



Philip Seccombe
Police and Crime
Commissioner
for Warwickshire

FEBRUARY 2022

WARWICKSHIRE

VICTIM NEEDS ASSESSMENT

TO INFORM FUTURE COMMISSIONING



FINAL REPORT

DAISY ELVIN
DR SIOBHAN NEAVE
SANJIDAH ISLAM
AYSHA ALI
MATTHEW SCOTT

CONTENTS

ACKNOWLEDGEMENTS	4
ACRONYMS AND KEY TERMS	5
1. AIMS AND OBJECTIVES	9
2. DESIGN AND METHODOLOGY	10
3. LITERATURE REVIEW.....	13
3.1. TRENDS IN CRIME AND VICTIMISATION	13
3.2. THE IMPACT OF CRIME ON VICTIMS.....	15
3.3. SUPPORTING VICTIMS.....	15
3.4. THE IMPACT OF THE COVID-19 PANDEMIC	19
3.5. OVERVIEW OF WARWICKSHIRE’S VICTIM SERVICES.....	21
3.6. SEXUAL ABUSE AND VIOLENCE (SAV).....	22
3.7. CHILD EXPLOITATION (CE)	29
3.8. SUBSTANCE USE.....	32
3.9. MODERN SLAVERY AND HUMAN TRAFFICKING (MS/HT)	38
3.10. PROMOTING INCLUSIVITY WHEN SUPPORTING VICTIMS OF CRIME AND INDIVIDUALS MISUSING SUBSTANCES	40
3.11. LITERATURE REVIEW SUMMARY	43
4. CURRENT COMMISSIONED SERVICES.....	45
4.1. GENERAL VICTIM RECOVERY SERVICE: VICTIM SUPPORT.....	46
4.2. VULNERABILITY-RELATED SPECIALIST SUPPORT SERVICE FOR VICTIMS OF SEXUAL ABUSE AND VIOLENCE: ROSA	47
4.3. VULNERABILITY-RELATED SPECIALIST SUPPORT SERVICE FOR VICTIMS OF CHILD EXPLOITATION: BARNARDO’S	49
4.4. CRIMINAL JUSTICE RELATED DRUG AND ALCOHOL ABUSE SERVICE FOR ADULTS: CHANGE GROW LIVE (CGL)	50
4.5. CRIMINAL JUSTICE RELATED DRUG AND ALCOHOL ABUSE SERVICE FOR CHILDREN: COMPASS	51
5. QUANTITATIVE DATA ANALYSIS	55
5.1. WARWICKSHIRE POLICE DATA.....	55
5.2. WITNESS CARE.....	56
5.3. VICTIM SUPPORT	57
5.4. ROSA.....	59
5.5. BARNARDO’S	61
5.6. CGL.....	64
5.7. COMPASS.....	65
5.8. QUANTITATIVE DATA SUMMARY	67
6. FIELDWORK FINDINGS	68
6.1. SAMPLE OVERVIEW.....	68
6.2. OVERARCHING THEMES	71
6.3. VICTIM SUPPORT	93
6.4. ROSA.....	102
6.5. BARNARDO’S	109
6.6. CGL.....	117
6.7. COMPASS.....	122
6.8. MODERN SLAVERY / HUMAN TRAFFICKING.....	128
7. RECOMMENDATIONS	134
7.1. OVERARCHING RECOMMENDATIONS	134

7.2. SERVICE-SPECIFIC RECOMMENDATIONS 141

REFERENCES.....145

APPENDICES.....152

APPENDIX A - ENGAGEMENT COMMS PACK 152

APPENDIX B - OTHER RELEVANT SERVICES 156

APPENDIX C - ADDITIONAL VICTIM SUPPORT DATA 170

APPENDIX D - ADDITIONAL RoSA DATA 173

APPENDIX E - ADDITIONAL BARNARDO’S DATA 175

APPENDIX F - ADDITIONAL CGL DATA 177

APPENDIX G - ADDITIONAL COMPASS DATA 179

APPENDIX H - ADDITIONAL DATA FOR TONIC’S VNA SAMPLE 180

APPENDIX I - SIGNPOSTING / SUPPORT SERVICES INFORMATION SHARED BY TONIC..... 182

ACKNOWLEDGEMENTS

TONIC wish to thank all the victims, survivors, and service users who generously gave their time to participate in the survey and interviews, providing important information and sharing their views.

Our thanks also go to all the service providers and frontline practitioners, in particular those working for Victim Support, RoSA, Barnardo's, CGL, and Compass, as well as key stakeholders who shared data, completed the survey, and took part in interviews and focus groups.

We are especially grateful and would like to thank the team at the Office of the Police and Crime Commissioner for Warwickshire: Commissioning and Grants Officer Precious Williamson; Development and Policy Leads Chris Lewis, Richard Long, and Abby Simkin; Communications and Engagement Officer Priya Tek Kalsj; and Head of Media and Communication Neil Tipton for their continual support, assistance, and guidance throughout this consultation.

Finally, we would like to thank the local and national charities and support services who assisted with the promotion of the consultation.

ACRONYMS AND KEY TERMS

AA / NA / CA – Alcoholics Anonymous / Narcotics Anonymous / Cocaine Anonymous: groups that are a type of mutual aid meeting aiming to provide confidential support for people suffering with substance use, based around the 12-step programmes.

ATR – Alcohol Treatment Requirement Orders: can be made as part of a community order (CO) or a suspended sentence order (SSO). The offender must be dependent on alcohol, such that it requires and may be susceptible to treatment, arrangements have been or can be made for treatment, and the offender expresses willingness to comply with its requirements. An ATR is usually made for a 6 month period, although the maximum possible duration is 3 years as part of a CO, or 2 years as part of an SSO. The court does not have to be satisfied that alcohol caused or contributed to the offence in order to impose an ATR.

BAME – Black and Asian Minority Ethnic: a label used to group people who identify as Black, Asian or another minority ethnic. We have used the term ‘minoritised ethnic communities’ instead to refer to any individual or community which is marginalised or minoritised. The term has been recommended more recently as it recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population.

CATE – Child Abuse, Trafficking and Exploitation: team working to tackle child abuse, trafficking, and exploitation within Warwickshire.

CCE – Child Criminal Exploitation: children and young people are targeted by criminals and gangs to manipulate them into engaging in criminal activity.

CE – Child Exploitation: includes various forms of exploitation, including, but not limited to, child sexual exploitation, honour-based abuse, breast ironing/flattening, forced marriage, and trafficking.

CGL – Change Grow Live: an organisation based in Warwickshire (as well as nationally) that aims to support individuals with substance use issues. They provide support with health and wellbeing, housing, and justice.

CHISVA – Child Independent Sexual Violence Advisors: individuals who aim to support children who have experienced rape or sexual abuse, offering a holistic service, practical help, advice, and information.

CJ – Criminal Justice: the delivery of justice to those who have been accused of committing crimes.

CJS – Criminal Justice System: encapsulates all the procedures within criminal justice, including police forces, courts, the penal system, and rehabilitation for offenders.

CPS – Crown Prosecution Service: prosecute criminal cases that have been investigated by the police and other investigative organisations in England and Wales.

CSA – Child Sexual Abuse: forcing or enticing a child or young person to engage in sexual activities, with or without violence, whether or not the child or young person is aware of it. This encompasses a range of offences, such as grooming, viewing sexual abuse images, and encouraging children to behave in sexually inappropriate ways.

CSE – Child Sexual Exploitation: a type of CE when an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child or young person into sexual activity, in exchange for something the victim needs or wants, and/or for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual.

CSEW – Crime Survey for England and Wales: the survey aims to track trends and patterns in crime and is believed to give an accurate indication of crime statistics as it includes crimes that may not be reported to or recorded by police.

CYP – Children and Young People: a term used for those under the age of 18.

DRRs – Drug Rehabilitation Requirements: previously, Drug Treatment and Testing Orders (DTTO), are community sentences issued to drug users that are designed to help them overcome their problems, working towards a drug-free lifestyle with support from specialist agencies.

FISVA – Family Independent Sexual Violence Advocates: aim to provide support with those who support victims of sexual offences, often family members, parents, and partners.

GRT – Gypsy, Roma, Traveller: this term describes a range of ethnic groups or those with nomadic ways of life who may not be from a specified ethnicity.

ICTA – Independent Child Trafficking Advocates: are assigned to early adopting sites in the UK to represent and support child victims who had been allocated ‘reasonable grounds’ status.

IOM – Integrative Offender Management: brings a cross-agency response to the crime and reoffending threats faced by local communities. The most persistent and problematic offenders are identified and managed jointly by partner agencies working together. IOM helps to improve the quality of life in communities by reducing the negative impact of crime and reoffending, reducing the number of people who become victims of crime, and helping to improve the public’s confidence in the criminal justice system.

ISVA – Independent Sexual Violence Advocate: aim to provide practical help, advice, and information to victims of sexual assault and violence.

LGBTQ+ – Lesbian, Gay, Bisexual, Transgender, Queer and more: this is a group of individuals who identify as having a sexuality or gender identity that is not heterosexual or cisgender. There are many other terms under this umbrella, including, but not limited to, pansexual, asexual, and intersex.

MARAC – Multi-Agency Risk Assessment Conference: a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, and more.

MASH – Multi-Agency Safeguarding Hub: a single point of contact for all professionals to report safeguarding concerns, they aim to mitigate the risk of anyone slipping through the safeguarding net.

MoJ – Ministry of Justice: a department of the government which is at the heart of the justice system and aims to protect and advance the principles of justice.

MS/HT – Modern Slavery (sometimes known as Modern Day Slavery) and Human Trafficking: illegal exploitation of people for personal or commercial gain. Victims may be tricked or threatened into work and may feel unable to leave or report the crime. Human Trafficking specifically involves the trade of humans for the purpose of forced labour, sexual slavery, or commercial sexual exploitation for the trafficker or others.

MSOIC – Modern Slavery and Organised Immigration Crime: unit aims to support police officers and law enforcement partners to lead the fight against modern slavery, human trafficking, and other organised immigration crime to help prevent exploitation from taking place.

NCLCC – National County Lines Coordination Centre: launched in 2018, is a partnership between the police and the National Crime Agency. They aim to work together cross border on joint operations and coordinating activity to target both ends of county lines.

NHSEI – National Health Service England and National Health Service Improvement: supported by the government, they plan to improve access for patients and support general practice.

NICE – National Institute for Health and Care Excellence: an organisation that provides guidance, advice, and information services for health, public health, and social care professionals.

NRM – National Referral Mechanism: is a framework for identifying and referring potential victims of modern slavery and human trafficking to ensure they receive appropriate support.

NSPCC – National Society for the Prevention of Cruelty to Children: organisation that aims to protect children and prevent abuse by providing information and emotional support.

ONS – Office for National Statistics: responsible for collecting and publishing statistics related to the economy, population, and society at national, regional, and local levels.

OPCC – Office of the Police and Crime Commissioner: department in which the Police and Crime Commissioner sits.

PCC – Police and Crime Commissioner: an individual who is elected into office to hold their designated police force(s) to account and advocate the voice of the people they serve.

PHE – Public Health England: organisation that aims to protect and improve the nation's health and wellbeing and reduce health inequalities.

PTSD – Post-Traumatic Stress Disorder: characterised by flashbacks, nightmares and anxiety, this condition normally occurs after an individual incurs a traumatic event that their brain does not process in a healthy and helpful way.

RASSO – Rape and Serious Sexual Offences: encapsulates crime of a serious sexual nature, including but not limited to rape, sexual abuse, grooming and more.

RCC – Rape Crisis Centres: provide specialist support and services to those who have experienced any form of rape, sexual violence, or sexual abuse at any time.

RoSA – Rape or Sexual Abuse: an organisation, based in Warwickshire, that provides emotional support to victims of rape or sexual abuse. Services include counselling, support groups, CYP service, ISVA service, and more.

SARC – Sexual Assault Referral Centre: these are dotted across the UK and aim to provide emergency support to people who have been sexually assaulted or abused. SARC services include providing forensic medical examinations to help collect evidence.

SAV – Sexual Assault and Violence: this acronym covers any crime of a sexual nature that may happen against an individual. This can involve sexual harassment, groping, and more.

SMART – Self-Management and Recovery Training: a science-based mutual aid approach to self-empowered recovery. Through a range of motivational, behavioural, and cognitive methods, meetings aim to teach individuals tools and skills that will help them to manage and recover from addictive behaviour, including gambling or over-eating.

SPOC – Single (or Specific) Point of Contact: a single person or team who are designated as the point of contact for particular communications.

TCSEW – Telephone-operated Crime Survey for England and Wales: became operational from May 2020, replacing the previous face-to-face CSEW due to the Coronavirus pandemic. It was set up to measure the level of crime during the pandemic.

TOA – Test on Arrest: a method of testing for substances, sometimes in custody suites or police stations.

VAWG – Violence Against Women and Girls: any act of gender-based violence that results in, or could result in, physical, sexual, or psychological harm or suffering to women and girls, including threats of such acts, coercion, or arbitrary deprivation of liberty, in public or private life. This recognises the disproportionate impact of crime on women and girls.

VCOP – Victims’ Code of Practice: sets out the minimum standard that organisations must provide to victims of crime, even if they do not proceed with taking the crime to court.

Victims – this term is used throughout this report to refer to an individual or close relative who has suffered harm as a result of crime. However, this term does not resonate with everyone, and others may choose to refer to themselves as a ‘survivor’ or ‘complainant’. The term victim is also used as an overarching term in this report to describe individuals with substance use issues, for ease.

VNA – Victim Needs Assessment: aims to evaluate specific requirements that victims of crime may have. This can cover anything from mental health needs to financial needs.

WCU – Witness Care Units: predominantly police-staffed units, aiming to provide information and support to victims and witnesses in cases progressing through the criminal justice system.

WYJS – Warwickshire’s Youth Justice Service: are responsible for assessing, planning, and supporting individuals under the age of 18 who have come to the attention of the police.

Please note, during the findings section of this report, we use the individual interviewee’s chosen terminology in any verbatim quotes used.

1. AIMS AND OBJECTIVES

The Office of the Police and Crime Commissioner (OPCC) for Warwickshire currently commission a range of services to support victims and survivors of crime. The current contracts for these services are due to conclude on 31st March 2023 and, consequently, the OPCC have commenced a new commissioning cycle with a view to putting in place appropriate new services with effect from 1st April 2023. A crucial task is determining which services victims and survivors of crime in Warwickshire may require. As such, TONIC was commissioned by Warwickshire OPCC to conduct a comprehensive Victim Needs Assessment (VNA) to inform future commissioning. TONIC commenced this task on 11th October 2021.

In line with the tender specification, this VNA broadly examined the needs of victims and survivors of crime in Warwickshire and assessed whether existing provisions are meeting those needs accordingly. TONIC set out to identify new requirements and anticipate areas of emerging and growing need in relation to the evolving environment. Additionally, the intent and goal of this assessment was to ensure that services are appropriately responsive and equitably meeting the needs of victims throughout the county, wherever they are located, and across all victim groups, populations, and communities.

The assessment examined complex and interconnected, crosscutting areas of need, but specifically focussed on the following elements¹:

- General Victim Recovery Services
- Vulnerability-related specialist support services for victims of:
 - Sexual Abuse and Violence (SAV)
 - Child Exploitation (CE)
 - Modern Slavery and Human Trafficking (MS/HT)
- Criminal Justice (CJ) related Drug and Alcohol Abuse Services (for both adults and children)

For each element, the needs of victims and survivors in relation to any relevant protected characteristics (such as age, gender, ethnicity, and disability) were considered.

The emphasis of this report is on an overarching and broad service provision that aligns with the Police and Crime Plan (currently in draft) and related Commissioning Strategy. The assessment also provides an insight into what the OPCC has learnt over the period of current contracts and how commissioned services may have changed, for example, as a result of the COVID-19 pandemic; or may need to change in the future due to the changing landscape.

¹ Please note, the scope of this VNA excludes the following:

- Domestic Abuse accommodation and recovery services, as these have recently been subject to a separate joint needs assessment with Warwickshire County Council and a new service jointly commissioned.
- Services provided in relation to the Sexual Assault Referral Centre (SARC). These are subject to a separate regional joint commissioning process coordinated by NHS England & NHS Improvement (NHSEI).
- Victims and survivors of fatal/serious injury Road Traffic Collisions (RTC). A separate needs assessment for this will be undertaken in 2022.

2. DESIGN AND METHODOLOGY

2.1. About TONIC

TONIC is a social research organisation specialising in public consultation and social research of criminal justice and public health. TONIC consists of a team of highly experienced and skilled researchers, academics, practitioners, and analysts, aiming to help organisations make the best use of public funds and assist them in improving outcomes for the public, especially vulnerable and under-represented groups. TONIC value the voice of service users, as well as stakeholders, partners, providers, and commissioners, to inform real-world change based on the evidence. This consultation was led by Senior Researcher and Analyst Daisy Elvin, alongside Associate Researchers Dr Siobhan Neave, Sanjidah Islam, and Aysha Ali, as well as Director Matthew Scott. Further information about TONIC can be found at: www.tonic.org.uk

2.2. Literature Review

Firstly, TONIC conducted a review of existing research, surveying, and synthesising both national and international literature, to provide insight into the current understanding and knowledge. For this literature review, relevant research was identified using a systematic approach to literature searching, primarily using Google Scholar and databases such as PsychINFO. There was no restriction on publication year. Abstracts were read and screened to establish relevance and reference lists were subsequently searched, with a focus on UK and Warwickshire based documents. Key websites and best practice guidance such as Home Office data, Crime Survey of England and Wales (CSEW) data, Government guidelines, third sector organisations websites were used to ensure an extensive literature review could be carried out.

2.3. Fieldwork – Surveys, Interviews, and Focus Groups

In consultation with the OPCC steering group, three anonymous online surveys were developed: one for victims and service users (this could also be completed on behalf of someone with lived experience), one for service providers and frontline practitioners, and one for key stakeholders. The surveys were hosted by TONIC on SurveyMonkey and yielded both quantitative and qualitative data. The only pre-existing inclusion criterion was that participants needed to be living or working in Warwickshire (or have knowledge of relevant support services and pathways). Individuals who did not meet inclusion criteria were automatically transferred to a disqualification page that provided signposting to relevant support services if desired.

Interview schedules for victims, service users, service providers, frontline practitioners, and key stakeholders, were also developed in consultation with the OPCC steering group. Interviews were semi-structured and designed to feel like a 'conversation with a purpose' (Burgess, 1982). Interview schedules were used for the focus groups that took place.

The OPCC steering group provided contact details for relevant professionals so that TONIC could request and encourage them to engage with the VNA, this created a snowball sampling effect. Victims

and service users were recruited to take part in the survey through a combination of promotional materials that TONIC produced (see comms pack within the appendices), which were distributed on our behalf by local and national charities and support services via their communication channels and social media accounts. In addition, TONIC paid for some social media advertising to directly recruit victims and service users in Warwickshire. The online survey then asked respondents whether they would be willing to 'tell us more' in a confidential interview, and frontline practitioners also signposted clients to the research team in order to contribute. Depending on the individual's preference, interviews took place via a recorded phone or video call (to allow for transcription), and all victims and service users received a £20 Amazon voucher as a thank you for their time.

All fieldwork for this VNA was conducted between 15th November 2021 and 10th January 2022. The TONIC research team aimed to hear from a wide range of people during the process of this VNA, to compare and contrast the similarities and differences in opinions to provide the most detailed picture possible.

To analyse the qualitative data, TONIC researchers used Braun and Clarke's (2006) six-step method of Thematic Analysis:

- Step 1: Become familiar with the data
- Step 2: Generate initial codes
- Step 3: Search for themes
- Step 4: Review themes
- Step 5: Define themes
- Step 6: Write-up

Thematic analysis was chosen due to its flexible nature and compatibility with a social constructionist approach. Thematic analysis was used to explore the dataset as a whole and consider themes that emerged across survey responses and interview transcripts, applying a constant comparison approach (Butler-Kisber, 2010), considering similarities as well as differences between individual narratives and sources of feedback. Within this framework, we used an inductive method, whereby themes were derived and grounded in the text (transcripts), rather than being imposed on the data from a pre-existing theory or hypothesis.

The TONIC Project Lead remained in regular contact with the OPCC steering group and attended progress update meetings throughout the duration of the consultation.

2.4. Ethical Considerations

In terms of ethical considerations, TONIC researchers were extremely conscious of the sensitive nature of this VNA. In line with TONIC's safeguarding policy, the team all had enhanced DBS certification and worked in accordance with the British Psychological Society's Code of Ethics and Conduct.

Surveys and interview schedules were designed in a way that meant participants were asked to only share information they felt comfortable talking about. Victims and service users were not asked to describe their experience of victimisation, but instead were asked to focus on and discuss their

experience of accessing support services, what they found beneficial, what gaps they feel exist, any barriers to access, and suggestions for future improvements, so as not to be retraumatising. TONIC endeavoured to make the experience of contributing to this project as empowering as possible and all interview schedules and survey content were signed off with the OPCC steering group before being used.

During both surveys and interviews, participants were able to skip any questions they did not want to answer, were able to pause, and come back to points, or stop completely without needing to provide a reason. Participants were all provided with a detailed information sheet ahead of participation so that they could carefully consider whether they wished to proceed, and do so, providing informed consent. Participants under the age of 18 had to also confirm they had parental consent. Participants were made aware of their withdrawal rights and were able to request their data was removed at any time, up until the end of data collection (the date all surveys close, and interviews finish).

All participants with lived experience were provided information about local and national support services, and on completion of the survey and interviews, participants were offered the opportunity for the research team to signpost them to relevant support if they felt they needed or wanted this. The TONIC team all have experience in motivational interviewing and are able to establish and build a rapport with service users, skills which were utilised in an attempt to make participants feel as comfortable as possible. Throughout, service users were able to remain completely anonymous (even from the researchers) if they wanted to, and only the TONIC team involved in this project had access to the raw data collected. Responses to the questions have been used for the purpose of this project only, and any identifiable information collected during this consultation has been removed if included within this report, so that participants' data can remain strictly confidential, in line with the EU General Data Protection Regulation (GDPR, 2018).

3. LITERATURE REVIEW

3.1. Trends in Crime and Victimization

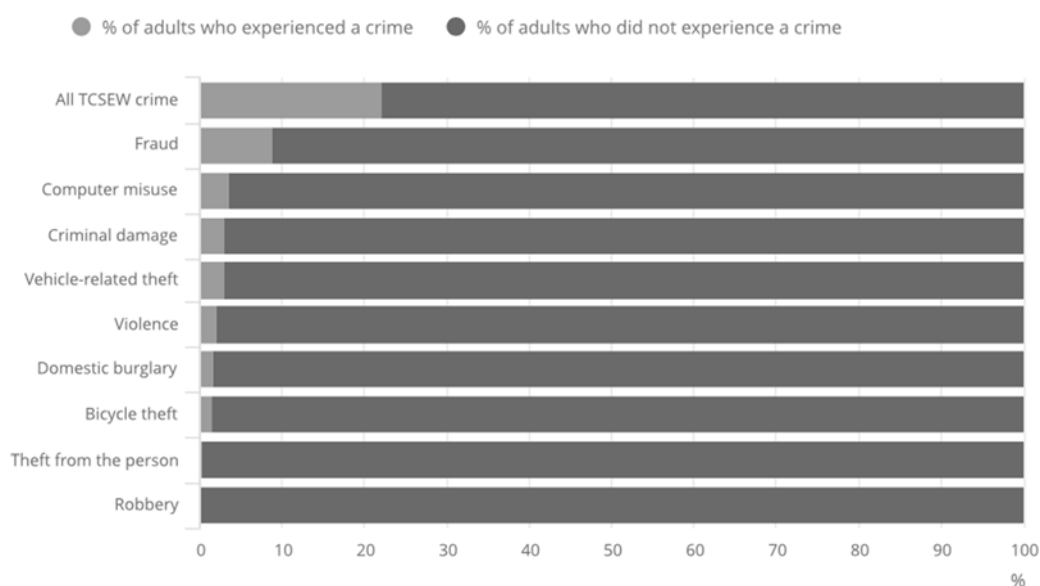
3.1.1. National Trends in Crime and Victimization

According to the Office of National Statistics (ONS, 2022), based on estimates from the CSEW², for the year ending September 2021, there was a 14% increase in total crime compared to the year ending September 2019 – this was driven by a 47% increase in fraud and computer misuse. When excluding fraud and computer misuse crimes, there was a 14% decrease, largely driven by an 18% decrease in theft offences.

The Telephone-Operated Crime Survey for England and Wales (TCSEW) estimated that adults aged 18 and above experienced 12.9 million offences in the year ending September 2021, while police recorded 5.8 million crimes in this period (a 2% increase compared to the previous year). Latest estimates reveal that 8 in 10 adults did not experience any of the crimes covered by the TCSEW in the year ending September 2021. The graph below displays the likelihood of being a victim of different crime types between October 2020 and September 2021, this demonstrates that:

- 77.9% of adults did not experience a crime
- 8.9% experienced fraud
- 3.6% experienced computer misuse
- 2.9% experienced criminal damage
- 2.9% experienced vehicle-related theft
- 2.0% experienced violence
- 1.7% experienced domestic burglary
- 1.5% experienced bicycle theft
- 0.4% experienced theft from the person
- 0.2% experienced robbery

Figure 1 TCSEW estimates for the likelihood of being a victim of certain crimes between October 2020 and September 2021.



² The CSEW estimates provide the best indicator of long-term trends in crime – estimates from the TCSEW 2021 (used to capture trends in crime while face-to-face interviewing was suspended) have been compared with the pre-coronavirus year ending September 2019.

The TCSEW indicated little change in the total number of incidents of violence, but a 27% decrease in the number of victims of violent crimes – mostly related to reductions in violence perpetrated by a stranger, where the number of victims has declined by 50%³. Police recorded crime data demonstrates that compared to the year ending September 2020, there was little change in the number of homicides – with a 5% increase to 666 offences recorded⁴, a 9% decrease in the number of police recorded offences involving firearms, and a 10% decrease in offences involving knives or sharp instruments.

Sexual offences recorded by the police were at the highest level logged within a 12-month period (170,973) in the year ending September 2021, which was a 12% rise from the same period in 2020. Rape accounted for 37% of these offences and the year ending September 2021 saw the highest recorded annual number of rape offences to date (63,136⁵). The number of domestic abuse-related incidents recorded by the police also increased by 5% (totalling 872,911 offences in year ending September 2021). However, it is noted that police recordings of these types of crime is likely to be much lower compared to the actual number of incidents occurring (ONS, 2022).

3.1.2. Local Trends in Crime and Victimisation

There was a total of 36,635 crimes (excluding fraud) recorded by police in Warwickshire for the year ending March 2021 (as detailed in the table below), this was a 15% decrease on the previous year, mirroring the trend across the whole of England and Wales. There were a further 4,006 fraud offences recorded by the police in Warwickshire and 16,741 incidents of anti-social behaviour for the year ending March 2021.

In the year ending March 2021, police in Warwickshire recorded an increase in violence against the person, drug offences, public order offences, miscellaneous crimes, and anti-social behaviour incidents compared to the year ending March 2020. This reflected trends across the whole of England and Wales. All other crime types recorded by the police decreased. In the year ending March 2021, Warwickshire made up between 0.52% (robbery) and 1.02% (possession of weapons offences) of each crime type in England and Wales and made up 0.61% of the total recorded crime in England and Wales (excluding fraud). As outlined in the table below, which sets out police recorded crime in England and Wales and Warwickshire for the years ending March 2020 and 2021 as reported by ONS, and as described in previous documents, the most common crime types reported in Warwickshire include:

- Violence (with and without injury)
- Theft and shoplifting
- Vehicle crime
- Criminal damage and arson.

³ This is not indicative of levels of domestic abuse during the pandemic, and despite this optimistic decrease, it is important to note that other reporting figures discussed later in this literature review demonstrate a different picture of the numbers of violent crimes being experienced.

⁴ Excluding the Grays lorry incident.

⁵ Within these annual figures, the number of recorded sexual and rape offences were lower during periods of lockdown but there have been substantial increases since April 2021.

Table 1 Police recorded crime in England & Wales and Warwickshire for the years ending March 2020 and 2021, as reported by ONS.

	England and Wales		Warwickshire	
	2020	2021	2020	2021
Violence against the person	1,770,068	1,778,507	14,558	14,642
Sexual offences	163,041	148,114	1,499	1,266
Robbery	90,154	59,615	424	308
Theft offences	1,927,335	1,302,822	17,244	11,192
Criminal damage and arson	560,257	475,195	4,075	3,483
Drug offences	183,443	208,961	924	1,394
Possession of weapons offences	47,399	44,432	485	455
Public order offences	460,019	483,981	2,326	2,949
Miscellaneous crimes	106,297	111,027	728	946
Total recorded crime (excluding fraud)	5,308,013	4,612,654	42,263	36,635
Anti-social behaviour incidents	1,346,691	2,022,274	11,516	16,741
Fraud	-	428,489	-	4,006

3.2. The Impact of Crime on Victims

It is well documented that the impact of crime on victims can be far reaching, including physical and emotional injury, long-term psychological and mental health effects, negatively influencing future trust, sense of fear, and feelings of safety, all of which can impact on various aspects of a victims’ life, such as housing, employment, finance, and relationships. Furthermore, crime is extremely costly⁶ to society, with a minimum estimated cost of £10,407 per incident of violence against a person (Heeks et al., 2018). This covers costs from the Criminal Justice System (CJS) administration, through to supporting a victim following the incident. Over half of victims report substantial psychological harm, with nearly a quarter describing having to change their daily routine, and 10% indicating negative repercussions on their family (Pettit et al., 2013). Unsurprisingly, the detrimental physical and psychological impact of victimisation is more likely for individuals who already experience existing mental or physical health problems (Pettit et al., 2013).

3.3. Supporting Victims

As outlined in TONIC’s previous VNA (2018), in 2013, Northamptonshire’s Victims Commissioner made a pivotal statement that:

⁶ For estimates of unit costs of crimes by cost category please see: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf

However, it is important to note that these figures are likely to have increased since estimates were made.

“The failings in responding well to many victims and witnesses and of fully meeting their needs are ‘institutional’. They are the product of strategic priorities and performance systems that have not put service to the victim absolutely and unambiguously as the number one concern.” (p. 90)

Around the same time, the Victims’ Services Commissioning Framework (2013) set out eight categories of need for victims:

- | | |
|--------------------------------------|--------------------------|
| 1. Mental and physical health | 5. Drugs and alcohol |
| 2. Shelter and accommodation | 6. Finance and benefits |
| 3. Family, friends, and children | 7. Outlook and attitudes |
| 4. Education, skills, and employment | 8. Social interactions |

These categories of need are the key areas in which service providers should aim to help victims of crime achieve improvements in their life following the crime that occurred.

More recently, there has been a shift in the culture of the CJS to recognise the importance of better engaging with, and supporting the needs of, victims, with the aim of provoking changes in the constitutional law (i.e., see Ministry of Justice [MoJ], 2021a). A consultation paper hosted by the MoJ (2021a) recognises that in order to create such legislation, further understanding and development is needed into what victims should expect from the CJS (in particular communication with the Crown Prosecution Service [CPS], police, and other agencies); the performance and accountability of those responsible for supporting and engaging with victims; the ‘Victim Surcharge’; improvement in the community-based support service; and improved advocacy support.

When looking at the support needed by victims, the government has increased its funding for victim support, including substantial increases for domestic abuse, sexual violence, minoritised ethnic communities⁷, those identifying as LGBTQ+⁸, and disabled victims. Although this is welcome for improving the treatment of victims, it could be argued that the MoJ (2021a) consultation focuses too heavily upon the overarching structure for support, failing to attend to specific needs. In terms of what victim-focused agencies have suggested for the future of working with victims, it is evident more specific action is needed. For example, Victim Support have recognised the changing landscape following the COVID-19 pandemic and would like to see the government focus additional attention on early intervention services (in particular for domestic abuse, i.e., through education), alternative funds for domestic abuse victims with no access to public funds, outreach services for victims of hate crime, and additional funding to provide COVID-19 safe spaces for face-to-face and private meetings (Almeida, 2020).

⁷ We use the term minoritised ethnic communities to refer to any individual or community which is marginalised or minoritised. The term has been recommended more recently as it recognises that individuals have been minoritised through social processes of power and domination rather than just existing in distinct statistical minorities. It also better reflects the fact that ethnic groups that are minorities in the UK are majorities in the global population.

⁸ It is important to recognise the diversity of sexuality and gender identities that exist, and to acknowledge that not all transgender individuals identify as being LGB. Where possible, support services, should consider distinctions between issues of sexual orientation and gender identity in recognition of the fact that those identifying as part of the LGBTQ+ community are not a homogeneous group and should not be treated as such. We have used the umbrella term LGBTQ+ believing this to be the most inclusive; however, we recognise that this acronym does not necessarily reflect the nuances and individual journeys and is, as such, arguably becoming increasingly less inclusive. The + is intended to extend to other non-normative sexualities such as queer or pansexual.

The commissioning landscape for victim support services is complex, with responsibility divided over national commissioning bodies such as government departments or NHS England, and local commissioning bodies such as PCCs, Clinical Commissioning Groups (CCGs), and local authorities. Accordingly, this can cause a disconnect between provisions of support, including difficulties in partnership working, ownership, accessing funding for specialised support, and gaps in provision can occur.

More generally, there is a recognition of ‘what works’ for supporting the needs of, and engaging with, victims. Summarised from a recent rapid review (2019), this includes:

- Providing information and good communication with victims
- Allowing victims to access procedural justice
- Multi-agency working
- Employing professional within specialised services, which can include having individualised support, and allocating case workers to support a victim through their entire recovery journey.

Encouragingly, contact with victim services has increased over the years (Victims Statistics, 2020). Although, the Victim’s Commissioner report (2020) indicates that victims who have reported a crime to the police are far more likely to have contact with victim support services, than those who do not report the crime (Victims Statistics, 2020). According to this report, of those who made contact with victim services, the majority said the support they received helped them to cope with the impact of crime, and some stated that it helped them recover. Face-to-face support was seen to help them cope the most, followed by telephone support. Support was described as more beneficial for helping a victim to cope with certain crime types – namely, violent or sexual offences and burglary – over others. While the majority of victims report not receiving any information about services following a crime, many stated they would not have wanted any support.

The overall ethos of supporting victims emphasises adopting a whole-systems approach with collaborative working and communication between all in the process, better accessibility, identification of needs and quality of provision through evidenced-based interventions and transparency about services efficiency (PCC for Warwickshire, 2019). The ultimate aim is service development that provides a process which puts victims first, helping them to cope and recover, whilst still adhering to the Code of Practice for Victims of Crime 2015 (updated 2020; MoJ).

3.3.1. The Code of Practice for Victims of Crime 2021

The Victims’ Code of Practice (VCOP) forms part of wider government strategy to transform the CJS by putting victims first, making the system more responsive and easier to navigate. The document sets out that 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.”

The VCOP was updated in November 2020 by the MoJ and makes clear that victims of crime should 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. This VCOP sets out the services and minimum standards that must be provided to victims of crime by organisations in England and Wales. The VCOP applies to all CJ agencies, including the police, CPS, courts, and National Probation Service. In summary, the Rights are as follows:

1. To be able to understand and to be understood
2. To have the details of the crime recorded without unjustified delay
3. To be provided with information when reporting the crime
4. To be referred to services that support victims and have services and support tailored to your needs
5. To be provided with information about compensation
6. To be provided with information about the investigation and prosecution
7. To make a Victim Personal Statement
8. To be given information about the trial, trial process and your role as a witness
9. To be given information about the outcome of the case and any appeals
10. To be paid expenses and have property returned
11. To be given information about the offender following a conviction
12. To make a complaint about your Rights not being met.

Which Rights apply will depend on whether the crime is reported to the police, if the case goes to court, and whether the defendant is convicted, as well as the individual's personal needs and circumstances. Rights 1, 4, and 12 apply to all victims, while the remaining Rights only apply where a crime has been reported to the police. In addition, victims can expect to be treated with respect, sensitivity, compassion, dignity, and courtesy, have their choices and privacy respected, and be supported in a professional manner by services to navigate the CJ process (MoJ, 2020). Relevant service providers are expected to inform victims of their rights.

It is important to note that, building on the foundations laid by the VCOP, the current Justice Secretary has set out plans for the first ever Victim's Law that would guarantee greater consultation with victims during the CJ process to ensure their voices are properly heard, and hold agencies such as the police, CPS, and courts to account for the service they provide to victims. An 8 week Victims' Bill consultation was conducted between 9th December 2021 and 3rd February 2022. The consultation sought to increase understanding of how victims can be better supported through and beyond the CJS across England and Wales focusing on questions around:

- What victims should expect
- Performance and accountability
- The Victim Surcharge
- Community-based support services
- Improved advocacy support.

Feedback from the consultation was still being analysed at the point of writing this report.

3.4. The Impact of the COVID-19 Pandemic

Criminal activity is an ever-changing landscape; however, the global Coronavirus (COVID-19) pandemic has had a distinctive influence in changing trends in crime, and subsequently the provision of support required by, and offered to, victims (ONS, 2022). As alluded to within our summary of the national trends in crime and victimisation, patterns of crime in the year ending September 2021 were significantly affected by the pandemic and government restrictions on social contact. There was substantial variation in the level of restrictions in place during this time and, at times, further variation across regions. This creates a challenge in isolating and uncovering the level of impact that restrictions may have had on patterns of crime. While the number of incidents decreased for many types of crime during periods of national lockdowns, police recorded crime data show indications that over the last 6 months, certain crime types are returning to, or exceeding, the levels seen before the pandemic. This pattern has not yet emerged in the TCSEW data, possibly reflecting the time lag in recording incidents via the survey.

At the beginning of the pandemic and subsequent national and local lockdowns across the UK, there was a noticeable increase in violent crimes (with and without injury, including sexual violence) and fraud, with decreases in burglary, theft, arson, and criminal damage (Almeida, 2020).

According to Victim Support, the number of victims seeking support for domestic abuse increased during lockdowns, at times reaching a 24% increase compared to previous baseline figures (Almeida, 2020). There was a stark 700% increase in calls to mainstream domestic abuse charity helplines such as Refuge (Refuge, 2020 as cited in Adisa & Khan, 2021). Domestic killings increased two-fold in the first 3 weeks following the March 2020 lockdown, and police arrests for domestic abuse-related crimes increased 24% between April and June 2020, compared with the same period in 2019 (Smith, 2020 as cited in Adisa & Khan, 2021).

There was an initial reduction in support being sought for sexual offences, but then the numbers of victims reaching out for support for rape and 'other sexual offences' increased up to 42% and 15% respectively. Larger increases were also noted in support being sought for antisocial harassment (up to 77%) and hate crime (65%). It is thought that the restrictions in movement enforced by lockdown and therefore, being unable to get away from perpetrators was a possible contributor to these increases (Almeida, 2020). On the other hand, lockdowns had a protective impact for some victims, for example, victims of previous robberies, who reported feeling safer due to the restrictions (Almeida, 2020).

The pandemic has also appeared to aid the facilitation of fraudulent crimes, with a 47% increase in experiences of fraud crimes (although other records suggest there has been up to 86% increase in fraud victims seeking support; ONS, 2022; Poppleton et al., 2021; Almeida, 2020). COVID-19-related scams, online shopping fraud, social media and email hacks, bank-related frauds, and dating fraud have been more frequent means of facilitating fraud (Poppleton et al., 2021). Despite not typically being considered to have substantial impact on victims, nearly a quarter of fraud victims are thought to be individuals from highly vulnerable groups, including those who suffer severe psychological and financial harm from fraud, or those who have existing vulnerabilities (i.e., elderly, or young

individuals). Therefore, for young victims in particular, fraud can create severe or multiple emotional reactions to their financial loss (Poppleton et al., 2021). Thus, when fraud is so prevalent (believed to currently account for over a third of all crimes), the impact from this crime on society is immense (Poppleton et al., 2021).

As expected, the increase in certain types of crime has correlated to increases in the number of victims; however, the effects of this have been most apparent for children and young people (CYP) and those experiencing domestic abuse, who have reported being the most negatively impacted by lockdowns (Almeida, 2020). Increases in victimisation amongst those with protected characteristics has also been seen. For example, people from minoritised ethnic backgrounds have reported more hate crime (Almeida, 2020). Lockdown has added complexity and intensity to the needs of victims. Specifically, according to Victim Support, increases in mental health problems, decreases in emotional wellbeing, additional pressures (i.e., financial uncertainty, or lack of employment) and a lack of available coping mechanisms during lockdown were thought to make experiencing victimisation more difficult, or exacerbate pre-existing mental health issues like anxiety (Almeida, 2020). Being in isolation for prolonged periods of time has changed the requirements and expectations of victim services, particularly for specific groups of people, such as co-parents, the elderly, those who identify as LGBTQ+, have disabilities, or are financially insecure (Almeida, 2020).

Especially, in relation to sexual offences, there are numerous reports at present regarding the impact of COVID-19 on waiting lists for support, with waiting lists in England and Wales currently at a record high (of up to 2 years for trauma counselling in many locations; Hooper & Luckhurst, 2021). Research demonstrates that longer waiting lists can actively exacerbate distress in victims and survivors (Sanderson, 2006) which makes this situation less than ideal for survivors, and the organisations that support them.

A change in requirements and expectations has resulted in modifications to the way in which victim support services operate. Although they experienced an initial decline in the number of victims accessing services during lockdown (especially from CYP, a trend that did not increase again until schools reopened), this was followed by a sharp increase in demand for services like Victim Support, who noted victims to have found lockdown not only impacted victimisation, but also created barriers for them accessing and engaging with the police, courts, support agencies, and other statutory services like housing, healthcare, and social services (Almeida, 2020). In response to the increased needs of victims, and added difficulties, which have emerged from these barriers, victim services have had to change their ways of working to ensure they continue to meet the needs of victims. The introduction of virtual support (i.e., facilitated via zoom) has been a common response by victim support services (Almeida, 2020; The Friendship Project for Children, 2021). Though virtual engagement strategies allow services to continue contact with victims, it can hinder the efficiency of risk assessing, building rapport, is vulnerable to technical issues, and does not always guarantee a confidential safe space (Almeida, 2020). Limited access to technology or not being confident in using it are likely to be additional barriers, thus isolating some victims further. Furthermore, staff shortages due to sickness from COVID-19 have exacerbated existing challenges around managing high caseloads, and staff have reported higher levels of stress and burnout, difficulties coping with the emotional strain, issues with accessing/contacting other services for referrals or joint working and it is believed

that these concerns will continue to increase (i.e., due to the impact of long court delays; Almeida, 2020).

Overall, it is apparent that the needs of victims are dynamic, especially in such challenging times as the COVID-19 pandemic. While there has evidently been a shift in focus towards the needs of victims and what works for supporting them, currently, this space is still a developing area. Therefore, establishing a thorough and meaningful understanding of victims' experiences, both at a local and national level is imperative for developing better victim services.

3.5. Overview of Warwickshire's Victim Services

In Warwickshire, it was estimated that between 2016 and 2017, 60% of crime went unreported, this included 90% of sexual offences (PCC for Warwickshire, 2019). One in four victims experienced repeat victimisation, and of all victims, between 20-60% wanted to access support (most commonly, victims of SAV); however, only a third of those received support (PCC for Warwickshire, 2019). Evidently, this demonstrates a desperate need for further development in the provision of, and access to, support services.

A previous needs assessment conducted by TONIC in 2018 into Warwickshire's victim services overlaps with much of what has been highlighted nationally, and includes:

- Need for better use of multi-agency working – between support services and police
- Support to be timely – prompt and to have the amount of time they require
- Individualised support – having someone to talk to, to be believed, and respected
- Better protection – to feel safe and in control
- Support for the family and practical concerns – security and finances
- Better communication from the CJS on what is happening in their case and what is expected from next steps
- Protection of specialist services – for SAV, professional advocacy
- Addressing the gaps in services – in particular, mental health and housing support

As such, and of relevance to this VNA, Warwickshire PCC currently commissions support services in the following areas:

- **General victim recovery services:** including (1) victim hybrid hub model; (2) emotional support; (3) restorative justice
- **Sexual abuse and violence (SAV) support:** including (1) specialist SAV recovery services; (2) Independent Sexual Violence Advisor (ISVA) service; (3) CYP Independent Sexual Violence Advisor (ChISVA) service
- **Child sexual exploitation (CSE) recovery services:** including (1) specialist CSE recovery service; (2) prevention, awareness, and education activity
- **Adult substance misuse services** for CJS users
- **CYP substance misuse service** for CJS users

For a detailed description of the current PCC commissioned support services, please see chapter 4, we have also outlined 'other relevant services' to this VNA within the appendices.

