicated that they were unaware of the VCU and although they completed a VNA, which went on UNIFI, they were not aware of how that information was being used:

‘Not really aware of the VCU, thought it was still Victim Support. We wouldn’t know where the VNA goes and it doesn’t say where it goes or how it [the information] is used. Maybe it’s because we deal with more specialist cases, but I’d have to ask the Station Sergeant.’

Further evidence of this can be found on the MyVCU database, which indicated a

relatively low level of referrals being made to DA and SV support services in comparison to the number of reported offences. Information gained from the VCN online survey indicated a concern by a specialist support service regarding a fall in referrals to their service by the police since the VCU started:

‘Since inception there has been a problem with referrals through the hub because of changes in the way police collect information and refer victims for support. [We] have tried to address this on numerous occasions, but made little headway.’

These concerns are supported by the findings of the VCU Performance Summary, which found that VNA compliance rates for rape and sexual offences were low:

Offence	Non-Offender Outcomes	Offender Outcomes or Investigation On-Going
Rape	85%	62%
Other sexual offences	91%	65%

TABLE 5: VCU PERFORMANCE SUMMARY: VNA COMPLIANCE RATES FOR RAPE AND SEXUAL OFFENCES

The cause of low compliance rates may be due to the referral processes in these cases not being sufficiently clear. Some specialist officers appear to be providing high levels of support to victims themselves as part of the investigation, whilst others may be making their own referrals to specialist agencies. However, one senior officer stated this is not sustainable due to the increase in reporting of domestic abuse and sexual violence. Fewer officers are completing VNA's possibly resulting in fewer referrals being made to members of the VCN.

As indicated above, with regards to domestic abuse (which is not identified as a separate offence category on the VCU Performance Summary), the process involving cases assessed as medium or standard risk is not sufficiently clear. Some VCU officers are contacting the victim directly to check if support has been offered, whilst others are looking on UNIFI and following up with the support providers to check whether referrals have been made. Neither approach is standard practice, meaning some vulnerable victims may not be getting referred on to specialist services at all by the police or the VCU.

The VCU and the police are aware of these problems and different processes are

currently being trialled and reviewed, but some urgency is required, as there are serious concerns that vulnerable victims are not being provided with the information and support to which they are entitled to and, as a consequence, may be increasing their risk to further harm.

A way forward could be to encourage specialist officers to work in closer partnership with the VCU and for the VCU to establish standardised procedures when dealing with rape, sexual offences and domestic abuse cases, as these cases make up a large percentage of the daily reported crimes.

HMIC (2015) revisited all forces following the findings of their report in 2014, which found the need for significant improvements to be made in police responses to domestic abuse across the majority of forces. The need for 'further work to understand the nature and the scale of domestic abuse' has been acknowledged by HMIC (2015:7) and the report emphasised that:

‘An effective response to victims of domestic abuse requires both statutory and voluntary sector organisations to work together to undertake joint risk assessments and safety planning to address their often complex needs and the needs of their children.’

This work needs to be a priority, as HMIC (2015) found that there had been a 31% increase in the number of domestic abuse related crimes and that DA related crime constituted 10% of all recorded crime and one third of all recorded assault with injury. A consequence of an increase in reporting is an increase in convictions. In 2015-16, the CPS (2016) announced that it had secured over 8,500 more convictions for

Violence Against Women and Girls (VAWG) crimes – an 11% rise from 2014-15 and the third year running that there has been an increase. These prosecutions now account for 18.6% of the CPS’ total caseload. Table 6 below illustrates the data by CPS Area for domestic abuse prosecutions for CPS South West (Avon and Somerset, Gloucestershire, and Devon and Cornwall) and Devon and Cornwall Police for 2015-2016. It shows that successful conviction rates in Devon and Cornwall were 73.9%, slightly higher than the South West area average of 73.5% and slightly below the national rate of 74.5%. Whilst these figures are encouraging, they mask the amount of specialist support that is required to keep victims safe and the effort required to keep them engaged with the process.

	Convictions		Unsuccessful		Total
	Volume	%	Volume	%	
Devon & Cornwall Police	1,582	73.9%	560	26.1%	2,142
South West CPS	4,024	73.5%	1,450	26.5%	5,474

TABLE 6: DOMESTIC ABUSE PROSECUTIONS FOR CPS SOUTH WEST (AVON AND SOMERSET, GLOUCESTERSHIRE, AND DEVON AND CORNWALL) AND DEVON AND CORNWALL POLICE FOR 2015-2016

The Public Protection Unit and the MASH (Multi- Agency Safeguarding Hub) need to be more aware of the role of the VCU and

the potential for this to be used to engage with the support services and share intelligence, which would not only assist in

investigations, but also assist in harm reduction and prevention. However, a senior officer stated that getting officers to engage with the VCU would take time, as its role was not fully understood and its purpose not fully embraced as it was perceived as “HQ based” and due to the “geographically vast” nature of Devon and Cornwall, such distances create barriers:

“The VCU is very good at promoting itself, but the reality is that frontline staff still don’t know what it does for them.”

4.9 Prioritising victims of crime in Devon and Cornwall

Senior officers implied that prioritising victims of crime in Devon and Cornwall had been slow and that up until recently the force did not have a victim strategy and a Force Lead for victims had only been appointed at the end of May 2016. The performance and compliance data indicate that some areas are performing better than others. Initial training had included all supervisors and it was intended for the information to be cascaded down to officers, but it was evident that this had not been happening effectively, as some officers reported that this had not been done in their areas. This demonstrates that whilst further work had been undertaken to

raise awareness of the VCU, including face-to-face training, and the making of a promotional film, awareness in some areas has remained low. Social media has also been used to raise awareness, with use of a Facebook campaign and the creation of a VCU Twitter account. Social media can be a good way to get information and news out quickly, but there are also risks. The information conveyed needs to be monitored and updated regularly, to ensure accuracy and relevance. A VCU officer has taken on the responsibility of maintaining the VCU profile on social media sites.

To raise the profile of victims and the work of the VCU, police victim champions were introduced in January 2016. There are currently seven victim champions across the force and these consist of police constables, detective constables, police sergeants and detective sergeants. Whilst some have volunteered to perform the role, others have viewed it as necessary for personal development and to contribute towards career progression, rather than a genuine interest in improving support for victims.

The VCU manager has also been delivering further training to officers across all ranks, including new recruits, who have demonstrated a good awareness of victims

being at the forefront of delivery and a priority for the force. Training for existing officers has been on-going and by using case studies and demonstrating “operational relevance”, a greater awareness is starting to emerge, evidenced by a gradual increase in officers contacting the VCU for information and further clarification, although at this stage the evidence is only anecdotal.

A review of the VNA has been taking place during the evaluation and it is intended for the VNA form to be revised and to be circulated as part of a wider internal re-launch of Victim Care within the force. The review of the VNA has included gathering information from the VCU and police officers to make clear what makes a good VNA in order to further develop an informed understanding of its purpose and central role. The review found that the VNA in its current form was not fit for purpose and may be a factor in VNA compliance rates. Three key themes emerged from the review:

1. To amend the format of the VNA and the types of questions asked to be ‘open’ rather than ‘closed’; focusing on barriers to communication, existing support and how they are feeling, and to remove a number of questions where responses are not required at the initial contact. Further streamlining

is required, separating questions regarding practical needs and personal needs, and more guidance provided to officers.

2. To re-examine the processes, including the possibility of automating some of the processes (although it is not clear which processes and how they could be automated) and to clarify and standardise who is responsible for completion of the initial VNA.
3. To raise awareness and provide further training, as there remains a lack of awareness regarding the role of the VCU and the range of support that it provides.

4.10 Creating a victim-centred process through partnerships

A significant focus has been placed on the value of the VNA and the challenges it presents because its importance cannot be understated. The VNA acts as the gatekeeper to the victim care model, with the responding officer identifying the needs of victims during their initial contact and by the VCU ensuring that the relevant information and support is provided so that victims can make informed choices to assist in their recovery. The VCU is situated within the force and performs functions that fulfil some of the police

responsibilities under the Victim's Code. For the process to be successful, all officers need to be aware of the purpose of the VNA and the role of the VCU.

The shift in focus of the criminal justice system from an offender focused process to one that acknowledges the vital role of victims and witnesses is not a recent phenomenon. It has been a gradual process, beginning with the publication of the first Victim's Charter in 1990, to the introduction of the first Victim's Code of Practice in 2006, followed by the subsequent introduction of a range of victim-centred reforms. The implementation of such reforms has created both opportunities and challenges, and has required a significant shift in professional cultures, impacting upon the police, the Crown Prosecution Service and the Courts. For police forces to be fully compliant with the reforms, police officers need to place victims of crime at the forefront of what they do – to listen carefully and respond appropriately to their needs. As clarified by Olivia Pinkney, Chief Constable of Hampshire Constabulary (20/10/16), 'there is now a difference in duty.... to seek out and help vulnerable people.'

However, the police cannot do this all by themselves so it is essential that the force increases its ability to be outward looking and to seek new ways to work in partnership with departments within its own force (across the whole region), and to collaborate with other statutory and third sector organizations, sharing information and intelligence, in order to provide services to victims which give them the confidence to engage with the criminal justice process to reduce harm and prevent future victimisation.

5. THE VICTIM CARE UNIT – STRUCTURE AND MANAGEMENT

The VCU is situated within the force's Criminal Justice Department and based in Exeter, within the same large open plan office accommodated by the Witness Care Unit (WCU). Being such a large open plan office there is a tendency for it to be quite noisy during the day, which can be difficult when trying to have a conversation with someone to assess their needs. Calls being made by the WCU could be clearly heard, but there was very little interaction observed between the WCU and the VCU, which perhaps is surprising as the WCU have an opportunity to identify further support needs and refer victims and witnesses to the VCU if support is required. It is acknowledged by the VCU Manager that the relationship between the VCU and WCU requires a more formalised approach and at the current time referrals made by the WCU to the VCU either by email or telephone is not recorded. This will be forming part of a review of performance data relating to the work of the VCU which is currently under development.

The VCU has one FTE manager with some administrative support. At full capacity the team should be made up of 10 FTE VC officers working in three teams. In addition there are 2.6 FTE VC Advocates, and a 0.6 FTE Senior Mental Health CPN. One of the

FTE VC officers specialises in working with victims of fraud and the role of the VC Advocates is to visit those people who have been identified by the VC officers as being vulnerable and requiring additional support to enable them to access the relevant services. These cases are referred to the Advocates, who then contact the victim and arrange a home visit, if required.

The VCU operates 08:00 – 20:00 from Monday to Friday, and 09:00 – 17:00 on weekends and Bank holidays. The teams work in shifts in a three-week pattern, working one weekend in three. This shift pattern allows for victims to be contacted within one day of reporting the offence and to be contacted out of core office hours. Lone-working was introduced last year by the Criminal Justice Superintendent in response to reduced staffing levels and resilience issues for evening and weekend cover. It is not intended for lone-working to become a normal practice and it is hoped that the recruitment of additional staff will no longer warrant it as a necessity.

The employment histories of the staff make them experienced candidates for the roles of VCU officer or VCU advocate, as the majority have either worked in a criminal justice agency or another emergency or support service, and have relevant

academic and/or practitioner experience. Interviews with VCU officers and advocates, and observations of the VCU, provided evidence of the professionalism of staff when contacting victims and their ability to engage with victims and provide them with additional advice and support.

Three members of staff have been working in the VCU both during its formation and since it opened in April 2015, including the Manager, who has been employed by the force since 2006 and was a manager in the Criminal Justice Department prior to joining the VCU. The VCU has experienced a relatively high staff turnover, not identified by the Manager as directly linked with the work of the VCU, but due to other career opportunities becoming vacant in the force or in other support services, and some due to personal circumstances.