3.6. Sexual Abuse and Violence (SAV)

SAV encapsulate various serious violent crimes, whereby a perpetrator may force or manipulate another person into unwanted sexual activity without their consent (Dosdale & Skarparis, 2020). In some cases, a person may not be aware they are experiencing/have experienced SAV due to the coercion or manipulative behaviour from another individual, which can make identifying and managing issues of consent difficult (Dosdale & Skarparis, 2020).

The NHS (2022) recognises sexual assault as any sexual act that a person did not consent to or is forced into against their will. It is a form of SAV and includes rape (an assault involving penetration of the vagina, anus, or mouth), or other sexual offences, such as groping, forced kissing, child sexual abuse (CSA), or the torture of a person in a sexual manner. The overall definition of sexual assault is an act of physical, psychological, or emotional violation in the form of a sexual act; it can also involve forcing or manipulating someone to witness or participate in any sexual acts (West Mercia Police, 2022).

SAV can happen to anyone; men, women, and children; at any age, and may be a one-off event or happen repeatedly. In some cases, it can involve the use of technology such as the internet or social media which may be associated with grooming, online sexual harassment, and trolling. SAV are among the most serious and damaging crimes in our society (NHS, 2018).

The terms 'sexual assault and abuse' and 'sexual abuse and violence' (SAV) have been used interchangeably for the purpose of this document as all-encompassing, non-legal terms. Occasionally, we may also refer to 'sexual offences' or mention specific types, depending on the context.

3.6.1. Prevalence and Impact of SAV

According to the CSEW⁹, in the year ending March 2020, there were 773,000 adults aged 16-74 who were victims of sexual assault (including attempts) within the last year, equating to a prevalence of approximately 2 in 100 adults. Unwanted sexual touching was reported as the most common type of sexual assault experienced (1.4%) compared with rape (0.3%) or assault by penetration (0.3%). Over the past 15 years, the prevalence of sexual assault in the preceding year among the adult population fluctuated between 1.5% and 3.0%, with a statistically significant decrease in the latest prevalence estimate compared with the year ending March 2019 (1.8% compared with 2.4%). This difference was driven by a reduction in indecent exposure or unwanted sexual touching; however, the prevalence of rape or assault by penetration over this time has remained around 0.5%¹⁰.

⁹ The CSEW is the preferred measure to identify trends in the national prevalence of sexual assault and abuse, as it covers many crimes that are not reported to the police either by the victim or a third-party. Under-reporting to the police is particularly acute for sexual assaults, with many more offences committed than are reported to, and recorded by, the police.

¹⁰ It is too early to say whether the latest decrease is the beginning of a downward trend or another fluctuation in the series, like those seen previously.

For the year ending March 2020, the CSEW showed that an estimated 5.9 million victims aged 16-74 years had experienced sexual assault since the age of 16 years. This equates to a prevalence rate of approximately 14 in 100 adults. As with the previous 12 months, unwanted sexual touching was more common than any other type of sexual assault. Rape (including attempts) was experienced by 3.3% of adults since the age of 16 years.

For the year ending March 2020, the CSEW estimated that there were almost four times as many female victims (618,000, prevalence of 2.9%) as male victims (155,000, prevalence of 0.7%), who experienced sexual assault (including attempts) in the last year. Both men and women aged 16-19 years (2.9% and 12.9% respectively) and 20-24 years (2.6% and 10.5% respectively) were significantly more likely to be victims of sexual assault in the last year than any other age group and full-time students were more likely to have experienced sexual assault in the last year than people in any other occupation type. Similarly, single adults were more than twice as likely to have experienced sexual assault in the last year than any other marital status – those who are married, widowed, separated, divorced, or cohabiting.

The CSEW for the year ending March 2018 to year ending March 2020 combined, exposed that those in the Black or Black British and Mixed ethnic groups were significantly more likely than those in the White, Asian, or other ethnic groups to experience sexual assault within the last year. For rape or sexual assault by penetration, there were no significant differences between ethnic groups, or across ethnicity for men and women. However, for indecent exposure or unwanted sexual touching, those in the Mixed ethnic group were significantly more likely to be victims than those in the White, Asian, and other ethnic groups. Likewise, women with a disability were more likely to have experienced sexual assault in the last year than women without (5.0% and 2.8% respectively). There was no significant difference for men. Of adults aged 16-74 years, those who lived in urban areas were more likely to have experienced sexual assault in the last year (2.1%) than those who lived in rural areas (1.7%).

Whilst data on child sexual abuse (CSA) is sparse, it is estimated that 3.1 million children and adolescents have been a victim of sexual abuse, with more female than male victims (ONS, 2021).

The number of sexual offences recorded by the police¹¹ showed a 9% decrease in the year ending March 2021, to a total of 148,114 offences, compared with the previous year. While rape accounts for 38% of all sexual offences recorded by the police, in the year ending March 2021, rape offences recorded by the police fell by 6% to a total of 55,696 offences¹². Evidently, the number of offences

¹¹ Police recorded crime data are supplied by the Home Office, who are responsible for the collation of recorded crime data supplied by the 43 territorial police forces of England and Wales, plus the British Transport Police. Sexual offences are often hidden crimes that are not reported to the police. As such, data held by the police can only provide a partial picture of the actual level of crime experienced, and sexual offences recorded by the police do not provide a reliable measure of trends in these types of crime. Improvements in police recording practices and increased reporting by victims have contributed to increases in recent years, although this effect is thought to be diminishing. The figures do, however, provide a good measure of the crime-related demand on the police.

¹² This is the second year-on-year decrease; prior to the year ending March 2019, the number of rape offences had been increasing annually. This trend is likely to reflect the diminishing impact of recording improvements as well as the effects of national lockdown restrictions. The fall in rape offences recorded by the police was driven by large decreases between April and June 2020, with offences 21% lower than in the respective period in 2019. The number of rapes in subsequent quarters for the year ending March 2021 were similar to their respective periods in the previous year.

recorded by the police is well below the number of victims estimated by the CSEW, with latest estimates from the CSEW suggesting that fewer than 1 in 6 (16%) female victims and fewer than 1 in 5 (19%) male victims aged 16-59 years of sexual assault by rape or penetration since the age of 16 years reported it to the police. Only around 3% of reported incidents result in a charge or summons and less than half result in prosecution/conviction (HM Government, 2021b).

The impact of SAV is largely hidden and often not fully understood, with no identified effects that are unique to these crimes. It is well known however, that the damage and devastation caused are enormous, extremely varied, and often lifelong (NHS, 2018). They present in different ways for different individuals, the commonality being serious trauma and often compound trauma, and trust being a significant factor in the recovery process (NHS, 2018).

Sexual assault and abuse carry the risk of physical injury (i.e., bruising, bleeding, difficulty walking, soreness etc.; Kerr et al., 2003; Joyful Heath Foundation, 2019; Zilkens et al., 2017) and is associated with health consequences including sexually transmitted infections, pregnancy, sexual or gynaecological problems (Jina & Thomas, 2013), and somatic complaints such as pelvic pain (Clum et al., 2001). For victims of SAV, the impact does not just end when the physical effects heal. The memory of the traumatic event can haunt the victim and cause adverse and long-lasting effects on their mental health (Banyan Mental Health, 2021).

In terms of psychological consequences, research shows victims of SAV are typically at increased risk of developing problems such as feelings of hopelessness, shame and guilt, unexplained crying, social isolation or withdrawal, difficulty sleeping, flashbacks or nightmares, panic attacks, anxiety, depression, dissociation, eating disorders, post-traumatic stress disorder (PTSD), substance abuse, self-harm, and suicidal ideation or attempts (Aakvaag et al., 2016; Faravelli et al., 2004; Galatzer-Levy et al., 2013; RAINN, 2021; Tiihonen Möller et al., 2014; Weaver et al., 2007). An international systematic review and meta-analysis by Chen et al. (2010) found the association between sexual assault and abuse and a lifetime diagnosis of anxiety disorder, depression, eating disorders, PTSD, sleep disorders, and suicide attempts to be significant, and present regardless of gender or age at which the abuse occurred. Having a previous history of SAV is also associated with worsened impacts and an increased risk of lifetime diagnosis of multiple psychiatric disorders (Chen et al., 2010; Mental Health America, 2021).

The high prevalence of sexual assault and abuse is particularly concerning given the significant impact these experiences can have on physical and mental health (Dworkin et al., 2017; García-Moreno et al., 2013). The psychological and health consequences of SAV clearly constitute significant and ongoing harm (Lomax & Meyrick, 2020), with the consequences representing a substantial public health burden (Jewkes et al., 2002). It can take many years for an individual to disclose SAV, particularly those people who have been abused or assaulted as a child, or those with a disability (NHS, 2018). Without professional mental health treatment, the effects of SAV can lead to devastating results (Banyan Mental Health, 2021). It is therefore vital that support services consider and address the trauma that survivors of SAV have experienced and do this as soon as possible to prevent long-lasting impacts (Covers et al., 2021).

3.6.1.1. Estimated Prevalence of Sexual Offences in Warwickshire

According to ONS, Warwickshire made up approximately 1% of England and Wales’ whole population (583,786 out of 59,719,724) in 2020. In line with this, Warwickshire accounted for 1% of sexual offences recorded by police in England and Wales in the year ending March 2020 (1,509 of 154,113). The CSEW for the year ending March 2020 estimated that 2.2% of all adults in England and Wales had experienced sexual assault in the previous year. This would be expected to equate to approximately 12,800 victims in Warwickshire for the year ending March 2020. However, Warwickshire police recorded 1,509 sexual offences in that year, meaning that only an estimated 12% of sexual offences that occurred in the year up until March 2020 in Warwickshire were reported to the police. This is lower than latest estimates from the CSEW that suggest around 16% of female victims and 19% of male victims aged 16-59 years of sexual assault by rape or penetration since the age of 16 years report it to the police.

Table 2 Estimated prevalence of sexual offences in Warwickshire split by district/borough for the year ending March 2020.

	Population size mid-2020	Estimated number of sexual offences for year March 2020
North Warwickshire	65,452	1,435
Nuneaton and Bedworth	130,373	2,859
Rugby	110,650	2,426
Stratford-on-Avon	132,402	2,903
Warwick	144,909	3,177
Total for Warwickshire	583,786	12,800¹³

3.6.2. What Works for Supporting Victims of SAV and What More is Needed?

When it comes to responding to, and supporting victims of SAV, there is a notable disconnect in many parts of the processes in place. At an organisational level, the CJS has acknowledged a breakdown in communication between themselves and the police, recognising that more collaborative working is required (HM Government, 2021b). Many incidents of SAV are not reported to the police because victims fear they will not be believed (Molina & Poppleton, 2020) and when reported:

“Further training is often needed for police first responders to improve the quality of initial contact and therefore what happens next.”. (Victims Voice, A report of the Northamptonshire Victims Commissioner, 2013)

There is a systemic failing towards the investigation and prosecution of rape cases, which means fewer cases, or delays in the cases, being prosecuted and victims are failing to receive the support and protection they should (see Criminal Justice Joint Inspection, 2021; HMCPSI, 2019). The treatment of victims throughout the CJS has raised concerns, with victims reporting feeling judged, not being

¹³ Please note data from the CSEW and police recorded figures are not directly comparable, particularly because police recorded data includes sexual offences against victims of a wider age range than the CSEW. This section is just to give a rough indication of the level of under-reporting in West Mercia for the year ending March 2020.

believed, or blamed and describing the process as too intrusive, negatively impacting their recovery, with the stress and psychological pressure being too much for them to cope with. Furthermore, victims report that they were not informed about what was happening at different stages (or this was not communicated in a timely fashion), and they worried about going to court (HM Government, 2021b; Molina & Poppleton, 2020; Victims' Commissioner, 2021). Culminating in victims being more likely to disengage with the CJS process.

Responding to and supporting victims of SAV due to the very nature of the crime, is always going to present challenges due to the vast number of different organisations involved, various commissioned services (including specialist and third sector) and different organisational systems, spanning both healthcare and CJS, which are required to work collaboratively (NHSE, 2018). Obtaining information on current services can be difficult and hinders ability to assess the need, demands, and adequacy of services (NSPCC, 2015). Thus, difficulties with cross-agency working, collaboration and fragmented service delivery are unsurprising, despite the organisations all having similar objectives towards helping and supporting victims.

The government has pledged to do more for supporting victims through transparency, accountability (of agencies), better provision of support and treatment at all points in the CJS (HM Government, 2021b). A joint action plan between the police and CJS for the investigation and prosecution of Rape and Serious Sexual Offences (RASSO) is in the process of being developed (National Police Chief's Council, 2021). The hope is that this action plan will increase collaborative working between government organisations and specialist services to provide better support for victims and enhance communication with service users. In addition, the government are striving to move towards a new default investigatory model which will be used by the police to simultaneously shift the focus of investigations towards the suspect and their offending behaviour, and away from the subjective judgements of victim's credibility (HM Government, 2021b). However, the government Action Plan has been met with criticism, suggested to be:

“Riddled with compromise solutions, necessitated by the tendency of the responsible agencies to blame each other. Consequently, the proposals are underwhelming, both in their scope and resourcing, and represent some real missed opportunities to bring speedy and effective change.”
(Victims' Commissioner, 2021).

A shift towards being victim-focused is seen as a priority in tackling CSA cases, with the government strategy objectives focusing upon preventing offending and reoffending, protecting and safeguarding CYP, and supporting the victims in whole-systems response (HM Government, 2021c). Of the available information about national support services for CSA and child sexual exploitation (CSE), it is estimated that there is a 12% gap in the provisions, which is expected to increase in the future. In particular, younger children appear to suffer more than older children and adolescents (NSPCC, 2015). Better insight into referrals for CSA is needed, with better provisions and secure funding for therapeutic support for CYP (NSPCC, 2015).

Nationally in 2005, local Independent Sexual Violence Advisors (ISVAs) were introduced to provide continuous advice and support to the victims of SAV (Home Office, 2017), irrespective of whether a person has reported it to the police. An ISVA is responsible for completing a risk assessment, needs

assessment, and a support plan for each individual, including consideration of psychological and emotional needs (Home Office, 2017). Although ISVAs may be dual trained, they are not permitted to provide therapeutic services to victims and are instead required to facilitate access to counselling and mental health services where appropriate (Home Office, 2017). A detailed breakdown of the service delivered by an ISVA identified three broad categories of support given to survivors: crisis intervention, ongoing therapeutic support, and advocacy. All service users receive support in at least one of these categories (Hester & Lilley, 2018).

More generally, the NHS strategic response towards SAV outlines and emphasises the importance of all agencies adopting the victim-focused approach to address SAV victims' health and wellbeing needs (NHSE, 2018). However, an independent inquiry into CSA has found that CYP who have experienced CSA face delays in accessing support, exacerbated by support services stating they do not receive adequate funding to provide the specialist and early intervention support required (Franksman et al., 2021).

When looking more closely at what works as a form of care for victims of SAV, specialist services are typically considered to be the most appropriate (Criminal Justice Joint Inspectorate, 2015). Therapeutic interventions, if received soon after a traumatic sexual experience, can prevent the onset of chronic PTSD and reduce the symptoms in individuals already presenting with the disorder. This highlights the need for all victims irrespective of age or sex to be able to access and receive effective therapeutic support in the immediate aftermath of experiencing SAV (Westmarland et al., 2012), particularly as long waiting lists have been found to exacerbate mental health problems (Sanderson, 2006).

In terms of therapeutic support, counselling services are widely used to provide support to victims of SAV. Counselling provides a safe, non-judgemental, confidential space, that gives the individual the opportunity to explore and work through their experiences and the impact that SAV has had on their lives. Counsellors are there to listen, they should not give advice. They are there to help explore and acknowledge thoughts and feelings around SAV and to let the survivor's voice be heard.

With regards to 'what works' in counselling and therapy, NICE (2014) recommend a minimum of 8-12 sessions of trauma-focused cognitive behavioural therapy (TF-CBT) for adults experiencing PTSD or 6-12 sessions of TF-CBT for CYP, followed by 5-15 sessions of group TF-CBT. NICE (2018) also recommend 8-12 sessions of Eye Movement Desensitisation and Reprocessing (EMDR) for the treatment of PTSD. Where a survivor may not respond to TF-CBT or EMDR, counselling and other forms of psychotherapy may be more appropriate. Types of counselling that can be offered to survivors include person-centred counselling (RASA Merseyside, 2022), humanistic therapy (Robinson et al., 2011), and psychodynamic psychotherapy (Price et al., 2014). Together with peer support, there is a strong evidence base that suggests these types of therapy are beneficial to survivors of SAV, although there is not currently clear guidance as to how many sessions should be offered. For this reason, NICE (2018) make it clear that survivors should be offered a choice in their treatment and should be empowered throughout the process.

Further to formal therapeutic support routes, Rape Crisis Centres (RCC) and Sexual Assault Referral Centres (SARCs) are cited as two areas of best practice within SAV. SARCs are a 'one-stop' location

where survivors of SAV can receive medical care, assistance with a police investigation, undergo forensic examination, and access counselling services (Home Office, 2005). SARCs operate with other agencies to provide holistic support for survivors of SAV, including, but not limited to, Accident and Emergency (A&E) staff, GPs, social services, and voluntary organisations. SARCs should be available 24 hours a day, 7 days a week, including public holidays, to provide advice to police and clients, and deliver acute medical and forensic examination. Existing evaluations of SARCs have been positive, with reviews favouring the use of female staff, specifically in carrying out examinations, as well as the practical support provided by SARCs (Hester & Lilley, 2018). However, although SARCs are identified as pivotal in streamlining service provision, they have come up against criticism that they fail to offer enough emotional support for CSE/A (NSPCC, 2015).

3.6.3. Support for Victims of SAV in Warwickshire

Warwickshire's PCC recognises the increasing level of threat posed by SAV and CSA as set out in the Home Secretary's Strategic Policing Requirement (SPR). Accordingly, the PCC has pledged to ensure SAV services are prioritised and appropriately funded, and victims of rape and serious sexual offences are encouraged to report these crimes (PCC for Warwickshire, 2016). There are currently a few specialist SAV specific support organisations within Warwickshire.

For accessing SAV support, the Warwickshire Sexual Assault and Abuse Strategy (SAAS) steering group have compiled a list of services which are made available to victims of SAV, for example, including the Blue Sky Centre, RoSA, Safeline, Barnardo's Exploitation Service, British Pregnancy Advisory Service, Sexual Health Warwickshire, Survivors Trust, Warwickshire police, Warwickshire Pride, and Youth Justice Service (Warwickshire County Council, 2021).

ISVAs have been found to decrease attrition rates of victims throughout the CJS process (Molina & Poppleton, 2020). The OPCC for Warwickshire offer advice for accessing services for victims of SAV on their website which includes the local ISVAs who are able to provide impartial advice to victims on reporting, individualised needs support, support at all points of the CJS process, act as a Single Point of Contact (SPOC), ensure their safety, accessing SARCs, provisions of support from specialist services and additional support available (i.e., housing; PCC for Warwickshire, 2016; 2018). CYP Independent Sexual Violence Advisors (ChISVAs) are also available in Warwickshire, who in addition to a traditional ISVA role, provide more child-specific risk assessments, create support plans, advise children on their rights, monitor, and keep them informed of their case progress, consider safeguarding issues, raise awareness of healthy and unhealthy relationships (i.e., grooming), and try to empower the CYP (PCC for Warwickshire, 2018). A 2014 evaluation of Warwickshire's SARC highlighted positive service user experiences with regards to the building itself, the location, and the staff (Brown et al., 2014).

In summary, nationally it is noted that the processes of responding to SAV crimes require improvement and victims of SAV crimes should be better prioritised. In Warwickshire, support provision for victims aligns with the national organisational responses. Continuing to further understanding of the needs of victims of SAV in Warwickshire is imperative to ensure the services can meet these needs.

3.7. Child Exploitation (CE)

Nationally, CE is a growing concern, in part due to its complex nature, whereby CYP are often both perpetrator and victim of serious harm. CE is encapsulated within an organised criminal business model that takes advantage of an imbalance in power to coerce, control, manipulate, or deceive CYP into criminal activity (The Child Safeguarding Practice Review Panel, 2020). CE typically involves an exchange for something the CYP victim *needs* or *wants*; for financial (or other advantageous) gain; or is the result of a threat of violence (Hill, 2020).

Previously, CSE has been the focus of support services in this area; however, more recently, the landscape has been broadened to include wider forms of CE, which can include:

- Criminal exploitation
- Sexual exploitation
- Missing children
- Hate crime
- Organised crime and county lines (gangs or organised criminal networks exporting illegal substances to one or more areas of the UK, usually by means of exploiting children and ‘at risk’ adults to move and store the substances and money)
- Cuckooing (where illicit substance dealers acquire someone’s accommodation to use as a base for local dealing)
- Modern slavery (using a victim for personal or commercial gain)
- Human trafficking (recruitment, transport/transfer, or harbouring of an individual through force, threat, coercion, abduction, fraud, deception or abuse of powers and other inappropriate means for the purpose of exploitation)
- Extremism (active or vocal opposition to British values).

3.7.1. Prevalence and Impact of CE

Across the UK, CE is increasing in frequency, with peer-on-peer exploitation being the most common form, often conducted through social media (National Crime Agency, 2019). Perpetrators are most commonly 19-20-year-old, White British, males (National Crime Agency, 2019), while males from Black and other minoritised ethnic backgrounds appear to be statistically more at risk of CE than other groups (The Child Safeguarding Practice Review Panel, 2020). Research has not documented any common indicators of CE victims; with the exception of school exclusion, which has been identified as a trigger for a significant escalation of risk (The Child Safeguarding Practice Review Panel, 2020).

CE appears to be on the rise in Warwickshire. Between 2018 and 2019, Warwickshire experienced a 30% increase in individuals under the Exploitation and Missing Children team, making up 40% of individuals discussed in Complex Abuse Strategy meetings. Of those under the National Referral Mechanism (NRM) investigation, 56% were indicated to be involved in CE (30% for CSE and 14% for Modern Slavery; Warwickshire Safeguarding Children Board, 2019). In addition, increases have been found in Warwickshire in CE-related drug dealing networks, acquisitive crime, and county lines (National Crime Agency, 2019). Furthermore, cross-border exploitation (for example, 33% from

Coventry) appears to be a common problem within Warwickshire (Warwickshire Safeguarding Children Board, 2019).

When considering online exploitation, there are 80,000 people predicted to be an online sexual threat towards children nationally (National Crime Agency, 2019), with an estimated 22 incidents of online CE happening each day (NSPCC as cited by Warwickshire Safeguarding Children Board, 2019). Online CE has substantially increased in Warwickshire, with sexual offences and general exploitation increasing by 41% and 68% respectively (Warwickshire Safeguarding Children Board, 2019).

Although numbers of children reported missing for long-term episodes in Warwickshire decreased by over a third between 2018 and 2019, the number of children being reported missing more generally increased slightly. Positively, the numbers of 'Return Home' interviews completed increased, which could aid in the prevention of future missing episodes (Warwickshire Safeguarding Children board, 2019). Of those who go missing, drug and alcohol, mental health, CE and to a lesser degree, gang association, were all notable vulnerabilities (Warwickshire Safeguarding Children Board, 2019).

Warwickshire has observed a decrease in reported incidents of CSE and Multi-Agency Safeguarding Hub (MASH) referrals made for CSE between 2018 and 2019, which is thought to be in part attributable to the substantial increase in intelligence received about those 'at risk' of being exploited and an increase in the use of the NRM. However, boys and young men have continued to raise concern, with rising numbers being identified at risk or receiving support from services (Warwickshire Safeguarding Children board, 2019).

3.7.2. What Works for Supporting Victims of CE and What More is Needed?

Best practice for supporting victims of CE includes a structured, multi-agency approach (Lloyd & Selby, 2015), supported by local safeguarding children's boards and good information sharing (Parliamentary Inquiry Report, 2014). Specifically, in their recent review of exploited children who have either died or experienced serious harm, the National Child Safeguarding Practice Review Panel (2020), described good practice in CE support to include:

- Developing trusting relationships with the CYP to encourage effective communication and aid better risk management
- Responding at the critical moment, including if a CYP experiences school exclusion, physical injury or being arrested
- Working with parents/carers and recognising them as a protective factor
- Long-term strategies for managing a move to new locations, rather than relying on moving CYP and their families out of area for the short-term
- Intensive risk management plans, for example using electronic tags, if there is family support for the plan and a good relationship with the CYP

Key qualities of CE workers include quick response, persistence, tenacity, and creativity. An emphasis on interrupting perpetrator activity has also been highlighted as a priority. All practitioners working with CYP experiencing, or at risk of, CE should receive an appropriate level of training and guidance to

aid them to be able to support victims of CE and their families confidently and effectively. Supporting victims of CE should include:

- Raising awareness and understanding of CE
- Developing a strategic response and aid policing and prosecutions of perpetrators.
- Providing victims of CE with an appropriate, individualised care package, and where appropriate include parents/carers or wider family
- Trauma-informed Cognitive Behavioural Therapy and Developing Resilience strategies (Lloyd & Selby, 2015).

On the other hand, barriers to achieving good practice include the practitioner not being aware of the full range of services options available to the victim of CE. Likewise, lack of understanding around the necessity for onward referrals such as to the NRM, or inconsistent use of these, has been emphasised as an area for improvement (The Child Safeguarding Practice Review Panel, 2020).

3.7.3. Support for Victims of CE in Warwickshire

Numerous initiatives and strategies have been implemented in Warwickshire to respond to the increasing prevalence of CE. A whole-systems approach has been adopted to enhance inter-disciplinary working and build links between services (PCC for Warwickshire, 2018). For example, Warwickshire services benefit from an integrated model of safeguarding called ‘Safeguarding Warwickshire’ which streamlines pre-existing safeguarding boards, partnerships, and ways of working, whilst maintaining a ‘family-focused’ approach (Warwickshire Safeguarding Children board, 2019). Multi-agency working in Warwickshire for CE is expansive and includes linking a vast range of professional services and initiatives¹⁴.

As noted within the Warwickshire CYP Strategy for 2021-2030, there is a planned shift in focus to working with children to reduce future offences (Warwickshire Country Council, 2020). The launch of the first Children’s services strategy for Warwickshire, prioritises strategic partnership between agencies, multi-disciplinary teams, and collaborative commissioning in their aim to reduce domestic abuse, CE, and youth violence. The strategy seeks to do this through:

- Focusing on the child but not the child as an offender
- Working preventatively through improving the quality of children’s lives
- Increasing integrated support for parents/carers experiencing substance and alcohol misuse, for example through the implementation of Family Drug and Alcohol Courts
- Supporting safe internet and technology access for children and families
- Reducing missing episodes and listening, believing, and supporting the victims of exploitation
- Engaging a multi-agency response
- Identifying and managing community risks.

¹⁴ For example, this includes (but is not limited to): County Cyber Crime Advisors (delivering the Warwickshire Cyber Crime Action Plan), the Exploitation Sub-group, RISE services (working with the professional to build on their knowledge and access to support), intelligence services, accessing the ‘Something’s Not Right’ platform, social workers, CE and Missing Co-ordinator roles, Tackling Child Exploitation programme, Exploitation and Missing team (a co-located multi-agency service) and Child Abuse Trafficking and Exploitation (CATE) team (for details see PCC for Warwickshire, 2018).

Preventative work has been conducted within schools across Warwickshire, overlapping with wider educational initiatives and a national drive to decrease school exclusions and implement a trauma-informed understanding and approach (Warwickshire Safeguarding Children board, 2019).

In Warwickshire, when working with victims of CE (and adult exploitation), trauma-informed approaches and restorative practice have been utilised, within a 'contextual' safeguarding framework, which emphasises the importance understanding the victims' lived experiences (Hill, 2020). The strategic objectives are child-centred, focusing on listening to the voice and needs of the CYP. Warwickshire have been embedding the following principles of safeguarding (Hill, 2020):

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability.

For victims of CSE, the introduction of a specialist CSE victim service in Warwickshire has created a means for victims and their families to access a case worker, who provides psychological trauma-informed support and individualised care packages (PCC for Warwickshire, 2018). Looking to the future of support for victims of exploitation in Warwickshire, services should consider a Youth Participation approach, giving a voice to victims, promote the national disruption toolkit, and build capacity in the Early Help arrangements, which are expected to strengthen support provision and engagement of victims (Warwickshire Safeguarding Children board, 2019).

CE is a broad topic, encompassing many forms of exploitation. Processes in place to respond to CE is a growing area and Warwickshire, with several pilot projects used to respond to the increasing needs of victims of these crimes.

3.8. Substance Use

We have used the term substance misuse as a broad term to describe different types of substance use, including illicit drug use and alcohol dependence, this covers:

- Taking a drug for purposes for which it was not intended
- Someone who uses a legal or prescribed medication in a way that was not directed
- Using a drug more often or in larger amounts than recommended, even if prescribed
- Using illegal substances or medications (including CYP under the age of 18 drinking alcohol).

Commonly misused substances include (but are not limited to): illegal/illicit drugs, tobacco, alcohol, painkillers, sleeping pills, cold remedies, and solvents (aerosols, gases, and glue). People take drugs for many different reasons, which will be specific to that individual, but could include: to socialise,

enjoy themselves, 'escape' (different feelings or forget problems they are struggling to cope with), 'fit in', experiment, rebel, self-medicate or relieve pain, or perform better.

Misusing substances is dangerous and common risks associated include health problems (both mental and physical), addiction, accidents, poor academic or work performance, financial difficulties, legal trouble, overdose, and death. Risks will depend on how much and how often the substance is taken, other things present in the substance, interactions with other substances (such as alcohol or prescription medication), the route of administering (injecting is typically the most dangerous), and personal factors like the individual's expectations and their state of mind before using.

3.8.1. Prevalence and Impact of Substance Use

Since 2013, reported drug use amongst adults has increased by 15% (28% for individuals aged 16-24 years old), equating to 1 in 11 (or 3.2 million) 16-59-year-olds taking substances in the last year (ONS, 2020c). Of these individuals, 1.1 million report having taken a Class A drug. Nevertheless, cannabis remains the most commonly used substance in England and Wales, equating to 2.6 million 16-59-year-olds per year (one third describing themselves as frequent users), a prevalence which has slowly increased since 2013 (ONS, 2020c). The COVID-19 pandemic has not appeared to influence the number of individuals who report taking substances in England and Wales (ONS, 2020c). Overall, younger (16-24-year-olds), males, from lower-income households, and reporting lower personal wellbeing, were those most likely to have taken substances in 2019-20 (ONS, 2020c).

In a needs assessment conducted in Warwickshire in 2018, alcohol was identified as more of an issue in North Warwickshire and Nuneaton and Bedworth, whilst drugs were problematic in Stratford-on-Avon and Nuneaton and Bedworth. Mirroring national figures, cannabis appears to be the most commonly misused substance in Warwickshire (88%), followed by alcohol (36%; PCC for Warwickshire, 2022). Latest (2016-17) local prevalence estimates and rates per 1,000 population of opiate and crack users aged 15 to 64 available in Warwickshire show that there were:

- 1,791 opiate users (rate of 5.12)
- 1,245 crack cocaine users (rate of 3.56).

Both of these rates were lower than the average across the whole of the West Midlands and England.

Within the Office of Health Improvement and Disparities' recently published report on the adult substance misuse treatment statistics for 2020-21, there were reported to be 275,896 adults in contact with drug and alcohol services between April 2020 and March 2021. This is a small rise compared to the previous year (270,705). The number of adults entering treatment in 2020-21 was 130,490, which is similar to the previous year's figure (132,124) and continues to be relatively stable after falling steadily since 2013-14. However, the COVID-19 pandemic has impacted support for those misusing substances. Many patients on opioid substitutes (i.e., methadone, buprenorphine/subutex, or espranor) changed from collecting their medication from pharmacies on a daily basis, to having take-home doses, and fewer people have been able to access inpatient detox units (Office of Health Improvement and Disparities, 2021). Furthermore, during lockdowns, reduced access to schools limited opportunities for CYP to be referred to substance misuse services (Office for Health

Improvement and Disparities, 2022). This trend was also reflected in prisoners and prison leavers (Office for Health Improvement and Disparities, 2022b).

There were 110,095 people who exited the drug and alcohol treatment system in 2020-21. Half left having successfully completed their treatment, free from dependence, which was a slight increase in the proportion of people who successfully completed treatment since the previous year (47%).

Within the Office of Health Improvement and Disparities' report (2022), some of the latest key trends were highlighted as:

- Over half (51%) of the adults in treatment were there for problems with opiates, and this remains the largest substance group.
- People in treatment for alcohol alone make up the next largest group (28%) of all adults in treatment. The number of those rose by 3% from the previous year (from 74,618 to 76,740) but this small increase comes after a decline from a peak of 91,651 in 2013-14.
- In contrast to previous years, there has been a fall in the number of adults entering treatment for crack cocaine. This includes people who are using crack with opiates (25,043 to 21,308) and those who are using crack without opiates (4,651 to 4,545). The number of people entering treatment for crack is now at the lowest level since 2016-17.
- People starting treatment in 2020-21 with powder cocaine problems decreased by 10% (from 21,396 to 19,209). This ends a rising trend over the last 9 years, which began in 2011-12.
- New entrants with cannabis and benzodiazepine problems increased again this year, with a 5% increase in cannabis (from 25,944 in 2019 to 2020 to 27,304 this year) and a 6% increase in benzodiazepines (from 4,083 in 2019 to 2020 to 4,321 this year).
- Although the numbers are relatively low, there was an increase in adults entering treatment in 2020-21 with ketamine problems (from 1,140 in 2019 to 2020 to 1,444 this year). This is a 27% rise in one year and is part of a trend in rising numbers entering treatment over the last 7 years. The total is now nearly 3.5 times higher than it was in 2014-15.

Drug use is a significant cause of premature death in England, as the ONS drug poisoning data has shown. In 2015, around 1 in 7 deaths for those in their 20s and 30s results from drug poisoning (ONS, 2015). Since 2012, drug-related deaths in the UK have increased by 80%, with an upward trend in drug poisoning deaths between 1993 and 2019. This increase is largely due to a sharp rise in heroin deaths, which have doubled over this time (HM Government, 2021d). It is thought that the COVID-19 pandemic is likely to have exacerbated use of substances as a means to self-medicate mental health problems and thus, further increase substance-related deaths (Houghton et al., 2021). In England, tragically, the number of deaths from drug misuse registered in 2020 was 2,830, the highest level since records began.

The total number of people who died while in contact with treatment services in 2020-21 was 3,726 (1.4% of all adults in treatment). This represents a 27% increase of deaths in treatment compared to the previous year (2,929, or 1.1% of all adults in treatment). In 2019-20, all substance groups except opiate users saw a decrease in deaths in treatment compared to the previous year. By contrast, there were increases in the proportion of people dying while in treatment in all substance groups in 2020-21. There were increases in the:

- Opiate group by 20%
- Non-opiate only group by 36%
- Non-opiate and alcohol group by 37%
- Alcohol only group by 44%.

In Warwickshire, a previous needs assessment indicated that between 2010 and 2014 there were 117 drug related deaths registered, 65% of which were males and 35% females and over half were deaths of individuals in their 30s and 40s. The highest rates of deaths were in Warwick District (4.9 per 100,000 population) and the lowest in North Warwickshire and Rugby Boroughs (both 3.5 per 100,000 population¹⁵).

A distinct link has been established between substance use and criminal activity; 40% of violent crimes are believed to be alcohol related and 45% of acquisitive crime related to opioid or crack cocaine use (PCC for Warwickshire, 2018). Further challenges are posed by organised crime groups and county lines supplying drugs to individuals in the community and in prison, leading to an increase in the prevalence of violence and exploitation of CYP (HM Government, 2021c).

It is estimated that the costs associated with illicit drug use are over £19 billion per year. Drug-related crime is the main driver of these costs, making up nearly half. The harms from drug-related deaths and homicides make up the next largest cost. Expenditure on drug treatment and prevention is only a small proportion of the total costs. The estimated costs per year associated with drug use are:

- £9.3 billion for crime and the CJS
- £6.3 billion for drug related deaths
- £1 billion for adult family and carers of drug users
- £0.7 billion for enforcement
- £0.6 billion for children’s social care
- £0.6 billion for drug treatment and prevention
- £0.9 billion for other costs (including social care, drug-driving, drug-related secondary care, prison treatment) .

Most of these costs (86%) are incurred by the 300,000 users of illicit opiates and crack cocaine estimated by PHE. The average annual cost of someone using these drugs is estimated to be approximately £58,000. This compares to an average annual cost of less than £1,000 each for the 3 million users of other drugs.

Alcohol-related healthcare costs in Warwickshire are an estimated £30.8 million, equating to £70 per adult. There is strong evidence to show that for every £1 invested in specialist alcohol treatment, £5 is saved on health, welfare, and crime costs.

¹⁵ Please note analysis at county level should be treated with a degree of caution bearing in mind that overall numbers, for the 5-year period, averaged at little more than 20 deaths per year across the county.

Evidently, complex needs can co-occur for those who are dependent on, or addicted to substances, including mental health problems, engaging in criminal behaviour, and homelessness. Over one-sixth (17%, or 22,493) of adults entering treatment for substance use in 2020-21 said they had a housing problem. This proportion varied by substance group, ranging from 1 in 10 (10%, or 4,941) of those starting treatment for alcohol problems alone, to almost a third (30%, or 11,286) of those starting treatment for problems with opiate use. As in previous years, people starting treatment for problems with new psychoactive substances (NPS) had the highest proportion of housing need of any substance group (45%). Nearly two-thirds (63%, or 82,613) of adults starting treatment said they had a mental health treatment need. This is part of a trend of rising numbers over the previous 2 years (from 53% in 2018-19). Over half of new starters in all substance groups needed mental health treatment. This need ranged from 57% in the opiate group to nearly three-quarters (71%) of the non-opiates and alcohol group.

3.8.2. What Works for Supporting Individuals Using Substances and What More is Needed?

Treating substance use can prevent a range of negative repercussions for both the individual and society as a whole, as well as reducing a significant number of criminal offences from occurring (PCC for Warwickshire, 2018). Therefore, tackling substance use is imperative.

The National Institute for Health and Care Excellence (NICE) recommends that Mutual Aid (i.e., alcoholics anonymous [AA], narcotics anonymous [NA], cocaine anonymous [CA], SMART Recovery, etc.) should be offered for those requiring support for substance misuse (PHE, 2013). Mutual Aid groups are evidenced-based, most commonly delivered through a 12-steps fellowship (self-help philosophy developed in the 1930s, for example AA, NA, and CA) or utilise cognitive behavioural techniques (for example, SMART Recovery; PHE, 2013). Mutual Aid support is sometimes also offered for individuals involved in the CJS through continuity of care following release from prison (PHE, 2018). However, importantly, NICE guidance recommends promoting choice and encouraging development of good support systems (PHE, 2013). Other evidence-based treatments included residential treatment, reported to be cost effective and efficient for the treatment of substance misusers with complex needs (Phoenix Futures, 2021). Delivering harm reduction advice is also an approach taken when responding to the needs of individuals who are addicted to substances. A common misconception about harm reduction is that it condones or encourages drug use, when in reality it can be used whilst the individual is still drinking, using drugs, or engaging in other addictive behaviours, to reduce associated risks and harms as much as possible. This can support longer-term goals working towards abstinence from substances but focuses on immediate exposure to harm in the interim period.

Research suggests more could be done to strengthen the pathways into substance misuse services to ensure that those in need of support can access it (Houghton et al., 2021). In relation to services offered, it is felt the treatment system for substance use is not sufficient to meet the needs of those who require help, for example, it is estimated that at least half of those addicted to opiates and crack cocaine are not engaging in any form of treatment (HM Government, 2021d). Accordingly, the UK Government has launched a 10-year plan to address unmet needs, which includes investing £780 million into a 'world-class treatment and recovery system', involving collaboration between services from different governmental departments for 'Levelling Up', Housing and Communities; Health and

Social Care; Justice; and Work and Pensions (HM Government, 2021d). More specifically, local authority commissioned substance misuse services will be rebuilt to improve capacity, outcome, and quality. Community services for those who have been involved in the CJS will be improved. Additionally, wider initiatives for working with prison leavers have been incorporated into the Prison Strategy White Paper (MoJ, 2021b), including better resettlement plans (Resettlement Passport), unified probation service, providing better access to accommodation and employment, and improved treatment for substance misuse.

3.8.3. Support for Individuals Using Substances in Warwickshire

Between 2010 and 2015 in Warwickshire, the number of individuals in alcohol misuse services increased from 1,219 in 2010-11 to 1,297 in 2014-15. The majority of individuals in treatment were from the 40-44-year-old age group (17%), and two thirds (66%) were within the age range of 30-59. At the time, 18–20-year-olds were using services significantly less compared to national averages, which contradicted findings that indicated young people in Warwickshire drink more compared to national figures. As a potential explanation for this, services users indicated problems with the transition period from CYP to adult services.

Completing structured alcohol treatment and not re-presenting within 6 months, can increase longevity, reduce alcohol related illnesses, and hospital admissions. However, figures in Warwickshire have been inconsistent, compared to national figures which demonstrated an improvement. In comparison to other similar areas, Warwickshire has significantly lower rates for alcohol related hospital stays, although rates have been increasing at a faster rate than other areas (PCC for Warwickshire, 2022), which has been attributed as related to the lower-than-expected use of alcohol treatment services, some issues regarding access to services, and inconsistent performance of the treatment services (PCC for Warwickshire, 2022).

It has previously been recommended that local areas should develop good working relationships with Mutual Aid organisations to assist with better pathways to support (PHE, 2013a). Public Health England offer a self-assessment tool which can aid local authorities to understand availability of Mutual Aid, and gaps and barriers in their service to ensure effective commissioning of substance misuse services (including in-patient and residential treatment; PHE, 2013b). In Warwickshire, the latest needs assessment indicated that local services lack a clear pathway connecting them to wider services like mental health (PCC for Warwickshire, 2018). As such, it was suggested that Warwickshire would benefit from a whole system approach with the focus upon partnership working using a person-centred approach (PCC for Warwickshire, 2018).

Further to this, other recommendations by the previous needs assessment in Warwickshire (2018) included exploring the development of a peer-led recovery community model, and involving service users in all aspects of the service by providing an independent service user forum which would influence and shape the drugs and alcohol services (PCC for Warwickshire, 2018). This echoes previous recommendations of best practice that involve helping service users create connections between each other and providing service users with a voice to enable them to have a say in their care. Other recommendations included a greater need for multi-agency working to ensure service users' needs are fully met and they do not 'fall through the cracks', as well as early intervention, which again reflects

previous findings that early intervention prevents issues from becoming more complex and serious, particularly where CYP are concerned.

3.9. Modern Slavery and Human Trafficking (MS/HT)

Modern Slavery (MS; also, sometimes referred to as ‘Modern Day Slavery’) is the ‘illegal exploitation of people for personal or commercial gain’, which encompasses a wide range of activities from sexual and criminal exploitation and abuse, domestic servitude, forced labour, and organ harvesting, and can result in victims of any age, gender, ethnicity, and nationality (Hill, 2020).

Human Trafficking (HT) can include ‘the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation’ (Hill, 2020).

3.9.1. Prevalence and Impact of MS/HT

Statistics on the prevalence of MS/HT are very limited as these are still largely believed to be ‘hidden crimes’ and are often associated with additional barriers to recognising the crime, reporting to the police, or accessing support services. Generally, there is also a lack of understanding around the impact of these types of crime on victims and research is still in its infancy.