5.1 Management and performance

Since operation of the VCU began, the role of the manager has evolved and has developed significantly beyond that which was originally envisaged. In addition to the day-to-day management and supervision of the VCU, the manager has been required to take on a more strategic role both within the force and outwardly with partner organizations, raising awareness of

the work of the VCU, delivering presentations and training, developing partnerships within the wider community and monitoring force compliance. Acknowledgement of these two separate roles has resulted in a review of VCU management and a new post of FTE VCU Supervisor has since been introduced, with a new appointment on trial in November 2016. Their role will be to supervise the daily duties and performance of the VCU, allowing the VCU manager to focus on the development of strategy and partnerships.

The additional demands placed upon the VCU manager had led to a lack of oversight and supervision of the day-to-day business, resulting in some tensions developing between staff. This had not been assisted by staff absences due to sickness and other planned leave, and waiting for the further recruitment of staff to replace those who had left. In the interim period, action had been taken to address the issues, by reviewing the teams and moving staff to ensure all teams had the relevant knowledge and skills.

In order to capture all of the work being undertaken within the VCU, some analysis is being introduced to measure performance and record the range of activities being undertaken. Plans are

being put in place to use MyVCU as a Case Management System so that all the activity can be monitored in one place. UNIFI prefixes have been set up to enable staff to record their tasks, (for example, method of contact with the victim), together with what action followed (for example, reassurance, advice, referral on to VCN or VCU advocate, signposting to other services, contact with police/OIC, etc.). The analysis of this information will provide valuable data to identify the core tasks of the VCU officers in order to target resources more efficiently and to identify future training needs.

5.2 Training and staff development

Staff who joined the VCU from the beginning were provided with an initial four weeks of training which included some areas of policing and processes, training on the relevant IT systems, team building and information about the support services and organizations that made up the VCN. Individuals who have subsequently joined the VCU predominantly shadow another VC officer and there is currently no formal induction programme designed for staff joining the VCU. A rolling programme of training is provided, which is either requested by VC officers who wish to develop their knowledge in specific areas, or arranged by the VC Manager. Additional training in 2016 has included training on the

DASH (Domestic Abuse, Stalking and Harassment) risk assessment model and a visit to a local court to gain an insight to court procedures and an understanding of the victim perspective. Members of the VCN visit the VCU and officers sometimes attend the Networking Days. This provides a valuable opportunity to meet with members of the VCN and raise awareness of the services provided, which in turn encourages VC officers to refer to a wide range of VCN members, rather than the ones they are most familiar with. In August 2016, additional training was provided focusing on guidance skills, whereby telephone calls by the VC officers with victims were observed by a trainer. The trainer then provided feedback and encouraged the VC officer to reflect upon their interaction and gave advice on how to manage difficult and challenging situations.

VC officers now have an opportunity to receive clinical supervision once a month provided by a Clinical Psychiatric Nurse. The roles of VC staff can be challenging, as working with people who have suffered victimisation and may have multiple needs demands a level of personal resilience within team members. Support is provided among staff themselves and monthly supervision provides another opportunity to discuss issues and cases, which may have caused heightened concern and anxiety. It

must be emphasised that the work undertaken can be emotionally demanding, listening to people who are experiencing distress through the impact of victimisation.

Additional training is required to further improve the response to fraud; an area of police work that has increased significantly during the last decade, due to developments in technology related to the internet and subsequent cybercrime. This area continues to expand with more sophisticated forms of fraud being perpetrated and reporting has increased due to greater public awareness of what constitutes fraud. More recently, research has been undertaken regarding the impact of fraud and the support available for victims (Button, Tapley and Lewis, 2013; Button, Tapley and Lewis, 2014; Whitty and Buchanan, 2015). As a consequence, there has been increased demand for support services and, in addition to the role of the VCU Fraud Advocate, in February 2016 twelve fraud volunteers were recruited to respond to cases and undertake face-to-face support if required.

Action Fraud, a national reporting centre for fraud and cybercrime, was first launched in October 2009 by the government, and by March 2013 the service was rolled out to all forces. However, Action Fraud has faced

difficulties in responding to the sheer volume of reports, causing long delays and support services for victims across the country have been patchy and inconsistent. The Home Office announced that from November 2016, forces will be able to access the Action Fraud database and identify cases in their own areas, but there are concerns regarding demand, with a current average of 300 reports per month in Devon and Cornwall.

Further training needs identified by the VC officers include training around diversity, in particular, working with BME groups and people with learning disabilities. This training would assist in developing the confidence of VCU officers when working with diverse communities with often multiple needs. An annual appraisal system is being implemented to provide staff with an opportunity to discuss performance and staff development.

It was found that opportunities to share and use feedback received on the VCU was not being widely used with staff to help inform practice and training. If feedback received referred to a member of staff then staff are advised of this privately, but it was not being used to identify and share good practices and, if necessary, used to improve and develop professional

practices. The collection and use of feedback is examined below and could be used to inform staff development and identify staff training needs.

5.3 Future developments for the management of the VCU:

1. Development of a Staff Induction Programme
2. To undertake a review of current processes in order to identify best practices and standardise these so that all VC officers are following procedures consistently, in particular, with regards to domestic abuse and sexual violence cases.
3. Together with the introduction of performance monitoring to identify the tasks and workload of the VCU, to implement an annual appraisal process for staff.
4. To ensure feedback gathered from victims of crime and other key stakeholders is shared with staff and used to inform the allocation of resources and identify training needs.

6. THE VICTIM CARE NETWORK

A key purpose of setting up the VCN was to create an accredited network of professionals with the aim of:

- increasing the visibility of support services across the region;
- raising awareness of the types of support available;
- encouraging and facilitating the development of partnerships and closer collaboration;
- reducing duplication of services and identifying gaps in service delivery
- ensuring sufficient capacity and choice, in order to ensure quality service provision across all pathways.

The VCN now consists of over 70 organizations, ranging from single-issue specialist support services to more generic services, to enable local people across the region to access services. An electronic map has been designed to demonstrate the range of services across the area and demonstrates the clustering of services in the larger towns, in particular, Exeter and Plymouth. The link below will direct you to the interactive electronic map (www.icjs.port.ac.uk/VictimsServicesMap2

[016/Map/story.html](http://www.icjs.port.ac.uk/VictimsServicesMap2)). In order to reveal the flags for each service where there is a cluster, you will need to zoom in in order to separate the flags. By clicking on each flag you will see the different organizations and what services they provide. Further information is provided by the key on the left. A distinction is made between those services that are national and/or local ones. Whilst some services may be based in one particular town, their services may be delivered across a wider geographical area. This map starts to reveal the geographical challenges of the region; consisting of largely rural areas and villages, and three larger conurbations based in Exeter, Plymouth and Truro.

Respondents from a range of agencies commented on the difficulties presented by such a large geographical area and how differences in culture can create barriers between regions, even within the same institution, such as the police. Views were expressed within the force regarding the location of the VCU in Exeter, that it was perceived as remote and belonging to HQ, therefore, not beneficial to them. Members of the VCN felt that because it was based in Exeter, VC officers did not have sufficient local knowledge of other areas, which impacted on referrals being made and the possibility that smaller services were not receiving sufficient referrals.

An approach adopted in Cornwall to ensure the delivery of a diverse range of services across a predominantly rural area involved the development of a consortium. Safer Stronger Consortium (SSC) achieved charitable status in July 2014 and currently consists of approximately 26 diverse and specialist third sector organizations, the majority of which are based in Cornwall. The SSC brings these agencies together to create one flexible and multifaceted organization, offering knowledge of a range of services, including the provision of practical and emotional support to victims of crime. The SSC is a member of the VCN and some of its members have also established independent service delivery agreements with the OPCC. The SSC developed a Victim Empowerment Model (VEM), which forms part of its delivery model agreement with the OPCC and nine of its partners have adopted the VEM. Referrals to the SSC by the VCU are made to a case co-ordinator who acts as a single point of contact for the victim. The co-ordinator liaises with the VEM partners to establish the most appropriate service to meet the needs of the victim, and once the case is accepted it will be logged on the MyVCU database.

A review of the VEM was published in March 2016 (Westpoint, 2016:2). It provides a valuable insight to the profile of

VEM clients, with over 25% under the age of 17, and 34% having experienced personal violence, the majority involving domestic abuse. In particular, it reveals the complex needs of VEM clients (with 31% requesting five or more types of support). This clearly demonstrates the levels of complexity when working with people who have suffered victimisation and the need for an equally diverse range of specialist care. The strengths of the VEM were identified as 'the genuine (and evidenced) multi-agency, victim-centred approach to victim support work across Cornwall' and its capacity to offer 'holistic interventions for clients with complex needs'. Challenges to the model were also highlighted, including the sharing of appropriate, risk-based information at the point of referral, balancing client need with operational cost, and the provision of secure sustainable funding. These challenges have been widely recognised when undertaking work across a range of agencies and a fundamental purpose of the VCN is to address these through the development of closer partnerships within a networking framework.

6.1 Victim Care website

Information about the VCU and VCN can be found on the homepage of the Devon and Cornwall Police website, but only by scrolling down to the bottom and clicking on

to the link 'Victim care unit' written in a small font. Greater prominence of the VCU and the VCN needs to be given on the website, placing it within one of the illustrated boxes with a picture and heading. Once the Victim Care site is located, people are provided with a link directly to the VCU and provided with three main categories (type of crime, what help is required and from who). Under the categories a list of choices is provided, where people can tick a number of boxes to guide them to the information and specific services available. The website demonstrates the range and diversity of the agencies that have become members of the VCN and provides an outline of the services each agency provides together with the contact details. The website provides comprehensive information about the support available and a directory of local and national services. This is a key strength of the Devon and Cornwall Victim Care Model, providing information which is either not available or very difficult to find in other PCC areas.

At the Networking Day in March 2016, information was provided on a communication strategy being delivered by Devon and Cornwall Police to raise awareness of the VCU and target all communities. Advertising was being placed on buses, hoardings, at supermarkets and

on social media to promote a more positive image of victim care. Being a victim can be associated with a range of negative connotations (Wedlock and Tapley, 2016), which can deter people from disclosing, reporting and seeking help. The new campaign has focussed on the journey to recovery, rather than the trauma. VCN members were consulted on the proposed pictures to be used during the campaign, which promoted a more diverse reflection of who could become a victim, including men, BME groups, same sex couples, and people with disabilities. Members' feedback on the pictures suggested that the people looked like models, and would be better if they were in groups and doing an activity, but the pictures have yet to be updated on the website to include these suggestions.

At the Networking Day in October 2016, a website update was provided by 1010 Media Digital Consultancy which informed members of revisions that have been made to improve the functionality for users. This included the placing of specialist providers top of the list of search results; a new search results format aimed at providing clearer information and details of the service providers; and a new members network area, where members can add and edit their profiles.

6.2 Website performance

Site performance in August 2016 indicated that there had been 1372 visits, an increase of 12% and a 13.5% increase in unique users (1090) since 2015. There had been a 55.5% increase in traffic, but a 21% decrease in referral traffic. A possible explanation for this could be that people are choosing to contact the organizations

directly themselves, rather than access services through the VCU or the police, see 6.3.1 below. Analysis indicates that the gender split is 64% females and 36% males, and that in the fourth quarter in 2015, the devices used to access the website consisted of 57% desktops, 11% a tablet and 32% mobile phones. This demonstrates an increasing use of smart mobile devices to access information.