Between 2016 and 2019, the recorded numbers of MS/HT offences substantially increased, with a 51% increase in latter year (equivalent to 5,144 offences)¹⁶. Nationally, the most commonly reported form of MS/HT is forced labour (ONS, 2020c). The majority of the MS/HT victims supported through The Salvation Army (i.e., NRM) were female (55%) and they most commonly had been victims of domestic servitude and sexual exploitation (83% of victims were female), while labour exploitation was the most common type of MS/HT experienced by male victims (86% of victims were male; ONS, 2020c). In 2019, a total of 322 prosecutions were made, and 84% of the defendants were male (ONS, 2020c).

3.9.2. Approaches to Preventing MS/HT and Local Expectations

With the drastic increase in MS/HT, governmental response has included the introduction of several initiatives to attempt to tackle the problem. In relation to supporting victims of MS/HT, the predominant means of gaining support is operated through the National Referral Mechanism (NRM). The NRM was introduced in 2009 and is a framework for identifying and referring victims for support and protection (ONS, 2020c). Within the space of 10 years, referrals to the NRM have increased drastically; from 710 in 2010 to 6,985 in 2018 (ONS, 2020c). The NRM framework identifies level of support victims can access and, if applicable, a recovery needs assessment is completed and a Victim

¹⁶ It is important to note that changes in the recorded prevalence of MS/HT could be partly reflective of better awareness and recording practices.

Care Contractor (VCC) assigned, who can then offer a wider range of support options including practical, legal, employment/financial, and emotional support (PCC for West Midlands).

In 2017, a reformed programme was launched to improve availability of support services, establish more dedicated professional roles and a new digital system (Local Government Association, 2017). Independent Child Trafficking Advocates (ICTAs) were assigned to early adopting sites in the UK to represent and support child victims who had been allocated 'reasonable grounds' status and the Salvation Army are contracted by the Government to provide support required by victims (Local Government Association, 2017). Since the reform, the Government response to MS has continued to expand and develop.

A Government annual report on MS published in 2021, outlines plans to increase awareness via training and learning for First Responders and housing authority staff, as well as wider organisational training for the National Crime Agency and police forces provided by the Modern Slavery and Organised Immigration Crime (MSOIC) Programme and National County Lines Coordination Centre (NCLCC; MSOIC Programme, 2021; HM Government, 2021a). In addition, better support and decision making has been adopted through the NRM Single Competent authority, Multi-Agency Assurance Panels of Experts (MAAPs) and by the introduction of the Recovery Needs Assessment and individual 'journey plans' (HM Government, 2021a). Furthermore, the Home Office have attempted to increase prevention of MS through continuing to fund research through the Modern Slavery Policy and Evidence Centre (an independent research consortium), provide small grants to PCC (up to £3,000) to support local preventative activities, and intend to launch a Modern Slavery Prevention fund (MSOIC Programme, 2021). However, the Government have also recognised the need to embed the survivors' voice into future policy to develop better understanding and responses towards MS/HT (HM Government, 2021a).

A disparity has been uncovered between the police and other agencies in terms of taking a lead in partnership working towards anti-slavery (Such et al., 2018). In particular, healthcare organisations tend to sit on the periphery of multi-agency MS/HT response and training around MS/HT to healthcare organisations often is locally initiated, variable, and small scale. Despite this, healthcare professionals are thought to be able to provide a valuable contribution to the prevention of MS/HT through raising awareness and supporting the development of preventative policies (Such et al., 2018). Similarly, 'Joint Investigation Teams' (the alliance with European police forces) has been described as poorly managed, which likely hinders the effectiveness of intended joined-up working (Severns et al., 2020). Specifically, investigations have been found to be inadequately supervised with a lack of co-ordination between forces, often closed too early, or been delayed. In terms of working with victims of MS/HT, there have been failings in maintaining contact and insufficient safeguarding measures.

At a local level, councils are expected to identify and refer victims to the NRM, and support victims (i.e., through safeguarding, social care, and housing). Additionally, it is recommended that local authorities nominate a local professional with specialist knowledge in child trafficking who can act as an advisor. For adult victims, local authorities follow government homelessness legislation and the Care Act 2014 for guidance on their responsibilities for assessing and supporting victims (Local Government Association, 2017). For individuals who have 'no recourse to public funds' through the NRM and are unable to access funds through the Home Office, local authorities may still have

provisions to support the victim (Local Government Association, 2017). Such support for housing and finance can be provided under the Care Act for individuals defined as having a disability, mental health problems, or young people previously looked after by the local authority (i.e., unaccompanied asylum-seeking children; Local Government Association, 2017).

Evidence of good practice with MS/HT has been noted from different regional responses. The West Midlands have developed 'Victim Care Pathways', which provide exit routes from exploitation and pathways into support, which helps victims who may find escaping exploitation and making themselves known to local authority difficult¹⁷. Local organisations within the West Midlands are also developing clearer referral routes and increasing support, as can be seen from the West Midlands Anti-Slavery Network (WMASN) who have developed a detailed toolkit for professionals.

3.9.3. Support for Victims of MS/HT in Warwickshire

Warwickshire's OPCC MS/HT Annual Statement 2021-22 highlights that they take a 'zero tolerance' approach to MS. A focus on business dealings and supply chains reflects a wider governmental approach to tackling MS through monitoring organisations' supply chains and upholding of the Modern Slavery Act 2015 (see UK Parliament, 2021). A performance indicator has been set that 'no reports are received from employees, the public, or law enforcement agencies to indicate that MS practices have been identified', which will measure the effectiveness of Warwickshire's PCC response. In addition, a local training package has been made available entitled 'See Past the Obvious — Vulnerability and Serious Crime'. This training for Warwickshire County Council staff and partner agencies aims to raise awareness about types of serious and organised crimes, the individuals who might be vulnerable to these crimes, what the signs of these crimes might be, and how to report these. However, any distinct projects aimed at supporting the victims of MS/HT do not seem to be clearly signposted (see our findings section for more exploration of this with professionals working in Warwickshire).

3.10. Promoting Inclusivity when Supporting Victims of Crime and Individuals Misusing Substances

As mentioned throughout this literature review, many barriers exist for accessing support, including difficulty accessing services or failings in the procedural responses towards supporting victims. The Victim's Commissioner (2021) has indicated that she will be pushing for better support for those who are marginalised or face barriers to accessing support.

It is important to note that members of communities with protected characteristics may be exposed to additional experiences of victimisation and barriers, which are very briefly explored here.

3.10.1. Minoritised Ethnic Communities

¹⁷ For more information, please see: www.birmingham.gov.uk

We have tried to detail within the literature review so far where research has described disparities in victimisation for different ethnicities. Those from minoritised ethnic backgrounds are typically considered to be among those least likely to access support and many of the barriers to accessing or engaging with victim services are exacerbated for minoritised ethnic communities, particularly issues such as stigma and fear or mistrust of authorities and services. Additionally, individuals from minoritised ethnic backgrounds are more likely to live in the most deprived communities in the UK, and as such tend to have poorer access to services.

When exploring the specific barriers victims from minoritised ethnic communities face in accessing or reaching out for support, an engagement report conducted in 2021 with 107 organisations working with victims of CSA summarised six common themes:

1. Victims experience mistrust in, or inadequate access to, organisations such as health and social care, the police and SAV specific services. In addition, victims voiced experiencing racism from statutory services.
2. Language barriers, including poor quality interpreting services which can be a particular barrier to disclosure.
3. Closed communities sometimes act as a barrier to disclosure, but also community leaders sometimes restrict access to external support services. By restricting external support, it was felt this could 'protect the community and culture from influence or harm'.
4. The culture and religious needs of victims were not always felt to be recognised or they felt 'cultural sensitivity' is sometimes used as an excuse to treat those from minoritised ethnic communities differently which acts as barrier to victims disclosing or reporting their abuse.
5. Shame and honour can act as a barrier to disclosure and reporting.
6. Being removed from school at a young age limits learning about consensual sexual activity and act as a barrier to disclosure and reporting (Kaiser, Choudhury, Knight and Gibson, 2021).

Cultural awareness amongst professionals is paramount to ensure culturally specific needs are met (Dunn, 2007). Many agencies lack awareness, knowledge, and understanding of minoritised ethnic communities and this is at times accompanied by a lack of input, care, and follow up with victims. One of the main dangers with this is an increased risk for under-reporting and a rise in 'hidden victims' from minoritised ethnic communities (Safe Lives, 2012). There is also a greater risk of so called 'honour-based violence' within minoritised ethnic communities, an issue which is intensified when victims do not have confidence in agencies' awareness of this (Safe Lives, 2012). Subsequently, individuals from these communities commonly lack trust in support services to respond adequately to their needs as a victim. Problems with trust, especially the police, is exacerbated for those victims who have had negative past experiences with public services in their country of origin (i.e., police corruption; Safe Lives, 2012).

There also appears to be a disparity in access to support between the second generation of minoritised ethnic victims and 'recently arrived groups', including refugees and asylum seekers. This is predominantly believed to be because of a lack of existing support networks for those who have recently arrived in the UK, or due to them experiencing no recourse to public funds. An individual's concerns around their potential uncertain immigration status further influences their chances of engagement with services (Safe Lives 2012). Often minoritised ethnic victims report a preference for

community-led services. While some may prefer workers of the same ethnic background, other minoritised ethnic victims raise concerns around confidentiality if the worker is from the same social network as themselves (Hester et al., 2012). These are all things that must be considered by victim services when supporting or reaching out to individuals from minoritised ethnic backgrounds.

3.10.2. LGBTQ+ Community

Data from the CSEW indicates that LGBTQ+ individuals are more likely to be victims of all crime types when compared to cis-gender people identifying as heterosexual (ONS, 2019). However, there is extremely limited research exploring this in depth, and there is a particularly noteworthy absence of literature examining victimisation of those identifying as intersex. Of relevance to this VNA, a systematic review of literature found that transgender individuals are 2.9 times more likely to experience sexual abuse when compared to cisgender individuals (Peitzmer et al., 2019). In a recent survey of over 900 LGBTQ+ victims, 23.5% of them believed they experienced SAV which was intended to convert or punish their identity as LGBTQ+ (Galop, 2022)¹⁸. Although beyond the scope of this VNA, in comparison to their heterosexual counterparts, lesbian, gay, and bisexual individuals are twice as likely to experience domestic abuse and intimate partner violence, which is even more common for those who identify as transgender (Field & Rowlands, 2020), and the risk is increased further when the individual is also from a minoritised ethnic background (Love et al., 2017)¹⁹.

Despite a slight recent growth in research into LGBTQ+ people's experience of victimisation, specific considerations for the LGBTQ+ community remain largely invisible in policy and practice. LGBTQ+ individuals are disproportionately underrepresented in voluntary and statutory services, including CJ services and there are very few support services specifically targeting this community. Recent studies have illustrated that transgender individuals, when compared to cis-gender individuals identifying as lesbian, gay, or bisexual are more likely to face discrimination and are least likely to access support services (Love et al., 2017). As an example, research has described how transgender women and non-binary victims report not feeling welcome when accessing women only SAV specific services, which can lead to them feeling excluded (Love et al., 2017).

It is essential that practitioners always seek to understand the unique identities and needs of the people they support (SafeLives, 2018). As such, an approach that assumes all victims of crime share a single homogeneous identity is unlikely to be effective, and frontline practitioners need to be mindful of how their client's sexual orientation and/or gender identity may intersect with their experiences of victimisation and understand how these impact on the support they require (SafeLives, 2018). Evidently, insight into victimisation within the LGBTQ+ community is limited, and tailored responses are scarce (Gray et al., 2020), justifying the necessity for further research into this area.

¹⁸ Evidence suggests that both 'corrective rape' and 'conversion therapy' are more likely to be experienced when an individual is from a minoritised ethnic background and identifies as LGBTQ+. Corrective rape can also be called curative or homophobic rape and is a hate crime in which a person is raped because of their perceived sexual orientation or gender identity, the typical intended consequence of the rape, as seen by the perpetrator, is to turn the person heterosexual or to enforce conformity with gender stereotypes. Conversion therapy is the pseudoscientific practice of trying to change an individual's sexual orientation from homosexual or bisexual to heterosexual using psychological, physical, or spiritual interventions.

¹⁹ For a detailed exploration of domestic abuse within minoritised ethnic and LGBTQ+ communities, please see TONIC's recent report for the Home Office, published here: <https://tonic.org.uk/the-perpetration-of-domestic-abuse-by-those-within-minoritised-communities/>

3.10.3. Consideration of other Protected Characteristics

Inequality in service provision has been noted for victims with other protected characteristics too, including age. Services for victims (particularly in the case of domestic abuse and intimate partner violence) are not always age-appropriate or targeted towards older people, resulting in older people not feeling heard (Safelives, 2016). Older adults who are victimised by someone they trust can face a variety of barriers that prevent them from seeking help. A recent systematic review found that they may be fearful of consequences for themselves (e.g., institutionalisation, retaliation) or the perpetrator, may experience feelings such as shame or self-blame, or may lack knowledge about relevant formal services (Fraga Dominguez et al., 2021).

In general, there is a lack of research exploring the experiences of victims with protected characteristics accessing support services. Not only is it important to understand the barriers to accessing support, but also whether the needs of victims with protected characteristics are effectively being met and addressed through support services. Importantly, consideration should always be given to the differing experiences of members of communities such as the LGBTQ+, as they are not a homogenous group (Field & Rowlands, 2020).

3.11. Literature Review Summary

Presented within this literature review is a summary of some of the available research on types of victimisation and the prevalence of related crimes. We have set out some of the processes in place both nationally and locally to support victims, exploring what appears to work. The impact of crime on victims and the economy is vast and enduring, and therefore, understanding the needs of victims in relation to the support provided to them from services is imperative. The current commissioning landscape for service provision is complex due to being split between a range of commissioning bodies, and improvements at all levels, with additional funding is required to improve support to victims of crime and those misusing substances, in particular with a focus on increasing support for SAV, CE, minoritised ethnic groups, the LGBTQ+ community, and disabled victims. The COVID-19 pandemic has not only influenced the prevalence of certain types of crime, but also the additional needs of victims, and has increased barriers to accessing and engaging with services, all of which must be considered moving forward. The Victim's Code of Practice (2021) sets out what rights and treatment victims can expect from CJ agencies, however more generally it is recognised that victims want to be heard and included in processes, require specialised and multi-agency working, preferably through face-to-face support.

Latest estimates from the CSEW reveal that 8 in 10 adults were not a victim of crime in the year ending September 2021. There was a total of 36,635 crimes (excluding fraud) recorded by police in Warwickshire for the year ending March 2021, which was a 15% decrease on the previous year, mirroring the trend across the whole of England and Wales. There were 4,006 fraud offences recorded by the police in Warwickshire and 16,741 incidents of anti-social behaviour for the year ending March 2021. Nationally, there was a 47% increase in fraud and computer misuse crimes in the year ending September 2021. Police in Warwickshire recorded an increase in violence against the person, drug offences, public order offences, miscellaneous crimes, and anti-social behaviour incidents compared

to the year ending March 2020. This reflected trends across the whole of England and Wales. All other crime types recorded by the police decreased.

A substantial number of SAV offences are reported each year and Warwickshire's prevalence appears to be in line with the national figures. Although this is undoubtedly only a small snapshot of the true picture, with underreporting being particularly problematic for SAV. The long-term consequences of experiencing SAV is often severe for the victim; however, the processes in place to support victims of SAV are perceived to be disconnected at both an organisational and investigative/prosecution level. Failings in the sector have been noted by the government and a joint action plan between the police and CJS is being developed. While CSA has already seen a shift towards being more victim-focused, problems with accessing support persist. Generally, it has been recognised that specialist services and therapeutic interventions are imperative to supporting SAV victims. Within Warwickshire, local ISVAs and ChSVAs have been introduced and offer a range of advice and support, including helping victims with accessing the SARC. Wider support is available to victims of SAV in Warwickshire through various organisations and third sector services.

Child exploitation is a broad form of victimisation which is increasing in prevalence, involving many different types of crime, and often complicated due to involving CYP who are both victim and perpetrator of criminal offences. At a service level, good practice has been recognised to include skilled practitioners working closely with the CYP and their families in a trauma-informed way both preventatively and responsively, and developing robust risk management plans supported through multi-agency working and information sharing. Several initiatives and projects are available in Warwickshire which aim to support the victims of CE (including CSE) and echo good practices which have been recognised nationally.

Substance use nationally [REDACTED] remains a cause for concern. Those who use substances often have other complex needs, such as mental health problems or experiencing homelessness. As well as creating victims in itself, substance use increases the likelihood of participation in other crimes (including violent crimes) and therefore, preventing or providing support for those who use substances can have a wide-reaching positive impact on society. Mutual Aid and psychosocial interventions alongside delivering harm reduction advice are typically the recommended approaches for providing support. Evidence has suggested that residential treatment can also be effective. Having choice over the type of treatment engaged in, is viewed to be important. However, it seems that for many, they cannot access the support they need, or it is inadequate and pathways into services need strengthening, particularly for individuals involved in the CJS (i.e., prison leavers).

[REDACTED]

[REDACTED]

Modern Slavery and Human Trafficking are forms of exploitation and involve a wide range of criminal activities. Records of MS/HT have increased substantially in recent years. The NRM is the most commonly recognised governmental response to addressing MS/HT and includes the victim being identified and referred on to the appropriate support services.

4. CURRENT COMMISSIONED SERVICES

The OPCC has provided funding for a number of county-wide commissioned or co-commissioned services, as outlined in the table below.

Table 3 Details of current PCC commissioned victim support services within Warwickshire²⁰.

Service Provider	Service Funded	Aim of Service	Value of Commission
Victim Support	Victim Support Services	To deliver support services for victims of crime by assisting victims of crime to cope and recover through practical and emotional support.	£498,941
Barnardo's	Child Sexual Exploitation (CSE) Recovery Service	To deliver direct interventions and training across key PCC and Warwickshire County Council priorities, including early identification/prevention, support for children, parents, and carers.	£158,562
Barnardo's / RoSA	Sexual Abuse and Violence (SAV) Recovery Service	To deliver support services for victims of sexual abuse and violence. Including Independent Sexual Violence Advisors/Therapeutic counselling and pre-trial therapy.	£228,364
Change, Grow, Live (CGL)	Substance Misuse Support Services (Adults)	To provide drug and alcohol interventions to those at higher risk within the CJ services.	£146,143
Compass	Substance Misuse Support services (Children and Young People)	To provide drug and alcohol interventions to those at higher risk by raising young people's awareness of the consequences of substance misuse and reducing the risk of them entering the CJ system	£74,494

²⁰ Please note this table excludes Refuge's Independent Domestic Violence Advisor (IDVA) and IRIS and NHS England's Sexual Assault Referral Centre (SARC) Adult and Paediatric Service.

4.1. General Victim Recovery Service: Victim Support



Victim Support is an independent charity, working towards a world where people affected by crime or traumatic events get the support they need and the respect they deserve.

The support they provide in Warwickshire aims to help people feel safer and find the strength to move beyond crime. This support is free, confidential, and tailored to the individuals' needs. Support is available regardless of whether the crime has been reported or how long ago it happened. Their specialist teams deliver a range of tailored support, including emotional, practical or advocacy, speaking up for victims' rights, and ensuring their needs are met in the CJS.

They provide immediate help and information on the phone including:

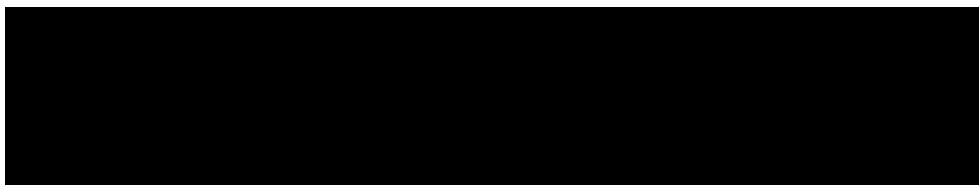
- Information about police and court procedures
- Advice on personal safety
- Providing an independent person to talk to in confidence

Victim Support have a dedicated team of Independent Victims' Advocates (IVAs) who have specialist knowledge in supporting people affected by crime and have specialist CYP caseworkers who provide support to those aged between 4-17 years, who have either been the victim of, or witnessed, crime. Additionally, Victim Support utilise a network of specially trained volunteers. Workers are all based in local offices but can provide support from a number of non-stigmatised community venues, home visits, and telephone support.

Victim Support are specifically commissioned to support victims of: Burglary, Hate Crime, Assault, Fraud/Cyber-crime, and Anti-Social Behaviour ([ASB] as long as this has been 'crimed') and any vulnerable or repeat victims. Crime reports within these five strands reach Victim Support via Athena on the overnight data transfer. However, Victim Support will support anyone regarding any crime if the person self-refers or is referred by a partner agency including the police.

In partnership with Warwickshire Police and other agencies, Victim Support is helping victims of crime access a bespoke Restorative Justice service. Restorative Justice is a process that brings together people harmed by crime with those responsible for the harm. This communication, using experienced facilitators, enables everyone affected by the crime to repair the harm and find a positive way forward.





4.2. Vulnerability-related specialist support service for victims of Sexual Abuse and Violence: RoSA



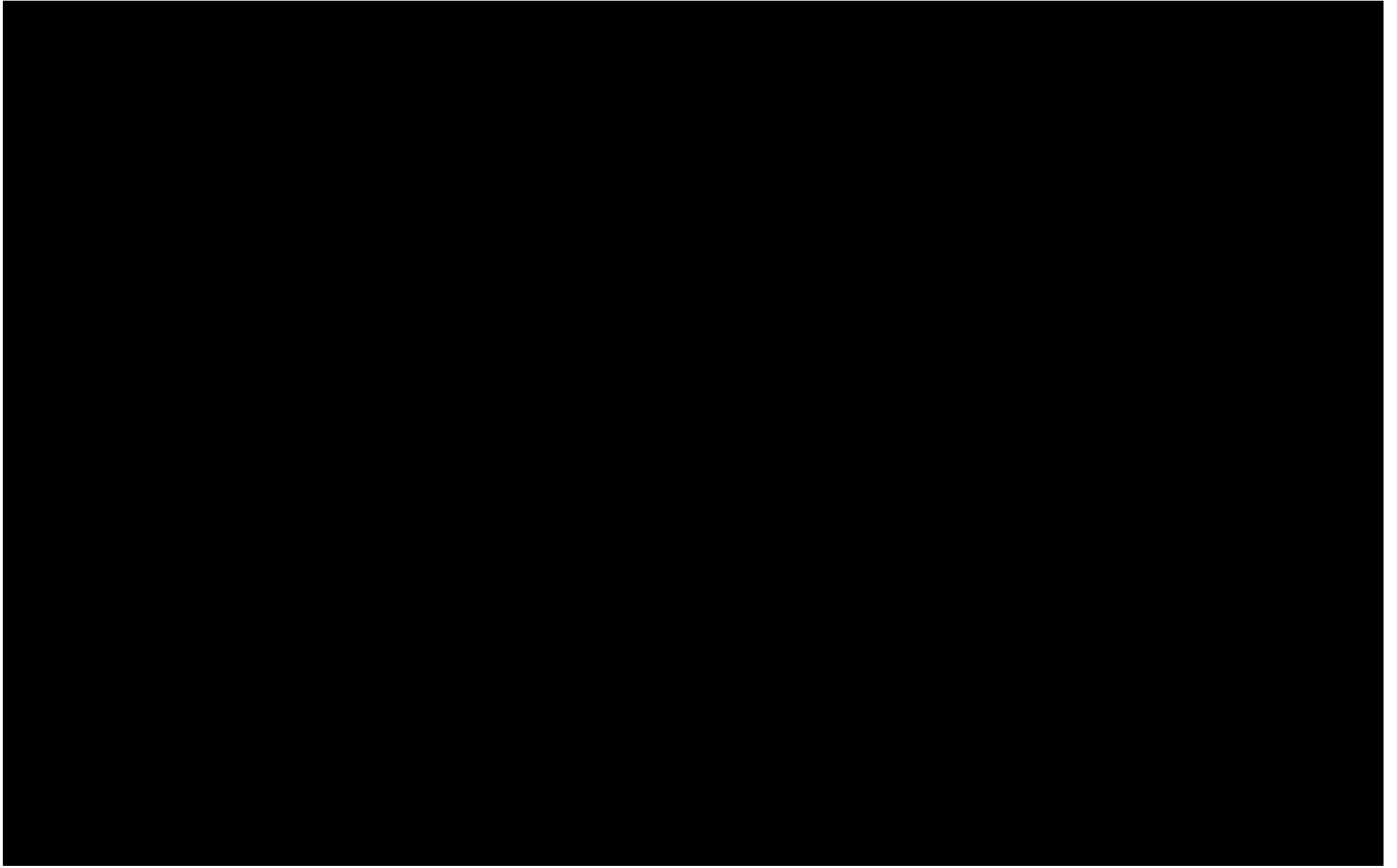
RoSA is an independent charity offering free confidential support for anyone in Warwickshire who has experienced any form of rape, sexual abuse, sexual exploitation, or sexual violence, at any point in their lives. Support is also offered to families and carers of victims and to anyone at risk or vulnerable to the trauma of abuse.

The comprehensive range of services provided are offered to adults, young people and children of any age or gender and aim to promote health and wellbeing, empowerment, resilience, self-awareness, confidence, and self-esteem.

RoSA's trained professionals (and volunteers) provide a trauma informed, holistic approach and offer support through:

- ISVA / ChISVA service, providing victim-focussed support, for children and adults, in and out of the CJS
- Pre-trial therapy for those needing psychological support whilst going through the CJ process
- Counselling (face-to-face, online, or telephone support)
- Support for family members, partners, carers, and witnesses
- Therapeutic and community support groups
- Art and drama therapy
- Drop-ins
- Helpline, available during weekdays
- Courses, training, and workshops
- Protection and prevention initiatives, including early intervention and education initiatives
- Outreach community-based projects addressing isolation, physical, emotional, and psychological wellbeing
- Website and resources
- Trauma-informed volunteer training programme
- Support, training, and clinical supervision for organisations and professionals.

RoSA adhere to the British Association for Counselling and Psychotherapy Ethical Framework for Good Practice in Counselling and Psychotherapy and The Survivors Trust Service Standards.



4.3. Vulnerability-related specialist support service for victims of Child Exploitation: Barnardo's



Barnardo's Warwickshire BASE Team is embedded within Warwickshire's Multi-Agency CSE Team (consisting of Warwickshire Police and Warwickshire County Council) and provides direct support to CYP at the most significant risk of harm through CSE, along with some support for their parents/carers where appropriate.

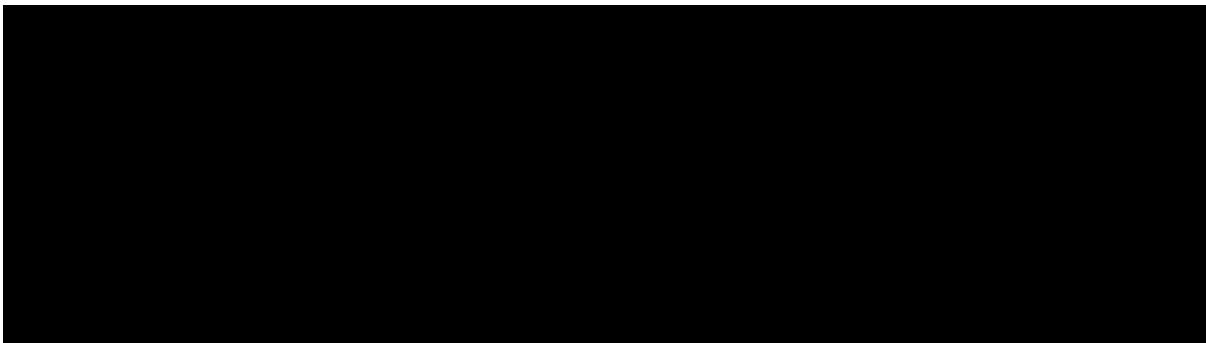
The Barnardo's CSE team engages proactively with CYP who are at significant risk of, or victims of, CSE in order to reduce their vulnerability and assist them to cope and recover. They achieve this through:

- Assertive engagement and relationship-based work to build trust with CYP
- Delivery of evidence-based, therapeutic interventions
- Promotion of prevent, disrupt, and prosecute by enabling disclosure and supporting victims to provide intelligence and evidence where appropriate
- Targeted interventions to support and strengthen families and engage them in safety planning

Barnardo's have a dedicated Outreach and Training Project Worker who contributes to the prevention and reduction of exploitation by delivering relevant exploitation training / awareness raising packages to:

- Professionals in statutory and non-statutory agencies
- Communities
- Businesses (such as hotels, leisure facilities and taxi operators)
- CYP in group settings such as health days in schools and youth conferences

From November 2019, Barnardo's ran a short pilot scheme for CCE, which was established to respond to the increasing numbers of CYP who were identified as being at risk of, or were victims of, CCE, and determine if the methodologies and practices employed when working with victims of CSE would be effective interventions for work with victims of CCE. Following on from this, Barnardo's were awarded some grant funding from the OPCC for 2021-22 to continue with the pilot through the 'Warwickshire Reaching Out Project'.

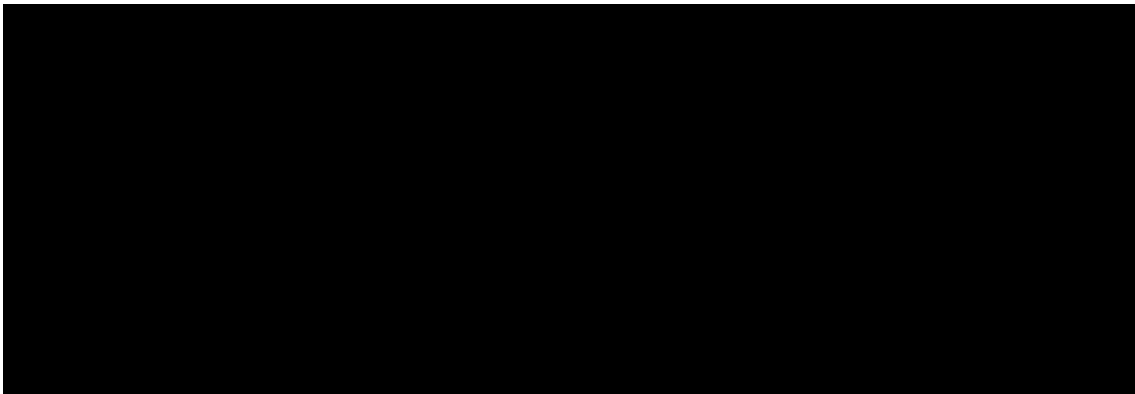


4.4. Criminal Justice related Drug and Alcohol Abuse Service for Adults: Change Grow Live (CGL)



Change Grow Live (CGL) Warwickshire is a recovery-focused service with a full range of treatments and interventions designed to support people to take control of their recovery journey and achieve their recovery goals. CGL have three hubs across Warwickshire: CGL Leamington Spa, CGL Nuneaton, and CGL Rugby. Their services include harm reduction, opiate replacement prescribing, residential and community detoxes, counselling, emotional support, and supported access to mutual aid. Needle exchange and naloxone are available from their hubs. Support in accessing training, employment, and housing is also offered. During the COVID-19 pandemic, appointments were conducted over the phone, with some groups running via Zoom, to ensure staff and client safety.

The OPCC currently commission CGL as the provider for the Adults CJS Drug and Alcohol Abuse Service. For this, CGL work with a number of partners across Warwickshire, including the police, prison, and probation services. CGL work on the Test on Arrest (ToA) programme in Warwickshire, which is led by the police, and provide assessments and ongoing support throughout particular orders alongside probation, such as Drug Rehabilitation Requirements (DRR) and Alcohol Treatment Requirements (ATR). Additionally, CGL work closely with the Integrated Offender Management (IOM) teams for those people who are using substances and are causing the most harm in the communities, trying to break the cycle of crime, reoffending, and substance use. Clients accessing CGL's CJS response, receive support from dedicated workers but have access to all of CGL's core service provision.



4.5. Criminal Justice related Drug and Alcohol Abuse Service for Children: Compass



Warwickshire Children and Young People's Drug and Alcohol Service (CYPDAS) is a free, confidential substance misuse service for CYP who need support around their own drug or alcohol use. The service works with anyone between 5-25 years of age in Warwickshire. They offer age-appropriate information, 1-1 support, group work, health promotion, early intervention, whole family support where appropriate, safety planning, and a multi-agency approach. Compass' Health and Wellbeing Practitioners are flexible and make themselves available at times that suit the individual client, at a place where they feel comfortable. Within their service provision, Compass offer a Hidden Harm Service, supporting CYP who have been affected by another person's drug and alcohol use. Compass also offer up-to-date workforce training to professionals.

The OPCC currently commission Compass as the provider for the Children CJS Drug and Alcohol Abuse Service. For this, Compass work alongside the Youth Justice Service, who they are embedded with in Leamington and Nuneaton, to work with CYP who are at risk of, or engaged in, criminal activity. Clients accessing Compass' CJS response, receive support from dedicated workers but have access to all of Compass' core service provision.

[REDACTED]

The below table displays any funding the five commissioned services have received since 2017-18 through the Commissioner’s Grants Scheme, which is an annual award that seeks to support initiatives/fund projects that will reduce crime, support victims, and make communities safer. Awards are made to applications which can demonstrate support for one or more of the ambitions of the Police and Crime Plan, namely:

- Fight crime and reduce reoffending
- Deliver visible and effective policing
- Keep people safe and reduce harm
- Strengthen communities
- Deliver better justice for all.

Table 4 Details of grant funding awarded to the current PCC commissioned victim support services within Warwickshire.

Year	Service Provider	Name of Project	Purpose of the Grant Project	How the Grant Project will address Crime and disorder in Warwickshire	Amount
2017-18	RoSA	ChISVA Support for Children and Young People	To provide the ChISVA support designed to ensure young people’s well-being, following the trauma of sexual violence/abuse, providing bespoke practical and emotional support, information, and advocacy, in both the short and medium term	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£15,000
	RoSA	Core Funding	To provide services throughout Warwickshire for men, women, and young people from age 5 who are victims/survivors of rape/childhood sexual abuse/sexual violence/CSE	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£71,500
	RoSA	RoSA Support for Young People	To employ a sessional counsellor to deliver specialist psychological and practical support in schools, colleges, and community buildings to support young people who have experienced the trauma of rape, childhood sexual abuse or	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£14,000

			sexual violence or, for young people who may be vulnerable to this		
	Victim Support	Restorative Justice	To fund a local service delivering a range of restorative interventions for victims of crime	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£60,000
	Barnardo's	Warwickshire CSE Team – Barnardo's Support Workers	To provide support to high risk missing young people and young people at risk of CSE and provide awareness training to partners	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£151,000
2018-19	Victim Support	Victim Support Services	To deliver support services for victims of crime by assisting victims of crime to cope and recover through practical and emotional support	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£461,134
	Victim Support	Restorative Justice	To fund a local service delivering a range of restorative interventions for victims of crime	Putting victims and survivors first. Protecting people from harm. Preventing and reducing crime.	£60,000
	Barnardo's	Warwickshire CSE Team	To deliver direct interventions and training across key PCC and WCC priorities including early identification/prevention, support for children and support for parents and carers. To continue to fund the existing CSE provision in Warwickshire	Protecting people from harm. Preventing and reducing crime. Ensuring effective and efficient policing. Putting victims and survivors first.	£166,326
	RoSA	RoSA Support	Funding towards our frontline service provision that includes, counselling, support groups, mentoring and befriending, a helpline, online and text support, ChISVA, ISVA, outreach projects, workshops and maintaining a volunteer base of 50 people	Protecting people from harm. Preventing and reducing crime. Putting victims and survivors first.	£110,262

2020-21	Compass	Youth Justice Equine Assisted Therapy	This Project will deliver Equine Assisted Therapy by a certified member of Compass Staff, adding an innovative and accessible opportunity, as part of the OPCC Commissioned Service, for young people at risk of or currently accessing CJS within Warwickshire to receive positive, healthy lifestyle interventions in a safe and practical environment	Prevent and reduce crime/reoffending.	£3,600
2021-22	Compass	Feeling Gassed	This project seeks to address the growing nitrous oxide use amongst young people in Rugby. It will then engage three schools most associated with these hotspots and deliver a range of engagements including assemblies, awareness campaigns, and group work on the personal risks of nitrous oxide use, the impact on the community, and where help can be accessed	/	£5,000
	Barnardo's	Warwickshire Reaching Out	This project will seek to address a gap in the existing commissioned service for general child exploitation and provide both sessional staff hours and positive diversionary activities to a) help CYP who have been criminally exploited to recover and b) help them to focus on more positive activities	/	£10,000
COVID-19 Recovery Fund	Compass	Equine Therapy – COVID-19 Support	Project already funded by PCC Small Grants, now seeking additional funding to enable transport of participants due to COVID-19 restrictions preventing group travel/travel in the youth workers' cars. Public transport is not an option due to remote rural location of site	Reducing reoffending. Protecting People from Harm.	£1,000

RoSA were awarded £28,930 from the COVID-19 funding for domestic abuse and sexual violence support services after meeting MoJ's criteria.

5. QUANTITATIVE DATA ANALYSIS

“The more support for victims, the better.” (Stakeholder Interview)

5.1. Warwickshire Police Data

We were provided with police recorded crime data for the 3 years 2018-19 to 2020-21. Analysis of this data has shown that although overall recorded crime (excluding fraud) in Warwickshire has fallen by nearly 11% over the past 3 years, violent crime has risen by 10% over the same period and SAV has remained largely unchanged (falling by 3%).

Data we were provided gave details of recorded crimes involving the following issues:

- **Drug or alcohol related:** Fell by 36% over the period to 1,803 in 2020-21
- **CSE/A:** Increased by 29% to 675 in 2020-21 (but down from 975 in 2019-20)
- **Hate Crime:** Increased by 11% to 1,289 in 2020-21
- **Cyber / Online:** Increased by 267% to 1,630 in 2020-21

Trends indicates that the need for trauma-based support for victims of violence, SAV, exploitation and hate crime continues to increase. Although theft and burglary (domestic/dwelling) have fallen by 40% in 3 years, the number of these offences every year remains high (at over 4,000 in 2020-21) – support needs for this group will vary dependent on the nature of the incidents. Increases in Cyber / Online crime are high over this period and contain a variety of crime types, therefore meaning the need for support after being a victim will likely vary considerably.

The 2020-21 recorded crime data shows a total of 28,400 crimes recorded (excluding fraud):

- Half (51%) were violent crimes, 15% theft, and 4% sexual offences.
- Overall, around 9 in 10 cases result in no charges or cautions being brought, with 6.5% resulting in a charge and 1.8% in a caution – given that most victim’s experiences of the CJS are heavily influenced by the outcome of their case, this means the clear majority are likely to not have a positive experience of the CJS.
- Nearly 8 out of 10 (77%) of victims consented to have their details shared with Victim Support.
- 28% of victims lived in Nuneaton & Bedworth, with 24% in Warwick, 19% in Rugby, 18% in Stratford and 12% in North Warwickshire.
- There was a fairly even gender split, with 51% female and 47% male (with the remainder ‘unknown’).
- Half of victims (50%) are aged under 35 (with 10% under 16 and nearly 17% aged 16-24), with the remaining half reducing by age group from 18% being 35-44 year olds down to 7% being aged 65 or over.
- Around 4 in 10 victims (39%) do not have their ethnicity recorded, and over half (55%) are recorded as White. There are low levels of other ethnic groups being recorded – totalling just 5.3% across Asian, Black, Mixed, and Other ethnic groups.

When looking specifically at the data for 2020-21 for victims of rape and other sexual offences:

- 1,172 cases were reported to police – 413 rapes and 759 other sexual offences.
- 88.7% of these crimes resulted in no charges or cautions being brought, with only 4.5% resulting in a charge – lower than the 6.5% of all reported crimes that result in a charge.
- 31% of victims lived in Nuneaton & Bedworth, with 25% in Warwick, 19% in Rugby, 15% in Stratford and 10% in North Warwickshire. This is broadly in line with the overall picture for victims of all crimes in Warwickshire.
- 81% of victims were female and 16% male. This is very different to the all crime gender split which is 51% female and 47% male, but largely mirrors the national gender split for SAV.
- Consent to referral to Victim Support was 79%.
- Just over half (52%) of victims were under the age of 16, 5 times higher than the 10% of overall number of victims who were under 16. Incidences of being a victim of rape and other sexual offences reduces with age, with a third (32%) aged 16 to 34.
- A similar pattern to that seen with all victims across Warwickshire, indicates that around half of SAV victims who report to the police do not have their ethnicity recorded and nearly half were recorded as White. There are extremely low levels of other ethnic groups being recorded – totalling 3.5%, lower than the 5.3% recorded for all victims.

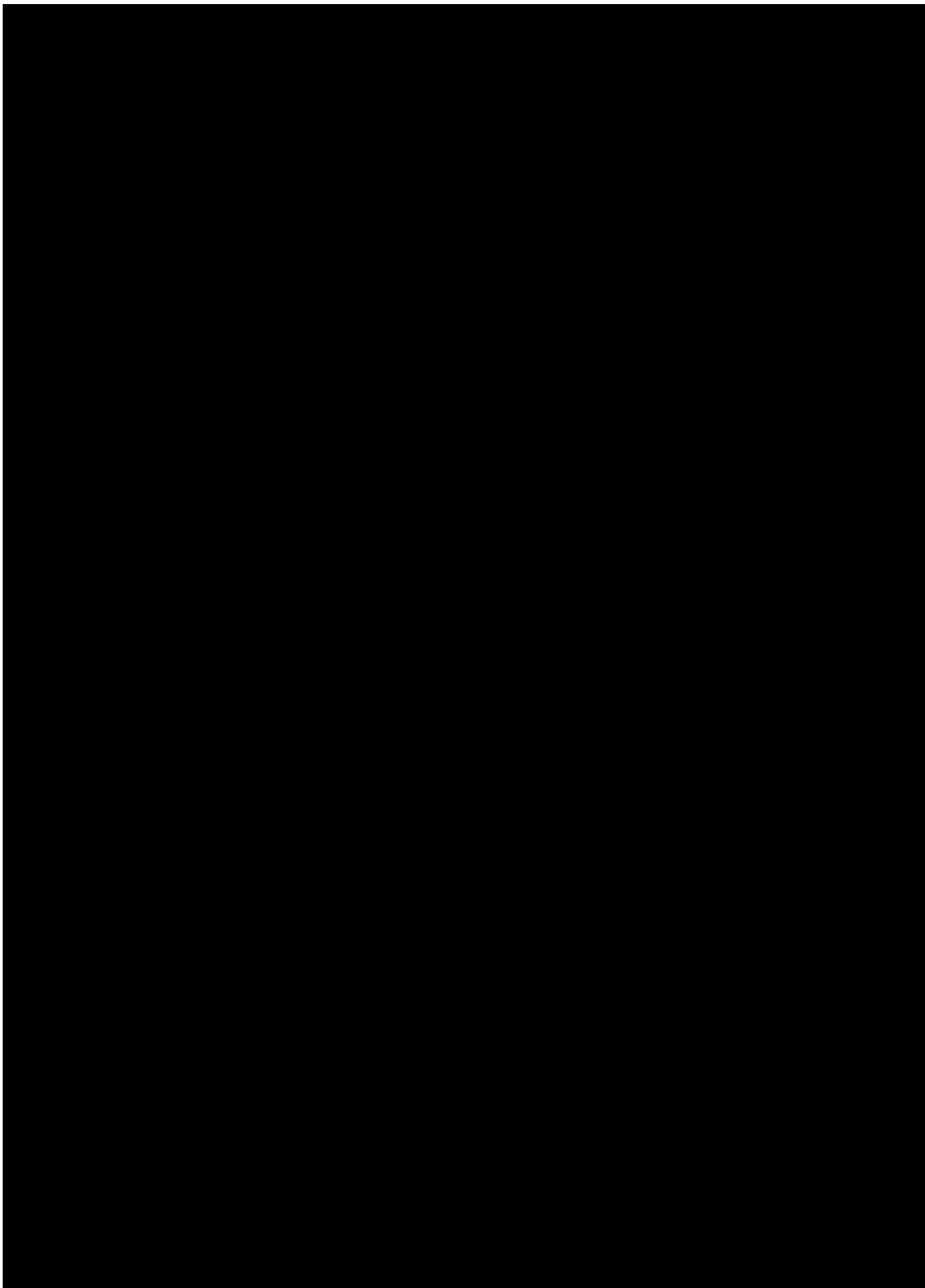
5.2. Witness Care

Witness care units (WCUs) exist across England and Wales, they are predominantly police staffed units who provide information and support to victims and witnesses in cases progressing through the CJS.

The units are a single point of contact for victims and witnesses, and provide support and information after charge, tailored to the needs of the victim or witness. WCUs will ensure the needs assessment of victims are updated and shared with wider CJ agencies. By being better supported and equipped, witnesses are more likely to feel confident and be willing to support the prosecution process. WCUs aim to achieve positive outcomes for the CJS, by having fewer failed cases due to known victim issues, striving to reduce attrition, and in improving the experience for victims and witnesses. [REDACTED]

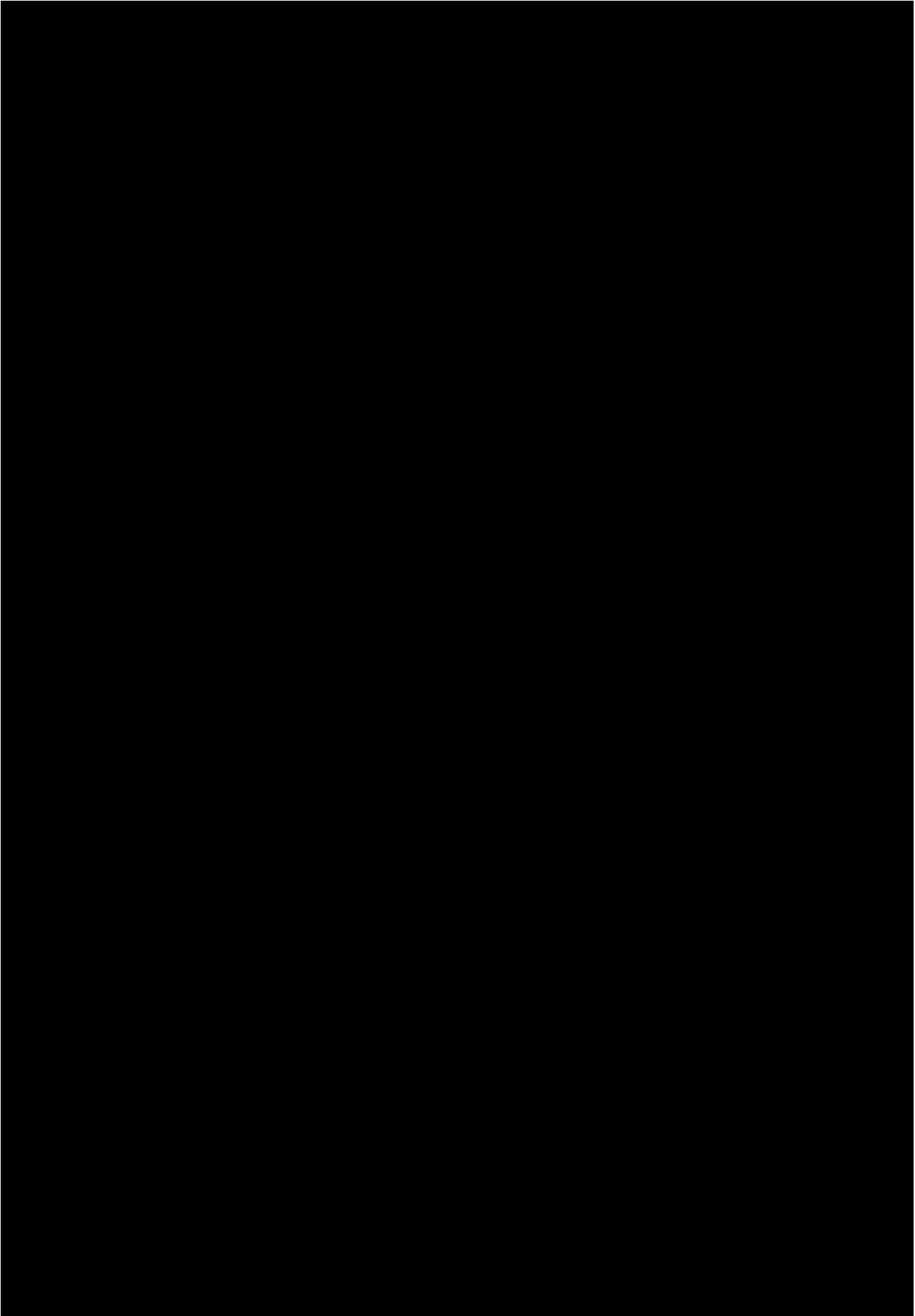
[REDACTED]

[REDACTED]



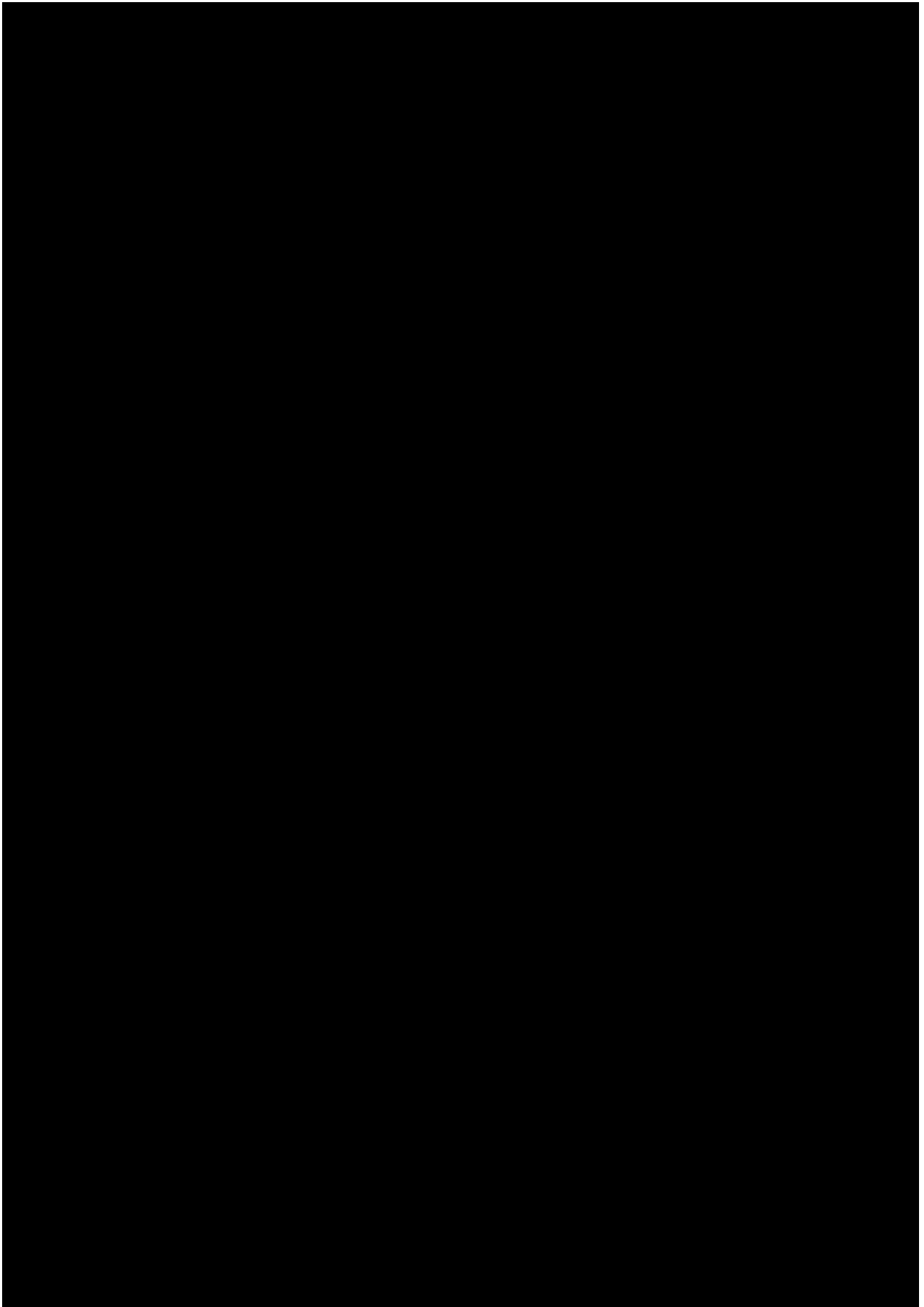


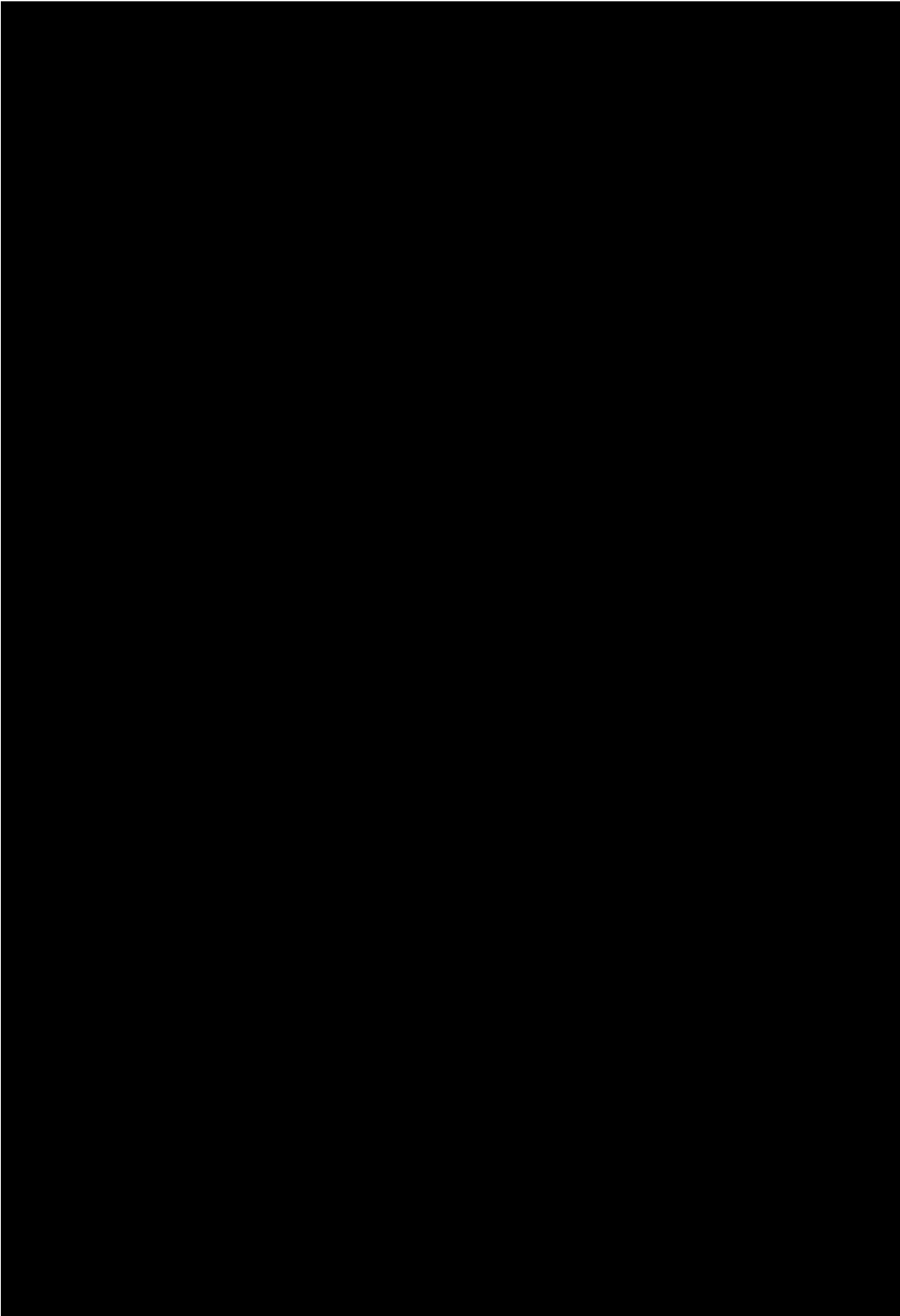
Philip Secombe
Police and Crime
Commissioner
for Warwickshire





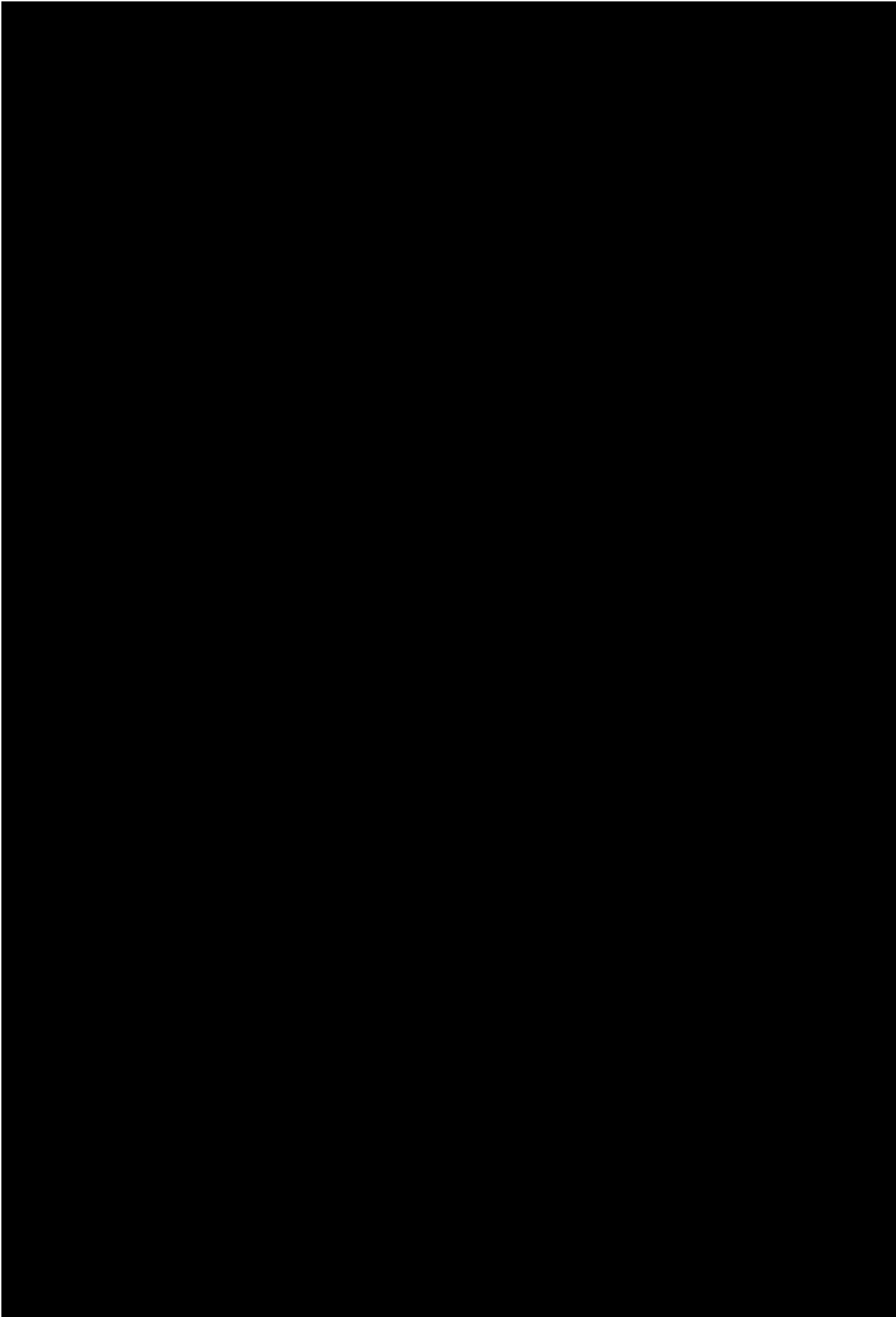
Philip Secombe
Police and Crime
Commissioner
for Warwickshire





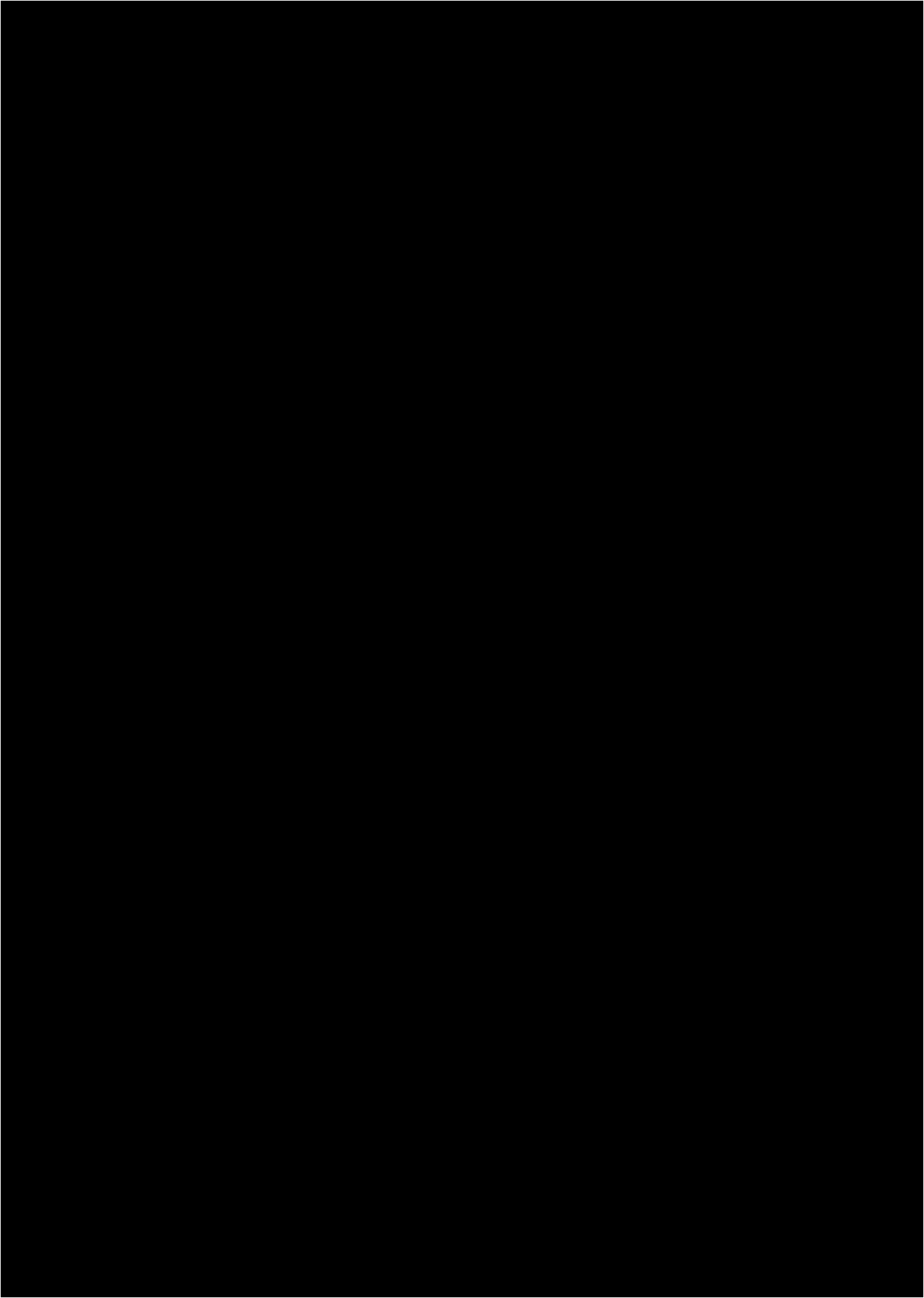


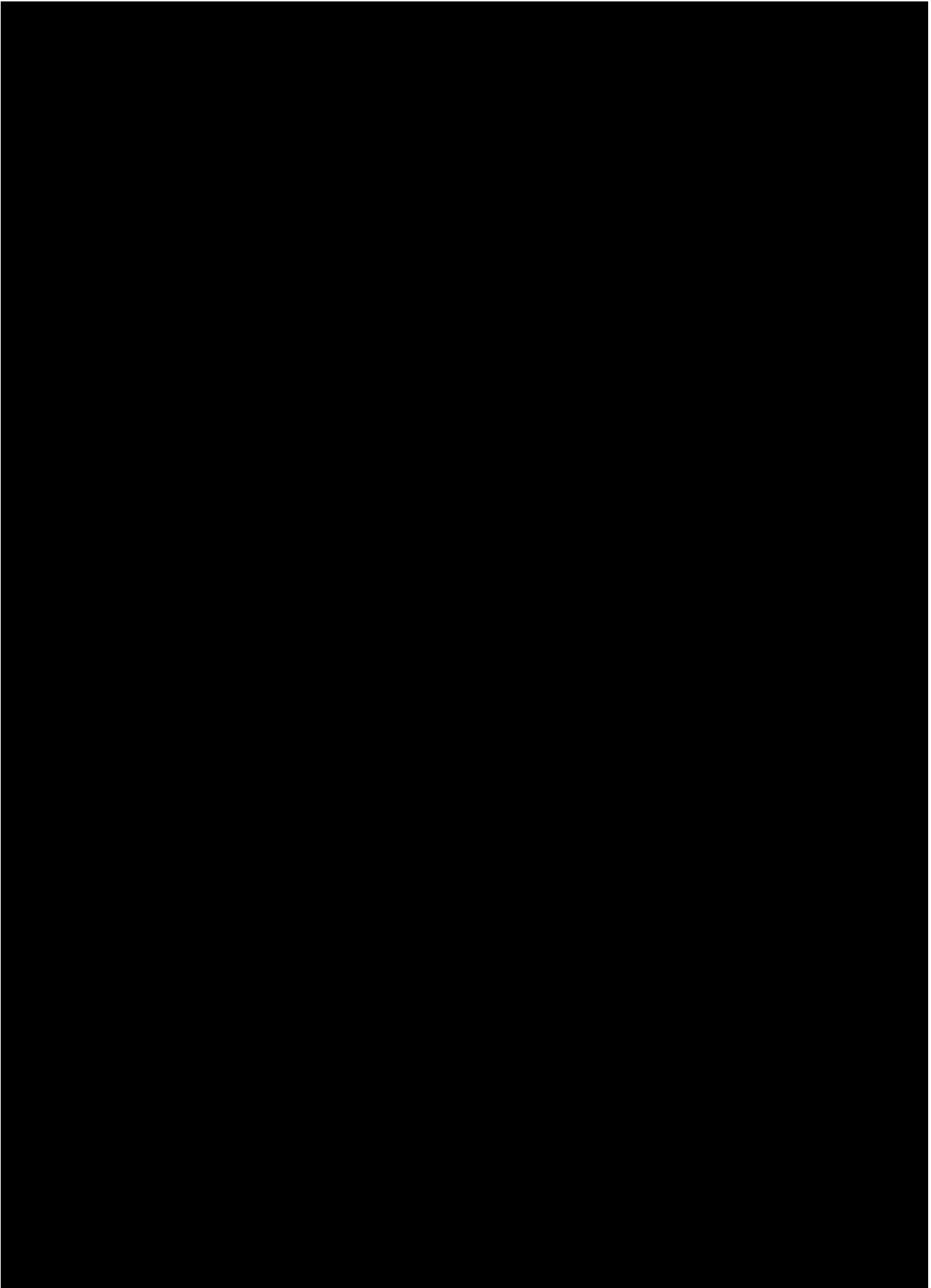
Philip Secombe
Police and Crime
Commissioner
for Warwickshire

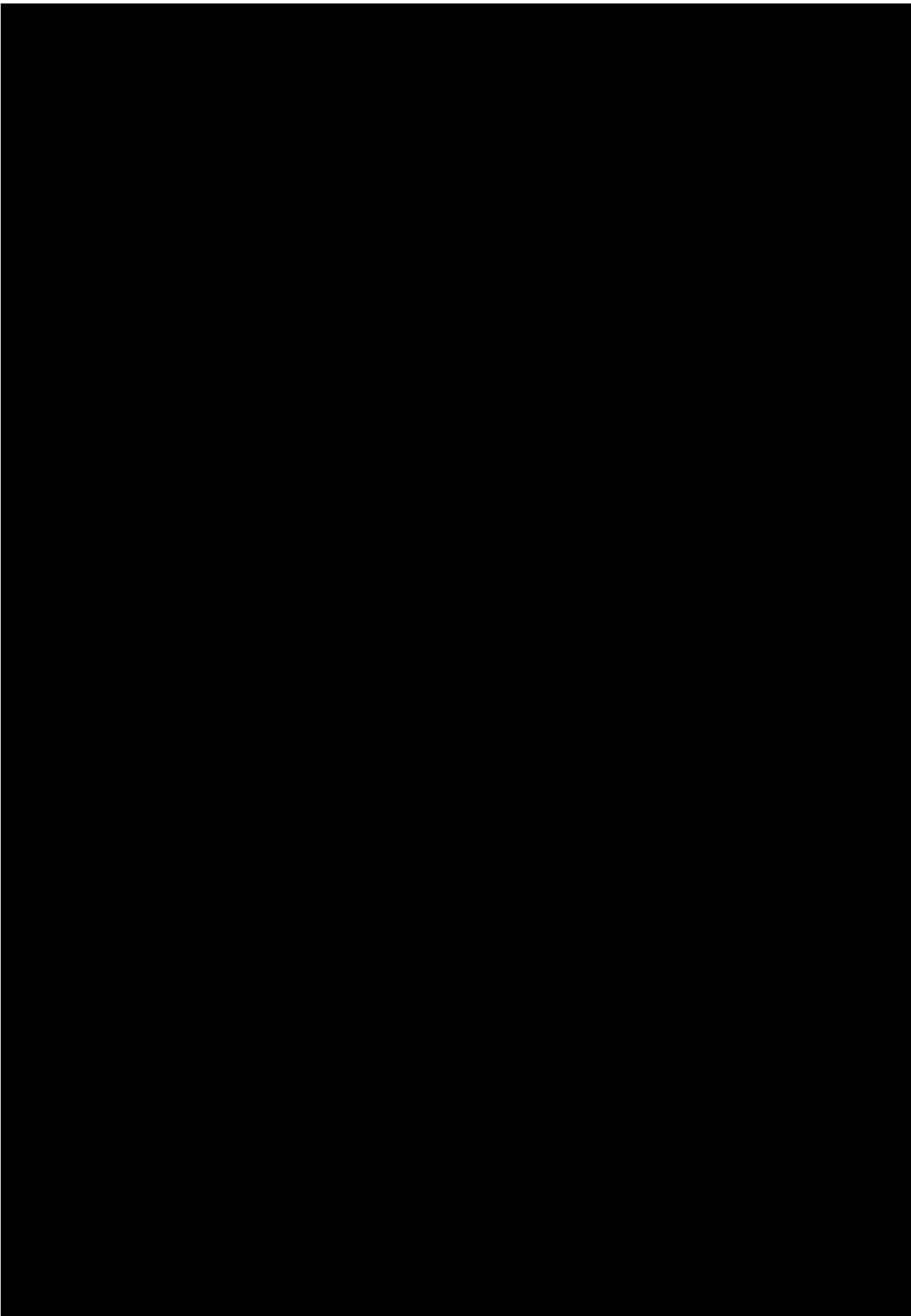


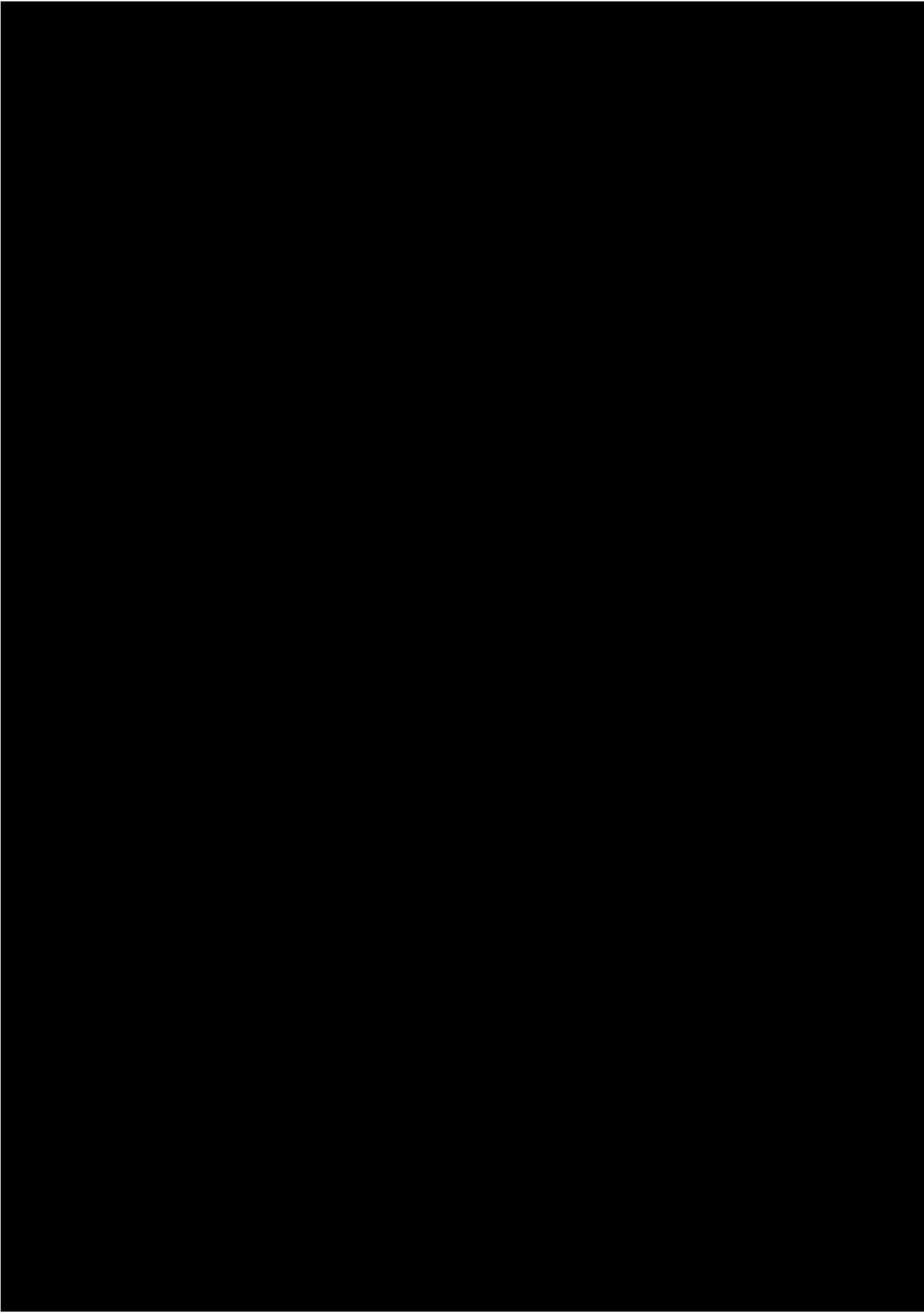


Philip Secombe
Police and Crime
Commissioner
for Warwickshire



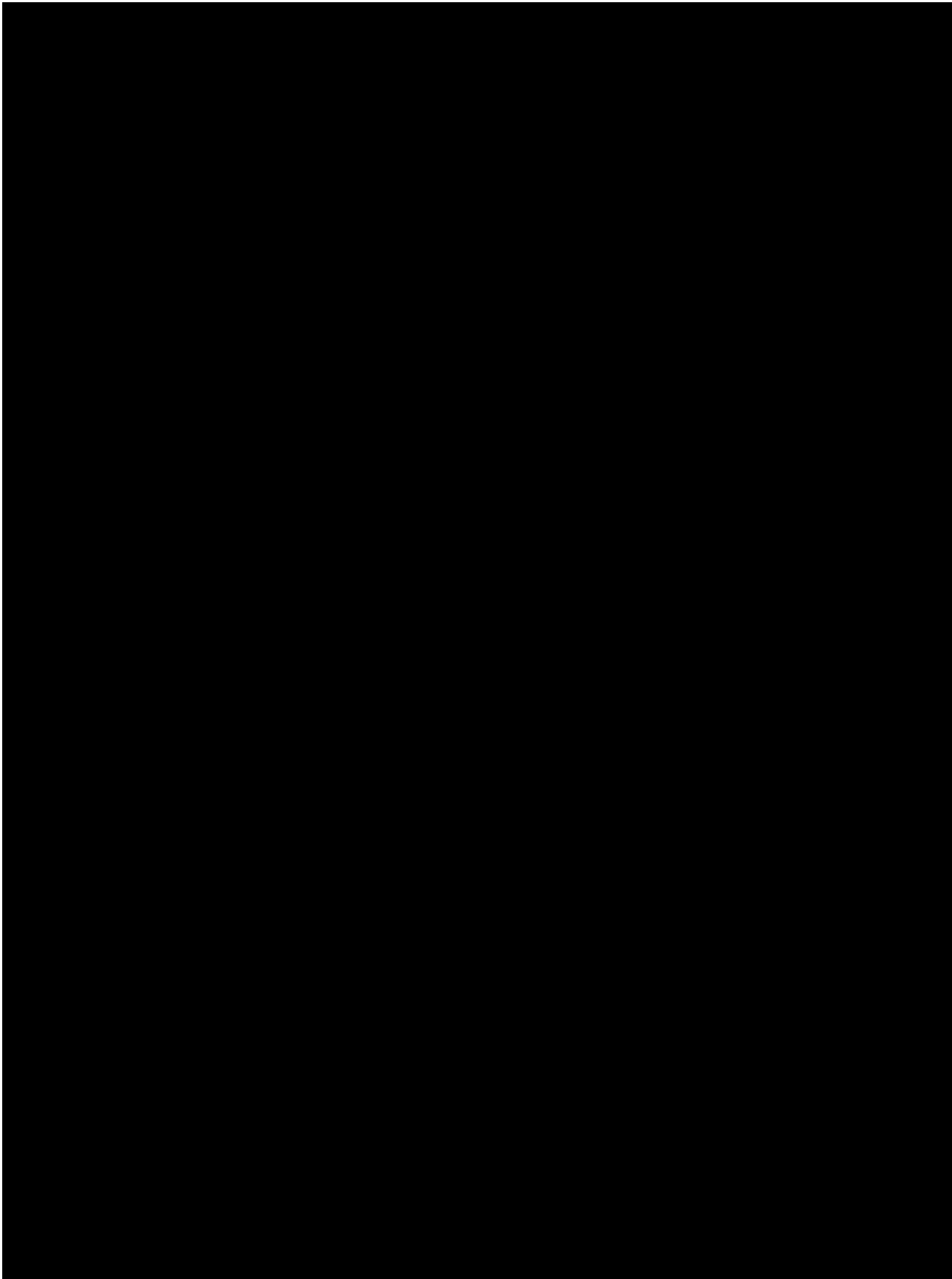






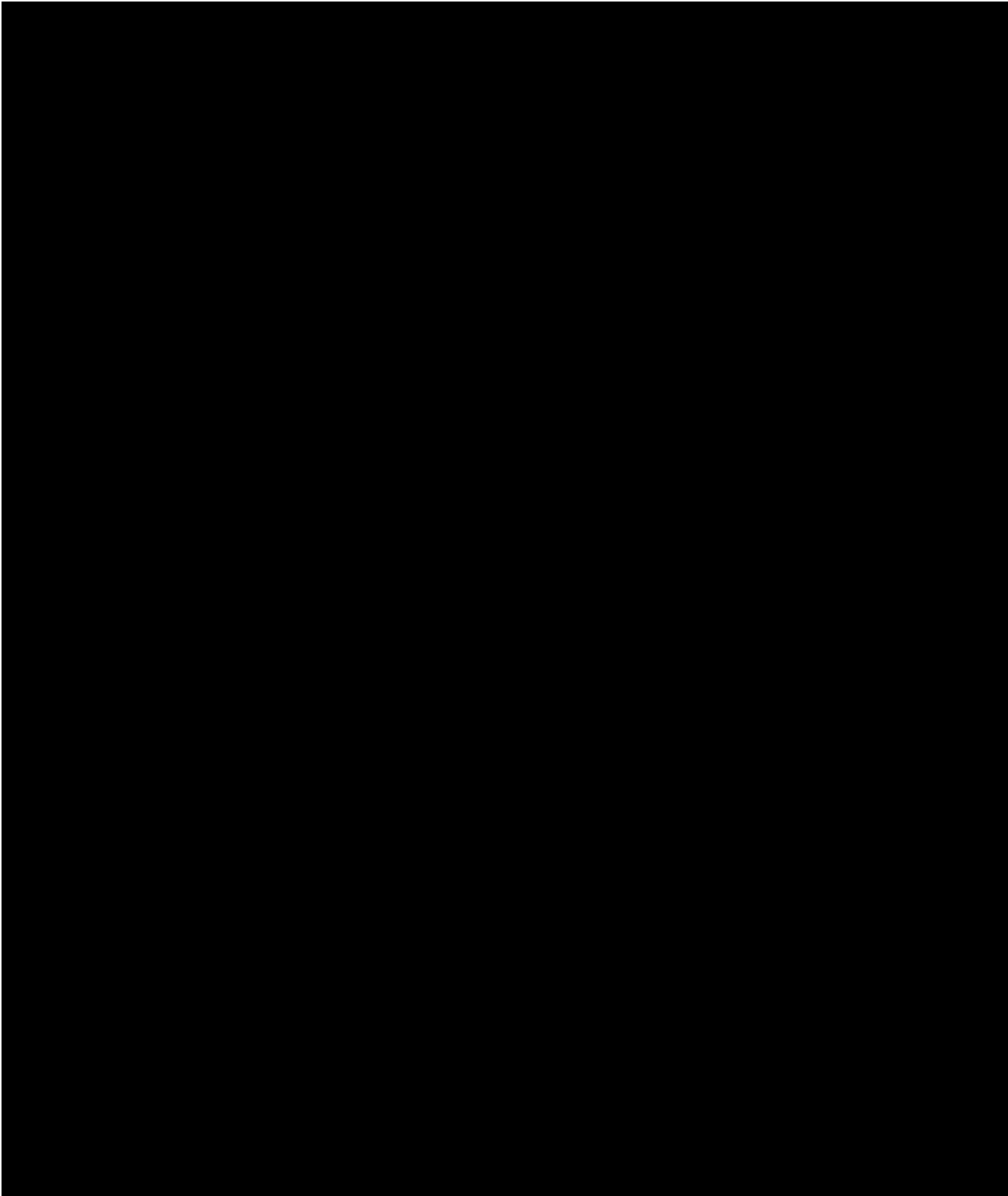


Philip Secombe
Police and Crime
Commissioner
for Warwickshire





Philip Secombe
Police and Crime
Commissioner
for Warwickshire



6. FIELDWORK FINDINGS

“There are always areas for improvement.” (Service Provider Interview)

Within the fieldwork findings section, we start by providing an overview of our sample, summarise overarching themes that span across all current commissioned services, then provide unique service-specific feedback, and finally, we will focus on participants’ views around issues of Modern Slavery and Human Trafficking in Warwickshire and corresponding support for victims. While much of the commentary centres around evaluation of existing support services within Warwickshire, this has all been done with the aim of future commissioned services being able to use this feedback in order to provide the best possible support to victims of crime and individuals using substances. With this in mind, throughout we have added suggested ‘areas for improvement’, which based on the VNA fieldwork, are the key areas to focus on moving forward.

6.1. Sample Overview

A total of **327 people responded to the online survey**, this included:

- 121 victims and service users and 14 respondents on behalf of someone with lived experience
- 84 frontline practitioners and service providers
- 80 key stakeholders

TONIC **conducted in-depth interviews and focus groups with 94 individuals**, this included:

- 17 victims and service users (this included 1 interviewee who was the parent of the victim)
- 35 frontline practitioners and service providers
- 42 key stakeholders

Throughout the process of the VNA, it was more challenging to engage with victims and service users than in TONIC’s previous needs assessment, potentially reflecting general survey fatigue, the timing of fieldwork being across the festive period, or the lack of trust in authorities and policing at this time. While we did not interview as many victims and service users as professionals, many of these individuals advocate for their clients on a daily basis, so are well placed to know what support they require and provide us with useful insight relevant to the VNA and future commissioning of services.

6.1.1. Victims / Service Users


The below table displays the number of individuals who responded to our survey and took part in an interview who had accessed support from each of the respective commissioned services. This shows that we heard from the most service users who had engaged with Victim Support, and the least who had accessed Compass. 

Table 15 Breakdown of support accessed by victim / service user survey respondents and interview participants in this VNA

Support Accessed ²⁹	Survey Number (%)	Interview Number (%)
Victim Support	38 (31%)	11 (65%)
RoSA	18 (15%)	3 (18%)
Barnardo's	5 (4%)	2 (12%)
CGL	3 (2%)	1 (6%)
Compass	2 (2%)	0 (0%)
Other	18 (15%)	-
No support accessed	40 (32%)	5 (29%)
Total	124	17

We heard from victims and service users from all areas in Warwickshire, with a relatively even spread – see table below for a breakdown.

Table 16 Area of residence data for victim / service user survey respondents and interview participants in this VNA

Location	Survey Number (%)	Interview Number (%)
North Warwickshire Borough	10 (11%)	2 (12%)
Nuneaton & Bedworth Borough	20 (22%)	4 (24%)
Rugby Borough	21 (24%)	3 (18%)
Stratford on Avon District	13 (15%)	5 (29%)
Warwick District	19 (22%)	2 (12%)
Other	6 (7%)	1 (6%)
Total	89	17

In terms of our survey respondents, 63% were female, while 53% of our interview sample were male. We heard from victims and service users of all ages – within the survey, the most common age category of respondents was 35-44 (22%), and for interviewees, 41% were aged 25-34. The vast majority of our sample reported being heterosexual or straight (85% for the survey and 94% in the interviews) and almost all had a 'White' ethnicity (89% for the survey and 94% in the interviews) – we did not hear from anyone of a 'Mixed / Multiple' ethnic background. Within the survey, 44% of respondents reported having a disability, and 44% did not, while 59% of interviewees said they were not disabled and 41% said they were. For a more detailed insight into our fieldwork sample's demographic data please see tables within the appendices.

Of the victims and service users we interviewed, only 29% reported being aware of the Code of Practice for Victims 2021. [REDACTED]

²⁹ Please note the percentages add up to over 100% as some service users have accessed multiple services. Most of the service users who we interviewed had also accessed 'other' sources of support, but we did not collect data on this and as such, have not reported on it.

6.1.2. Service Providers & Stakeholders

Through the surveys and interviews we heard from professionals covering all districts/boroughs within Warwickshire, many covering multiple or all areas (see appendices for a breakdown).

During the service provider and frontline practitioner interviews, individuals gave feedback on the service they work for as well as those they had experience referring to or working alongside. The below table provides a breakdown of which service individuals work for as recorded within the survey and interviews. This shows, as with victims, we had the most engagement from Victim Support staff, and heard least from Compass employees; although, this is likely to reflect the fact that Compass is the smallest organisation, and when taking this into account, CGL become the service that participated the least with the VNA fieldwork.

Table 17 Breakdown of which service professional survey respondents and interview participants for this VNA worked

Service	Survey Number (%)	Interview Number (%)
Victim Support	21 (28%)	11 (31%)
RoSA	18 (24%)	10 (29%)
Barnardo's	8 (11%)	7 (20%)
CGL	18 (15%)	3 (9%)
Compass	7 (9%)	4 (11%)
Other	4 (3%)	0 (0%)
Total	76	35

Similarly, within stakeholder interviews and focus groups, participants were given the opportunity to provide feedback on all commissioned services, MS/HT, and issues around equality, diversity, and inclusivity. The below table shows the number of stakeholders who felt able to contribute detailed feedback on each of these. Stakeholders were conscious of not talking about a service they had little or no experience working with.