Top Pages August 2016	Top Organizations August 2016
1. Homepage	1. PDAS
2. Search results	2. Equus Solutions
3. About Victim Care	3. Devon and Torbay SARC
4. How we can help you?	4. Safer Stronger Consortium
5. Domestic violence or abuse	5. Konnect Cornwall CIC
6. How to?	6. Young Devon
7. Restorative justice	7. SEEDS

TABLE 7: WEBSITE PERFORMANCE

Analysis demonstrates that visitors to the site use an average of 14 clicks during their search. Sites with the highest number of views include domestic abuse agencies. This is not surprising given the high prevalence of domestic abuse and that increasing numbers of victims are becoming more willing to report domestic abuse and seek support a prosecution (CPS, 2016). However, whilst an increase in reporting reflects a greater confidence in the police, this report has highlighted above (4.4) concerns regarding the number of DA

victims who are being identified and referred on to appropriate support services. From the website traffic, it would appear that victims have a greater awareness of the support services available and are more willing to seek support. Appendix B illustrates the total number of referrals by Lead Agency for the period 01/07/15-31/05/16. It demonstrates a relatively high number are being made to organizations that provide support to victims of domestic abuse, but the numbers are still relatively low when compared to the number of

offences recorded on the MyVCU database (see Appendix A). The majority of referrals appear to be going to Victim Support, but the data needs to be able to capture which offences are being referred to which agency, with cases involving domestic abuse being clearly flagged. This would assist in developing a clearer understanding of the types of offences and victims that the VCN members are supporting and the levels of intervention being undertaken.

6.3 Findings from the VCN online survey

An online survey was initially piloted with six organizations in April 2016 and distributed to all VCN members between 16/05/17 to 01/07/16, achieving a response rate of 34%. An analysis of the survey data demonstrates an overwhelming support for belonging to the VCN, with responses highlighting the following benefits:

- *'The VCU provides a valuable service for victims across the region, a seamless referral pathway to ensure clients' needs are met'.*
- *'Belonging to the Network enables greater up-to-date knowledge of existing services and increases awareness of the services available'.*

- *'Membership has opened up new opportunities to network with other agencies and to share knowledge, understanding, experience and best practice. There is much less repetition as a result.'*

The diversity of services offered by the VCN members is comprehensive and offers significant depth and breadth, providing services to victims of a broad range of offences, from theft, burglary, fraud, criminal damage and arson, to violent crimes, including physical assaults, domestic abuse, sexual violence, stalking and harassment. Services are provided to a wide demographic across all areas of Devon and Cornwall. The electronic map demonstrates that many services are clustered in the larger towns (www.icjs.port.ac.uk/VictimsServicesMap2016/Map/story.html), although some provide outreach and cover a wider geographical area in addition to where they are physically based.

The chart below shows the demographics of the people that members of the VCN work with. It demonstrates that services are provided across the range, including often harder to reach groups, such as male

victims and the LGBT community. It also demonstrates services specifically aimed at children, which earlier studies have identified a gap exists.

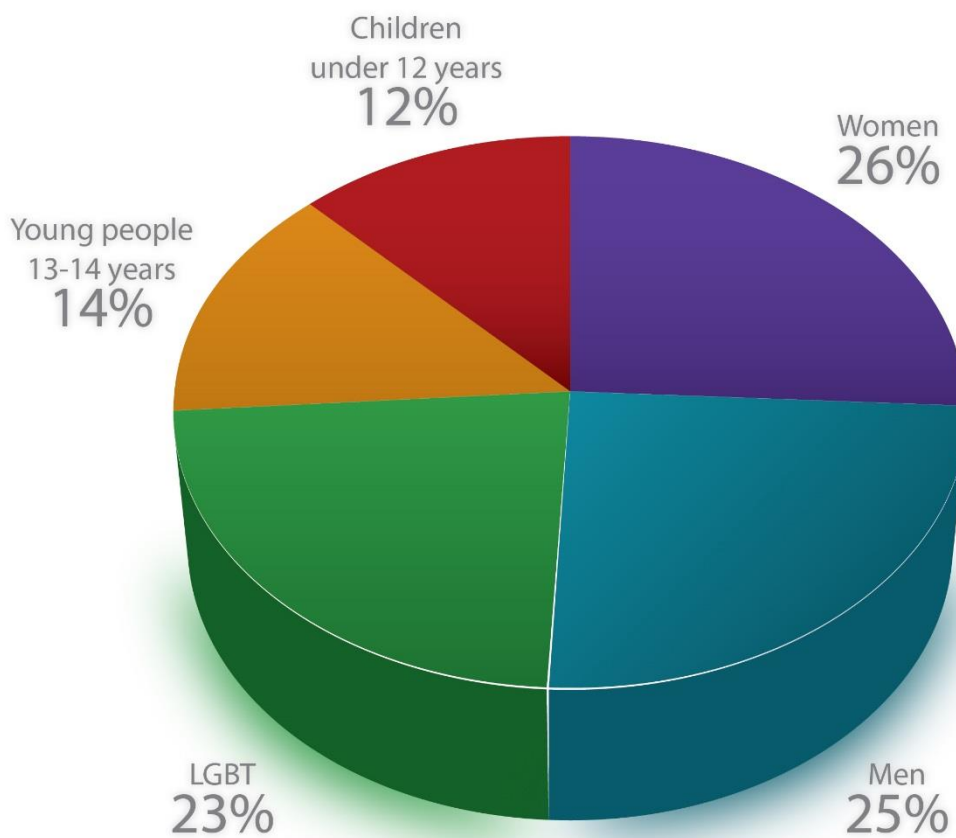


TABLE 8: DEMOGRAPHICS OF THOSE SUPPORTED BY THE VCN (ONLINE SURVEY 2016)

80% of the organizations joined the VCN at its inception and contributed to the consultation process undertaken by the

OPCC. The majority of other agencies have been members for over 12 months, and 70% of organizations use the Victim

Care logo on their websites and/or on their promotional material. 80% found the application process straight forward and whilst a few found it quite a lengthy procedure, others welcomed the level of detail required in order to gain accreditation.

Training is required to access and operate the MyVCU database and the provision of training has reportedly been mixed. This is reflected in the responses to how easy people find it to use. 70% find the MyVCU database user friendly, whilst 30% have required some additional support. It was noted from observations at the Networking Days that questions are frequently asked about issues relating to the database, including how to use the database more effectively, how to work with other members better, direct referrals to other members and the process when closing a case. At the March 2016 Networking Day it was agreed that further training would be arranged, and further updates were provided at the Networking Day in October 2016. Currently, training for new VCN members and ongoing support is provided by staff at the VCU, however, not all staff consider this arrangement to be appropriate and believe the training should be the responsibility of the company that designed the database and who provide ongoing support. Doubtless this would

have a significant cost implication, therefore, it may be better to identify specific members of VCU staff who would be willing to do this and provide them with sufficient training to undertake this role.

6.3.1 Impact of membership on referrals

VCN members receive referrals from a wide range of sources, including other statutory and third sector agencies, health professionals, education, and self-referrals through helplines, websites and their own engagement work. The impact membership has had on referral numbers reveals a mixed response. On average, monthly referrals from the VCU varies between 0 to 15 across members. 40% of organizations have indicated an increase, in particular, those agencies that were new or had recently set up a dedicated project to support victims since joining the network. Analysis of the website traffic in January 2016 indicates an increase in visits, with some agencies reporting an increase in self-referrals for non-reported crime, which may indicate that whilst individuals may not wish to report the offence to the police, they are aware of the support services available to them and they have chosen to seek support directly. Of further significance, some agencies are seeing a change in the profiles of victims they are supporting, suggesting that referrals from the VCU and information on the website has enabled

harder to reach groups to access support services. This has included single males, single fathers, victims of domestic abuse and sexual violence. It has also revealed higher rates of victimisation amongst young people and people with disabilities, who are now able to access pathways to support, which has subsequently helped to identify where gaps in services exist.

'Yes, it has become apparent about the quantity of people with learning disabilities who have been and continue to be a victim of crime.'

'We feel that the VCU and other providers are more aware of the needs of disabled and deaf people.'

'We are seeing more young people access the service than anticipated, as well as cases with higher risk.'

'Possibly, we have reached clients who may not have been aware of our services before.'

64% of members indicate that referrals received are appropriate to their service, with 34% indicating that they are appropriate the majority of the time, and 2% stating they have received inappropriate referrals. It has been shown that meetings between VCU staff and the agencies helps to improve understanding of the work and services that agency provides and that referrals improve as a result of that communication. Other agencies encourage VCU staff to call to discuss cases before referrals are made to help manage victim expectations and ensure the appropriate services are offered.

'Higher profile across the region to encourage referrals.'

'Referrals improved particularly after we met with the VCU team to outline the exact service we provide.'

'A source of referrals to help the most vulnerable.'

'I think the VCU team would benefit from having a site visit to the to fully understand our services.'

'There have been a very small number of referrals we know we can offer little advice or guidance to and these are discussed either VC officer who made the referral to manage the expectations of the victim.'

'The VCU team know they can call me at any time to chat through any related queries and/or ask for signposting if we can't accept the referral.'

6.3.2 The value of Networking Days

The above provides evidence that increased communication and information between the VCU and VCN members, including attendance at Networking Days and visits to agency sites or the VCU, helps to improve understanding of the services available, resulting in better informed and more accurate referrals, which provide better and more informed choices for victims.

Greater awareness and understanding is also promoted at Networking Days, hosted by the OPCC and held three times a year. These events provide agencies with an opportunity to meet up and share news and information of recent initiatives and services. 86% of members who have attended a Networking Day found these

days very useful, in particular, in relation to raising awareness of services, providing information and networking:

'Yes, we learn new things every time and meeting the other organizations helps us to realize we are doing the right things and we are all going in the same direction. Great networking.'

'These are very useful for keeping us up to date on changes in the network, such as new members or changes to the MyVCU dashboard. The talks from other providers are very informative.'

'Very useful, we get to discuss further improvements to the VCU system and how victims of crime can be further supported... Also it is great for networking and we've made some really good partnerships and working relationships with other agencies, which has led to a better service for the victims...'

'Very useful in continuing the momentum behind the service, updating on key developments as well as meeting with colleagues.'

'Yes, very useful for networking and sharing information, as well as hearing about the future of the VCU and meeting the team.'

Responses to the value of the Networking Days were overwhelmingly positive, reflected in the comments by one respondent who described them as "uplifting":

'It's good sharing in each other's knowledge and experience. It's uplifting to see all the good work being done' and 'to share our values and commitment'.

This demonstrates the important role of peer support and partnership working, particularly at a time when increasing competition for funding has had a negative effect upon partnership working, due to agencies having to compete against each other for funding. The exchange of information, the topics covered by speakers and the updates on the VCU were all found to be useful by participating agencies.

6.3.3 The benefits of belonging to the VCN

The benefits of belonging to the VCN were wholly positive, in particular, regarding the improvements in sharing information and networking. One of the key purposes of the VCN was to facilitate and encourage greater partnership working. Data from the online survey found that 100% of respondents worked in partnerships with two or more other agencies, with some agencies indicating specific formal partnerships and others adopting more informal approaches. Benefits of VCN membership also highlighted the value of sharing knowledge, experience and best practices:

'Networking and creating better referral pathways between services.'

'Increasing our profile...which leads to more signposting from them to us and vice versa, and being able to share skills and advance knowledge in generic organizations around LGBT+ issues. Also the VCU funding support is critical...'

'Huge benefits – we have made some fantastic contacts through the networking days.'

'We reach clients we that we might not reach otherwise.'

'[We] have benefited hugely from being part of the VCU network and I know from the feedback I've had that we provide a very valuable service to them that had been missing before we joined. The team are brilliant, hardworking and caring.'