Table 18 Breakdown of which services / topics key stakeholder interviewees for this VNA had knowledge of or experience with and felt able to comment on

Stakeholder Feedback	Interview Number (%)
Victim Support	16 (20%)
RoSA	19 (24%)
Barnardo's	17 (21%)
CGL	14 (18%)
Compass	11 (14%)
Modern Slavery / Human Trafficking	26 (33%)
Equality, diversity, and inclusion	11 (14%)

6.2. Overarching Themes

6.2.1. Current Commissioned Services are meeting the Needs of Victims in Warwickshire

Throughout the VNA, there was an overwhelming consensus that specialist victims support services are required, and participants were all keen to share their views to ensure support services are the best they possibly can be in the future.

“I cannot imagine a world not being able to support victims of crime. So, in other words, I'm absolutely underlining the need for any modern, civilised, decent country, such as the UK, to be able to support victims of crime. It's unthinkable that we don't, that we shouldn't, that we couldn't. I am absolutely, fully understanding as well of the fact it doesn't have to be a big crime, to have a big impact on the victim. It can be what many might seem a relatively low order, low priority in the overall scheme of things, but the day-to-day corrosive impact on the person who's experienced it can absolutely devastate their lives.” (Stakeholder Interview)

We received a significant amount of very positive and encouraging feedback about the current commissioned services being delivered by qualified, experienced, passionate, and dedicated teams who go ‘above and beyond’ to support their service users. Accordingly, potential referrers typically reported having confidence in the support the current providers offer.

“Everyone who works there has 100% dedication to what they do.” (Service Provider Interview)

“Everybody goes above and beyond... I think that maybe that's the nature of charities, I think charities do work above and beyond in general... I think it's the nurture and the care... they're all very victim focused” (Service Provider Interview)

“When we send referrals over, we have confidence that they will pick them up and deal with them. (Service Provider Interview)

Participants were all able to express what they felt victims of crime *need* and *want* from support services, and in general, interviewees felt that the current providers are effectively meeting these. During interviews, we received very little negative feedback from individuals who had accessed the support services.

Overall, the support needs of victims came down to providing both emotional and practical support options (even if the latter was via signposting), and effective communication – having somebody to talk to, who will genuinely take the time to listen and then advocate for them.

“If you look at, what is it most people want? A lot of the time, it revolves around communication, and it revolves around providing better quality time to listen. If the victim has got an issue, they want someone to advocate on their behalf, and to try and find the solution.” (Stakeholder Interview)

There was evidence of service providers adopting person-centred care and taking an individualised approach to support, based on the individual’s needs.

“People recover at different rates. You know, some people just need to vent their anger a couple of times, and then they can move on. For people who are very vulnerable, it takes a lot of support to get them anywhere near back to the state they were in before the crime was committed.” (Service Provider Interview)

For those who had not accessed support, they described wanting help to access more information on the police investigation, and in general wanted a service like Victim Support to have been offered to them.

“Victim Support or equivalent.” (No Support Accessed – Survey Respondent)

“More information about the investigation into the crime that affected me.” (No Support Accessed – Survey Respondent)

“Make phone calls and ask the victim directly if they need support. Victim Support was not offered to me, nor was I in the right mindset or confident enough to ask for the support. If I'd have received a phone call, I would have accepted the support.” (No Support Accessed – Survey Respondent)

6.2.2. Impact of COVID-19 Pandemic

As noted within the literature review, the COVID-19 pandemic has had an impact on victims, their needs, access to support, and the barriers to engagement. This VNA was conducted at a time which will likely reflect many of these changes, limiting its comparability to pre-pandemic needs assessments, but also reflecting new and emerging challenges faced within this current time.

“We couldn't do all the work we wanted to do really, because of the pandemic. So, we're just starting to do that.” (Service Provider Interview)

Many interviewees reflected on the impact of the COVID-19 pandemic and how this had affected service provision. Interviewees felt there had been both positives and negatives resulting from the pandemic as well as many opportunities to learn and adapt delivery models.

“The last 12 months has been a particularly difficult, especially during the pandemic, and we've had to work in a very different way. On the positive side, we were innovative and changed the way we're working to suit as many service users as possible, but we've had a lot of challenges, especially around staffing.” (Service Provider Interview)

“COVID has changed things, because I'm quite new to the role, I still haven't met everyone yet. I might have emailed them, but I don't know who they are.” (Service Provider Interview)

In particular, service providers commented on the way the pandemic has limited opportunities to further partnership working – this was often described as something services had a desire to achieve, but that due to other commitments, the influence of national lockdowns, and subsequent new working from home arrangements, it had ‘slipped down the priority list’. Service providers reflected that it is crucial they work to improve this to enhance the support victims receive, ensuring holistic ‘wrap around’ care.

“The COVID pandemic has put a real dent in some of the things that we had planned to do, in terms of staff teams coming together and doing different things.” (Service Provider Interview)

“We were gonna have an awareness day, with some of the other partners...but that never happened because of the pandemic.” (Service Provider Interview)

“Obviously COVID has had an impact, hasn't it, on doing multi-agency stuff altogether.” (Stakeholder Interview)

Likewise, service providers reported that the pandemic had restricted their ability to network, raise awareness, and promote their services, limiting their reach to victims and potential service users.

“We want to get back out into the community to pick up where we left off, because we were at events most weeks doing something and that's how your name gets out there and word spreads that you're there to support people. The unfortunate thing is, we've been sort of closeted now for coming up for two years.” (Service Provider Interview)

“We have been limited to how much outreach work we can do, and I believe this can impact on our visibility in the community.” (Service Provider Interview)

Interviewees expressed concerns that the pandemic will continue to be a barrier in the future, hindering victims' access to services, or the quality of support they receive.

“The biggest barrier in the future is probably COVID, and everything going online and not physically being able to see people.” (Stakeholder Focus Group)

On the other hand, service providers highlighted that the pandemic had created opportunities to adapt provision, explore more flexible ways of working, and provide virtual support options. Interviewees felt this had been extremely beneficial, particularly for service users who may have otherwise faced barriers relating to travel or living in more rural areas and therefore not have accessed support through the service pre-pandemic. Service providers expressed wanting to see options to continue working more flexibly built into future contracts.

“Over lockdown we had to switch to telephone interventions, that actually for some... it works. It works quite well. They're a lot more relaxed on the phone, rather than having someone sitting opposite.” (Service Provider Interview)

Some service users also said they would like to see services maintain their flexibility and virtual support options that have resulted from the COVID-19 pandemic.

AREA FOR IMPROVEMENT: CONTINUE TO OFFER VIRTUAL SUPPORT OPTIONS AS AN ALTERNATIVE TO FACE-TO-FACE CONTACT, TO INCREASE ACCESSIBILITY OF COMMISSIONED SERVICES, WHERE THIS IS THE SERVICE USER'S PREFERENCE AND IT IS SAFE AND SECURE TO DO SO

6.2.3. Growing Demand / Desire to Expand

All service providers described a growing demand for their services, which can be evidenced from many of the commissioned service’s quantitative data. Practitioners expressed a desire to be able to *do more*. Unanimously, interview participants felt there is a desperate need for more funding across the board to ensure commissioned services are effectively meeting the needs of as many victims as require their service. [REDACTED]

[REDACTED] Victim Support, RoSA, and CGL staff said they would like to expand provision to reach more people, and Barnardo’s and Compass practitioners spoke about wanting to provide more creative support options for CYP, which they would all need additional funding to achieve.

“Obviously more funding would be great.” (Service Provider Interview)

“More staff would be wonderful.” (Service Provider Interview)

“To have the capacity and resources and money to be able to offer more activities.” (Service Provider Interview)

AREA FOR IMPROVEMENT: ENSURE COMMISSIONED SERVICES ARE ADEQUATELY RESOURCED TO EFFECTIVELY MEET THE NEEDS OF SERVICE USERS, WITH OFFERS OF VARIED SUPPORT OPTIONS WHERE POSSIBLE TO ENGAGE AS MANY VICTIMS AS POSSIBLE

With increased funding, support services would also be able to focus on earlier intervention and prevention. Service users, service providers, and stakeholders all reflected on a need to shift from reactive support services to more proactive services with capacity to focus on preventative work, in order to reduce the number of crimes committed and victims created in the future.

“We need to be proactive rather than reactive.” (Stakeholder Interview)

“The more prevention we do in terms of primary and secondary actions, the greater the reduction in crime and there less there will be victims in the long run.” (Stakeholder Interview)

“It’s not just the fact that they could go on to be abusers, you know, if they’re that traumatised, then crime may be the easiest thing to turn to... like county lines, being swept up by a gang, or by being radicalised. It’s all these things that are waiting for those vulnerable kids that don’t have that happy home... Huge, huge thing.” (Service Provider Interview)

We received feedback that a preventative approach is of particular importance from SAV specific services to raise awareness of consent and harmful sexual behaviour. Furthermore, for the services working with, and targeting, CYP, research demonstrates that the onset and escalation of issues such

[REDACTED]

as substance misuse, or CE, can often be prevented through early identification and timely expert management.

AREA FOR IMPROVEMENT: COMMISSIONED SERVICES SHOULD BE ENCOURAGED TO BE PROACTIVE, IMPLEMENT EARLIER INTERVENTIONS, AND TAKE A PREVENTATIVE APPROACH WHEREVER POSSIBLE

6.2.4. Barriers to Engagement

Many of the barriers to accessing support services experienced by victims or individuals using substances were felt by participants to largely be consistent regardless of which specific types of service they may be eligible for or require. As such, we discuss the majority of barriers to engagement within the remainder of this overarching themes section along with some suggestions from participants about how these can be overcome or associated areas for improvement. We will highlight any unique barriers to specific services within later sections.

The barriers to accessing support, outlined by participants, also reflected the findings from the literature review and exist on different levels. Firstly, there are ‘personal’ barriers which are based on an individual’s own perceptions, that can often be influenced by past experiences. Then there are ‘structural’ or ‘organisational’ barriers such as lack of staff awareness, training, resources, limited promotion of the support available, resource inadequacies, service fragmentation, poor interdisciplinary communication, etc. Finally, and perhaps the biggest issue to tackle, ‘sociocultural’ barriers based on society’s values, beliefs, and attitudes.

All of the barriers to engagement discussed within this section, should be considered by future commissioned services to ensure their services are as accessible to all as possible.

6.2.4.1. Personal Barriers

Participants felt that for victims of crime, or individuals misusing substances, there is still an enormous issue with the stigma associated, meaning it can be a somewhat ‘taboo’ topic to discuss, making it hard for someone to disclose when they are struggling. This may be particularly extreme in cases where the individual has been a victim of SAV and can be further exacerbated if they experience physical, mental, or learning disabilities.

“People are so scared to talk about the problems sometimes.” (Service User Interview)

“It’s the stigma of being a substance misuser that’s the biggest barrier.” (Service Provider Survey Respondent)

Due to the stigma, individuals may fear judgement from others, or even judge themselves and feel embarrassed, and may have past experiences or have seen/heard about examples of victim-blaming which puts them off reaching out.

*“It's the fear of how they'll be responded to, it takes such a lot for anybody to come forward.”
(Service Provider Interview)*

“At the age of 16 I told a policeman that I was and had been sexually abused. He told me to ‘go away’ and ‘don't be silly, telling tales’ and the abuse carried on.” (Service User Survey Respondent)

“You end up blaming yourself. You're embarrassed that it's happened. It's just not an easy thing to talk about.” (Service User Interview)

As a result, some participants said people may want to do everything they can, including not being honest or asking for help, in an attempt to make it seem like they are coping. Similarly, individuals may not want to admit – to themselves or others – that they need help. They may not even realise that it is affecting them as much as it is. This was felt to be a particularly common barrier for men.

“For all sorts of reasons, all sorts of barriers. Often embarrassment about what's happened is a huge barrier, people don't want to talk about it, want to try and forget about it.” (Stakeholder Interview)

“Men can struggle accessing support due to the stereotypical image of a man, and the fact they think they would be seen as weak, or their masculinity will be questioned.” (Service Provider Interview)

The individual's own mental health can be a major barrier, making them wary of help-seeking, or preventing them from being able to do or see things objectively.

“People with some mental illness issues. Yeah, anxiety and so on, that would make people a bit apprehensive.” (Service User Interview)

Another barrier may be simply that the person is not ready to talk about or process what has happened to them.

“They may not be ready to talk about it.” (Service User Interview)

Interviewee's spoke about the initial step being the hardest for victims or those using substances, and therefore emphasised the importance of services reaching out and other professionals who may come into contact with these individuals signposting them on to support.

“Lack of confidence to make that step unless we [as service providers] are the ones obviously making contact, often, I think making that first step can be really hard.” (Service Provider Interview)

People may fear potential repercussions – victims of crime may not want to report the incident to the police and have a perception that they must do this in order to receive support. Individuals misusing substances may struggle to be open and honest for fear of punitive ramifications. Those with insecure immigration status may fear risk of deportation.

“They don't always want the offender to be arrested.” (Stakeholder Interview)

“If a victim does not want to report crime to police, they often avoid engagement.” (Stakeholder Interview)

“Addiction is a fear-based illness this knowledge can override clients desire to engage. Clients are also fearful that we won’t be able to help, or they have been in contact and disengaged so many times before that we won’t offer anything different and may judge them negatively as repeat presentation clients.” (Service Provider Survey Respondent)

Some individuals feel like they don’t qualify for support, or that resources should be used on others in ‘worse’ situations, as they know services are often stretched (and even more so during the pandemic), and therefore, they don’t want to feel like a burden, or as though they are wasting resources.

“There's a lot of people who don't think they're entitled to the support.” (Service Provider Interview)

“They're reluctant to involve the police, and they sort of think that they're going to be wasting the time of the support service or police.” (Stakeholder Interview)

6.2.4.2. Structural Barriers

Awareness Raising

When people do recognise and acknowledge that they need support, those with lived experience often said they did not have any awareness of what appropriate support was available to them, or who to ask for help. This was echoed in the survey by respondents who had not accessed any form of support. Some service users said they had not known what to expect from the service or worried it would not be specialised enough, which had initially put them off. Interviews with professionals reflected this too, highlighting the need for more awareness raising and promotion in the future.

“Lack of knowledge about what is available, how to access, whether it is available / appropriate / accessible to them.” (Stakeholder Survey Respondent)

“People who are unaware of the services and support available. There are a lot of people who still are unaware of what is available to those that are struggling, so outreach work is very important to make our services known.” (Service Provider Survey Respondent)

“I didn't even know there was such a service, to be honest with you. So definitely if they could advertise themselves more” (Service User Interview)

AREA FOR IMPROVEMENT: COMMISSIONED SERVICES SHOULD ORGANISE AND DISTRIBUTE AWARENESS RAISING CAMPAIGNS TO INCREASE KNOWLEDGE AND UNDERSTANDING OF THEIR SERVICES AND WHO THEY ARE ABLE TO SUPPORT

Within awareness raising campaigns, it will be important to promote how the services work so that individuals have confidence coming forward, and services should endorse their success stories as examples.

“It is important to advertise that support agencies will not be judgemental and will protect individuals from the perpetrators. Furthermore, not involving the police where this is not appropriate as this would be a barrier to people accessing support.” (Service Provider Interview)

“You should share victim testimonies.” (No Support Accessed – Survey Respondent)

“We're really poor at singing our successes, and that then doesn't build that confidence within service provision. It's a really difficult balance between singing your praises about what you can achieve as a service, what results you can get, and building that confidence with that victim's journey, but not sounding arrogant about it in the process.” (Stakeholder Focus Group)

It is crucial that service providers disseminate themselves on websites and social media, but also use other forms of promotion too.

“Advertise in supermarkets, on Facebook, Instagram and at local post offices and schools.” (Service User Survey Respondent)

“We need to use a multitude of channels to ensure that we're capturing as many communities and population groups as possible. Use different languages.” (Stakeholder Interview)

“Most of our advertising, not to be critical, but it seems we do a lot on social media. Lots of things on Facebook and Instagram, and I've got a 20-year-old who doesn't do Facebook now because it's really old fashioned and her parents do it. They will do Tik Tok and whatever the next social media craze is going to be... No Chinese people are on Facebook because it's not allowed in China, and it's not really used, and there's other social media platforms that are Chinese language platforms... Are we using the right platforms? Is putting posts on Facebook the current equivalent of putting a poster in the front office like we did 20 years ago?” (Stakeholder Interview)

The police were highlighted as having a crucial role to play in terms of promoting the commissioned services.

“Maybe some sort of poster campaign, or maybe it's something that the police should actually have to do, give out a leaflet or a website link to victims and say, ‘go to these people’.” (Service User Interview)

“Better advertisement and promotion from Police/Probation.” (Service User Survey Respondent)

Referral Pathways

Furthermore, interviewees felt it can often be unclear how to refer into the services, so this process should be made clearer and outlined within promotional material. Many stakeholders, who had not previously worked with the commissioned services said they would not know where to start if they needed to make a referral. Those who had friends or previous colleagues who worked within services, described have personal contacts who they would consult with as necessary, but did not know about the official referral procedures. This is potentially resulting in victims going unsupported. Often frontline practitioners also did not know how to make onward referrals. Collectively professionals reported that if referral pathways were clearer, it would encourage them to make more referrals, as well as boosting self-referrals.

AREA FOR IMPROVEMENT: ESTABLISH CLEARER REFERRAL PATHWAYS INTO COMMISSIONED SERVICES AND ENSURE ALL RELEVANT PARTIES ARE AWARE OF THESE TO AVOID VICTIMS BEING LEFT UNSUPPORTED

Practitioners felt it would be useful if each commissioned service had a specific point of contact (SPOC) who referrals can be sent to. It is perhaps most appropriate that this happens in the form of a functional mailbox to avoid issues arising if the SPOC is off on leave, sick, or leaves. External agencies believed a standardised template that could be used to refer to any Warwickshire-based support service would vastly improve appropriateness of referrals, as well as the rate of referrals made, particularly from the police force, meaning more victims are offered support.

“We should ask them what information they require and then have one form that the police use that satisfies all the outside agencies that we’re going to be dealing with because we can’t really keep count at the moment, almost like a template that’s half filled in with your details as the referrer and then all you’ve got to do is fill in the bits and pieces for the potential service user... There are so many different forms, you never know which form to fill in at the moment... The same template for every referral that you put in, I appreciate some will need to be slightly different, but we could have boxes that you can take or leave if required.” (Stakeholder Interview)

Service providers acknowledged that referral systems, particularly with the police have improved, but said they still have a long way to go.

“The way that we receive referrals now is so much better.” (Service Provider Interview)

“The referrals, we find ourselves having to almost close a lot of them because they aren’t clear. That means we do kind of miss out on a lot of cases. There’s been times where I’ve called a number and a 10-year-old has answered... and obviously, we can’t speak to them. Or we’ve had the number of the perpetrator rather than the victim, which obviously is not ok, it could be really dangerous if there is an abusive relationship. So, we’ve kind of missed out on a lot of cases.” (Service Provider Interview)

[REDACTED]

Partnership / Joint Working

Interviewees suggested that in an ideal world, there would be a ‘one-stop shop’, with more joined-up partnership working between all commissioned services, or more co-located, to allow referrals to be centralised and then allocated to the most appropriate provider.

“If everybody’s got the same referral systems, same ability to share information, a universal approach... So, you’re one stop shops for everything.” (Stakeholder Focus Group)

“We just need to be all talking and working together.” (Service Provider Survey Respondent)

Police officers said they would like to receive more feedback from referrals they make, to know whether the person decides to engage with the support or not, and what it is they will receive. Interviewees felt that if they knew victims were being picked up and getting help, it would encourage them to make more referrals. In addition, this would offer an opportunity for services to provide feedback on any inappropriate referrals, with suggestions of where else to signpost or refer them to, ensuring as many victims as possible get the support they need.

*“At least to have some sort of feedback... it would be really good to hear about success.”
(Stakeholder Interview)*

Some interviewees felt that the landscape of support in Warwickshire was confusing, again highlighting the need for effective awareness raising campaigns, which can simultaneously be used to combat some of the associated stigma. Stakeholders recognised that if they, as professionals working within this sector, struggle to understand the various pathways, victims, who may be in crisis, will undoubtedly struggle to navigate the system.

*“There are multiple support services in Warwickshire which offer the same or similar things. This may be confusing for some people, and they do not know which is best suited for them. Also, some agencies may not make onward referrals to other agencies better equipped to support an individual.”
(Service Provider Interview)*

*“I guess the question is to the community, where do you look at that point of need? And is the information available for you? Because yes, it's available on the PCC website, but when you're in that crisis situation, do you look there? I doubt it. We would, because we're in the know, but Joe Bloggs from the general public doesn't know that, so making sure that it's accessible from those aspects for those groups that are seldom heard or harder to reach or less likely fitting your typical victim profile. Depending on what crime you're looking at as well. That would be a valuable piece of work as well.
Are we accessible to all?” (Stakeholder Focus Group)*

While we received feedback indicating that services do try to work together on relevant cases, there was an overwhelming consensus on the need for more partnership working to be established.

*“More about investing in the networking and using the company because we do multi-agency work, but it's kind of as two separate entities if that makes sense rather than one big one together.”
(Service Provider Interview)*

“It has to be an integrated strategy... we should be working hand in glove; we should be sharing best practice.” (Stakeholder Interview)

“Get them working collaboratively, avoid duplication. Let them use the resources really effectively by working together, establishing a best practice.” (Stakeholder Interview)

Service providers suggested that this could be achieved through networking events, simultaneously helping to raise awareness to the general public about support services available.

“An annual thing like you're going to meet up with these people from refuge or the children's team, whoever it and discuss points or something like that.” (Service Provider Interview)

“Maybe have like an open day type thing where people can see the support workers and see how friendly they are.” (Service User Survey Respondent)

There is also a need to broaden partnership working to other key agencies, including police, county council, other service providers, mental health services, etc.

AREA FOR IMPROVEMENT: COMMISSIONED SERVICES SHOULD LOOK TO ENHANCE THEIR PARTNERSHIP WORKING WITH ONE ANOTHER AS WELL AS OTHER KEY AGENCIES WITHIN WARWICKSHIRE TO PROVIDE THE BEST POSSIBLE, HOLISTIC, AND TAILORED SUPPORT TO VICTIMS

Mental Health Support

[REDACTED]

[REDACTED] Service providers felt this barrier to effective engagement and treatment could either be overcome with improved joint working procedures between commissioned services and mental health teams (these should be in place via dual diagnosis policies for the drug and alcohol services, but are evidently not working as they should), or by having an identified mental health specialist (either trained up or newly recruited) within the commissioned services, who can advise other practitioners, or hold a caseload of the most complex clients.

[REDACTED]

“I think counsellors that are embedded within the service... That could be on an advisory basis to advise staff on the best approach, not necessarily even then having to do much in terms of the intervention, just so staff had a bit more like awareness of how to deal with those issues, that all the extra complexities that it brings.” (Service Provider Interview)

The strong association between being a victim of crime, or a substance user, and mental health issues, highlights this area as also being a major public health issue. Some of the stakeholders we interviewed used this to back up their suggestions of more joined up commissioning of these support services in the future, between the PCC and other commissioning bodies such as the local authority, CCG, PHE, and NHSEI.



Continual Professional Development

Joint working between services would not only allow service users to receive the best possible care but would also provide opportunities for practitioners to continually learn from others. It was felt that there would be real benefits to each service delivering specialist training to the other commissioned services as way of promoting awareness of their support provision and referral procedures, but also to upskill other practitioners and network with one another, again enriching support for victims.

“Wish I could get training in what the other companies specialise in, so that I can have a more rounded approach although they may hold the contract for those other areas like sexual crime ... it'd be nice to know what the people who hold the contract in the area are actually doing and what their training is like and the information that they hold.” (Service Provider Interview)

**AREA FOR IMPROVEMENT: COMMISSIONED SERVICES COULD DEVILIER
TRANING TO ONE ANOTHER TO UPSKILL PRACTITIONERS**

Waiting Lists

Waiting lists were described as a barrier, and off-putting to those looking to self-refer. Service users spoke about how disheartening this can be, especially if they are trying to reach out at a time of crisis.

“If you think the waiting list is too long to help, you may not reach out in the first place, or it could be too late by the time it comes around.” (Service User Survey Respondent)

**AREA FOR IMPROVEMENT: VICTIMS SHOULD BE ABLE TO ACCESS SUPPORT
APPROPRIATE TO THEIR SITUATION IN A TIMELY WAY TO REDUCE MORBIDITY
AND SPEED RECOVERY**

Rural Nature of Warwickshire / Physical Location of Services

Practical barriers of travel, non-accessible locations, and associated costs of attending a service due to the rural nature of Warwickshire – or worrying that the location may not be confidential were also mentioned as significant barriers to engagement.

“We're quite a rural area in Warwickshire, some of the issues may well be for people who are trying to access their services because transport and buses can be very difficult... people in rural areas do find it very difficult to engage, or to find those services and a lot of outreach is needed in those areas.” (Stakeholder Focus Group)

“We're in a rural county, not everybody has decent access to the internet. Is that prohibitive? Not all of our services are on good bus routes, close to local bus routes and public transport in Warwickshire is ridiculously expensive. So, is that a barrier? Some people accessing services, and I know, RoSA go above and beyond and will go out and see people wherever and hire room, but some people don't want to be in their local area, do they? They want to be away from it. I don't know how that could be improved.” (Stakeholder Interview)

“Certainly, in terms of making it more accessible ... in the areas where we've got our more rural communities ... Is there an option for satellite services? Would they be more accessible?” (Stakeholder Interview)

AREA FOR IMPROVEMENT: COMMISSIONED SERVICES NEED TO ENSURE THEIR PHYSICAL LOCATION IS AS ACCESSIBLE TO ALL VICTIMS AS POSSIBLE, WITH OPTIONS TO ACCESS THE SUPPORT LOCALLY, OR SLIGHTLY FURTHER FROM THEIR AREA OF RESIDENCE, WITH ASSERTIVE OUTREACH BEING FOCUSED ON THE MOST RURAL PARTS OF WARWICKSHIRE

Linked to the above, some of the services are co-located with other agencies (i.e., Barnardo’s, Compass with YJS, and Victim Support within Bedworth police station). This was felt to be advantageous, and interviewees reflected on how this provided easier opportunities for partnership working. For example, the co-location with Victim Support and the Witness Care Unit was identified as strengthening the working relationship and was described as something that has been very beneficial in terms of multiagency working and improving information sharing around victims and their needs. Similarly, Victim Support being based within the police station allows information to be centralised and enables workers to keep victims more up-to-date on the progression of their case.

“You've got the right partners around the table.” (Service Provider Interview)

Therefore, many interviewees felt all the PCC commissioned services should be co-located (alongside other relevant agencies) in various locations across the county, as some do not currently have an accessible office-base. With this suggestion, participants expressed wanting to see facilities for drop-in services. There was recognition that this may not be possible as it would be costly to set up, and that there would need to be careful consideration of the locations so as not to limit access for individuals from certain parts of Warwickshire.

“Having a single hub, front door to multi-agency environment will be beneficial... I think a single location will be ideal... or maybe is it like a virtual kind of hub? I think have actually something where people could go and speak to services, at least one day a week.” (Stakeholder Interview)

“I think a drop-in place with an advisor would be a good idea for young people to walk-in and present for advice/referrals to be made.” (Service Provider Survey Respondent)

AREA FOR IMPROVEMENT: WHERE POSSIBLE, COMMISSIONED SERVICES TO PROVIDE A DROP-IN SERVICE FOR POTENTIAL AND EXISTING SERVICE USERS

Interviewees believed that having an office base, with dedicated rooms would be a long-term saving as some services' current room rental is expensive. This would allow services to dedicate more of their funding on support provision either ensuring it is the best it possibly can be (i.e., with creative support options), or reaching more people faster.

"It would be premises because that's an issue we've had... because you've got all the agencies trying to use the same room. In my ideal world, we'd probably have our own premises in different locations throughout Warwickshire. If we had our own our own buildings, that would be good and also that would bring cost down in some sense for us as well." (Service Provider Interview)

Language Barriers

For service users with a first language other than English or those who are deaf, hard of hearing or blind, services' mode of communication itself can be a barrier exacerbating vulnerability to prejudice and discrimination.

"For people that have that language barrier, to pick up the phone is quite daunting." (Service Provider Interview)

"In terms of accessing our support, I don't think there's any barriers other than the language barriers." (Service Provider Interview)

"What about people that don't have spoken communication skills? You have to phone up and make a telephone appointment. There's no drop in facility, well, that's rubbish, isn't it? What is there for those people with learning difficulties? How do they access information? How would they know how to access services? If they didn't have a carer? Or if they didn't want to go through their carer to get that support? How are we addressing that? Who are we working with to build those relationships or even to develop relevant material to support that group?" (Stakeholder Interview)

Both promotional material and support options/interventions need to utilise appropriate forms of communication and language which is jargon free. Interpretation and translation services must be offered wherever possible, including on websites, which should outline the procedure for contacting the service if English is not the first language.

"How many of them have translation services on the webpage itself? If they've got a number, does it say on the website that actually if you need a translation service or somebody with a particular language, because English is a second language, the person can still call or message to sort of relieve any concerns and remove any of those barriers that somebody might have as well, just simple things like that could make a difference to contacting a service." (Stakeholder Focus Group)

"Look at reducing the jargon, perhaps simplifying some of the language." (Stakeholder Interview)

AREA FOR IMPROVEMENT: ENSURE SERVICES ARE AVAILABLE IN A RANGE OF LANGUAGES AND COMMUNICATION METHODS, ALLOW FOR TRANSLATIONS ON WEBSITES AND INTERPRETORS WHEN ACCESSING THE SERVICE, AVOID JARGON AND USE APPROPRIATE LANGUAGE WHEREVER POSSIBLE, TO ENSURE THOSE WHO DO NOT SPEAK ENGLISH, OR HAVE OTHER DIFFICULTIES WITH COMMUNICATION ARE NOT DISADVANTAGED

6.2.4.3. Sociocultural Barriers

Lack of Trust / Confidence

In particular, and of huge relevance currently, lack of trust in professionals, authority figures, the police, and the CJS as a whole was identified as a massive barrier to accessing commissioned support services. In the wake of Sarah Everard’s murder, and other misogynistic crimes, trust in the police has become fragile in the UK and according to an online YouGov poll conducted in 2021, on behalf of the End Violence Against Women coalition, almost half of women (47%) and 40% of men in the UK have lost trust in the police following crimes relating to violence against women and girls. This appeared to be reflected within this VNA.

“I did not trust anyone.” (No Support Accessed – Survey Respondent)

“Police corruption, the general public losing trust and faith in policing and CPS.” (Service User Survey Respondent)

“People’s confidence within policing and CJS. If there was a victim in the past that was let down by police, they’re far less likely to reach out and get help that they deserve.” (Service User Interview)

“The CJS is a huge barrier at the moment when you’re hearing about rape cases taking a couple of years to get to court, once you’re facing going through that, that process, if the courts aren’t sorted out, we’re not getting the right messaging. We’ll lose many, many more victims and that will only increase trauma in future years, it’s a significant challenge nationally.” (Stakeholder Focus Group)

Accordingly, service users and providers emphasised the importance of services working in partnership with, but also maintaining independence from the police, and emphasising this within confidentiality agreements to potential service users. This was described to us as particularly important for General Victim Recovery services and SAV specific support.

“We’re independent. Yes, we work in partnership with the police, but we’re independent, you know, we only work in partnership to support you, if it’s going through court... we work in partnership, really, as a voice for survivors.” (Service Provider Interview)

6.2.5. Individuals with Protected Characteristics

Almost all of the barriers outlined thus far were described as far worse for individuals with protected characteristics, and in particular those from minoritised ethnic communities or with insecure immigration status. Being a victim of crime or individual using substances was considered to be more taboo for these individuals. Participants also described the issue of ‘secondary victimisation’ to us,

whereby the response from professionals, whether that be the police or support services, makes the individual feel like a victim all over again (this might not be intentional), but may 'drive them away'.

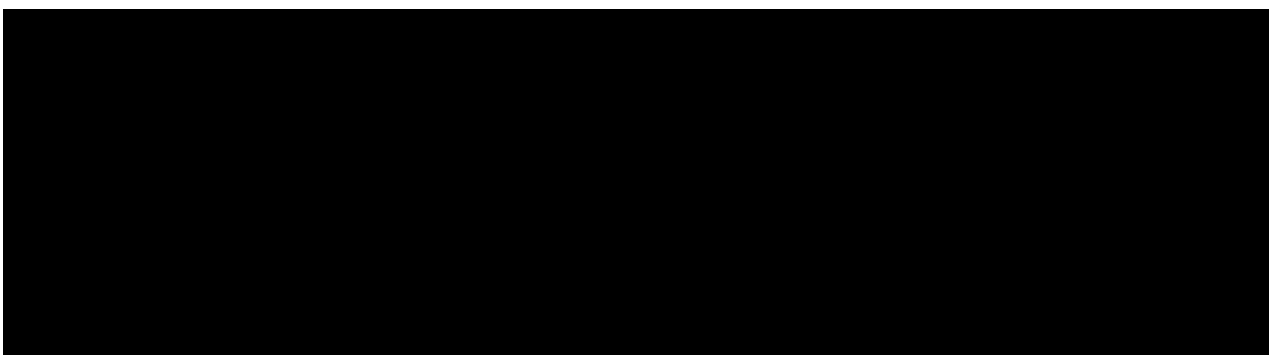
"These are all very taboo subject areas, you don't talk about these issues, they do happen, but nobody talks about them. If you do talk about them, then there is that worry that other wider members of the family or wider members of the community are going to look down on that person and essentially stigmatise the individual, or the group of individuals for actually speaking out about these subject matters. So, again, very sensitive subjects." (Stakeholder Interview)

"Some of these subject matters around say drugs and alcohol, for example, there will be a clear barrier in terms of that's not accepted in our culture, it's not accepted in our religion, however, people are affected by drugs, and people are affected by alcohol. It's really an issue around acceptance and recognition of the problem in the first instance." (Stakeholder Interview)

"It needs to be really publicised the fact that if you're a victim, then you'll be provided a service. Be clear that there's no restrictions on services. If you haven't got recourse to public funds, police aren't going to turn you away. I know it's a bone of contention, because some local authorities will, particularly for things like housing, but that's not the way police operate. It really needs like sort of a cross-party, cross-organisational commitment to treat people who are victims as victims first and immigration offenders second." (Stakeholder Interview)

"Provide safe spaces such as community centre/advice centre/drop-in centre. Using ethical imagery and language – avoiding the terms prostitute and illegal immigrant for example. Trauma-informed approach/less enforcement/criminal-based approach. Provide easy and quick access to legal aid and have strong links with public/immigration lawyers within the local area to prevent survivors from travelling long distances/waiting on long waiting lists." (Stakeholder Survey Respondent)

Barriers to engagement for individuals with protected characteristics were sometimes attributed to a lack of understanding of different cultures amongst service providers.



"People can experience different barriers to accessing support depending on their cultures and backgrounds. Victims from some BAME communities find it harder to trust services and to access them due to specific cultures and myths. There can also be a language barrier and they can feel that they cannot speak to someone outside of their culture." (Service Provider Interview)

While all service providers reported that their services are inclusive and that service users are treated equally regardless of any protected characteristics, it is apparent from the service's data that there is a need to improve this further. Stakeholders also often raised this as an area for improvement amongst commissioned services.

“We treat everyone equally and aim to provide a bespoke service depending on their needs and wishes.” (Service Provider Interview)

“Are the services you commission accessible to all? Are they culturally appropriate? Does your workforce reflect the diversity of the areas that you're working in? It might well be that there's an imbalance... You have to understand the geography, and the appropriateness and it has to be a very regular, ongoing process.” (Stakeholder Interview)

AREA FOR IMPROVEMENT: COMMISSIONED SERVICES SHOULD AIM TO INCREASE THEIR REACH TO INDIVIDUALS WITH PROTECTED CHARACTERISTICS AND PROMOTE INCLUSIVITY FURTHER

Some stakeholders voiced concerns that Gypsy, Roma, and Traveller (GRT) communities are still being overlooked and have the poorest access to support services of all minoritised groups – services must remember to consider this within their inclusivity agendas in the future.

“Gypsies, and travellers... they're probably still the most marginalised communities out there.” (Stakeholder Interview)

“The travelling community are very, very, very, very astute on the body language on the way you present yourself. First contact is vitally important to whether you're going to start to gain an interest or confidence with those community members... trust and confidence is the key to everything, without that, we have no hope of progressing.” (Stakeholder Interview)

Interviewees commonly mentioned that there is no dedicated LGBTQ+ service in Warwickshire, and that the closest one is Birmingham LGBT; however, there are ‘by and for’ organisations within Warwickshire such as EQUiP who are able to provide support to organisations around issues of gender identity and sexual orientation, as they cover all protected characteristics.

“There's no LGBTQ+ services. I've moaned about this so many times, there's nothing, there's absolutely nothing and it's shameful.” (Stakeholder Interview)

“There's a big piece of work that's needed in terms of looking at engagement with the trans community, and perhaps individuals that are on the gender spectrum... individuals who are non-binary, or gender fluid.” (Stakeholder Interview)

There was recognition that these groups can be ‘harder’ to engage, but services are simply not doing enough. Some of the service providers, in particular CGL and Compass, expressed frustrations that they can only work with the referrals they get, and as such, felt inclusivity was something referring agencies needed to improve on.

“All you can do is just try and advertise, promote, and engage with all communities as much as you can, but it is easier said than done. It's hard to cover every angle.” (Service Provider Interview)

“I suppose it's about making sure that the service is responsive to the needs of the of the different communities. One of the areas we may need to improve is our promotional material that goes out in terms of reaching diverse communities.” (Service Provider Interview)

6.2.5.1. Promoting Inclusivity

Most of the services seem keen to improve but were unsure how best to approach this.

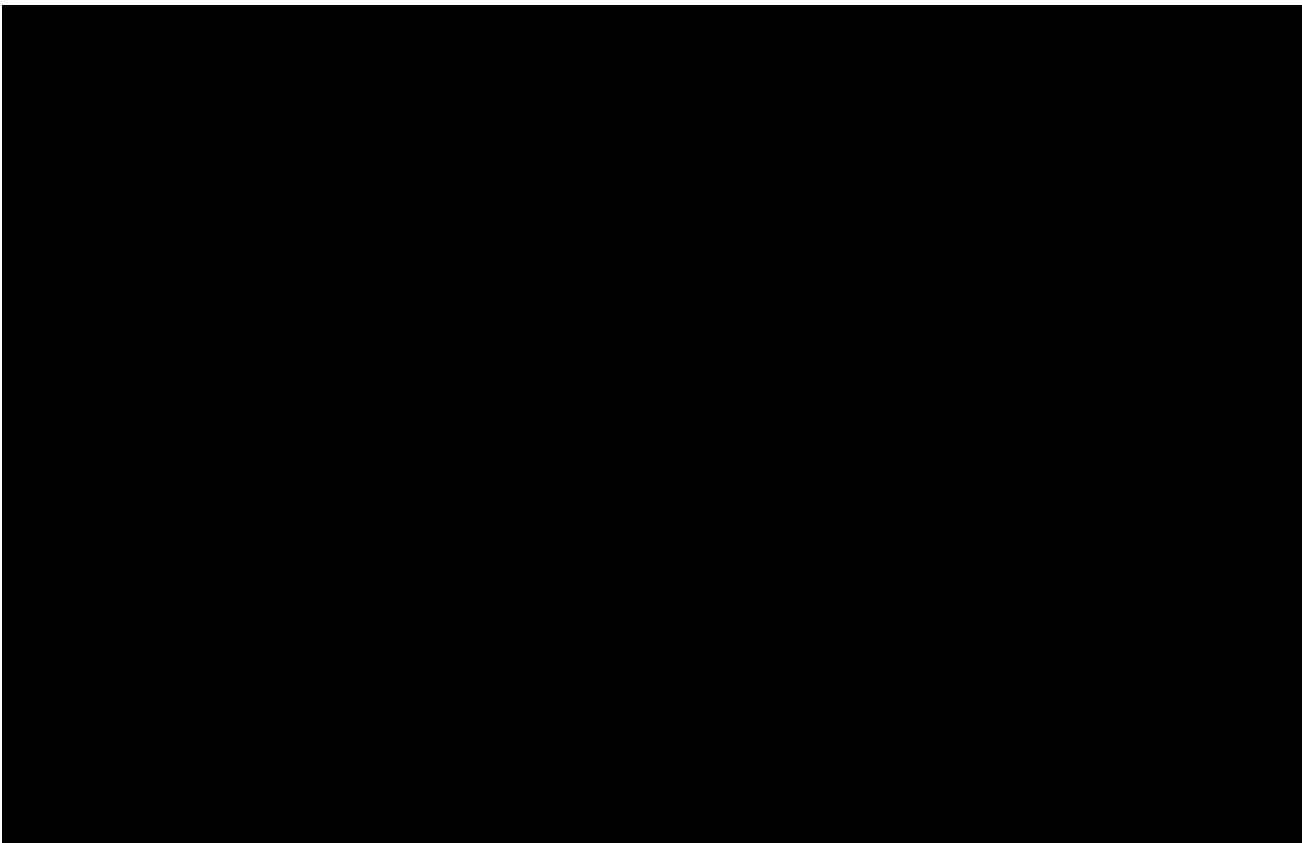
“I don't know what the answer is, but happy to try anything.” (Service Provider Interview)

There were some examples of emerging and good practice among the commissioned services, but participants acknowledged that there is still a long way to go in order to reach all victims. Several frontline practitioners from different services described utilising their assessment procedures to understand and then make necessary adjustments based on protected characteristics to promote accessibility.

Victim Support spoke to us about attending pride, working with EQuIP, and had a dedicated survey running at the time of this VNA about how to engage minoritised ethnic communities (see later within the report for a summary of findings from this).

*“We've tried to reach out to all communities, before COVID we used to go out, alongside EQuIP, to different mosques and places of worship, to give talks and spread the word... Then COVID hit.”
(Service Provider Interview)*

“We make ourselves known through Twitter, we attend Pride every year, when it's on, obviously, it's not been on for the last two years, but pre-COVID, we were there had a stand every year, promoting the service, having fun games for the kids, so people would actually come over to stand so we could talk to them about what we do, and support that we can provide.” (Service Provider Interview)



In order to improve inclusivity, participants described assertive outreach as being the key starting point.

“An obvious thing perhaps would be more literature available at places which people from backgrounds and different minority groups might be, like GP surgeries, for example, chemists, having more signposting available, whether it's leaflets, posters, anything like that, to alert them to the fact that the services are available, and perhaps more engagement with people that work specifically within those kind of minority groups.” (Stakeholder Interview)

“Going into schools, maybe some religious settings, places of worship, trying to really understand how to talk to the different groups missing out on services that might not come forward.” (Stakeholder Interview)

“Proactively getting out to the seldom heard communities and asking them what it is that they need is probably what we would need to do, but it's difficult to actually get done.” (Stakeholder Interview)

Interviewees and survey respondents highlighted the importance of services having promotional material that reflects all protected characteristics.

“Look at your website, they're totally unrepresentative, and should go across all protected characteristics.” (Stakeholder Focus Group)

When considering equality, diversity and inclusion, stakeholders stressed the significance of not having a 'one-size-fits all approach'. Accordingly, interviewees felt staff need enhanced cultural awareness training on the unique nuances.

“It's really important that people are educated around this.” (Service User Interview)

*“There are different nuances in different communities that need to be understood and recognised.”
(Stakeholder Interview)*

According to stakeholder interviewees, there is also a need for internal changes within commissioned services (i.e., looking at staff diversity at all levels) to achieve better engagement from all communities, not just the external things (i.e., promotion) and having up to date policies in place.

*“It's about actually making a difference and looking at how they embed recognition of different communities, different cultures, different protected characteristics, internally, as well as externally.”
(Stakeholder Interview)*

“There is a lot that needs to be done internally in terms of looking at these particular organisations in order that they can then better equip themselves to meet the diverse needs of different communities.” (Stakeholder Interview)

Overall, participants emphasised how key it is that inclusivity, and engagement with those with protected characteristics, is done in a genuine way, not as a tokenistic gesture to ‘tick boxes’.

“Targeting particular kinds of people, actually marginalises people we're trying to get..., are we just doing that for stats?” (Service Provider Interview)

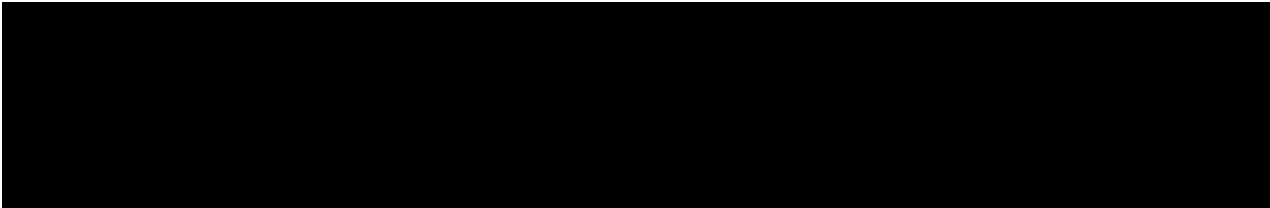
“Got to engage for the right reasons, rather than just engaging so you can tick a box.” (Stakeholder Interview)

6.2.6. Issues with Data Reporting, Recording, and Sharing

Interviewees reflected that when it comes to under-represented groups, some of this may in part be due to poor data capture and recording practices – they felt that it is often the ‘harder to reach groups’, and individuals with protected characteristics who appear within ‘not stated’ or ‘unknown’ categories for statistics. This makes it hard to establish how representative services’ client base are in comparison to the general population in Warwickshire, and as such, how well services are actually meeting the needs of everybody in the community. Therefore, there is a need to drastically improve data recording practices.

“We need to really strengthen the way we capture data... so that we can target our projects to meet those needs.” (Stakeholder Interview)

“There's an element of data and recording being a problem. Recording of ethnicity by police forces within Warwickshire does have a particular problem, it is poor.” (Stakeholder Interview)



AREA FOR IMPROVEMENT: DATA COLLECTING, RECORDING, AND REPORTING PRACTICES NEED TO BE IMPROVED, WITH A FOCUS ON ACCURATELY CAPTURING ALL KEY DEMOGRAPHIC DETAILS OF SERVICE USERS, USING CONSISTENT CATEGORIES

Linked to this, stakeholders we interviewed want to see better data and information sharing in place. Generally, they reported service providers' attendance at key meetings is good but reflected that they rarely contribute in a meaningful way due to being limited with information sharing agreements.

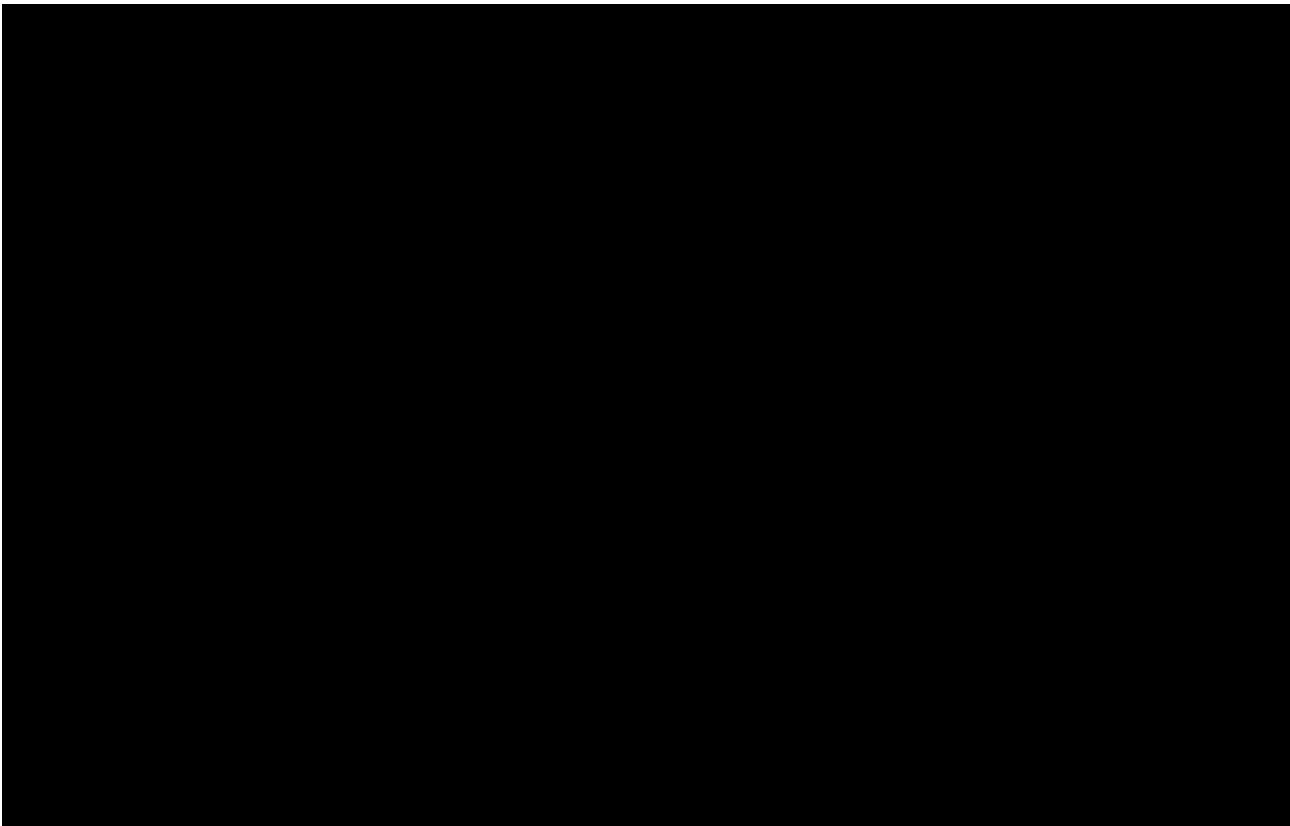
"Other organisations just hide behind data protection far too much." (Stakeholder Interview)

"I think that's really important, sharing information." (Service Provider Interview)

"If you've got the right protocols in place, the sharing of information is easy." (Stakeholder Interview)

AREA FOR IMPROVEMENT: CLEAR DATA AND INFORMATION SHARING AGREEMENTS SHOULD BE IN PLACE TO ALLOW FOR ENHANCED PARTNERSHIP WORKING AND FULL PARTICIPATION IN KEY MEETINGS

6.2.7. Other Feedback





“Unfortunately, due to the nature of the work at times there can be a high turnover of staff and this impacts [clients’] ability to be able to trust and build relationships.” (Service Provider Survey Respondent)

Finally, some other general feedback we received from service users was around the need for service providers to have a better awareness of the impact of domestic abuse on children, particularly in light of the new Domestic Abuse Act 2021 which has seen a shift in children ‘witnessing’ abuse in the home to ‘experiencing’ it as a victim in their own right.

“People having more understanding of the effect of domestic abuse, particularly on children and how the abuser can manipulate the children to portray whatever they want.” (Service User Interview)

6.2.8. Summary of Overarching Fieldwork Findings

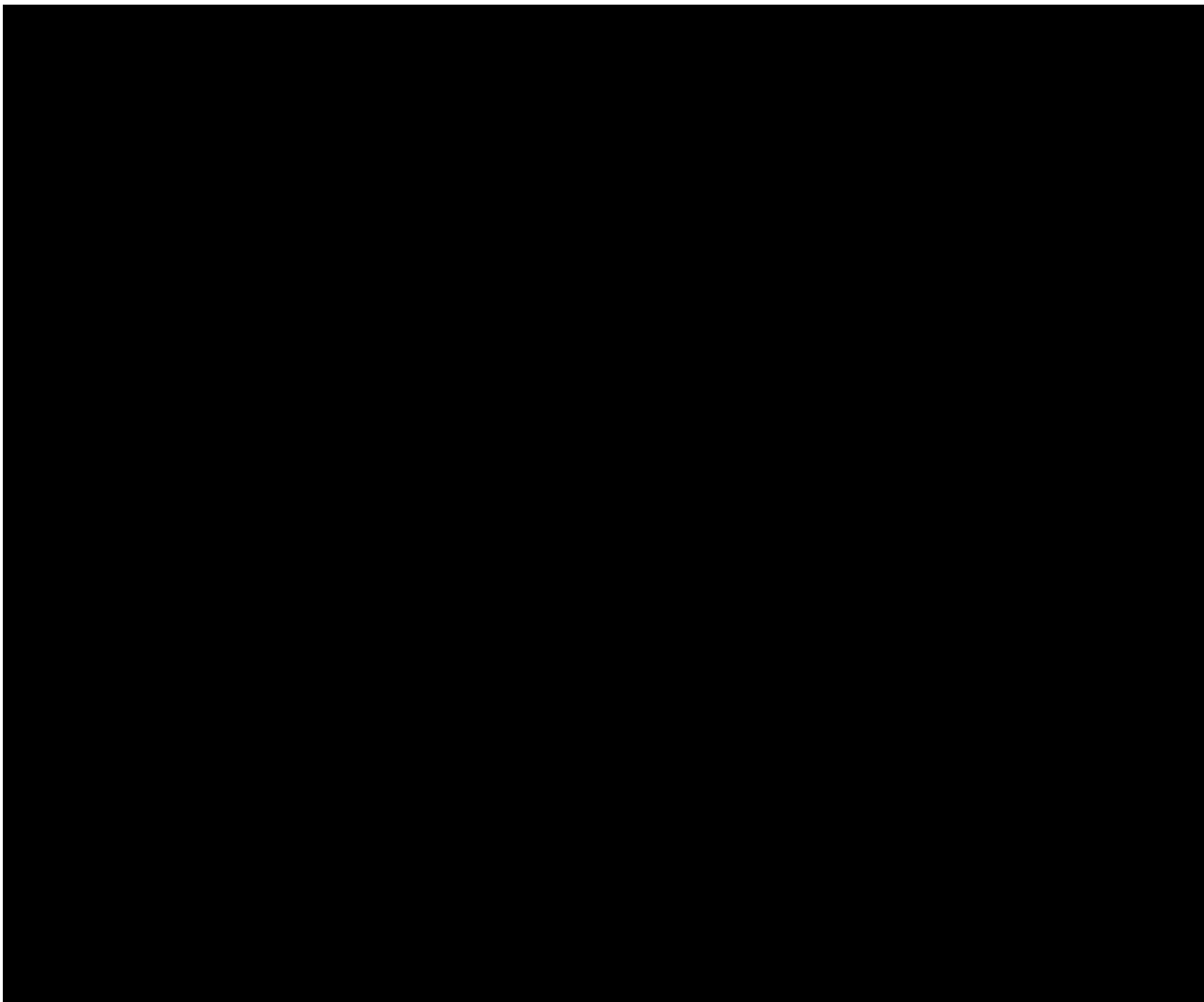
This VNA has highlighted the dedication of existing services across Warwickshire in supporting victims of crime and individuals using substances, while acknowledging that there is still some work to be done within Warwickshire, and the UK as a whole. The current commissioned services were praised for their person-centred approach, dedicated and passionate staff, and were generally believed to be doing a good job at supporting their service users. Practitioners were reflective of how COVID-19 has created both new challenges for services and been a catalyst for change, introducing new ways of working. While virtual support and increased flexibility allowed services to adapt to shifting demands, collaboration between providers deteriorated and was halted altogether at times. Provided they do not create new barriers, and are not used as a substitute for face-to-face support where this is deemed safe and most appropriate, remote delivery methods should have a positive and lasting impact on accessibility.

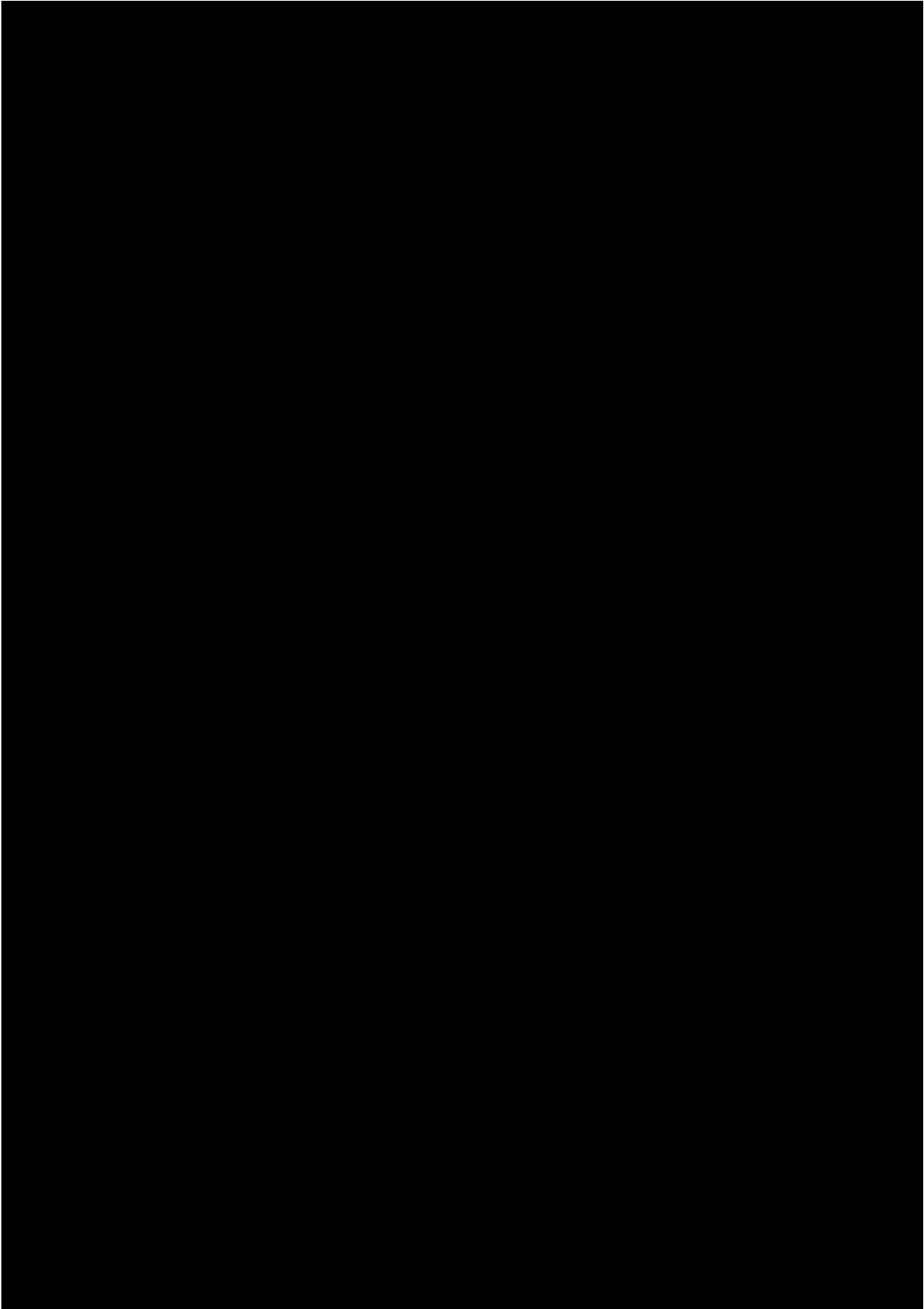
A recurring theme throughout the fieldwork was the need for increased stable funding across the board to help better meet victims' needs. While personal barriers exist, such as the embarrassment and shame that may be associated with seeking support, other barriers were due to a lack of funding, such as issues pertaining to the physical location of services, and a lack of awareness of current providers due to not having the funding for campaigns and other forms of awareness raising.

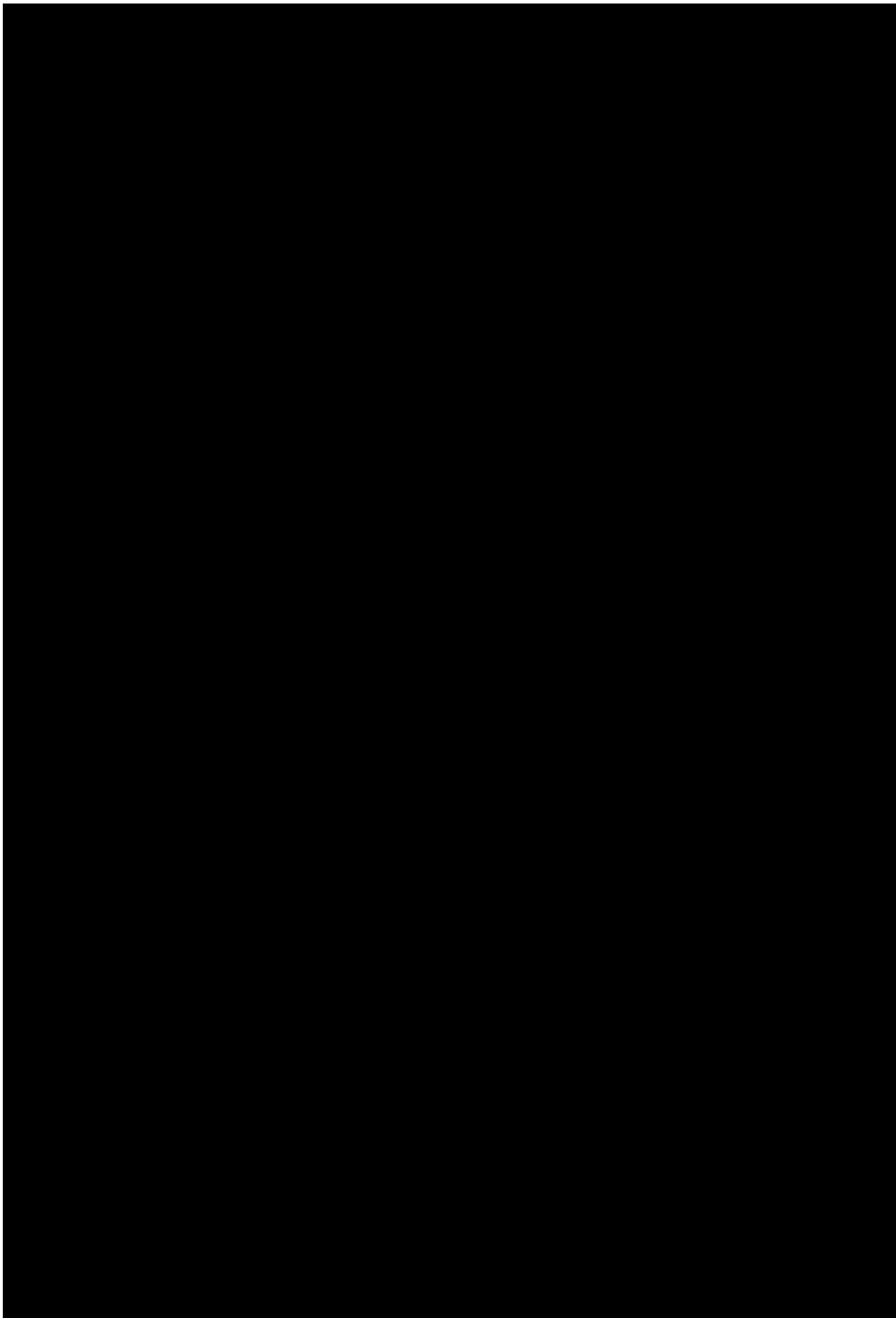
While the pros and cons of the existing referral systems were identified, [REDACTED]

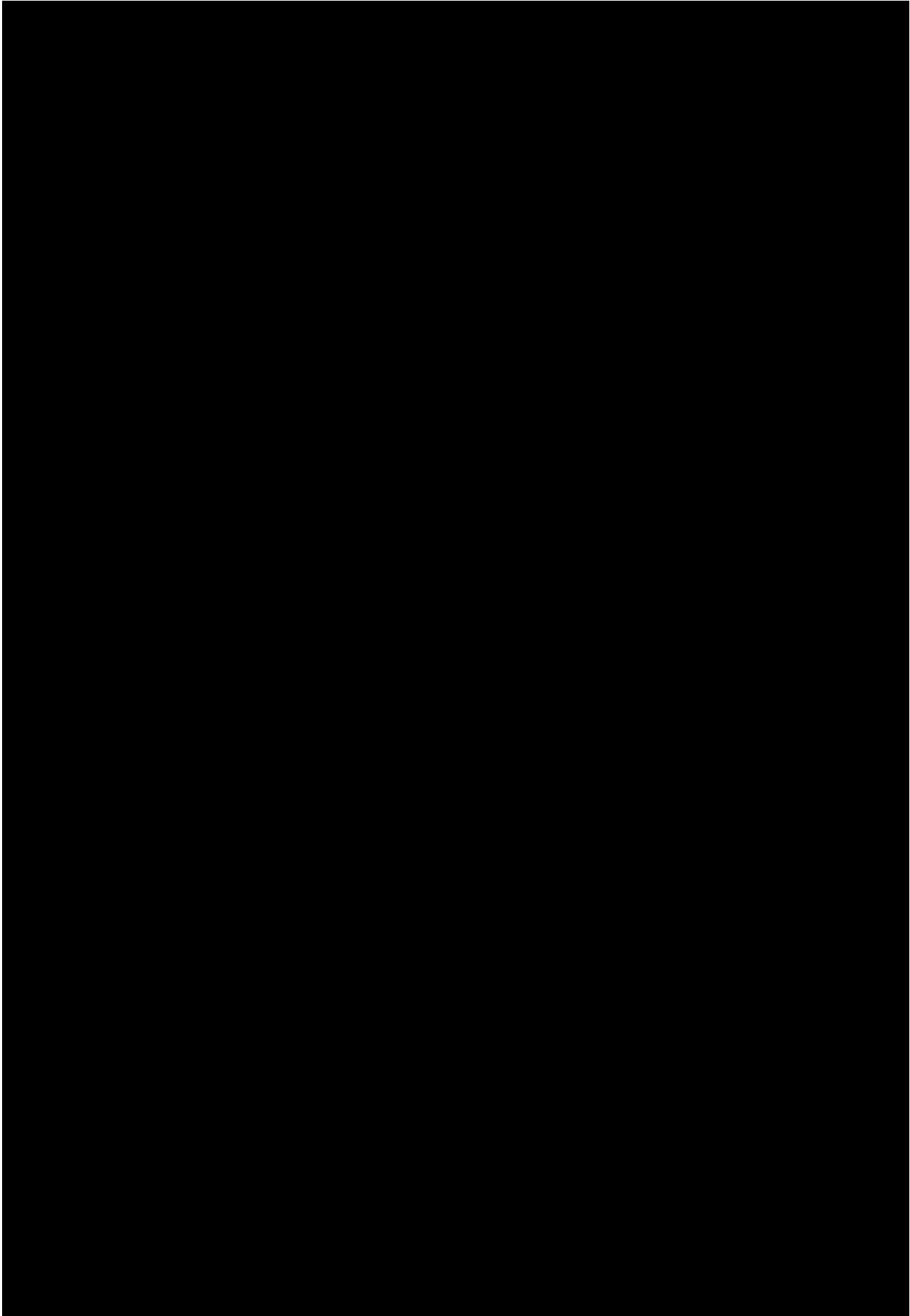
[REDACTED] Improved multi-agency working would also contribute to continuous professional development and ensure more holistic support is on offer; although, it was noted that support services should remain separate so as to provide a choice in treatment options to service users.

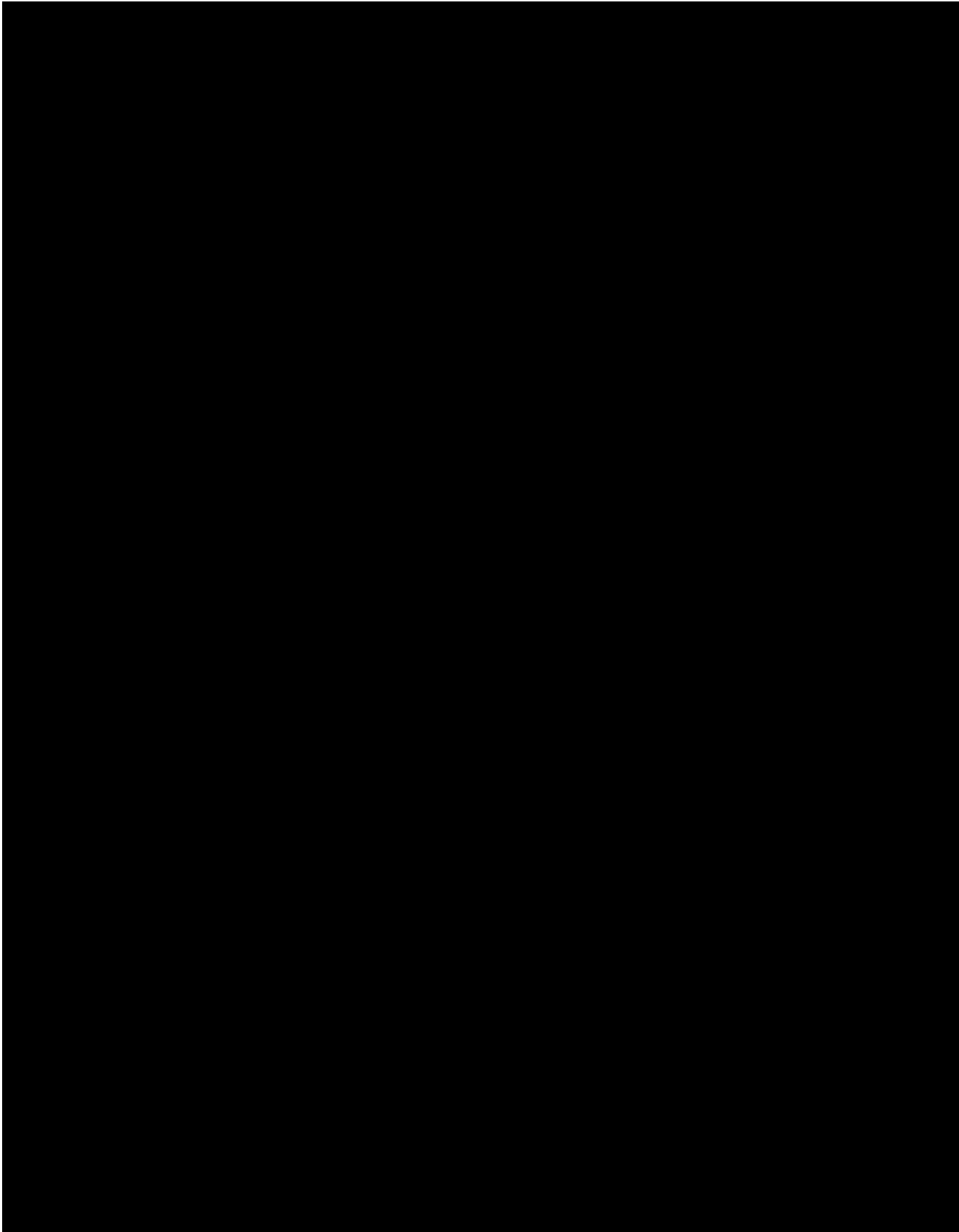
Finally, issues surrounding inclusivity were explored, including how to make services more accessible for those who do not speak English as a first language. Protected characteristics were also discussed as a topic where services may require further understanding. This VNA has acknowledged that these groups can be 'harder' to engage, while highlighting that it is important not to turn efforts into a tokenistic gesture. [REDACTED]