'Sharing of knowledge and best practice, and promotion of our services via the directory.'

'The Network provides a valuable service for victims of crime and it helps our peer service to be stronger and recognized for the good work that it does.'

'Networking, partnership working, improving pathways for clients to access services.'

'This has been particularly helpful in identifying gaps in services, areas of need and in accessing specialist services for a spectrum of complex needs. We value the opportunity to network with partners and to

contribute to service development and outcomes.'

6.4 Findings from semi-structured interviews with agencies

As part of the evaluation study, semi-structured interviews were undertaken with four support agencies. All participants commented on the quality of the VNA's and, in particular, the lack of information provided. Victims often present with complex and multiple needs, but only partial information is being provided by the VCU and the information provided is often inaccurate:

'Never has there been a case where the needs identified is what turns up on the front door.'

This evidence reiterates the crucial importance of accurate and detailed VNA's, and also highlights the different practices of VCU staff. Some VCU officers undertake wider preparation and background checks before making a referral, subsequently providing the agencies with more detailed information, but their ability to do this may also depend upon the level of detail provided by the police officer completing the VNA.

To ensure that information shared by the VCU with VCN members is accurate and relevant, the VCU could develop some standardized criteria to ensure practices are consistent. In particular, information regarding any risks identified that may impact on worker safety must be shared, as on three occasions people who were originally referred as victims turned out to be offenders. It was suggested that this could be on the agenda of a future Networking Day, as not all services were aware of risk assessment and risk management procedures, and what processes need to be undertaken to ensure worker safety.

Participants described the often multiple and complex needs of many victims, but stated that belonging to the VCN opened up opportunities to develop new partnerships, because they were more aware of what other services are available. This has enabled them to make referrals on to other services with confidence, as they were more aware of what could be offered. For example, through their membership of the Network, one agency working with a victim of hate crime was able to refer the client on to an agency that they knew would be able to help them to improve and secure their business premises, thereby increasing the victim's access to

appropriate services and helping them to gain the support needed.

An agency working primarily with people who choose not to report offences to the police, is still 'a big supporter of it [VCU].' Whilst they do not receive many referrals from the VCU, they do see its value as a promoter of support services. As a member of the VCN, they have assisted in its promotion and raised awareness of other organizations. This has highlighted opportunities to collaborate, but time, distance and a lack of funding remain barriers to developing these ideas any further, in addition to the fears of other agencies that 'you might be treading on our turf.' Competition for both funding and clients can lead to 'a siege mentality' and a fragmented landscape of services. In particular, some services remain concentrated in a specific area with no opportunity to expand to other areas. This creates a postcode lottery for people who may benefit from these services.

'Some agencies do not look beyond the issue they are dealing with, for example, homelessness, drugs, alcohol, rather than identifying the cause. A more holistic approach is needed.'

Sharing resources and expertise with other agencies could assist in addressing gaps in services across the region and create a pathway of services to address individual needs. Often the multiple complexity of a persons' needs cannot be captured and addressed through one form of intervention, but instead can be achieved through 'a process of small steps which can have a longer term impact.'

Whilst the Online Survey data indicated that 100% of respondents worked in partnership with two or more other agencies, involving both formal and informal partnerships, one participant found that in their experience some still remain "protectionist" and reluctant to engage with others, turning down opportunities to collaborate. Two participants suggested that it should be the role of the PCC to facilitate and encourage closer partnership working through the allocation of joint funding, thereby actively promoting a more efficient use of resources and the development of new services where gaps currently exist. It was felt that some agencies were particularly good at identifying gaps in service provision and in developing opportunities to fill these through partnership working, but that such practices would be encouraged further if reflected in the allocation of funding. Whilst membership of the VCN has resulted in an

increase in referrals from the VCU for some agencies, the funding provided by the PCC does not meet the additional costs of the work being undertaken, therefore, collaborating with other agencies may assist in the sharing of some practices and resources, and the possibility of freeing up resources to develop new practices.

Participants highlighted the geographical difficulties associated with the delivery of services. Some commented that a VCU based in Exeter did not enable a sufficient knowledge of services in other local areas and suggested that perhaps there should be two VCU's, one in the North and one in the South. This would have significant resource implications and it may be more cost effective to ensure that VC officers had sufficient opportunities to meet with service providers from across the region through regular visits, Networking Days and joint training. An improved understanding of what services each agency can offer to victims will also help to reduce the number of rejected cases and the need for organizations to either return these to the VCU or refer them on themselves.

The review of the Safer Stronger Consortium (Westpoint, 2016: 2) underlines 'the need for the provision of specialist and multi-faceted support

interventions for victims and their families' and highlights the breadth of expertise and multi-agency collaboration found within the model. Other agencies are in support of the PCC offering funding incentives to develop further consortiums, indicating an appetite for the development of wider communities of practice. The review of the SSC provides evidence of the strengths of this approach, including 'enhancing the quality of service.....promoting the provision of services...and identifying gaps' (Westpoint, 2016: 18). The review also acknowledged the need for transparency, to share the strategic framework and quality assurance procedures. In a mixed model of commissioning it is a requirement for agencies to demonstrate the impact of their interventions and the outcomes for their clients. To facilitate this, the Devon and Cornwall OPCC has developed a set of performance measures.

6.5 Measuring outcomes – volume, intensity and complexity

In an attempt to capture an understanding of the types of intervention provided and measurable outcomes for victims, the OPCC have put in place from April 2016 a set of performance measures. VCN members are required to record their activities on a quarterly basis. It is envisaged that this will enable services to indicate more clearly the work they are

undertaking and the intensity of the support provided. In turn, this may assist in the more effective targeting of funding.

'I do feel there needs to be some clarity around how the engagement fees are awarded. I completely understand that it's very difficult for the VCU to do this given the huge differences in size and services offered by the network organizations.'
(Network member)

KPI's include the number of referrals, type of offence, volume of non-reported crimes, engagement with the network, preventative work and restorative justice promotion. The level of intervention is measured by three indicators; complexity of needs, intensity of service and non-reported activity. Intervention is measured on a scale of 1-3 (3 being the highest level). Regrettably, the data was provided too late to enable an analysis of the returns, but a brief overview indicated that not all returns were complete and some contained different levels of information, therefore, a comparison across the service providers would not be possible at the present time. One agency stated that the figures generated by the MyVCU did not match their own data. This will need to be examined further to ensure the overall accuracy of the data. Another agency was not able to provide accurate

figures for non-reported crime, as they were not always aware if a victim had reported the offence and did not record this on their system. One agency that provides services to victims of DA, recorded that from April 2015 to March 2016, they had received 290 referrals from the MARAC, 233 referrals to their Children and young person's support service and 64 referrals to their Perpetrator Programme. This provides further evidence of the number of cases involving domestic abuse which do not appear to have been flagged up on the VCU database.

Evident from the current evaluation, is that the role of PCC's is pivotal in encouraging the development of collaborative partnerships and innovative practices through the allocation of funding. If there is a duplication of services (for example, a helpline), the agencies involved could be encouraged to work together to provide one helpline. If the two services are combined, the hours that the helpline is available could be extended and the availability of the service to victims improved.

7. THE VICTIMS' PERSPECTIVE

To ensure that the victim care model is achieving its objectives to create client-led services and to enable people to make informed choices about the type of services they require, it is essential to gain the perspectives of those people to whom the services are targeted. The needs assessment undertaken by the Devon and Cornwall OPCC (2014) investigated the needs of victims in the area and it found that what victims wanted most was information. These findings replicate what earlier research has consistently found during the last thirty years (Wedlock and Tapley, 2016) and similar issues were raised by members of the VCN in the interviews. One participant reiterated that victims do not have, and should not be assumed to have, knowledge of the CJS:

“They are not being kept updated with the progress of their case and they are left having to chase for information. Professionals will sometimes speak to each other, but not the client.”

Fundamentally, victims want:

- information about the CJS, if they have reported it to the police;
- information about the support services available and what these services can do for them.
- accurate and timely updates about the progress of their case.

To monitor the success of the VCU in achieving its objectives it is important to have in place effective mechanisms to measure victim satisfaction. Initially during the evaluation there was some confusion as to how victim satisfaction was being monitored by the VCU. A Feedback Survey with a Devon and Cornwall Police heading was located, which asked questions about victims' experiences of the police response, and questions 11-16 asked about their experiences of the VCU. The responses to this feedback survey would have been very useful for the VCU evaluation, however, when enquiries were made, very little appeared to be known about the survey. It transpired that the survey was being sent to people after reporting an offence and following contact with the VCU, but very few were returned and only three completed hard copies could be found. The need to improve feedback processes has been acknowledged by the force performance

manager and a review is currently being undertaken.

The best current indicator of victim satisfaction with the VCU is through the Victim Outcome Survey, which VCN members ask people to complete following the provision of their support services. This is an attempt to measure and capture the outcome of interventions to determine whether victims have been helped to 'cope and recover', and is managed and monitored by the OPCC.

7.1 Findings from the Victim Outcome Survey

The Victim Outcome Survey is designed and administered by the OPCC. Questions 1 – 3 refer to the VCU and Questions 3, 4 and 7 refer to the support provided and their overall satisfaction.

From the data provided in the form of an excel sheet, tables have been collated which summarise the findings (see Appendix C). Question 1 demonstrates that the overwhelming majority of respondents (N = 87) found the service provided by the VCU to be Excellent (27) and Good (36). Question 2 (N = 86) indicates that just under half (41) fully understood how the

organization they were referred to may be able to help them, whilst 25 only partially understood and 9 did not, although Question 3 indicates that 45 felt they had been referred to the correct organization, while 3 did not know. 53 felt that the organization had 'helped a lot' while 21 felt it has 'helped a little'. Overall satisfaction indicates that 25 people were completely satisfied and 24 very satisfied.

There are some limitations with the Victim Outcome Survey, in particular, the scales used. It is difficult to know what is being measured when someone is being asked whether they understood something 'fully' or 'partially', or whether something 'helped a lot', 'helped a little', 'neither helped or not helped' or 'not helped'. Of particular significance are the number of respondents who gave a nil response to the questions, in particular, questions 3 and 7, which had very high nil responses, 30 and 31 respectively. It is not clear whether people chose not to respond because they did not understand the question or were just unsure. It would be beneficial to review the methodology to ensure that what is being measured is clear and to provide more meaningful data regarding levels of satisfaction.

The qualitative text provided greater evidence of what people found helpful and reasons for dissatisfaction:

“It is very good to have support from someone who is able to listen to you and to understand the worry, sometimes with a situation like this but it makes a difference to know someone is there to help you.”

“VCU were very good. I felt very upset after I saw the police officer after my attack as she made it feel like it was my fault and that I was ruining my ex-partner’s life...”

“We found out more from the internet than the advisor.”

“Xxxx sorted it out, she was fantastic.”

“Having regular contact with Xxxx was comforting...”

“I didn’t need to be referred to any other agency. Xxxx has helped and supported us through our ordeal.”

“Sometimes it was frustrating as I felt that police information was not being given to the VCU.”

“Good to get it off my chest, which is what I needed. Felt I could ask for other help, but didn’t need any.”

“VCU very friendly, made me feel instantly comfortable and at ease.”

“Service was very helpful, I didn’t know where to go and the service and support I received has made me stronger.”

Many respondents spoke of how helpful it was to have someone to talk to and to listen to them. They were also made aware of the services available and that they could access these at any time. Many said they found that the service improved the way they felt, more confident, stronger and supported. Those victims who were most dissatisfied were those who felt they were not being kept updated or informed about the case, which is the role of the police. Some people had expectations that they would be helped with housing problems, and although they were referred to the appropriate agencies, they were

disappointed if the housing issue was not resolved. This demonstrates that some victims have multiple and complex needs that the VCU and VCN may not be able to assist with and that it is important to manage victim expectations.