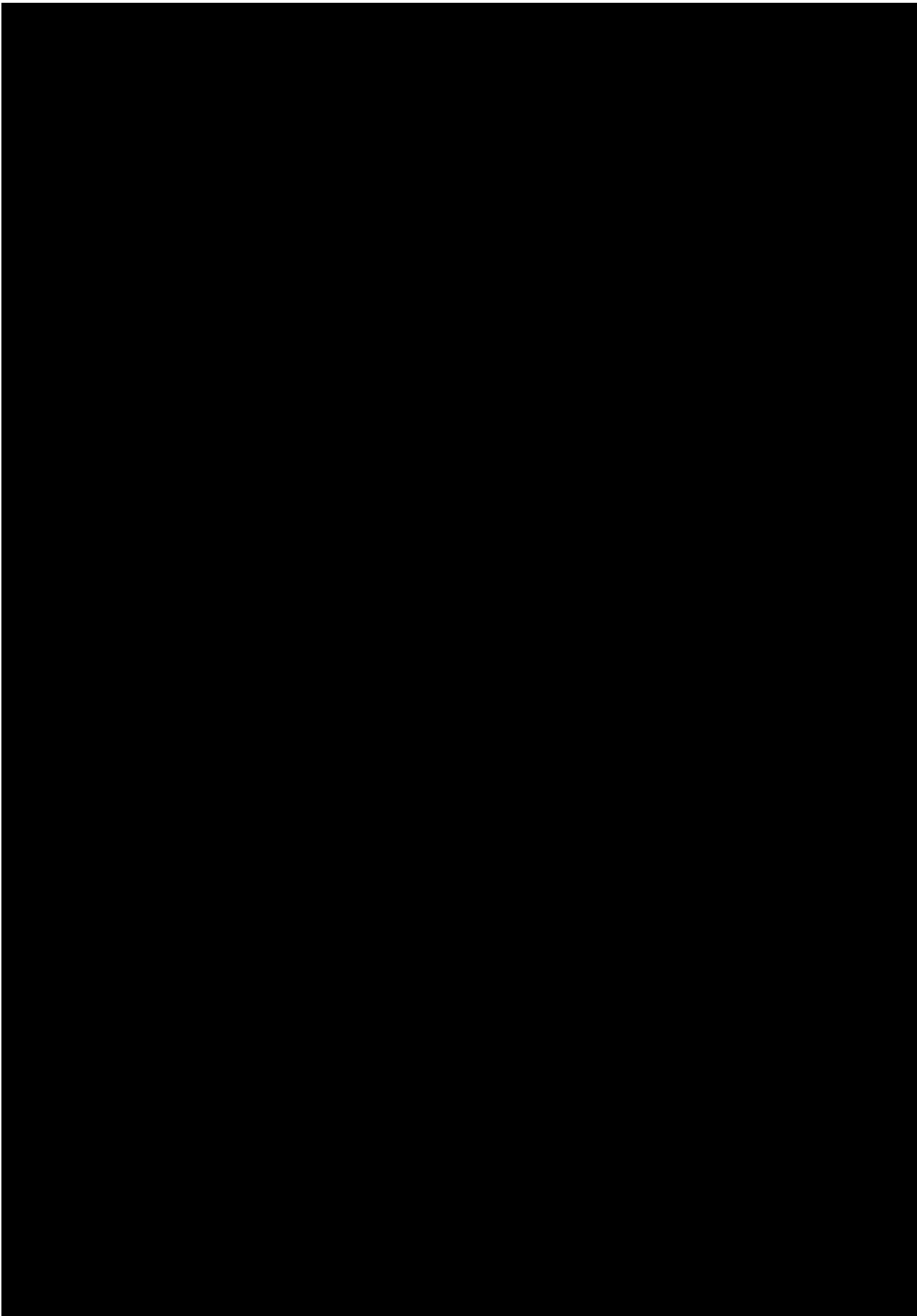


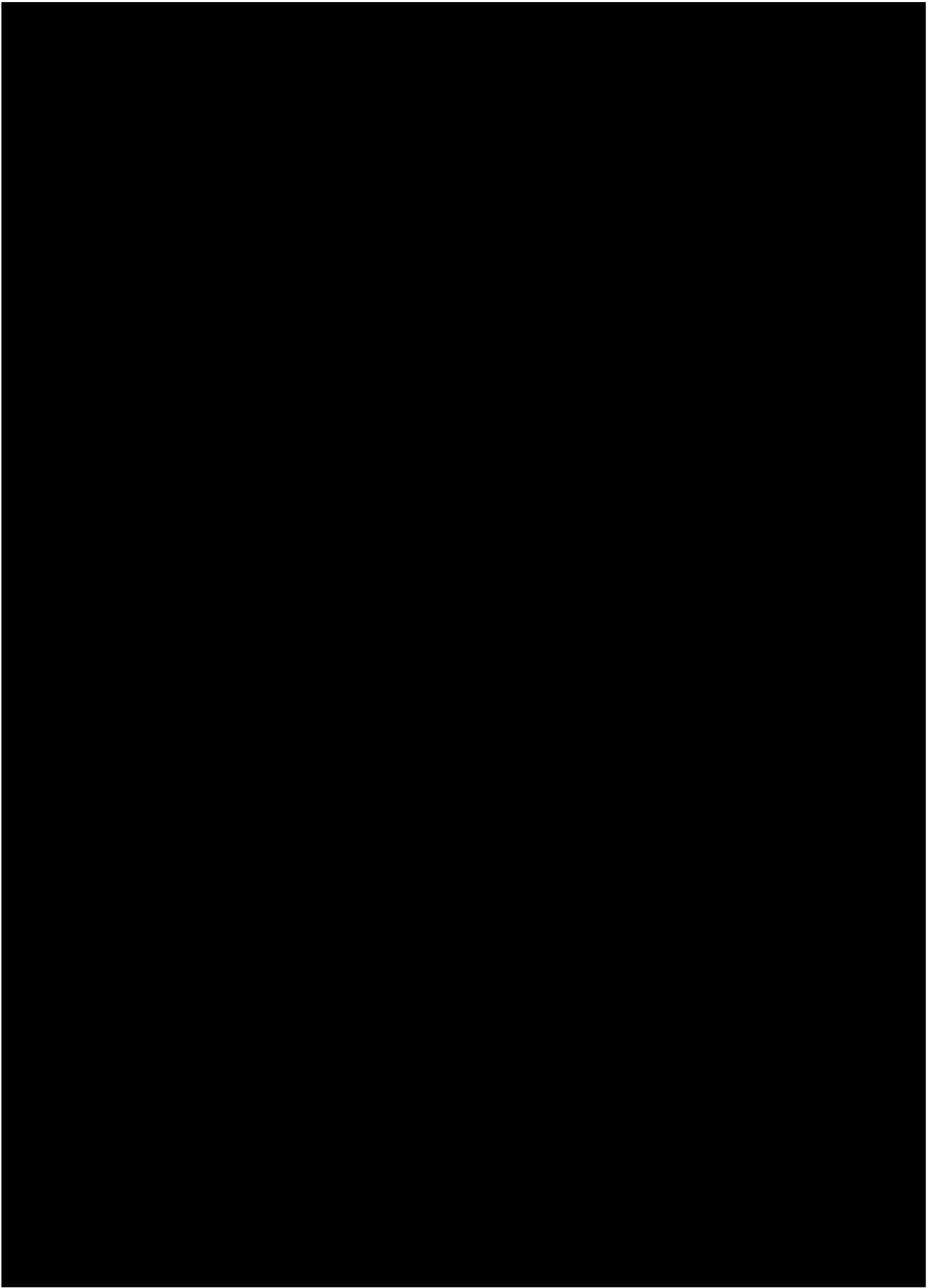


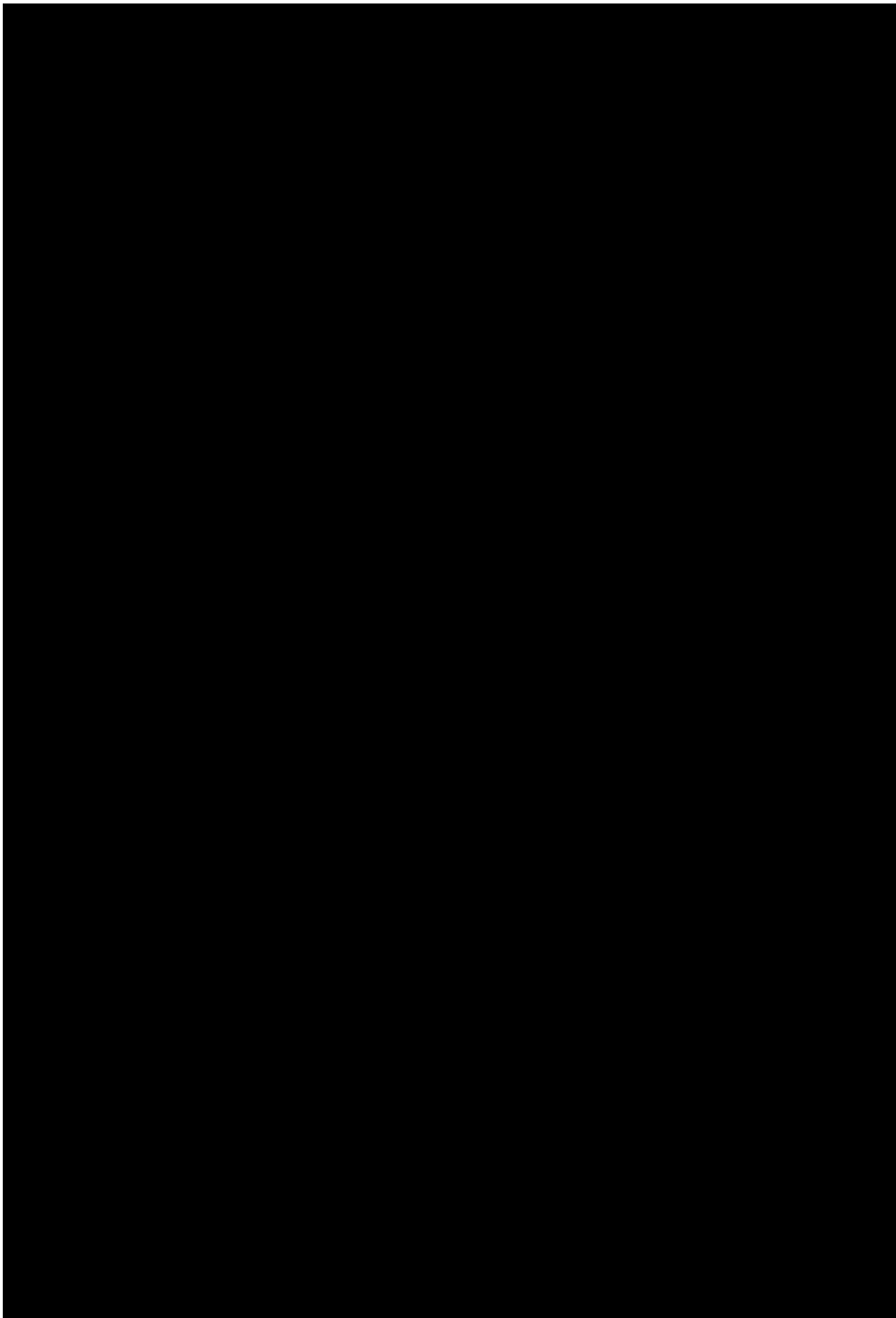


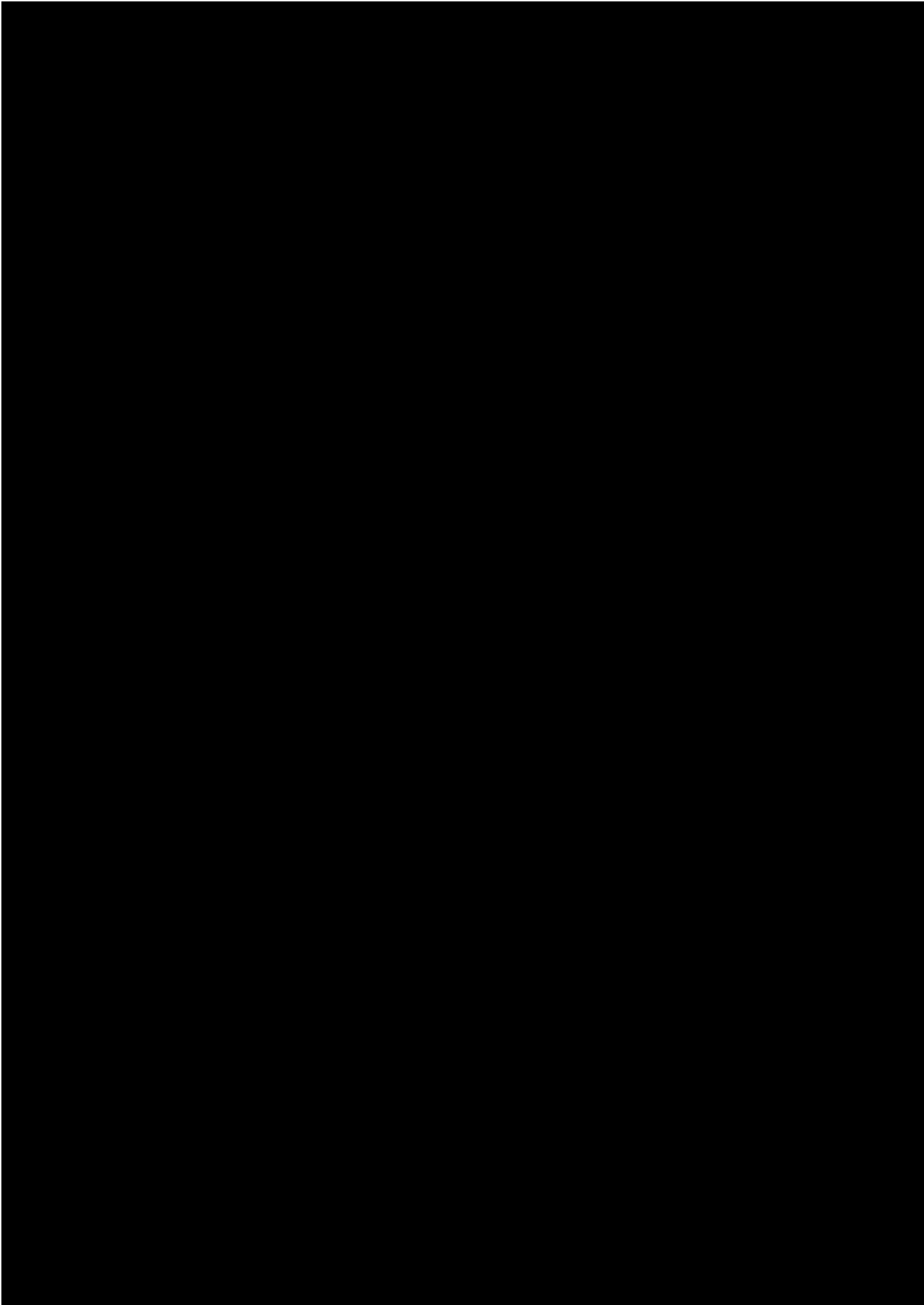






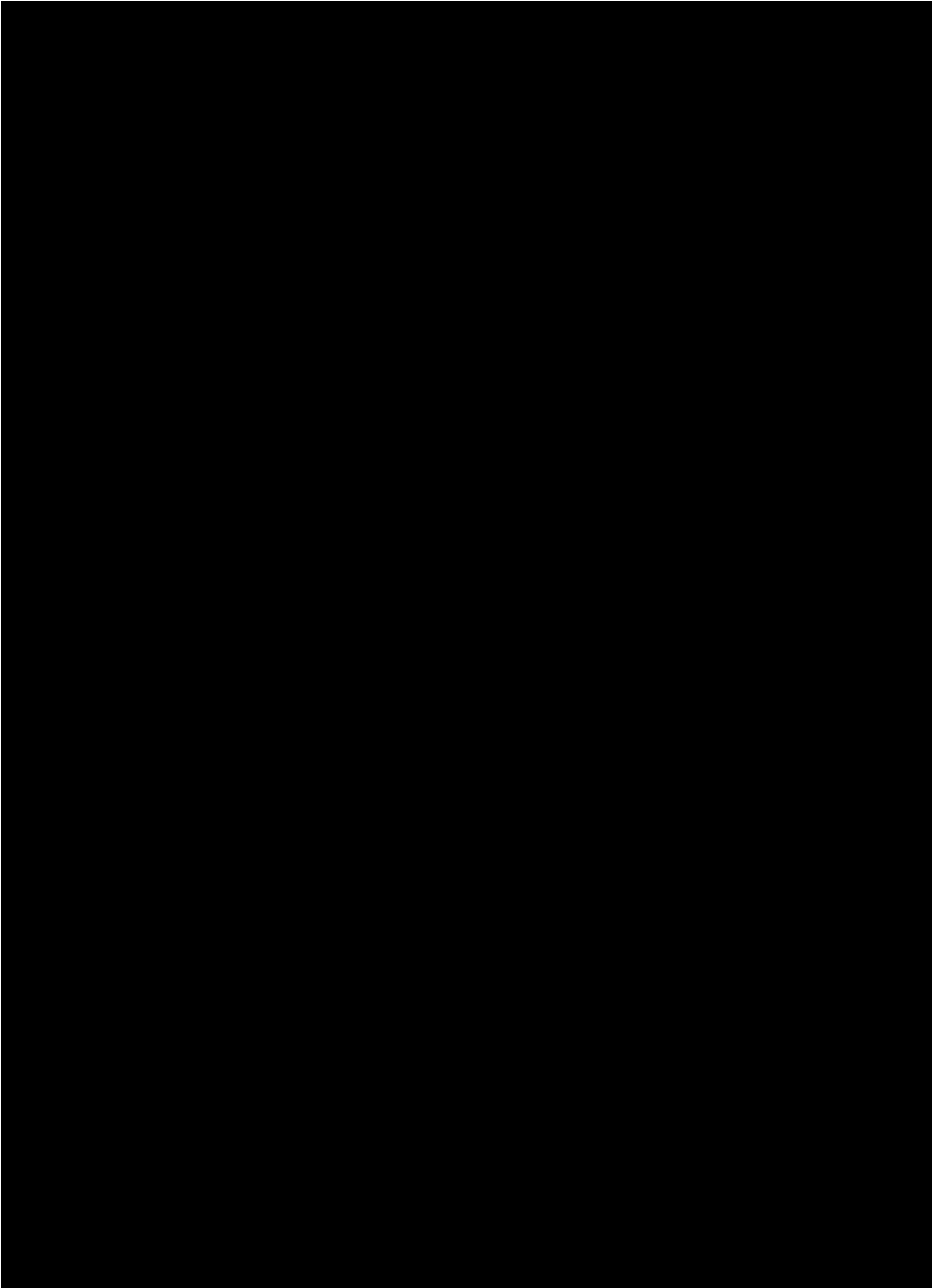


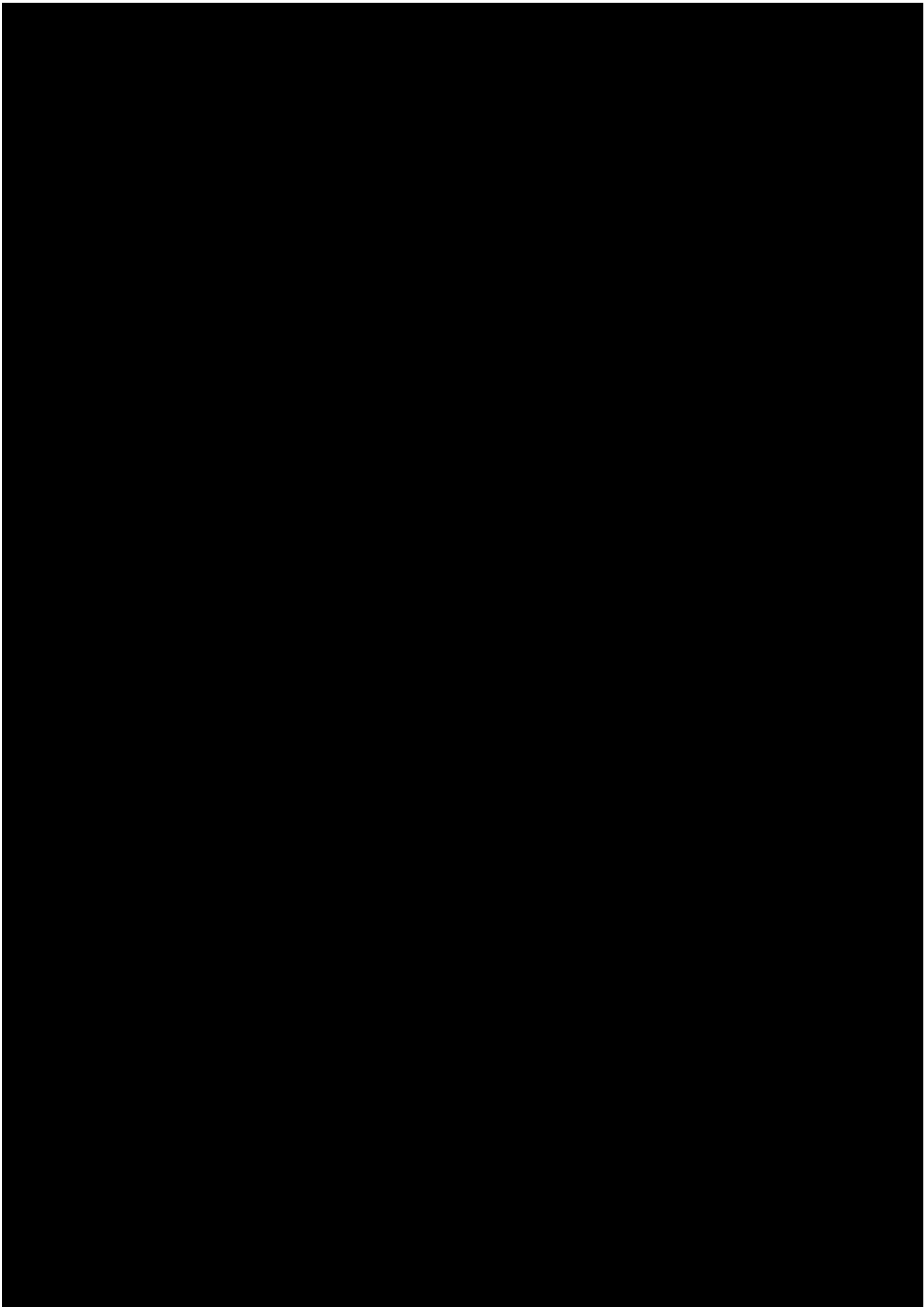


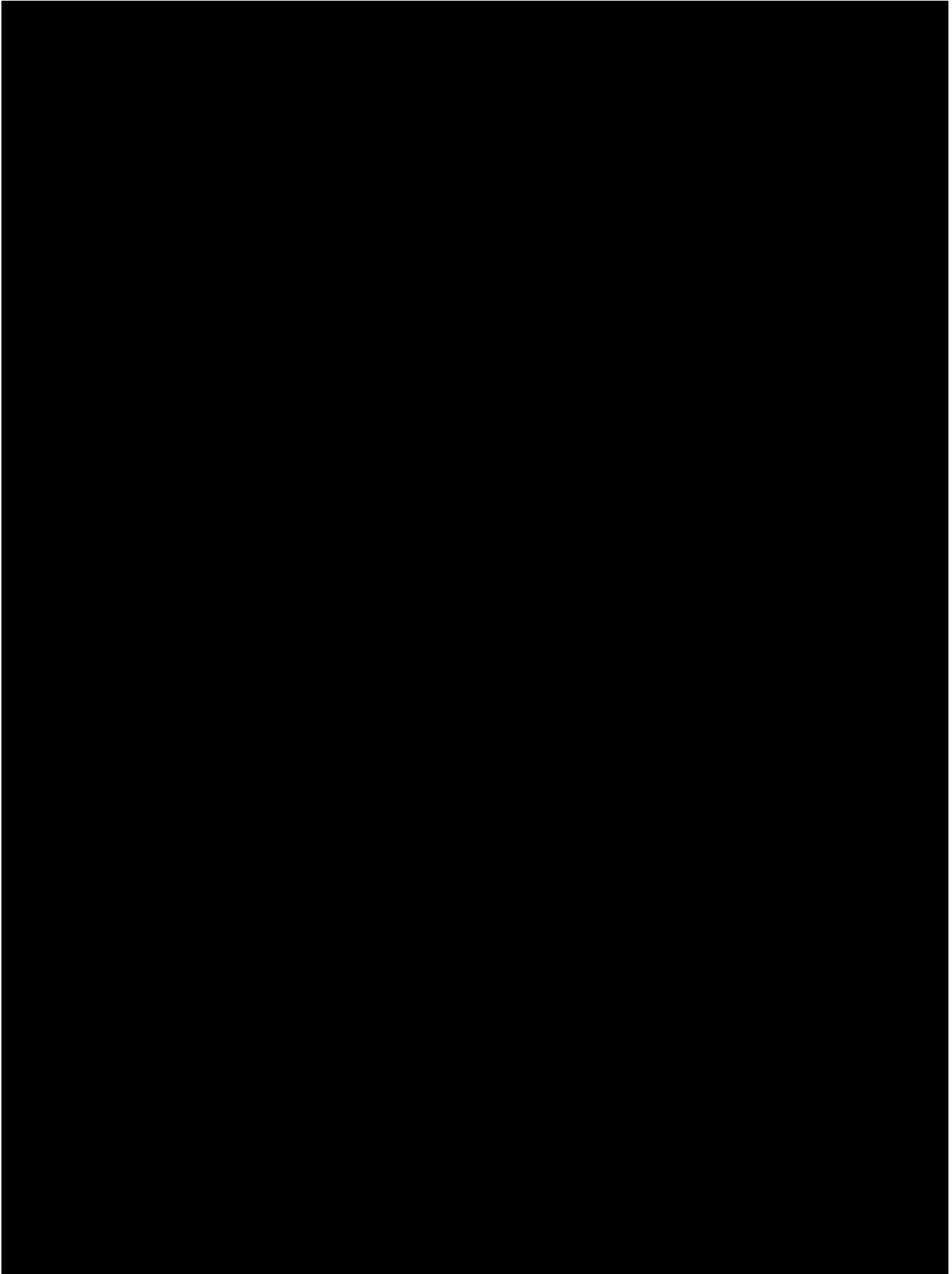


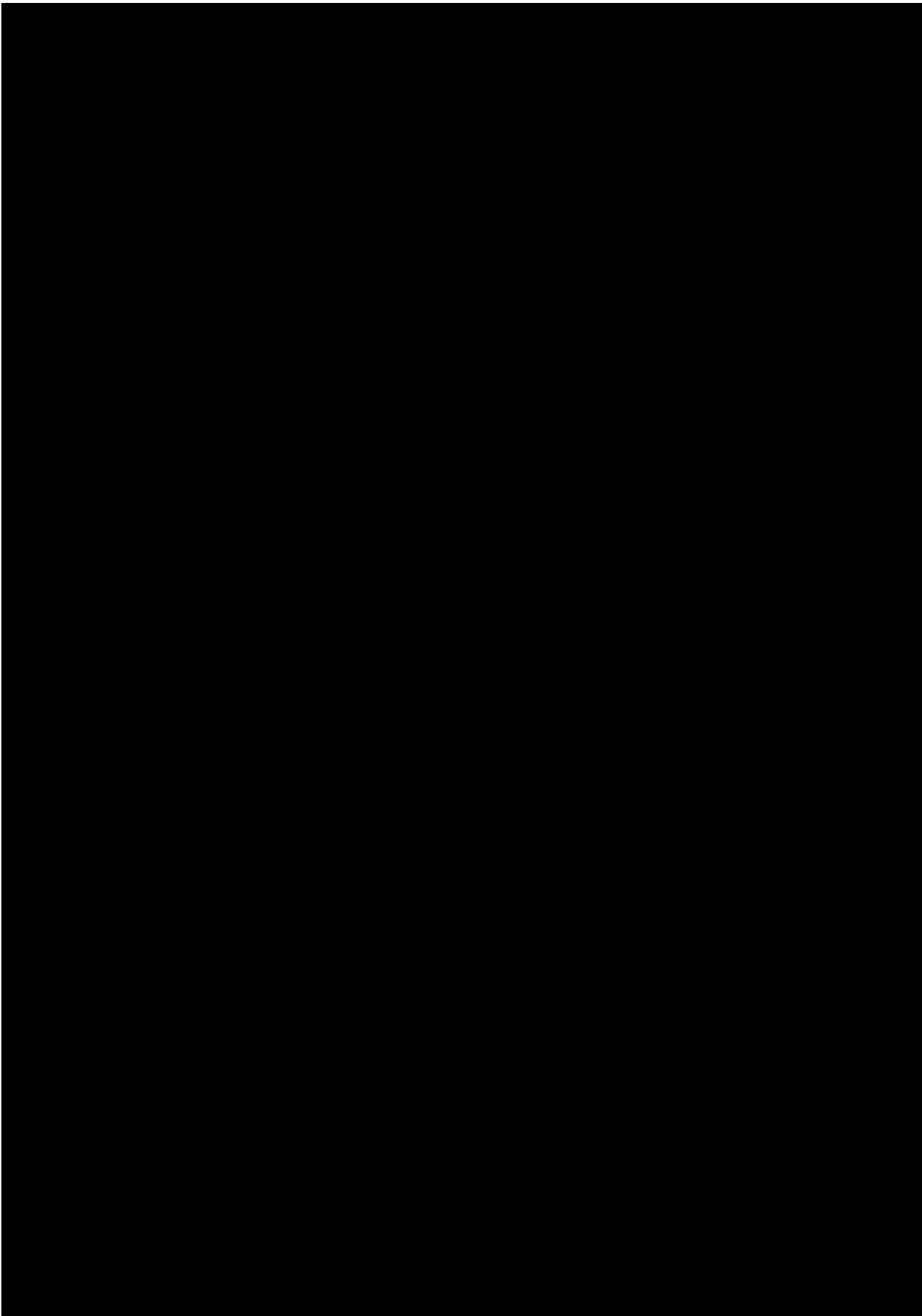


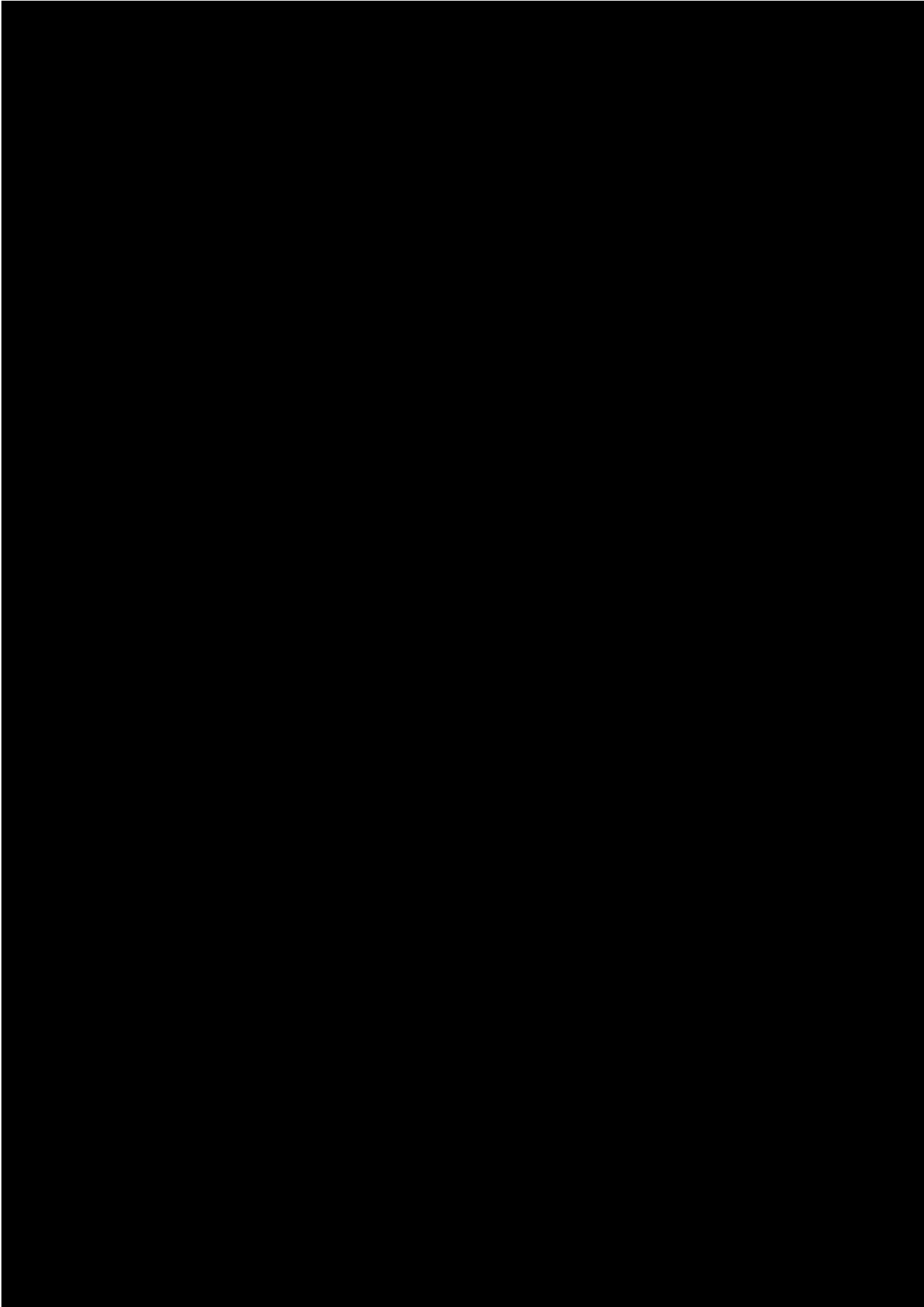
Philip Secombe
Police and Crime
Commissioner
for Warwickshire