The qualitative text illustrates the importance of having someone to talk to, to ask questions and to be listened to. It also demonstrates how VCU officers are able to help some people through their initial contact, or identify their needs and refer them on to an appropriate agency, acting as an effective triage. It is also important to note that a number of victims build a rapport with a VCU officer and prefer to contact them again in the future if they need information or advice. It is important to be able to record how often this occurs, as the VCU is essentially acting as a single point of contact in these cases, which is not its role, but demonstrates victims' needs for up to date information.

7.2 Findings from the victim focus groups and interviews

Three focus groups were undertaken for the purpose of the evaluation, in Plymouth, Exeter and Truro, involving a total of 18 people. Two semi-structured interviews

were undertaken and a further six telephone interviews.

Although not purposely planned, participants in Plymouth had all been victims of stalking and harassment. Their experiences of reporting the offences to the police revealed an inconsistent response, with some officers providing information about the criminal justice process and the services available, while others were perceived as less than sympathetic and indicated a failure to fully comply with current policies and legislation.

Participant 1 (**P1**), a young female in her late teens when the harassment from her ex-boyfriend (**B**) started in 2015, found that every time she contacted the police, she had to repeat what had been happening over and over again, as no records or intelligence had been kept by the police of the previous incidents:

'They seemed to treat it like just another day at work... it was routine to them, but not to me.'

B had been abusive during their relationship, which is why the relationship

ended, but there was no evidence that a risk assessment had been undertaken following the reports of repeated harassment, although other high-risk indicators were present. When **B** started following her to college, officers suggested that she change the days she went to college, but this was neither helpful nor practical advice. A male officer visited her home to take a statement, but this was done in the presence of her brother, so she did not feel she could disclose the details of the abuse she had suffered from **B**. Being young and female, and given the sensitive nature of the offences, **P1** would have preferred to have been interviewed by a female officer, but did not feel sufficiently confident to voice this request; and for the interview to have taken place somewhere more private than in the family home, or at least for the officer to have asked her brother to leave the room:

'If I'd felt more comfortable I would have disclosed more, I think they need to be more thoughtful.'

No arrests were made and the officers did not provide any information about support services. No contact was made by the VCU as it was not operating at the time, but fortunately **P1** was offered counselling support by her college and through this

gained further support from a young people's service in Plymouth, but this was over a year later. **P1** would have appreciated being offered support earlier, as it may have prevented the interruption of her college studies and helped her to address sooner some of the other difficulties she had been experiencing. **B** went on to commit a serious violent offence against two other people and at the time of the focus group was remanded in custody awaiting trial. However, the police did not contact **P1** to advise her of this, but instead her boyfriend read about it in the local newspaper.

The case above shows the experience of **P1** before the introduction of the VCU. For **P2**, who was being harassed by an ex-boyfriend (not an intimate relationship), the initial response from the police was unhelpful. When phoning to report that he was continuing to remain outside the nearby flat of a friend, the call handler advised her to go out and check if he was still there. The harassment continued and action was eventually taken; the case went to court and a Restraining Order was imposed. **P2** felt the response from officers was mixed. One officer was very understanding, but others were not so empathetic. **P2** felt that she was only kept up to date because she kept asking a lot of questions and believed that she would not

have been given as much information if she had not asked. Although **P2** was contacted by the VCU, it was a female police officer that persuaded her to talk to someone and seek support. She did access counselling support, which included support when she went to court, but she accepted a Restraining Order and did not need to give evidence.

P3 met the perpetrator (**C**) briefly through a relative, and the harassment started in the form of letters and emails, and then later threats of violence and grabbing her by the throat. The offences started in 2015, but **C** was not arrested until April 2016, and **P3** was subsequently contacted by the VCU. **P3** advised that she had to keep chasing for information and only found out retrospectively that a Restraining Order had been made. However, the Restraining Order has been continually breached, because the offender lives locally and knows where she goes, but the response of officers has been to advise her to change her routine. Whilst support from the police has been inconsistent, **P3** has been receiving on-going support from a member of the VCN, but in order for the harassment to stop, a more rigorous approach from the criminal justice system is deemed necessary. So far the perpetrator has only received a £100 fine and served twenty-two weeks in custody, and despite the apparent

ineffectiveness of Restraining Order (**C** has been making contact with her children) the Order has been extended until August 2019.

Participants felt that the police needed to take cases of harassment and stalking more seriously and to be more pro-active. Of serious concern is that officers appear to be asking victims to change their behaviour, rather than dealing appropriately with the perpetrator. **P1** was told to change the days she went to college and **P3** was told to change her routine and the places she visits. This sends out the wrong message to victims and is not in accordance with current legislation. Devon and Cornwall police need to review their practices regarding stalking and harassment and how they protect victims. None of the participants were given information about the Victim's Code of Practice, so were unaware of their enhanced entitlements.

In Hampshire, an Independent Stalking Advocacy Service was established in 2013 following the change in the law in 2012. The service is operated by Aurora New Dawn, a local domestic abuse, sexual violence and stalking charity. The Hampshire Stalking Clinic is a multi-agency forum that meets once a month to discuss the four

stalking cases in the county that raise the highest level of concern. The clinic is made up of two senior police officers, the three police single points of contact (SPOC) for stalking across Hampshire, two probation officers, a forensic psychiatrist, a forensic psychologist, a CPS lawyer and Aurora's independent stalking advocate (ISAC). The clinic's focus is to assess the risk presented by the stalker, offer advice to involved professionals and offer support to those experiencing stalking. The Stalking Clinic assists in raising awareness among professionals regarding the nature and risks associated with stalking and harassment, resulting in a more informed response to victims and providing greater protection and support. This is an excellent example of multi-agency collaboration and other constabularies are now starting to adopt a similar model, including Dorset and Wiltshire. In November 2016, Hampshire Constabulary hosted a Stalking and Harassment Conference to disseminate information about the Clinic and share good practice. A joint inspection by HMIC and HMCPSI focusing on Stalking and Harassment is also due to be undertaken in 2017.

Participants in the Focus Groups in Exeter and Truro had experienced a wider range of crimes, from domestic abuse, harassment, fraud, anti-social behaviour,

criminal damage and theft. The diversity of offences highlighted an apparent disparity in police responses, which the participants themselves were surprised to hear. Two victims had mobility vehicles stolen and damaged outside their home and felt they had received a comprehensive service, including updates and a referral for support:

'We were surprised how seriously they took it and impressed by how thoroughly they looked into it.' (P4)

P5 suffered extensive damage to their garden and was advised to call 101. Once they had managed to get through, it was arranged for someone to visit a few days later. Following the visit, *'They phoned to see how I was and seemed helpful and interested. And they provided a fake camera.'* A referral was made to a support service that phoned twice a week for a while, and a Police Community Support Officer also visited. P5 found the interaction with the PCSO very positive, although the impact of the crime has still left them feeling wary and uncomfortable.

P6 has been suffering long-term, on-going anti-social behaviour from a neighbour,

including threatening behaviour and criminal damage. This has been having an enormous impact on her quality of life and that of her family, but it has taken a very long time before any action has been taken because the family causing the problems are deemed vulnerable because of the young children involved, although the case is now finally going to court. **P6** has received contact from the VCU, who have been very sympathetic, but there has been very little that they can do. However, further information should have been provided, as **P6** had not been advised of the Victim's Code of Practice and was not aware of her entitlement to make a Victim Personal Statement and to have it read out in court.

P7 has been experiencing abuse from her ex-husband (**D**) and the father to her two children for over seven years. Despite hearings in both the civil and criminal courts, the abuse continues and a further court hearing was due the week after the Focus Group. From the perspective of **P7**, she feels that everyone is 'appeasing him', from the support he has received from his employer (**D** works for the military), to the failure by the agencies involved to communicate effectively with each other and share information. **P7** advises that information between the civil and criminal courts is not shared and the police have not logged or recorded incidents correctly,

creating confusion as to which Orders supersede each other, whilst others cannot be located on the system. As a consequence, the CPS do not appear to have the relevant information regarding the history of the abuse and the wider context. Having been assessed as 'high risk', **P7** has been receiving support from an Independent Domestic Violence Advisor (IDVA) for over four years and a women's support worker. Whilst **P7** has had ongoing contact with a range of agencies and received support, the issue remains the failure of the system to deal appropriately with the perpetrator, meaning that she has 'a daily job' ensuring that she and her children are safe. Although under the Victim's Code of Practice, **P7** comes under all three categories, she has only recently been informed of the Code and her entitlements.

Two participants had experienced fraud and in both cases it had taken some time before an investigation was undertaken, which both participants have found stressful and time consuming. **P8's** case occurred before the revised Code in 2015 and the introduction of the VCU, but she should still have been provided with information about the CJS and the support services available. **P8** is not being kept updated and finds it very difficult to contact the OIC. When the OIC is not on duty, no

one else is able to give her any information. **P8** is not currently receiving any support, but would like information about what support is available, therefore, a request has been made for the VCU to get in touch with her.

For **P9**, although it was initially difficult to speak to the right person within police, once the case finally started to be investigated, she was able to contact the OIC and was contacted by the VCU, although '*they were limited in the support that could be provided.*' In addition, **P9** did not feel she was provided with sufficient information regarding the criminal justice process and was not satisfied with the final outcome. Because the perpetrator returned the money that had been stolen, the matter was dealt with by way of a Caution for a charge of Theft, rather than Fraud by Abuse of a Position of Trust. **P9** did not think this would act to deter the perpetrator offending again in the future and felt it did not reflect the seriousness of the offence.

P10 had been concerned about the behaviour of a neighbour (**E**) who had been exposing himself. This was of particular concern because **P10** lived in a communal block of flats with communal gardens and facilities, with her young children, her eldest who had an additional medical

condition that made him vulnerable. It appears that it took some time for her concerns to be taken seriously by the police. At first she called 101 and the matter was responded to by a PCSO. On the advice of the police, **P10** had a camera installed, but this caused some tension with neighbours, resulting in damage to her car, although they had also witnessed the behaviour of **D**. Of some concern is the advice of the police to **P10** when she was suffering some problems with the neighbours, as they suggested 'she needs to move'. Although her flat was rented, **P10** had spent some money on her home and her landlord had been fully supportive of her and the use of a camera. Again, there appears to be evidence that police are putting responsibility upon victims to change their behaviour when faced with anti-social behaviour and harassment, rather responding to the cause.

Eventually the police spoke to **D** and **P10** received a letter from the VCU (indicating that the responding officer had recorded 'no needs' on the VNA), even though **P10** was concerned for her children and would have liked some support. **P10** contacted the VCU by the number provided on the letter and someone called her back. However, her support needs do not appear to have been identified, as she was advised that she needed to contact the police

regarding some of the concerns, although she would also have liked some additional support, but this was not offered straight away and **P10** advises that she had to '*chase for this.*'

In particular, **P10** wanted support for her eldest child who had witnessed **D's** behaviour. After another witness came forward, another police officer took a statement, who **P10** described as 'pretty amazing', and an Achieving Best Evidence (ABE) interview was undertaken with her eldest child. Once **D** had been arrested and charged, **P10** found the police more helpful and they she advised that they kept her updated 'to a point.' **P10** received a letter from the Witness Care Unit, but no number was provided or a contact name. She then received a letter advising her of a court date and that they would be required as witnesses and a meeting was arranged to organise the special measures required. **P10** did not require special measures for herself, but they were put in place for her son. **P10** had made a VPS, and whilst she had been given an opportunity to update it, she had not been told of her entitlement to have it read out in court. Due to the ongoing stress caused by the situation, **P10** visited her GP, but was only provided with a list of phone numbers. However, the VCU and WCU have since put in place additional support from a VCN member, which

includes six counselling sessions, but it is not clear why a referral to an appropriate support service was not made earlier in the process. In this case, a more detailed VNA at the beginning may have helped to highlight some of the key issues, in particular, the vulnerability of **P10's** son, and a call from the VCU sooner may have enabled the relevant support to have been put in place, but it remains unclear why the needs of **P10** were not picked up when she called the VCU after receiving their letter.

7.3 Emerging themes

Evidence from the data collected indicates that victims' perspectives of the initial police response are mixed and that a greater consistency is required. It is apparent that a more victim-centred approach is required in order to adequately assess the needs of the victim and to assist in the early identification of victims who are entitled to receive enhanced services under the Code. In particular, a detailed VNA needs to be completed so that the VCU can go on to determine with the victim what support services are the most appropriate. Responding officers need to ensure that victims are given an opportunity to make a VPS and provided with information about the criminal justice process, including the Victim's Code of Practice.

Of some concern, raised by a number of the participants, is a tendency for police officers to suggest that victims change their behaviour in order to avoid further victimisation, rather than dealing with the offending behaviour. Whilst it is correct to offer victims advice regarding crime prevention, this should not be in place of taking action against the perpetrator. This evaluation has found victims being advised not to park their cars outside their own homes, to change their routine and the places they go to (including the launderette), to change the days they attend college, and suggestions that they move from their homes. These messages do not inspire confidence in the victims that their experiences of victimisation are being taken seriously and that the police are there to assist and protect them. Some have expressed views that the system seems to appease the offenders and not respond to the concerns and needs of victims. Analysis of the British Survey Crime (2001) and more recently the Crime Survey for England and Wales (2015: 1) continues to demonstrate that:

‘Adults who had been victims of crime or witnessed certain types of crime were less likely to have confidence in the CJS than those who had not.’

This finding has been consistent throughout the last fifteen years despite a plethora of victim-centred reforms being introduced. Policies and legislation need to be implemented as intended, in particular, the early identification of vulnerable and intimidated victims and for the necessary risk assessments to be undertaken and the relevant information shared with other agencies. All victims must also be informed of their entitlements under the Code and the support services available. In particular, officers allocated to the case need to keep victims updated about the progress of their case, by the agreed method of contact, at key times and, when there is no information to be provided, to update victims at the regular intervals previously agreed. At the current time, victims are contacting 101 or the VCU to get information about the progress of their case, which causes them anxiety and inconvenience, and is an inefficient use of police resources.

7.4. The impact of the victim care model – case studies

An examination of some of the case studies provided by VCN members and the correspondence between VCU advocates/officers, and the people they have been supporting, can only provide a small snapshot of the diversity, complexity and multiple needs that the VCU responds to and refers on to the VCN members. The

data reveals a wide range of offences, from burglary and personal violence to hate crimes targeting vulnerable people, and highlights how different each person's experience is and the individual support they require. Letters have been sent by people praising the level of services received; from the VCU officers who have helped over the phone, and VCU advocates who have visited them, capturing their appreciation that someone has shown concern and offered support when it has been needed. Sometimes the needs identified require specific social care interventions, but because these have not been identified, the matters have come to the attention of the police. Contact between the VCU and Social Care have helped to identify and resolve the issues that had required police officers to repeatedly attend the address.

The data also indicates the co-operation between the VCU and VCN members and how this assists in the co-ordination of services, which can often be challenging and time-consuming, especially when people are vulnerable and a number of statutory and third sector agencies need to be involved. The range of services illustrates the complex needs of some individuals, including counselling, health, housing, education, mental health services and the input from a range of criminal

justice professionals and specialist support services. The combined output of all of these efforts cannot always be measured, as the human and personal input is not always tangible, but evidence from the range of data used in this evaluation has helped to identify the strengths of the victim care model introduced, the challenges presented, and how these can be resolved to assist in the further development and improvement of the model.

8. CONCLUSION

The design and implementation of a new victim care model has presented difficulties and challenges, but these have been embraced by key stakeholders whose commitment, enthusiasm and determination has assisted in the development of two mechanisms essential to the model; the VCU and the VCN. Described as a 'bold, but necessary move', Devon and Cornwall PCC have developed in partnership with Devon and Cornwall Constabulary an innovative approach to victim care. The model facilitates the provision of timely and appropriate information and advice, enabling victims to make an informed choice from a network of providers, offering a range of generic and specialised support services. The model is delivered by a dedicated and experienced team whose focus is the wellbeing of victims of crime. As a consequence, feedback from victims demonstrates high levels of satisfaction with the service provided.

Further work is required to ensure that the needs of all victims are met, in particular, the provision of timely and accurate information regarding the progress of their case and protection from further harm. The need to be kept informed and updated remains a major cause of dissatisfaction for victims of crime and can hinder a victim's

ability to cope and recover (Wedlock and Tapley, 2016: 13). Not knowing what is happening can increase feelings of anxiety and reduce feelings of safety. These factors can impact on a victim's motivation to remain engaged with the criminal justice process and if left feeling unsupported and unprotected, they may choose to withdraw their co-operation. The criminal justice process expects a lot from people when they are at their most vulnerable and it is essential that this is recognised by all professionals who work across the criminal justice sector. In return for their co-operation, all victims of crime must be informed of their entitlements, kept updated and valued for their participation in a process that relies upon their courage and good will.

The quality of service that victims receive from criminal justice professionals and associated agencies often has a greater impact upon their overall satisfaction and wellbeing than the final outcome of their case. Perceptions of fair treatment, including knowledge of and access to entitlements, increases victims' perceptions of legitimacy and aids compliance. While there remains no one single agency with overall responsibility for victims, the responsibilities placed upon the PCC's to commission services in accordance with the EU Directive has

created an opportunity to develop and co-ordinate a range of support services to meet the needs of all victims in their area.

There is evidence that the model of victim care introduced in Devon and Cornwall is making a significant contribution to improving the quality of services being provided to victims of crime. An evaluation of the progress made since being established in April 2015, indicates high levels of victim satisfaction for those who have reported the offence and received additional support from appropriate services. This remains work in progress and provides further opportunities for all agencies to work in collaborative partnerships to promote the sharing of knowledge, experience and best practice. Whilst this may create challenges, it also presents significant opportunities that have the potential to improve substantially the experiences of victims of crime and their ability to regain a sense of autonomy and greater well-being.

8.1 *Strengths of the model*

- The role of the VCU is fundamental in the Constabulary's ability to comply with its responsibilities under the Victim's Code of Practice, by ensuring that all victims are informed of the

relevant support services available, and that those identified as victims of serious crime, repeat victims and vulnerable victims are provided with targeted support.

- Contact by the VCU within two days of reporting the offence provides victims with an opportunity to gain information and ask further questions. This initial contact with the VCU may be sufficient to meet the needs of the victim and no further support may be necessary. Alternative actions may include a request being made for the officer in the case (OIC) to contact and update the victim, and/or a referral on to an appropriate service provider so that the relevant support can be provided.
- Everyone's experience of victimisation is very unique, depending upon a number of factors and personal circumstances that may impact upon a person's ability to cope and recover. As a consequence, people may require support at different times during their recovery and their needs may change over time. A pro-active approach following the reporting of a crime ensures that people are provided with information about the support services available, so that they are able to make an informed choice as to when and how they access these. This places the victim at the

centre and the choices made are victim led.

- The development of the VCN has actively contributed to the promotion of an integrated mixed model approach to commissioning. It has raised awareness among service providers as to the diverse range of core and specialist services that currently exist and helps to highlight where gaps in services remain. Membership of the VCN creates an environment where services can be delivered through partnerships, facilitated by co-operation and collaboration. This remains work in progress and there are further opportunities to encourage and co-ordinate closer collaboration between the police, the VCU and VCN members. In particular, this relates to vulnerable victims of serious crime, including domestic abuse, sexual violence, child sexual exploitation and human trafficking.
- Information about the support services available are publicised online and within the wider community. The PCC website promotes Victim Information and a Victim Services Directory on its homepage. The Victim Care site provides a filter where people can find information about the relevant services based upon the type of crime, what they would like help with and who they would like help from.
- Mechanisms have been introduced to encourage victims who have not reported an offence to seek support through a helpline or an online link via email, and advertising campaigns have been undertaken to raise public awareness. Proposed changes to the VCU database will also allow the number of unreported crimes being dealt with by service providers to be recorded. This will help to provide a clearer picture of local needs.
- The methods used to measure victims' experiences of the VCU indicate high levels of victim satisfaction. Many respondents spoke of how helpful it was to have someone to talk to and to be listened to. They felt informed about the services available and were aware that they could access these at any time. Many said they found that the service improved their wellbeing, in particular, they felt stronger, supported and more confident.
- Victims who expressed most dissatisfaction were those who felt they were not being kept updated or informed about the case, which remains the responsibility of the police.
- In addition to the reported offence, some people have multiple and complex needs that increase their vulnerability. Whilst the VCU and VCN do their best to provide support, or

refer people on to more appropriate agencies or statutory bodies, it may not always be possible to resolve all the issues, therefore, it is important to manage victim expectations with sensitivity.

- The qualitative victim feedback illustrates the importance of having someone to talk to, to ask questions and to be listened to. It also demonstrates how VCU officers act as an effective triage; providing sufficient support during the initial contact, or identifying needs and referring on to an appropriate agency. This filtering process avoids a blanket approach aimed at all victims of crime and enables the efficient targeting of support where it is most needed. Some victims may build a rapport with a particular VCU officer and prefer to contact them again if they need further information or advice. It is important to monitor this activity, as the VCU is essentially acting as a single point of contact, which although not its remit, demonstrates victims' needs for up to date information.

8.2 Further improvements and recommendations

- Although the VCU is located within Devon and Cornwall Constabulary,

the force needs to demonstrate greater ownership of the initiative. To raise public awareness of the priority given to victim care and the services available, greater prominence should be given to the VCU on the force website. It should be given the same priority as nine other services on the homepage, illustrated with a title and a picture and a link to further information (www.devon-cornwall.police.uk). At the present time, information and support for victims is at the very bottom of the homepage, listed as the last item under 'Support links' in small print.

- The report acknowledges the difficulties presented by the geography of Devon, Cornwall and IOS, and the challenges this presents to all organizations, including the police, the OPCC and support organizations. Differences in culture can create barriers not only between organizations, but also between regions within the same organization, such as the police. Further education and training is required to ensure all areas are made aware of the benefits of the victim care model and encouraged to work collaboratively.
- Views were expressed within the force regarding the location of the VCU in Exeter. This leads to perceptions that the VCU is remote and belongs to HQ,

rather than encouraging local ownership and acknowledging the benefits of the VCU to them. Whilst it would not be an efficient use of resources to create more than one VCU, further work is being undertaken to improve police officer's knowledge and understanding of the role of the VCU. This should help to demonstrate how the VCU assists officers' across the whole region to comply with their responsibilities under the Victim's Code of Practice, and how providing victims of crime with timely and appropriate support services, not only assists with the well-being of victims, but may also increase their motivation to remain engaged with the criminal justice process.

- Equally, members of the VCN commented on the location of the VCU. They felt that VC officers based in Exeter did not always have sufficient local knowledge of other areas within the wider region. There were concerns that this may impact upon the referrals being made and the possibility that smaller services were not receiving sufficient referrals. Whilst no obvious bias was detected in the referral process, it may be that VC officers may unintentionally make referrals to those agencies they have greatest knowledge of and contact with. However, this is not determined

by region as evidence was found of referrals being made across the area where appropriate services exist. Whilst regular Networking Days provide opportunities for some VC officers to meet and interact with service providers, greater awareness of local services across the region could be improved further through on-going training for VC officers. This could include more interaction with service providers through site visits and joint training events. This would assist in developing VC officers' knowledge and understanding of the range of support services available and what they can offer, which may help to reduce the number of cases that are rejected and require referral on to another service.

- Evidence from the data collected indicates that victims' perspectives of the initial police response are mixed and that a greater consistency is required. It is apparent that a more victim-centred approach is required in order to adequately assess the needs of the victim and to assist in the early identification of victims who are entitled to receive enhanced services under the Code. In particular, a detailed VNA needs to be completed so that the VCU can go on to determine with the victim what support services are the most appropriate.

Devon and Cornwall Constabulary need to make victims of crime a greater priority.

- The early identification of vulnerability and risk of further harm is central to providing victims of crime with protection and appropriate support services. There is a need to improve compliance rates in relation to the completion of VNA's and to improve the quality of information they contain. A review of the VNA has recently been undertaken and following consultation with the police, the template has been revised. There are now plans to re-launch the VNA and for further training to assist police officers to develop a greater understanding of the purpose of the VNA, and its central function in ensuring victims' needs are identified early and met by the targeting of specific services. Monitoring the performance of the revised VNA will need to be undertaken to identify where further training is required.
- Processes and procedures within the VCU need to be formalised in order to ensure best practices are shared and implemented consistently by all staff. This includes the level of detail passed on to VCN members when referrals are made, with particular attention being given to appropriate risk assessment and management procedures. This can be achieved

through the development of a staff induction programme and regular training events involving partner agencies.

- A mechanism for measuring the breadth of work being undertaken by the VCU needs to be formalised in order to provide an evidence base of the added value provided by the VCU. Performance data aimed at analysing the UNIFI prefixes is due to be undertaken when resources allow and a further addition to MyVCU as a case management system for VCU staff is currently being developed. This will enable a greater understanding of the range of tasks being performed by VCU staff and the overall contribution of the VCU to improving victims' experiences.
- A clearer and more coherent mechanism for capturing victim feedback on their contact with the VCU and the subsequent support provided needs to be developed. The methodology needs to capture timely and meaningful data in order to evaluate victims' experiences and identify where further improvements can be made.
- The victim feedback obtained needs to be used to inform and improve both police and VCU policies and procedures. In particular, it needs to

be disseminated to staff in order to ensure best practices are shared and areas where further improvements are required can be identified and the appropriate action taken.

- Those victims who were most dissatisfied were those who felt they were not being kept updated or informed about the case, which is the role of the police. Some people had expectations that they would be helped with housing problems, and although they were referred to the appropriate agencies, they were disappointed if the housing issue was not resolved. This demonstrates that some victims have multiple and complex needs that the VCU and VCN may not be able to assist with and that it is important to manage victim expectations.
- Greater collaboration is required between specialist officers, the VCU and VCN members. There do not appear to be clear and specific referral processes for vulnerable and high risk victims, resulting in some victims not receiving the relevant and appropriate support. Closer collaboration between

specialist officers, the VCU and VCN members would help to ensure that victims are receiving on-going support from the relevant specialist agencies, thereby enabling officers to focus on the investigation and keep victims informed and updated with the progress of their case. This relates in particular to offences of domestic abuse, sexual violence, and stalking and harassment.

- The role of the OPCC as the commissioner of services is pivotal in encouraging the development of collaborative partnerships between VCN members. This is currently facilitated by the organization of Networking Days where there are opportunities to meet and raise awareness of services, identify gaps in provision and undertake joint training. It could be developed further by offering funding incentives to encourage closer partnerships to enable the sharing of resources, knowledge, experience and best practice in order to improve the effective delivery of services.

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Appendix A – MyVCU Case Offence & Gender of Victim 01/07/15 to 31/05/16

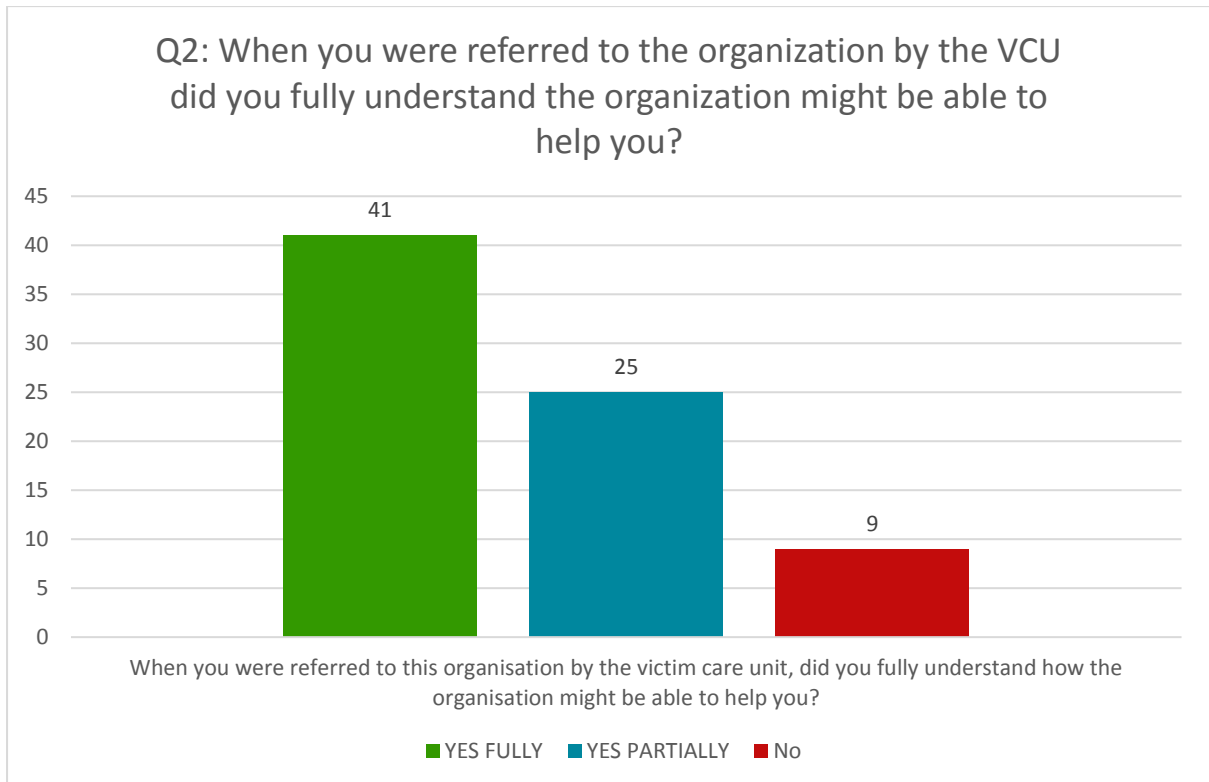
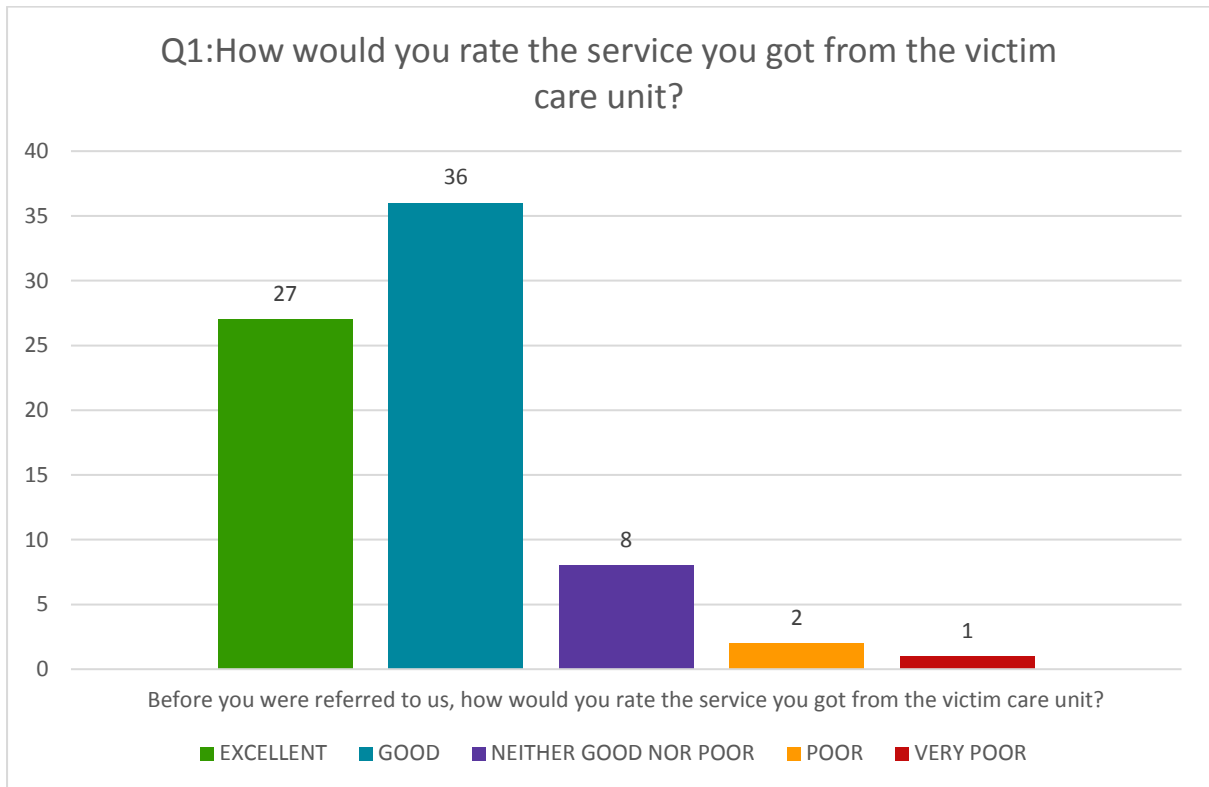
Offence Type	Male	Female	Not stated	Total Case Count
Arson and criminal damage	44	76		120
Bereavement		2		2
Burglary	30	41		71
Fraud	21	16		37
Miscellaneous crimes against society		1		1
Other	106	223	1	330
Possession of weapons/firearms		1		1
Public Order	19	34		53
Robbery	9	11		20
Sexual Offences	6	106	1	113
Theft	31	56		87
Vehicle offences	1	2		3
Violence Against the Person	198	306	1	505

Appendix B – Total VCU Referrals by Lead Agency 01/07/15 to 31/05/16

Agency name	Total cases	Total rejected
Victim Support	330	6
Safer Stronger Consortium	119	2
Young Devon	95	1
Citizens Advice Bureau (Devon)	90	1
Routeways Centre Limited	59	2
Citizens Advice Bureau (Cornwall)	57	1
Devon Domestic Abuse Support Service (SPLITZ)	56	5
Sanctuary Supported Living	53	2
The Zone (Plymouth)	36	0
Twelves Company	37	1
Citizens Advice Bureau (Plymouth)	30	7
Devon Rape Crisis and Sexual Abuse Services	25	2
Hollywell Housing Trust	24	3
Women's Rape and Sexual Abuse Centre (WRASAC)	20	1
Cruse Bereavement Care (Devon)	18	0
Plymouth and Devon Racial Equality Council	18	0
AGE UK Devon	16	0
Devon and Cornwall Business Council	17	1
Cornwall People First	13	1
Intercom Trust	12	2
Living Options Devon	10	0
Devon Family Resource	10	1
Ubuntu Counselling	10	1
Balloons (Devon)	8	0
AGE UK Cornwall and Isles of Scilly	8	1
Clear	7	0
Headway Devon	7	0
Pete's Dragons	7	1
AGE UK Plymouth	7	2
Devon People First	6	1
North Devon Against Domestic Abuse (NDADA)	5	0
Rise and Integration Service	5	0
Skoodhya	5	0
Victim Care Unit (Exeter)	5	0
Equus Solutions	4	0
Cruse Bereavement Care (Cornwall)	3	0
Mind – Plymouth and District	3	0
St Loyes Foundation	3	0
Stop Abuse For Everyone (SAFE)	4	1
AGE UK Exeter	2	0
AGE UK Mid Devon	3	1
AGE UK Torbay	2	0
Mind – Exeter and East Devon	5	3
North Devon Sunrise	2	0
Stop Hate UK	2	0
Devon and Cornwall Housing (Cornwall)	2	1
British Red Cross	0	1
Cornwall Rape and Sexual Abuse Centre (CRASAC)	2	3
Total	1262	55

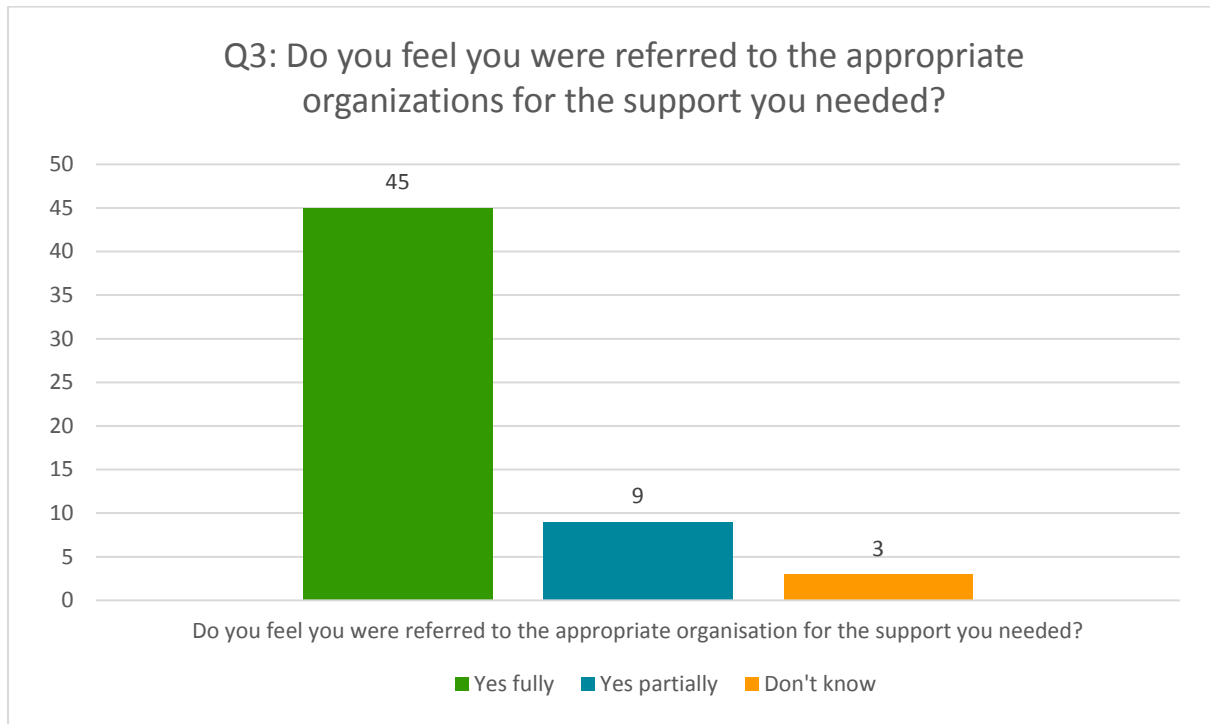
Appendix C - Results Outcome Survey for Victims of Crime

(Data correct 01/08/2016)



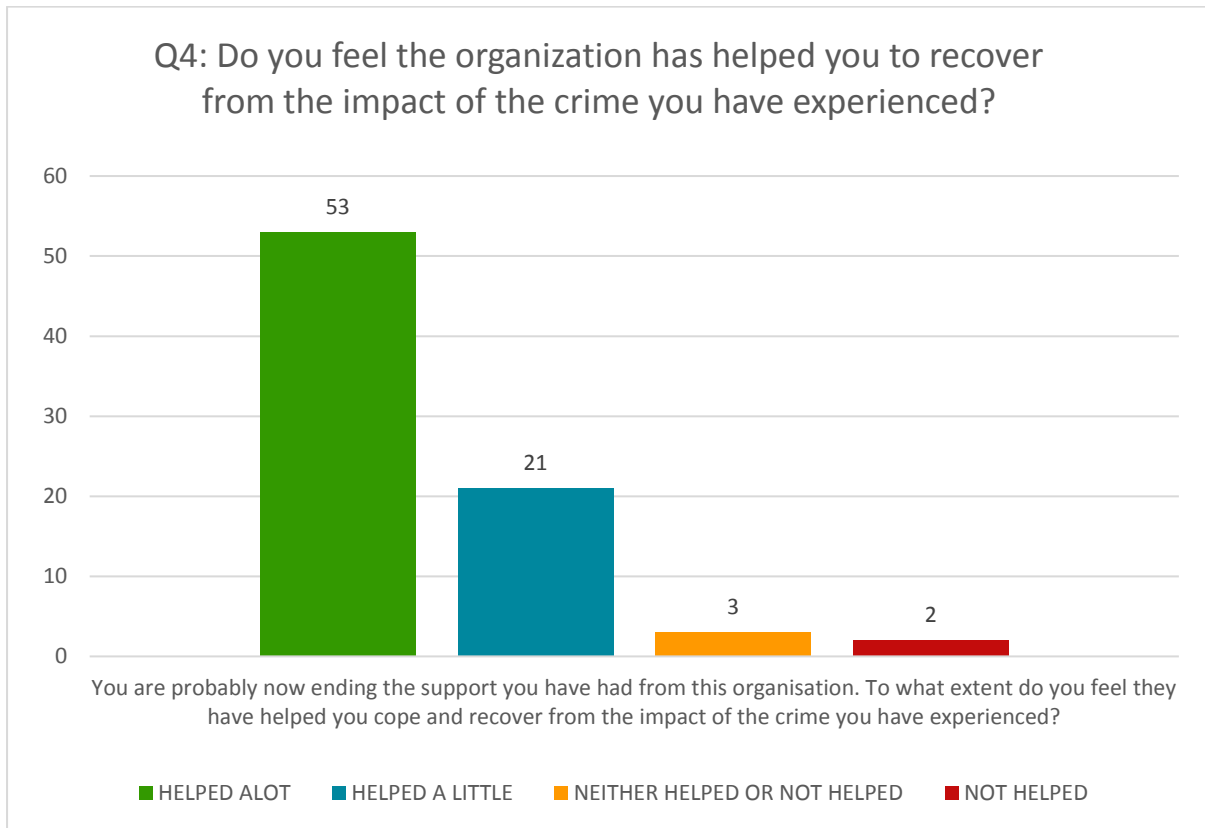
Appendix C - Results Outcome Survey for Victims of Crime

(Data correct 01/08/2016)



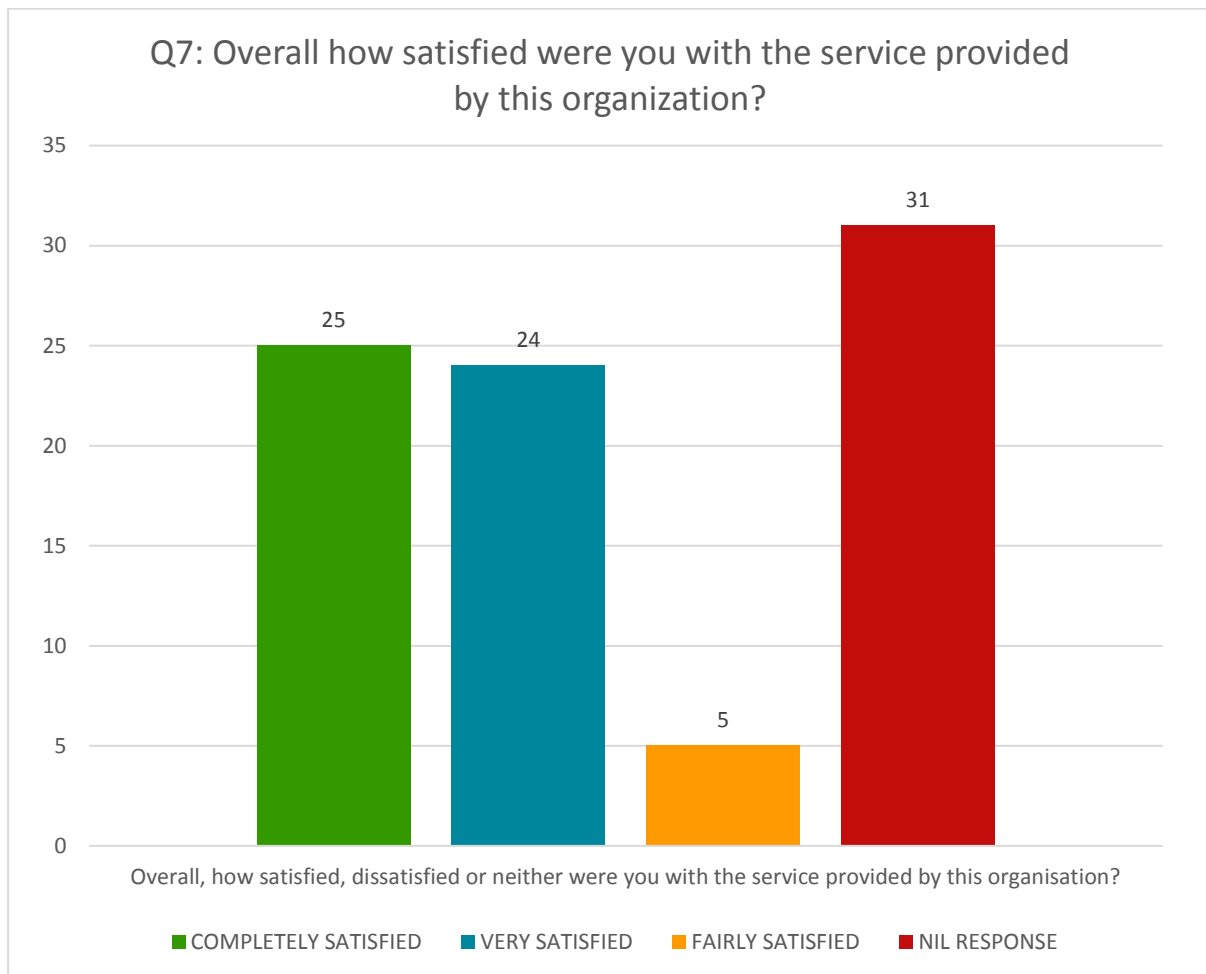
Appendix C - Results Outcome Survey for Victims of Crime

(Data correct 01/08/2016)



Appendix C - Results Outcome Survey for Victims of Crime

(Data correct 01/08/2016)



Note that nil responses have been included in the last question to show that there was a significant level of nil responses across the questions.

Nil responses for the other questions are as follows:

Q1 – 13

Q2 – 11

Q3 – 30

Q4 – 8