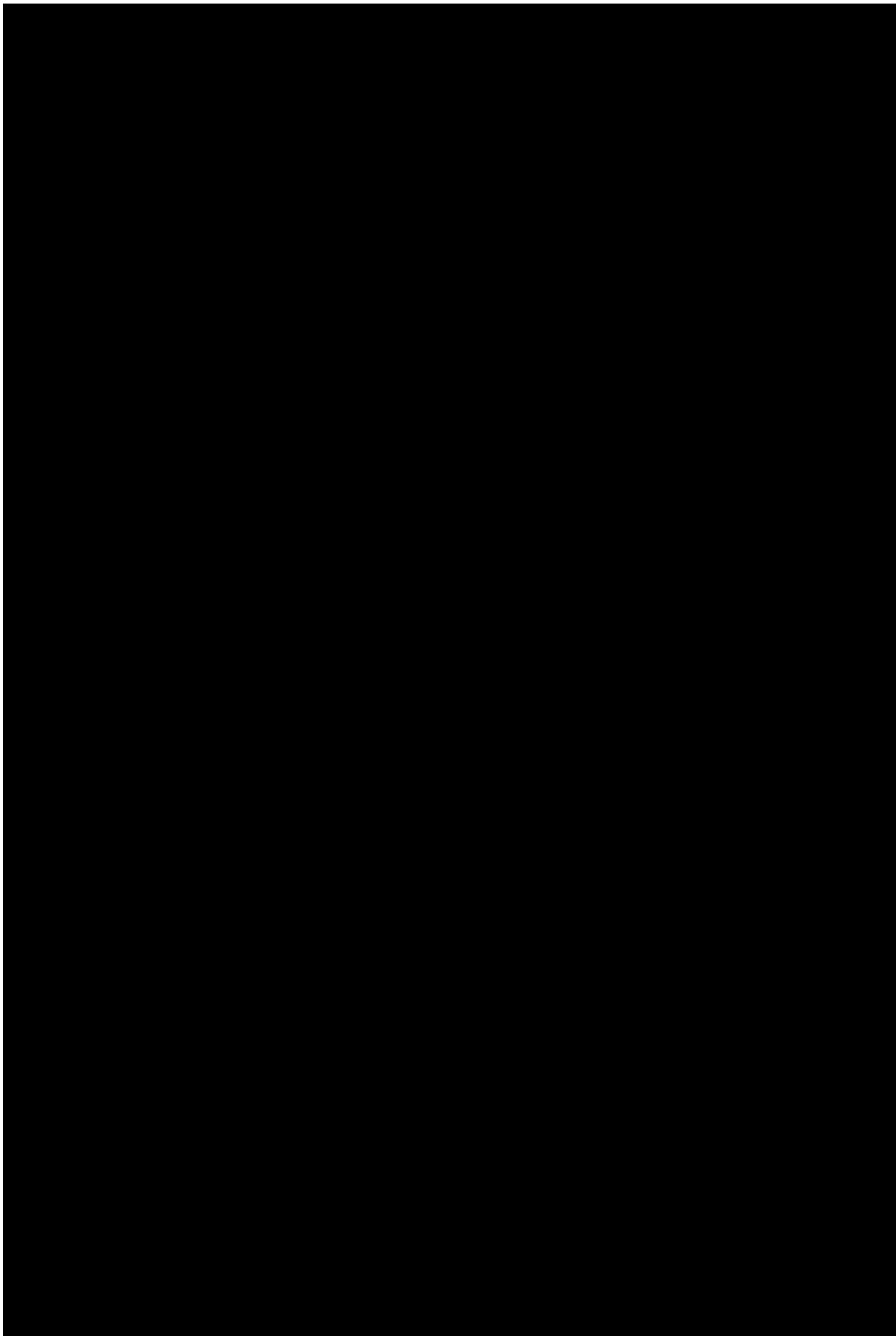


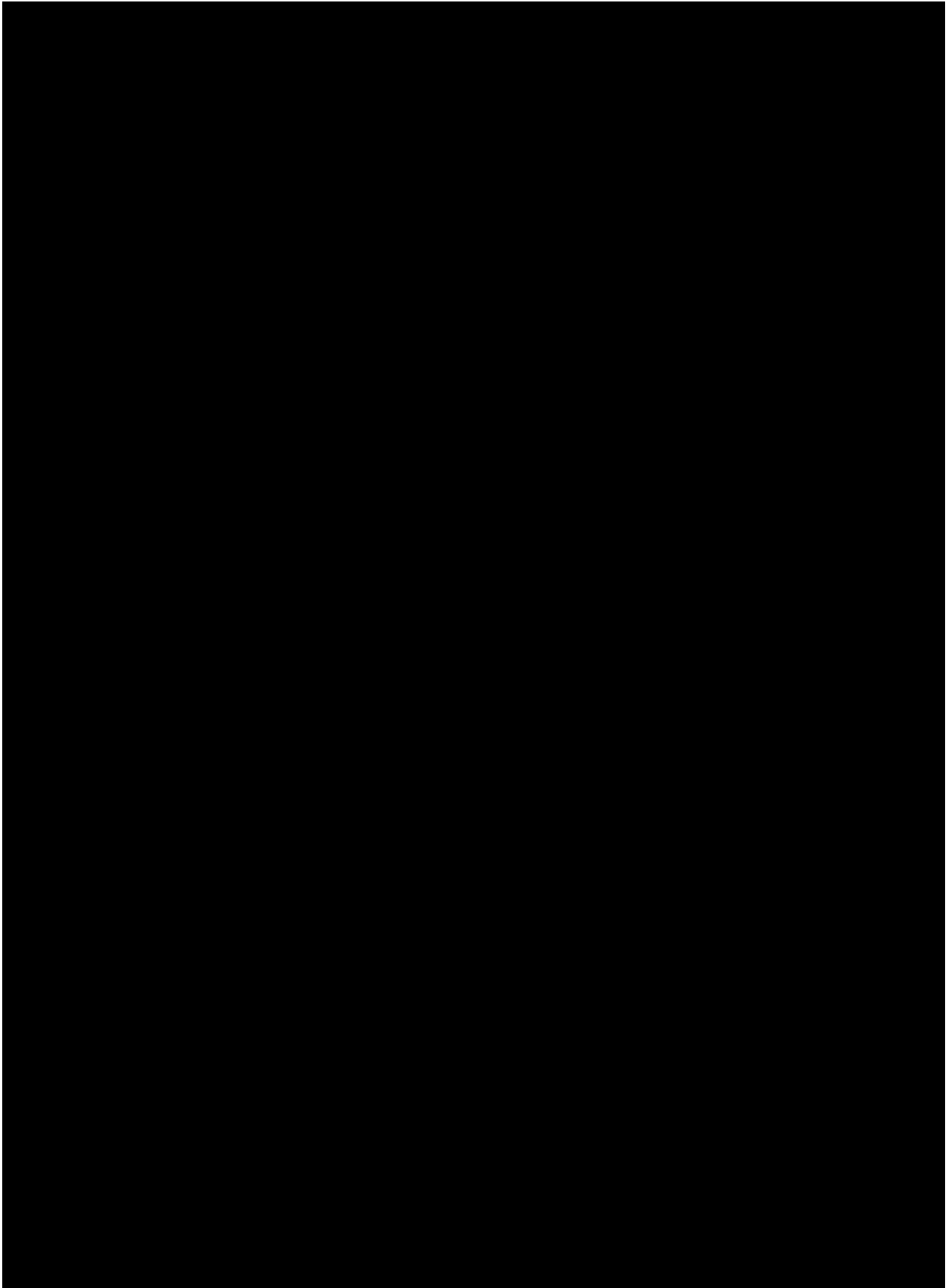


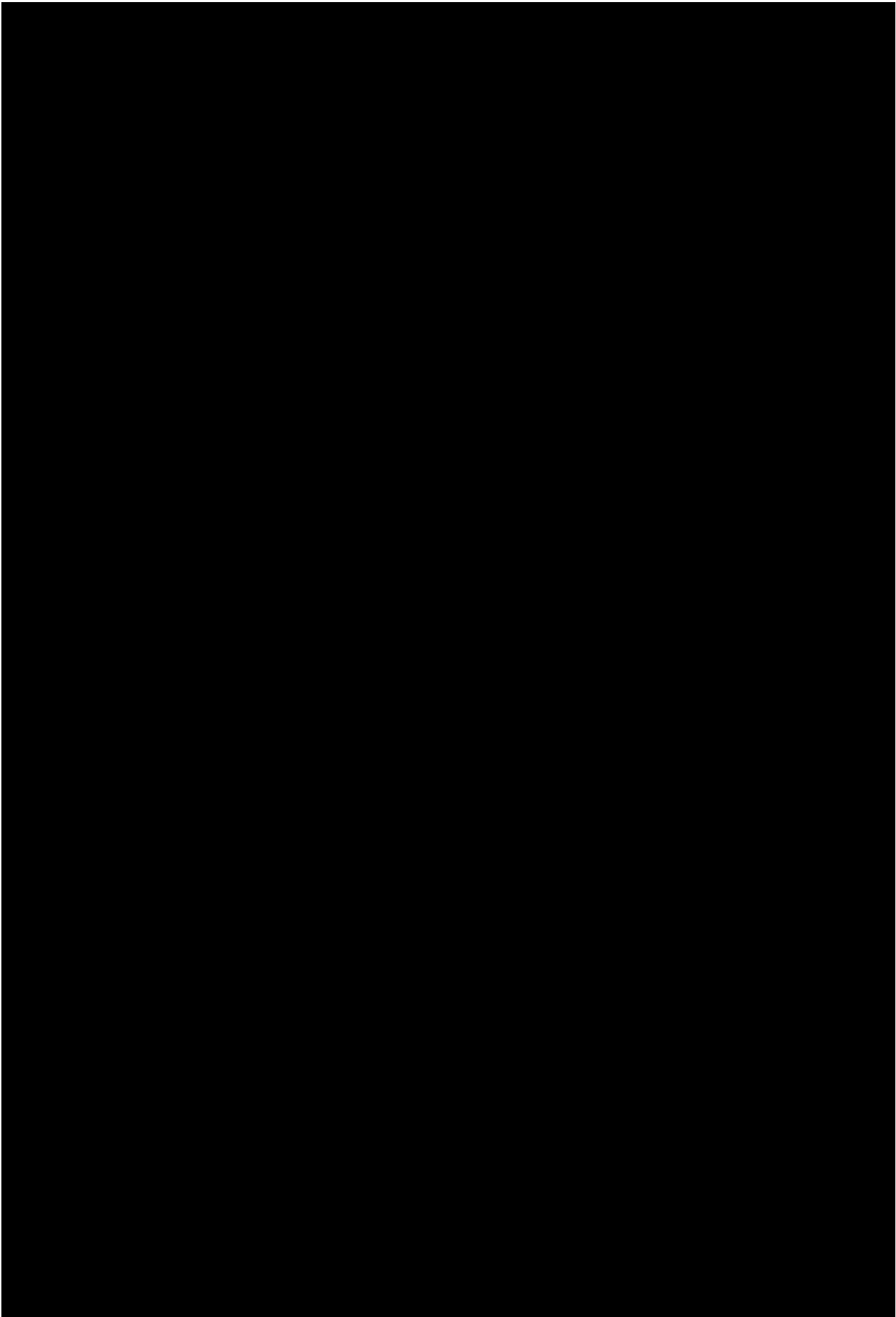


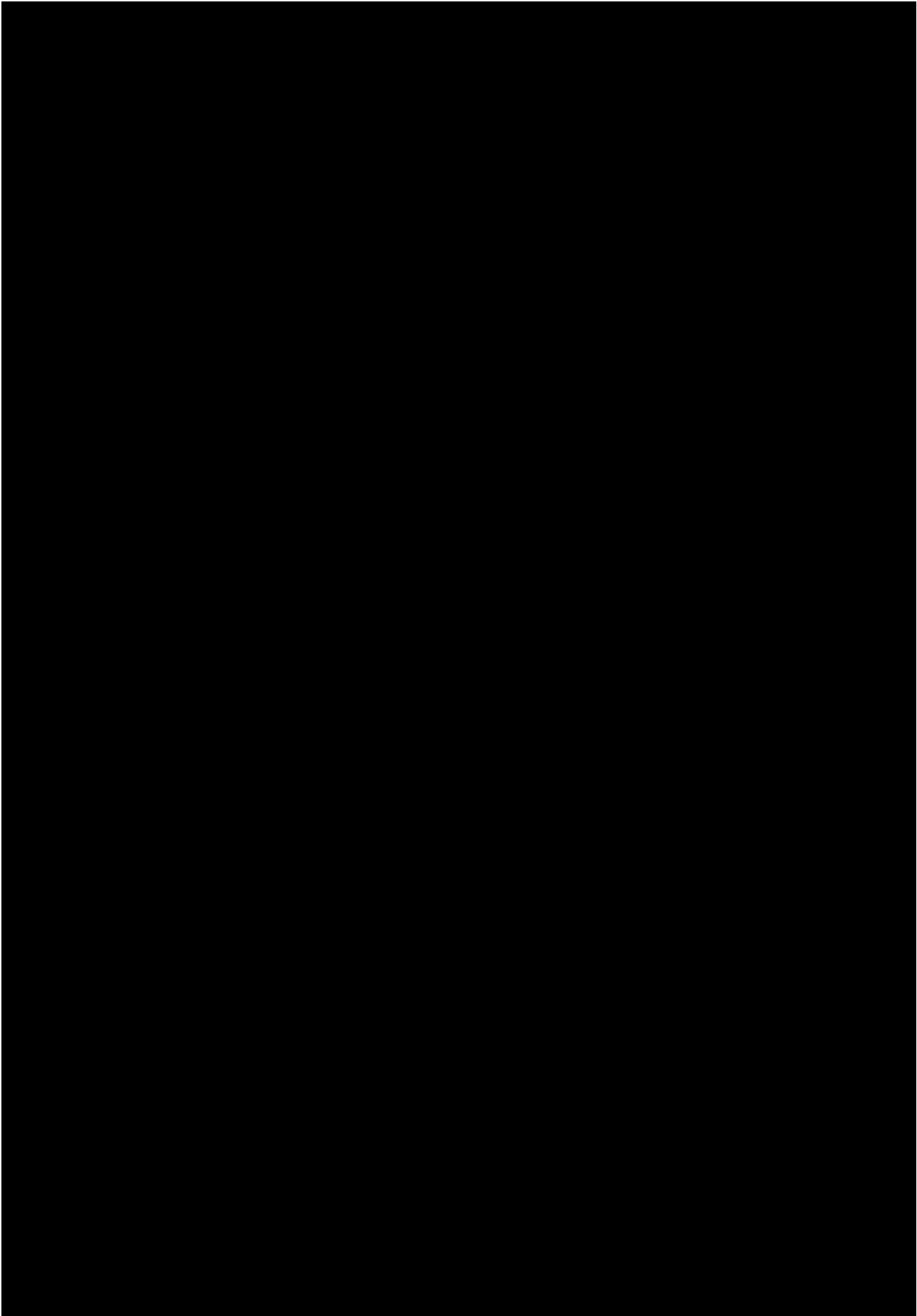


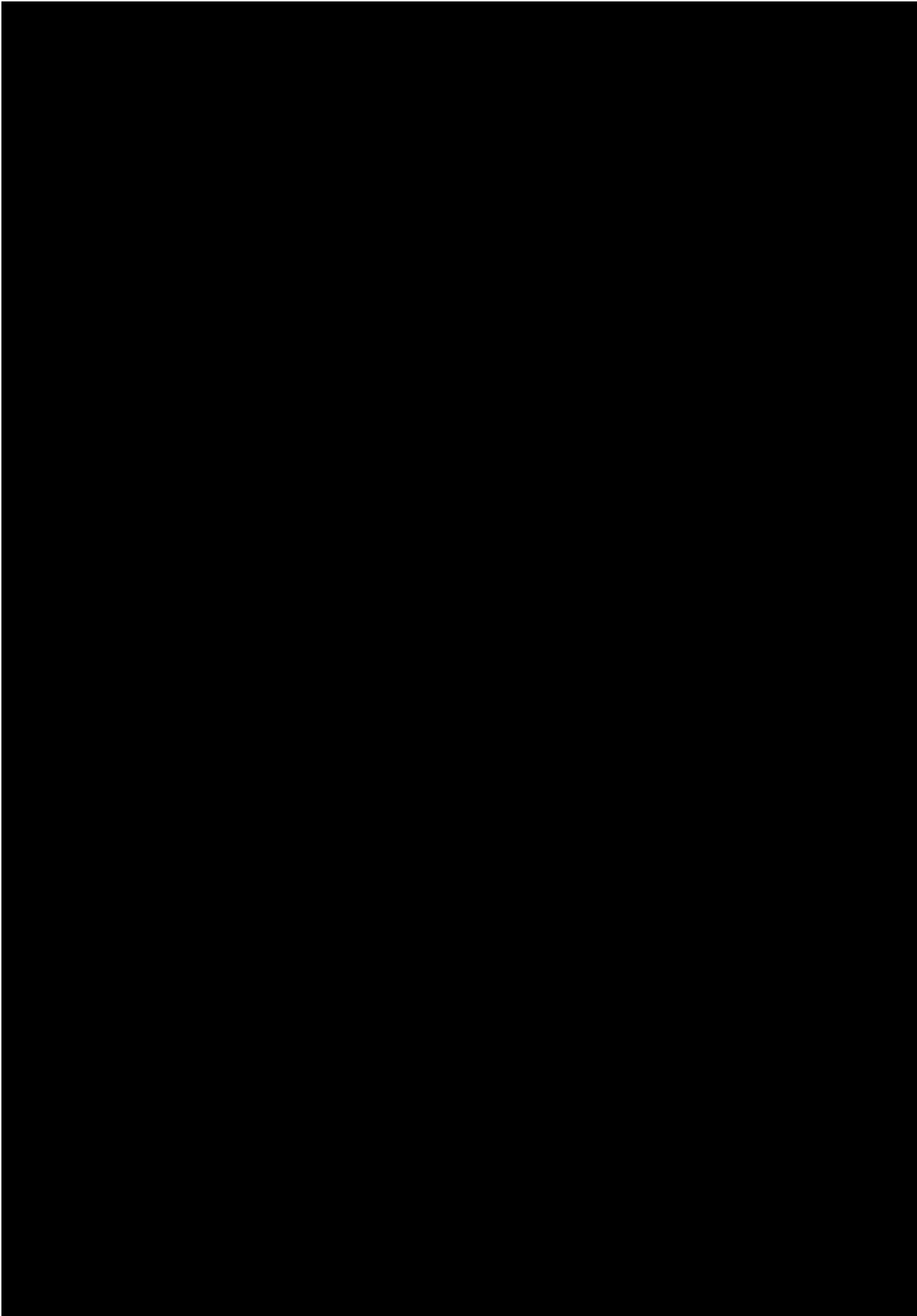


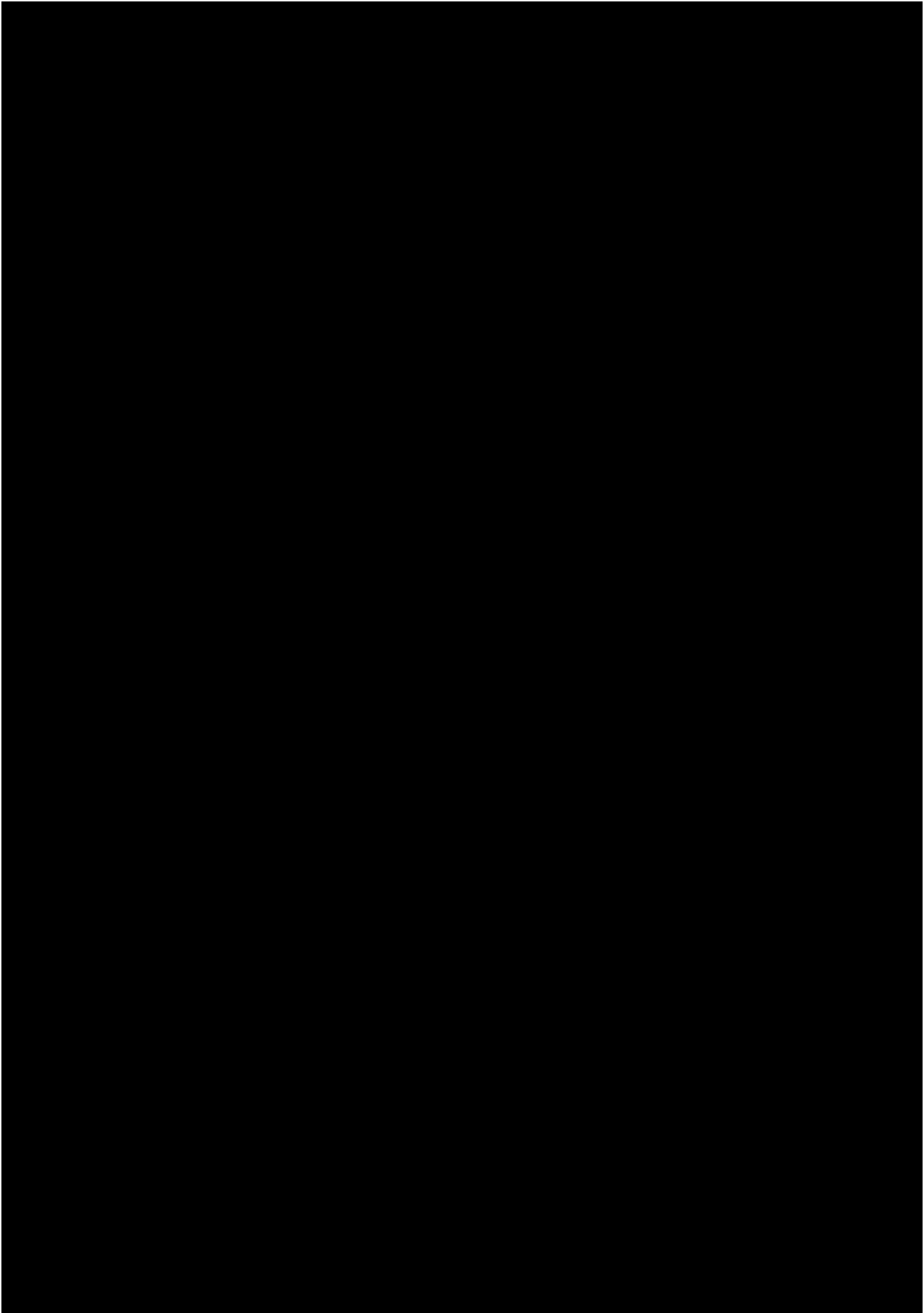


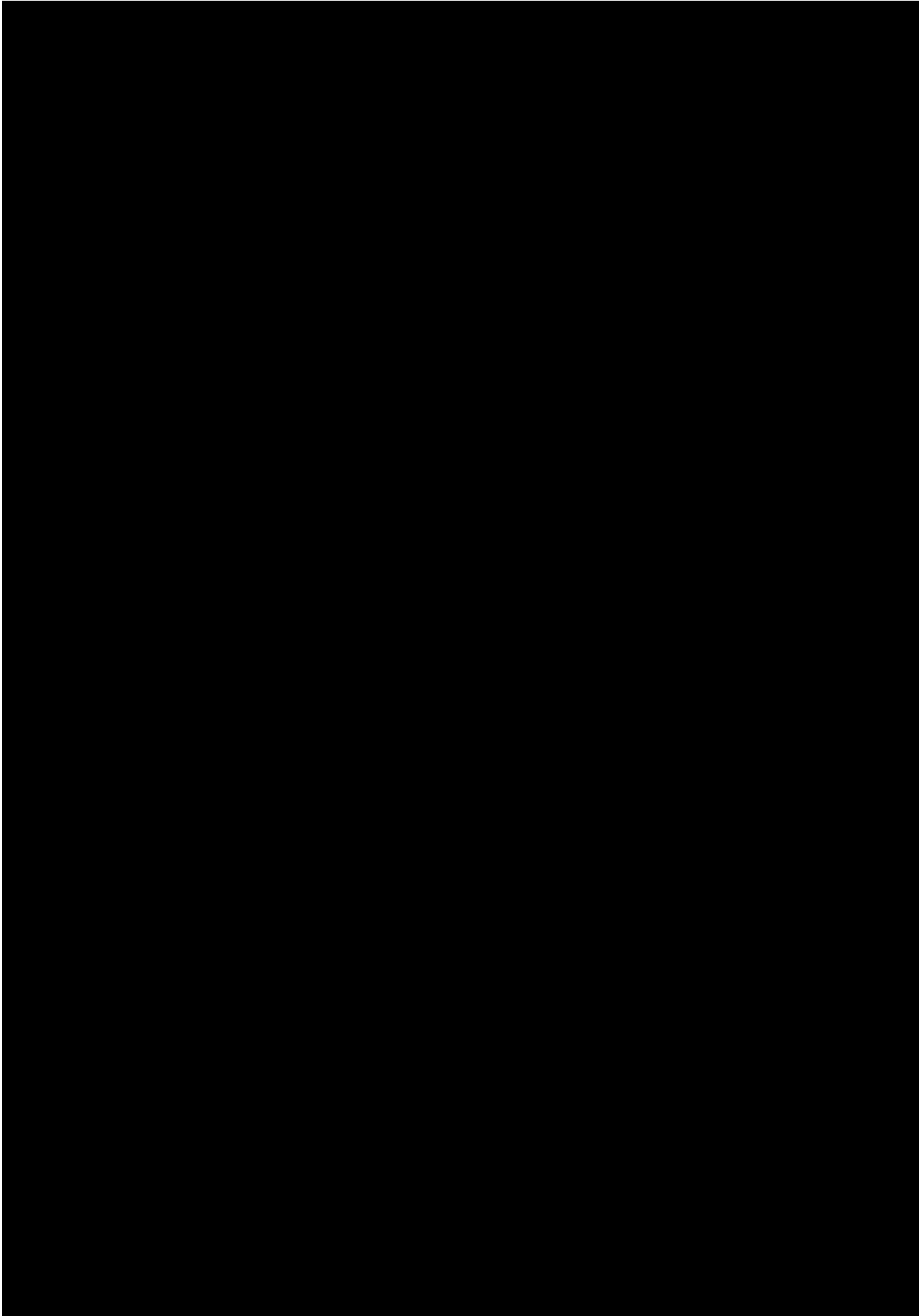


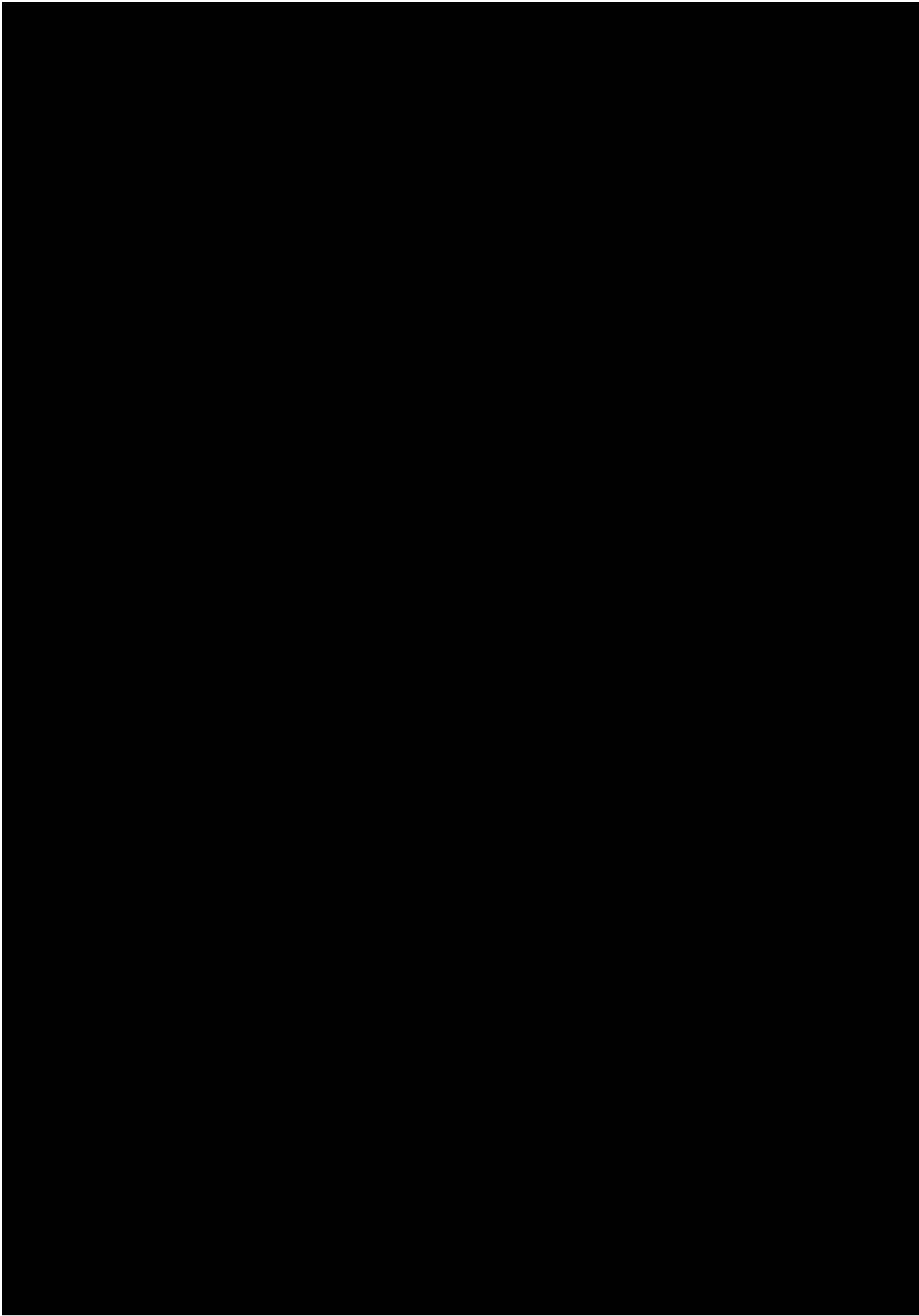


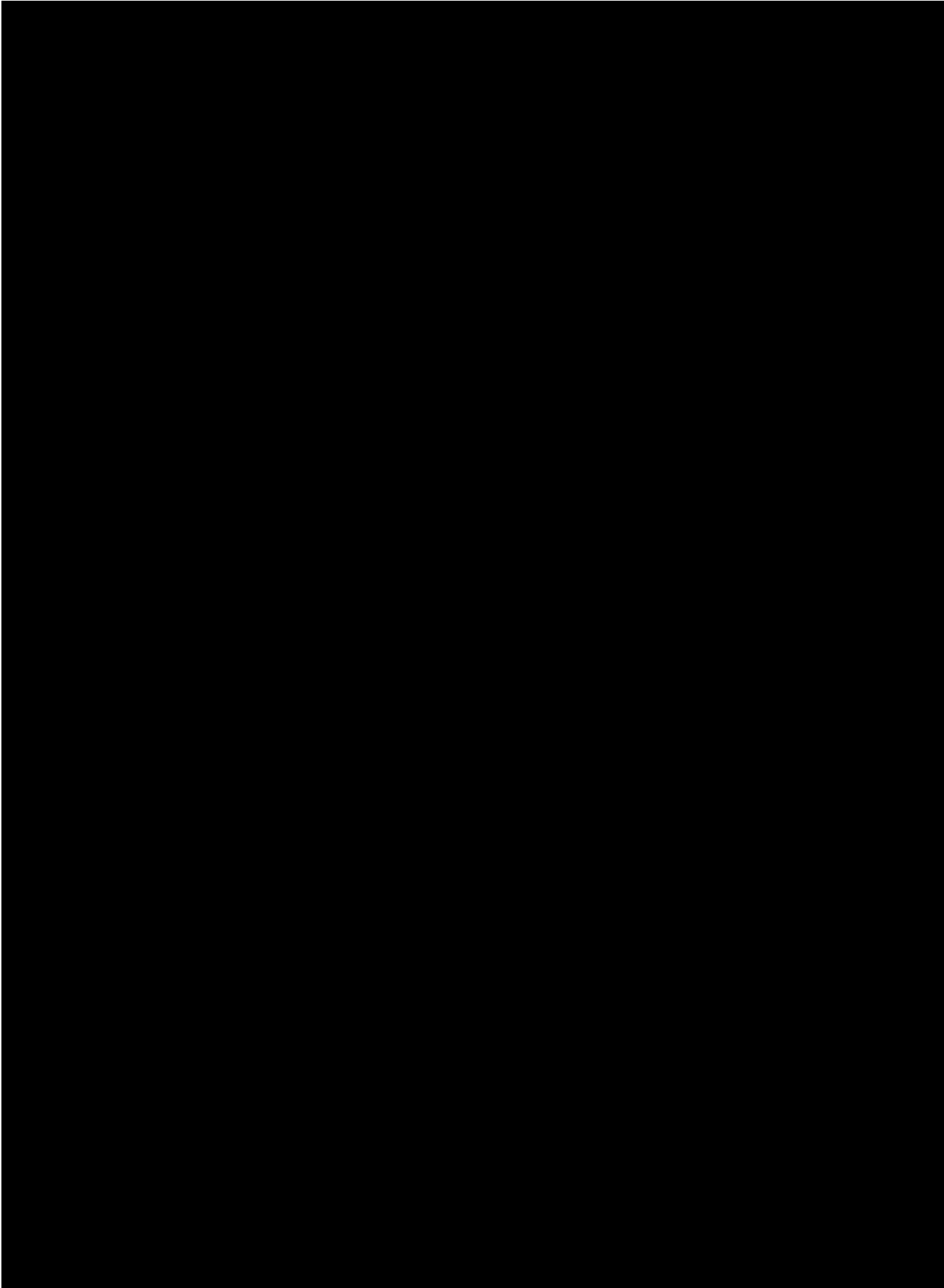


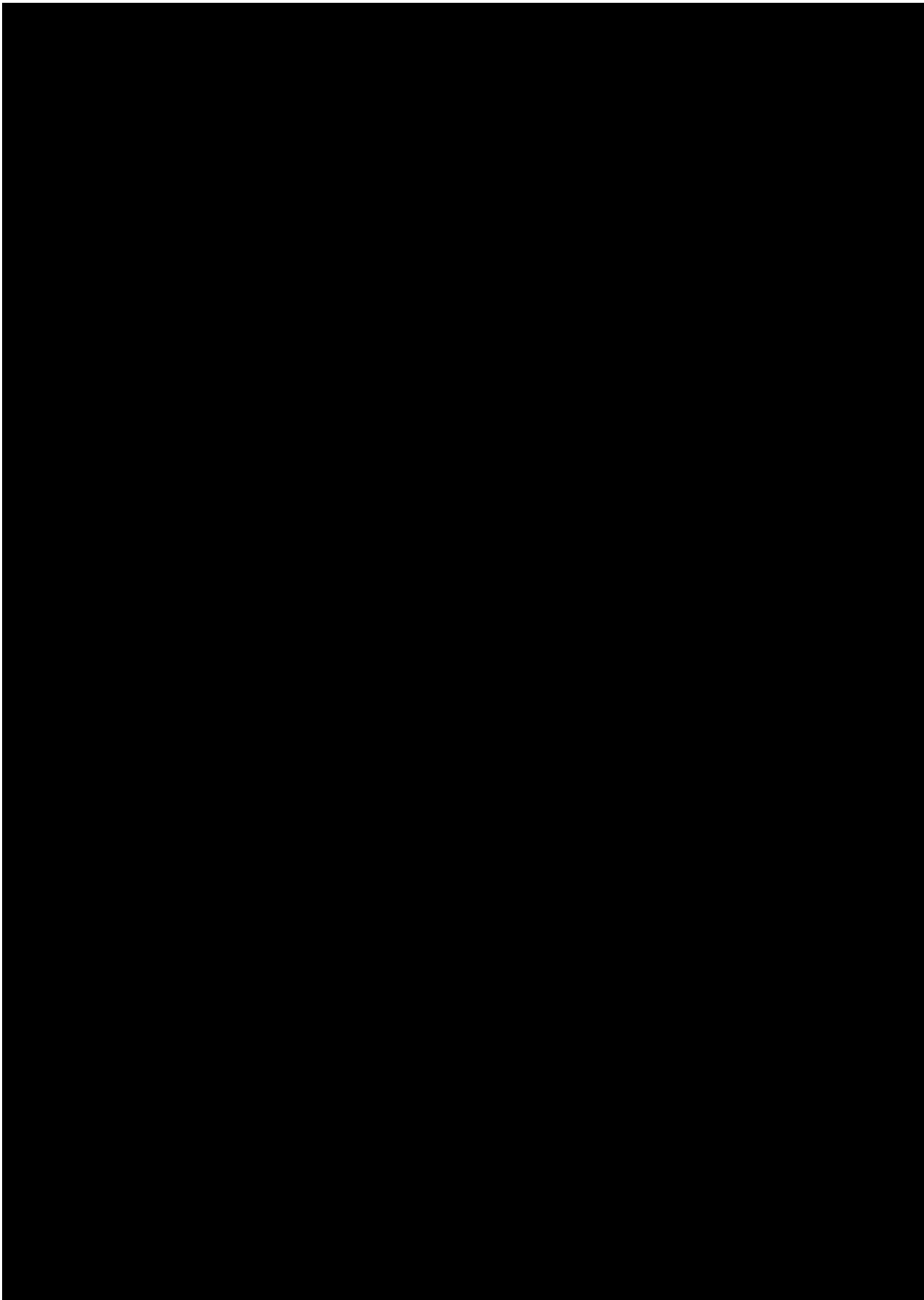






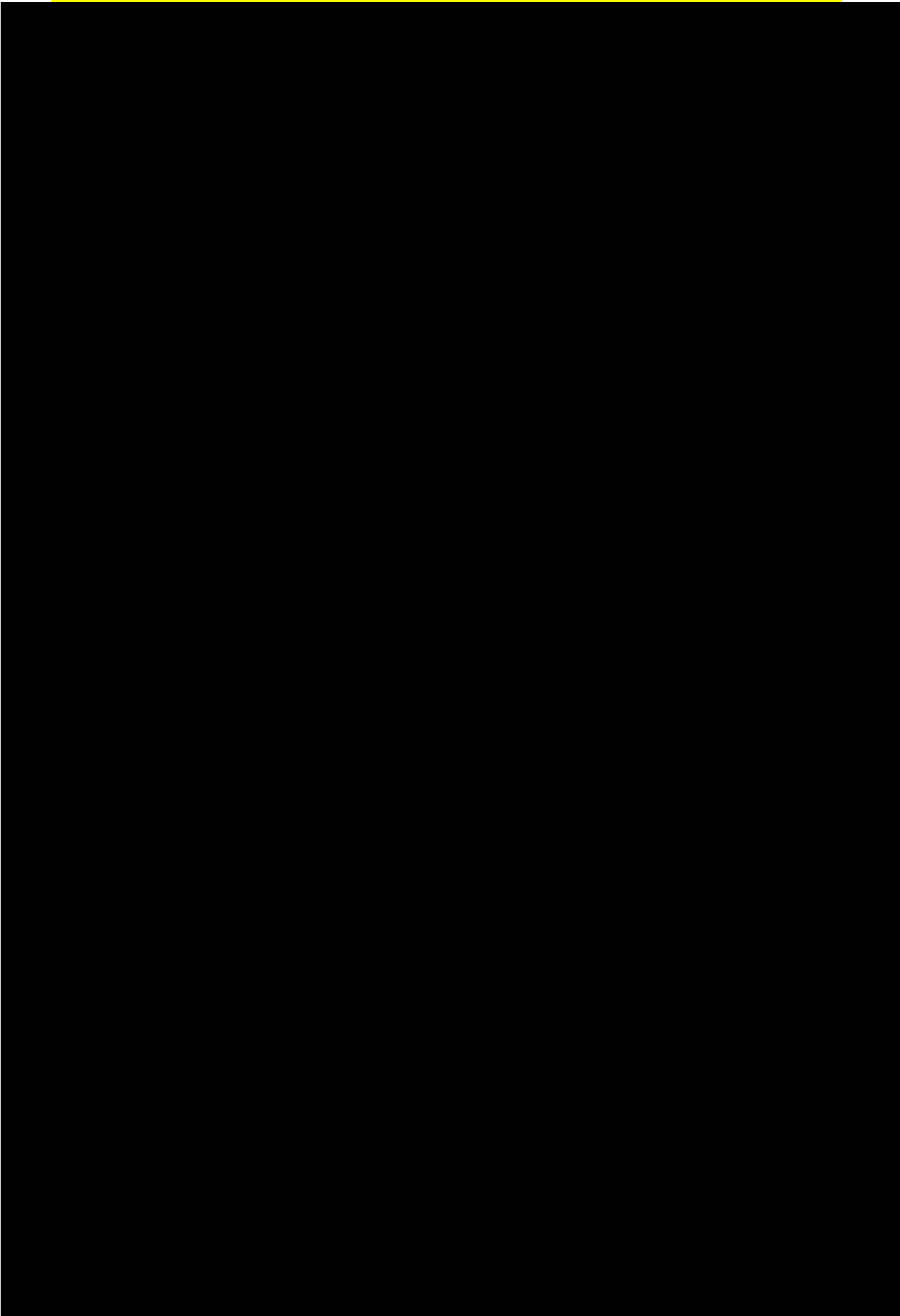


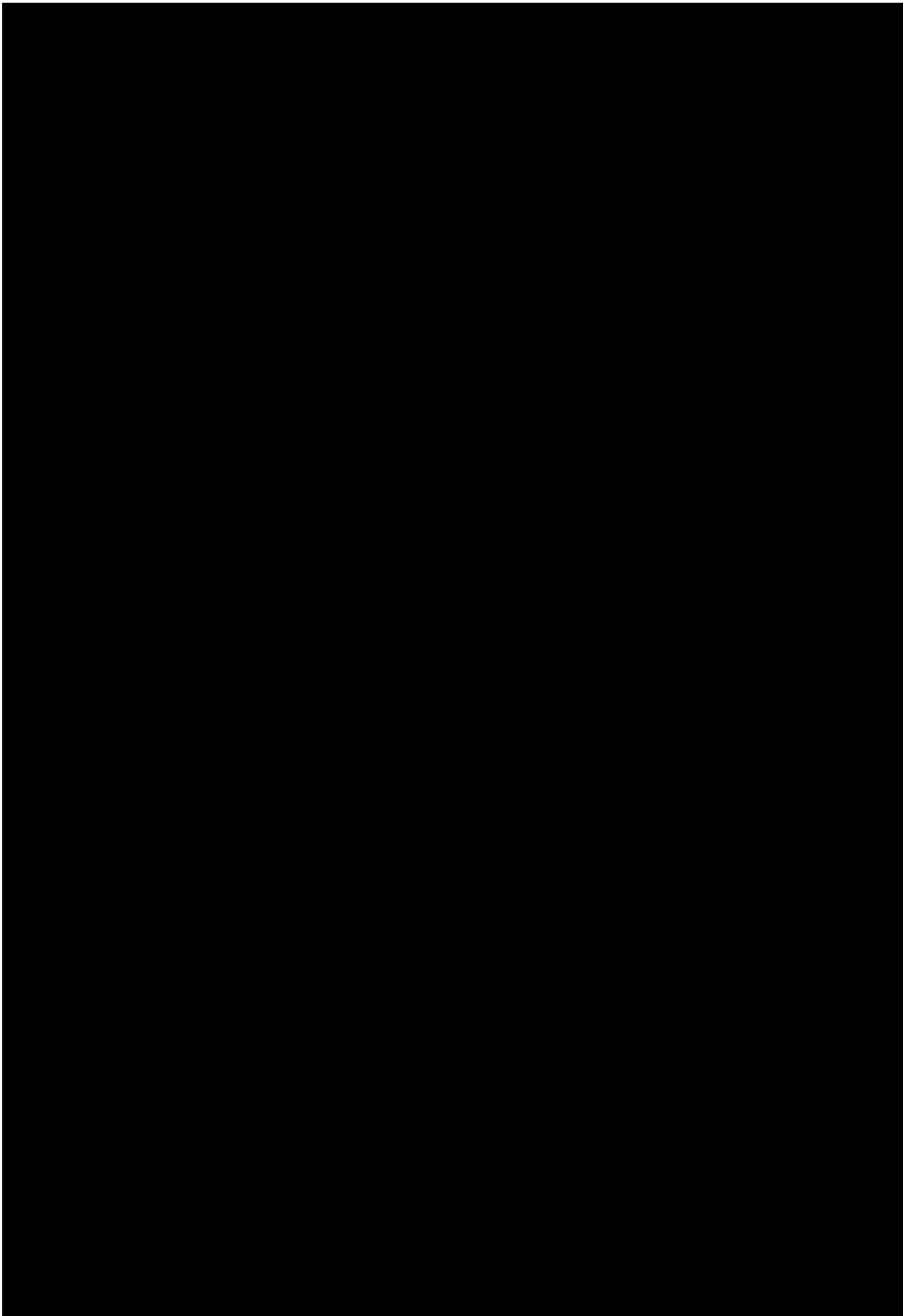


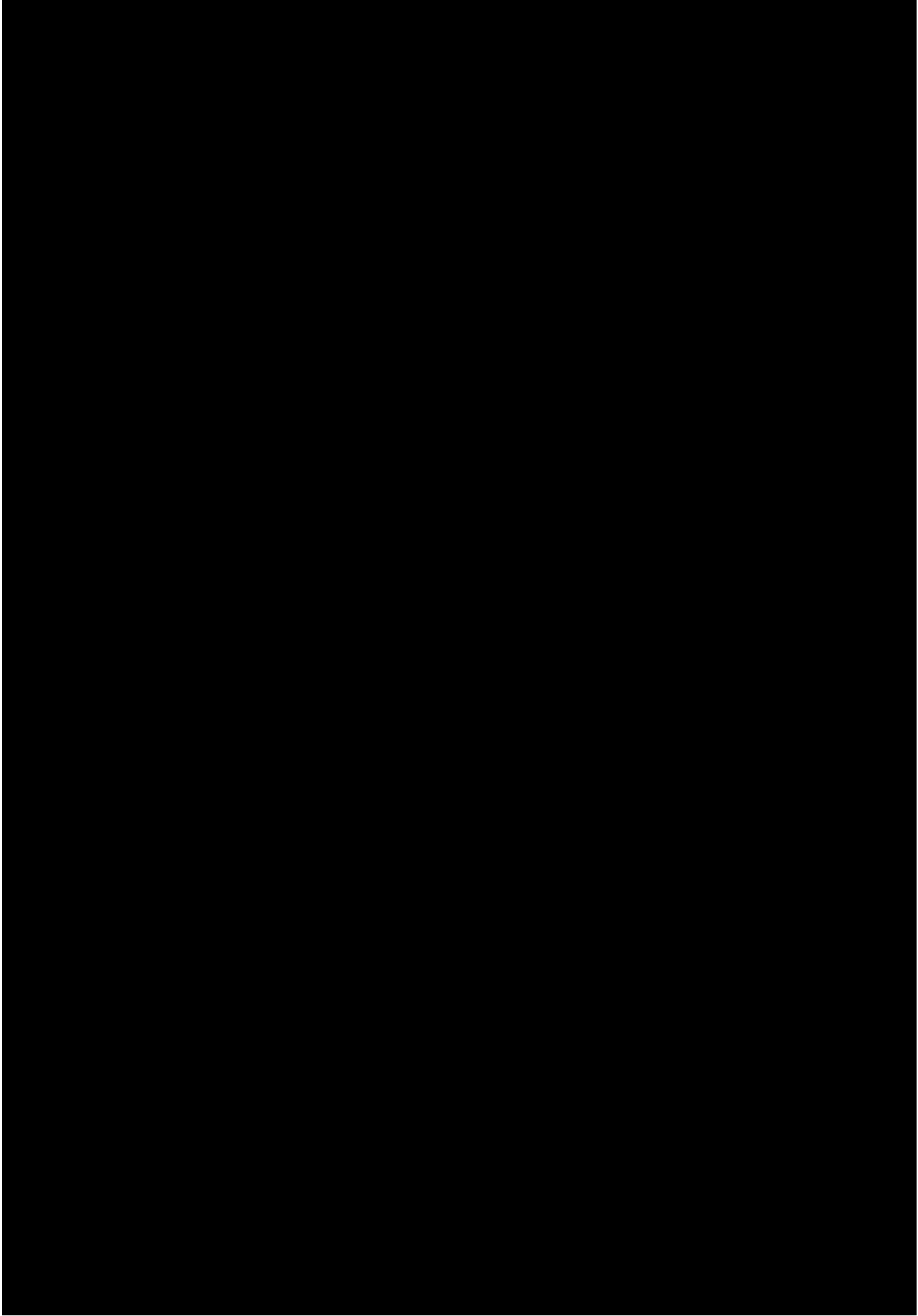


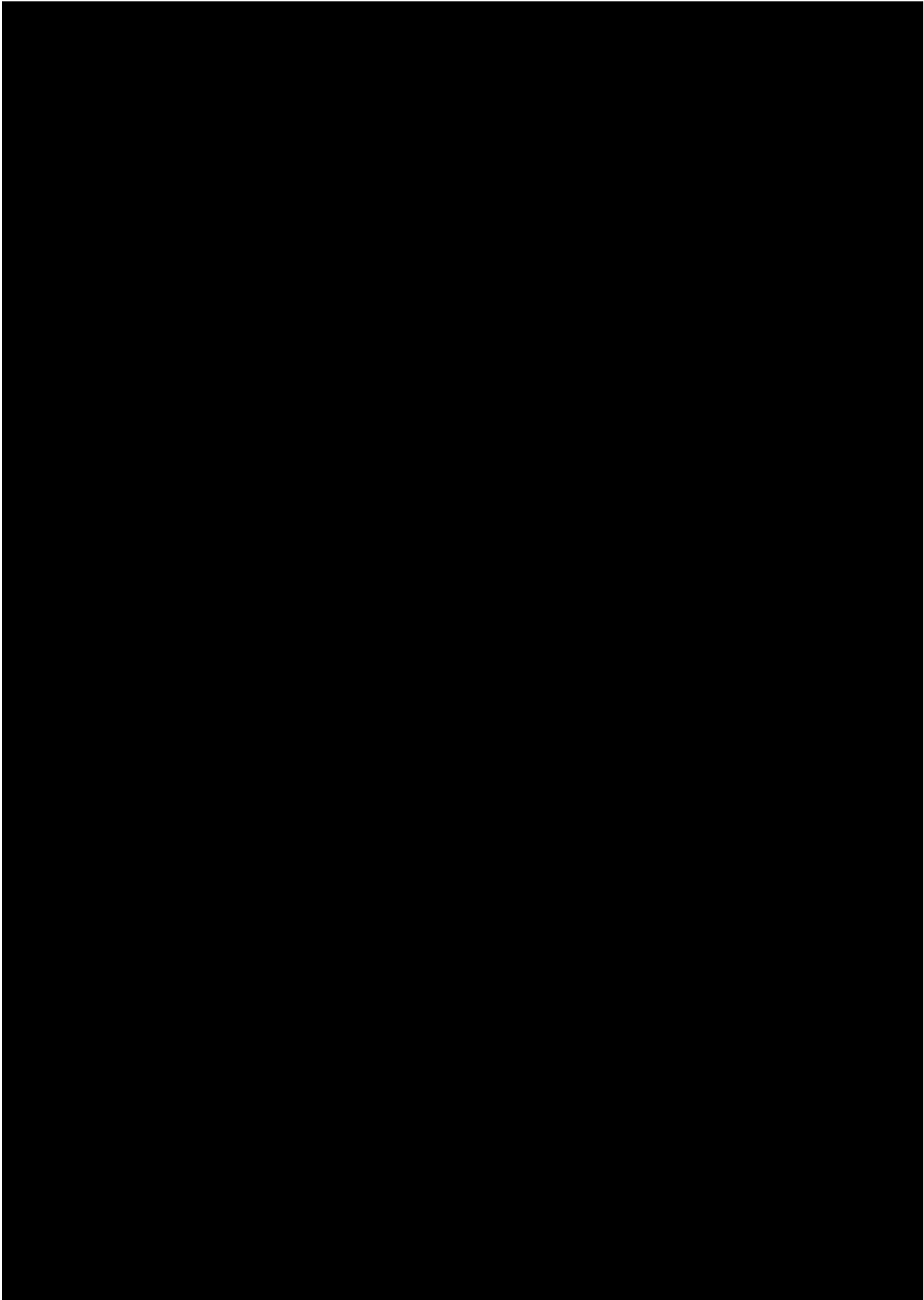


Philip Secombe
Police and Crime
Commissioner
for Warwickshire



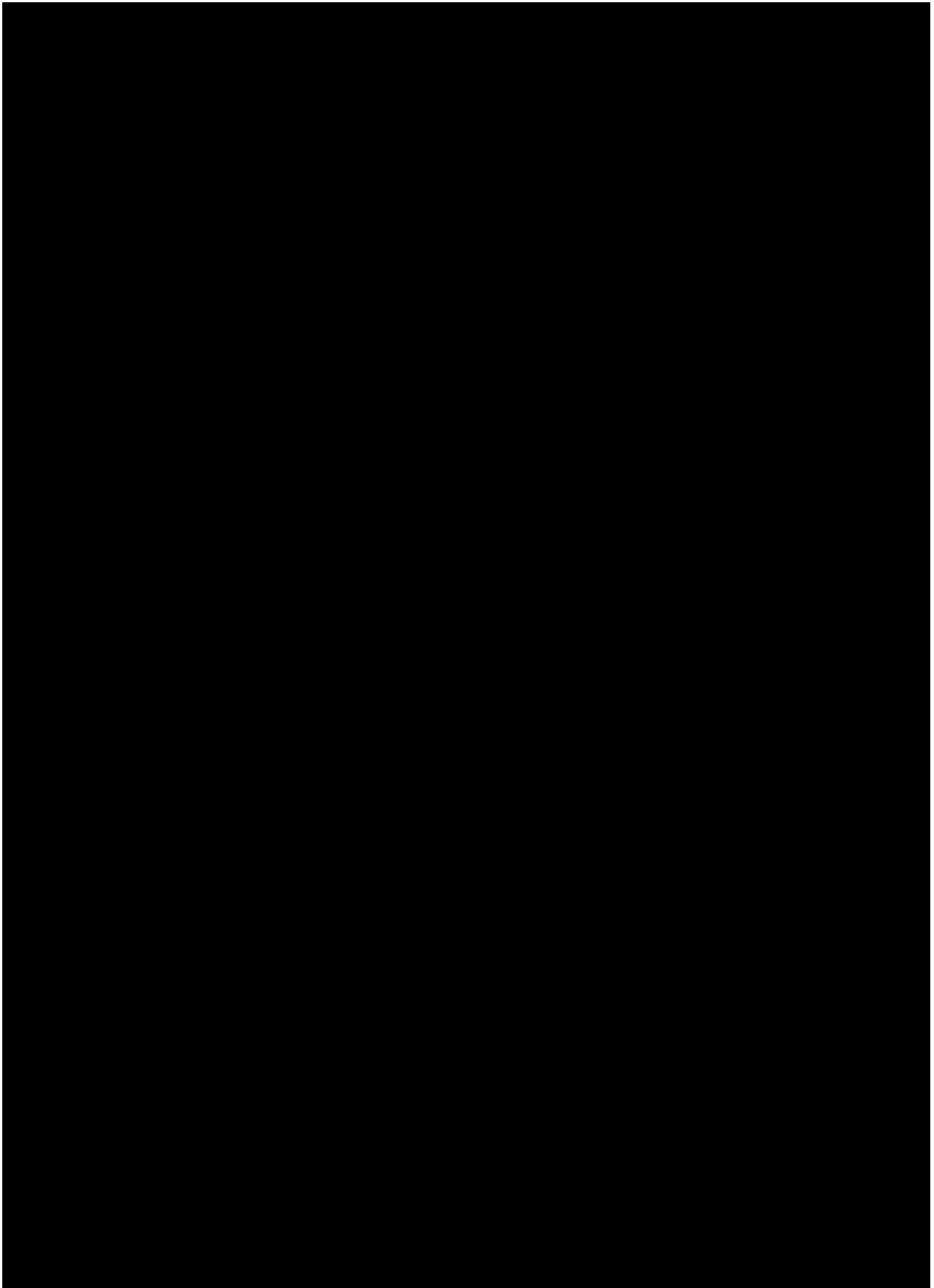


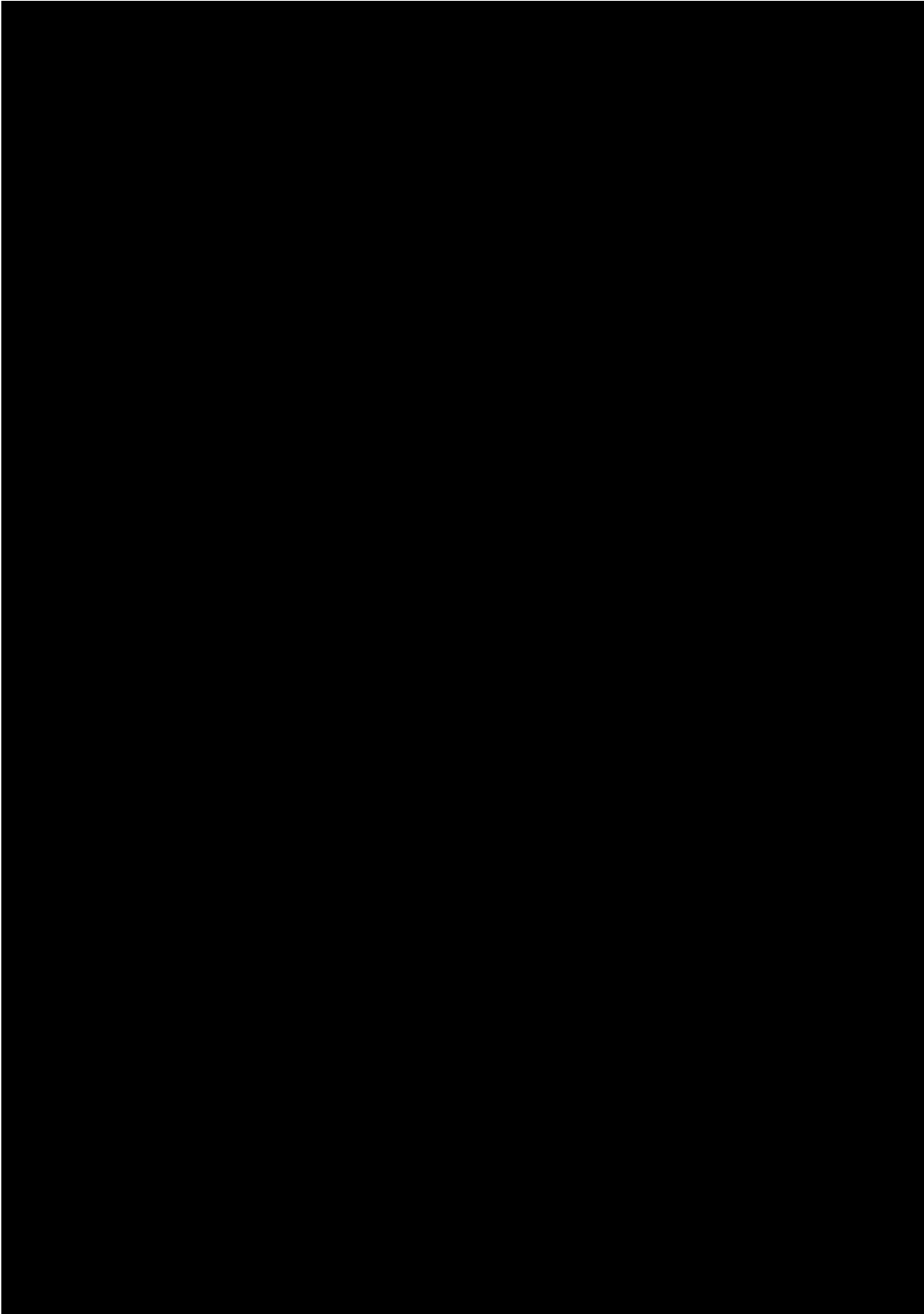






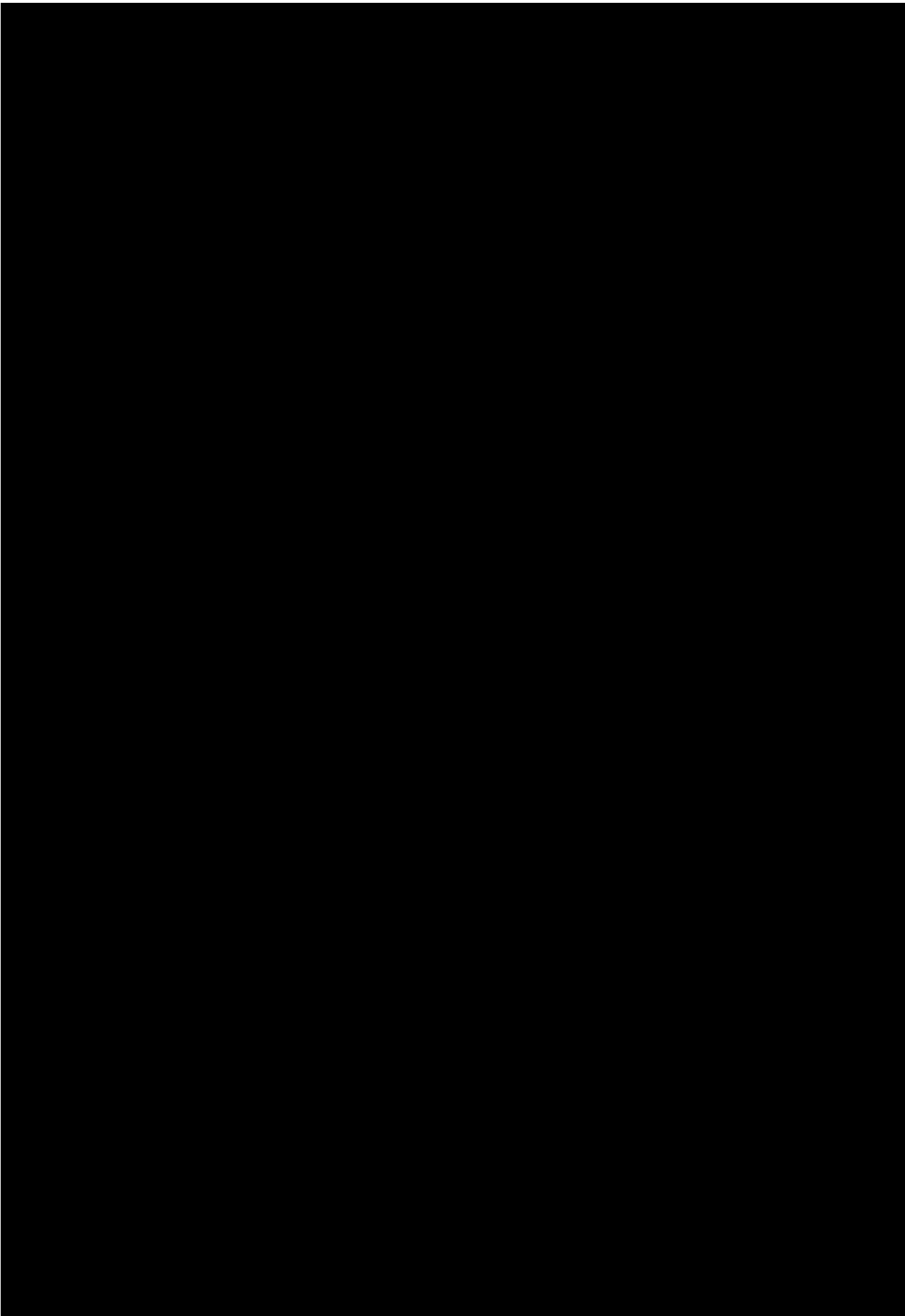
Philip Secombe
Police and Crime
Commissioner
for Warwickshire

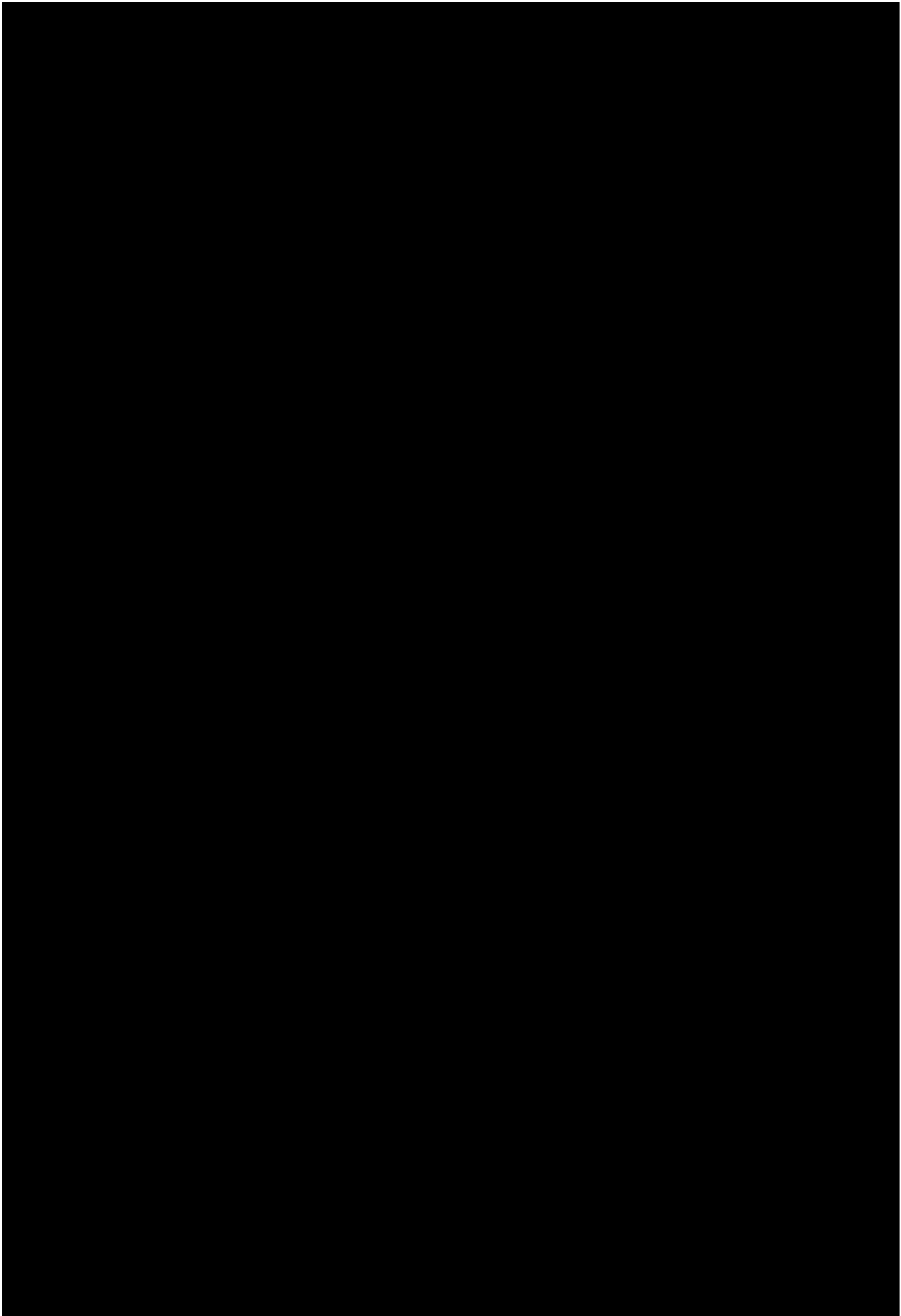






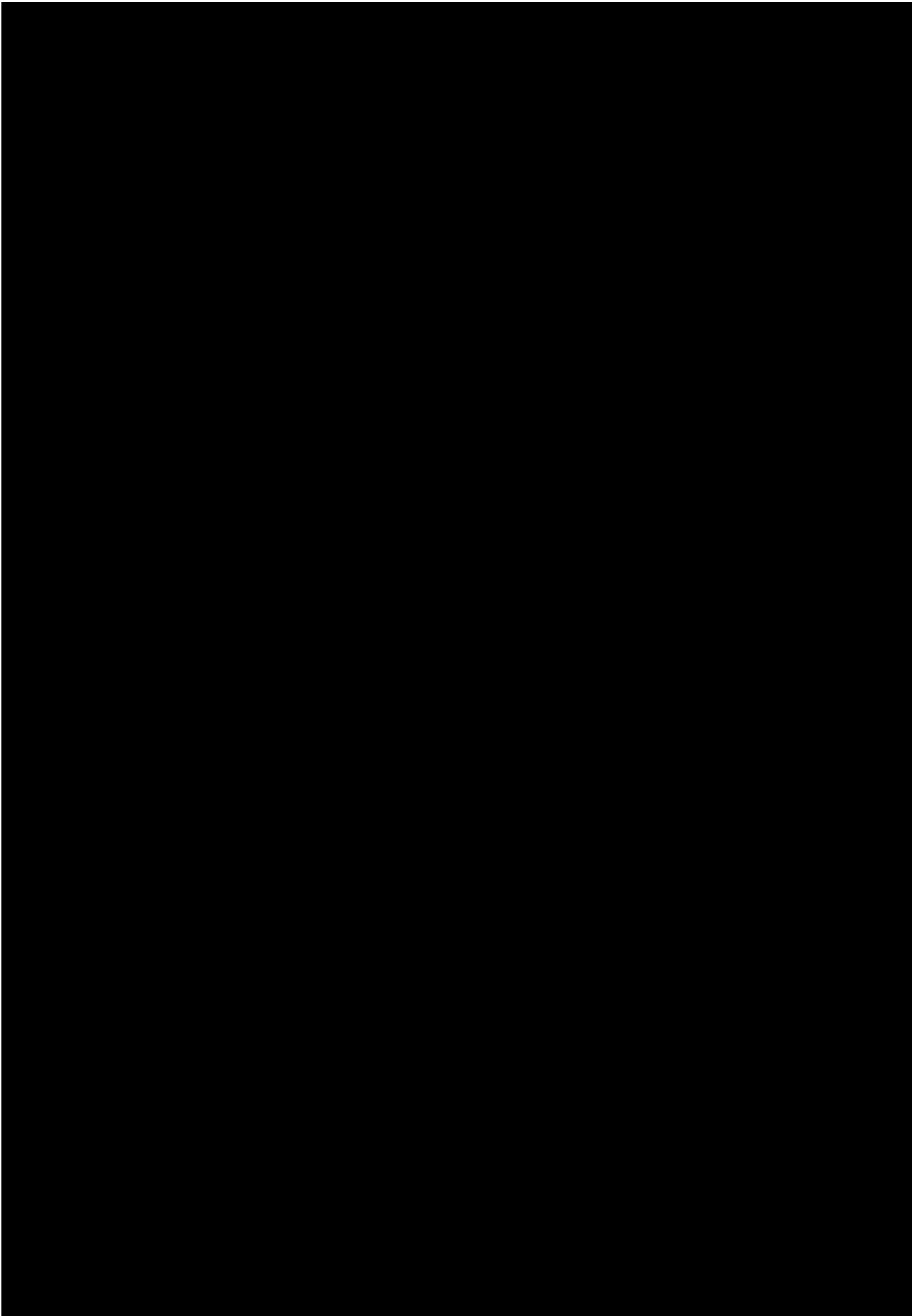
Philip Secombe
Police and Crime
Commissioner
for Warwickshire

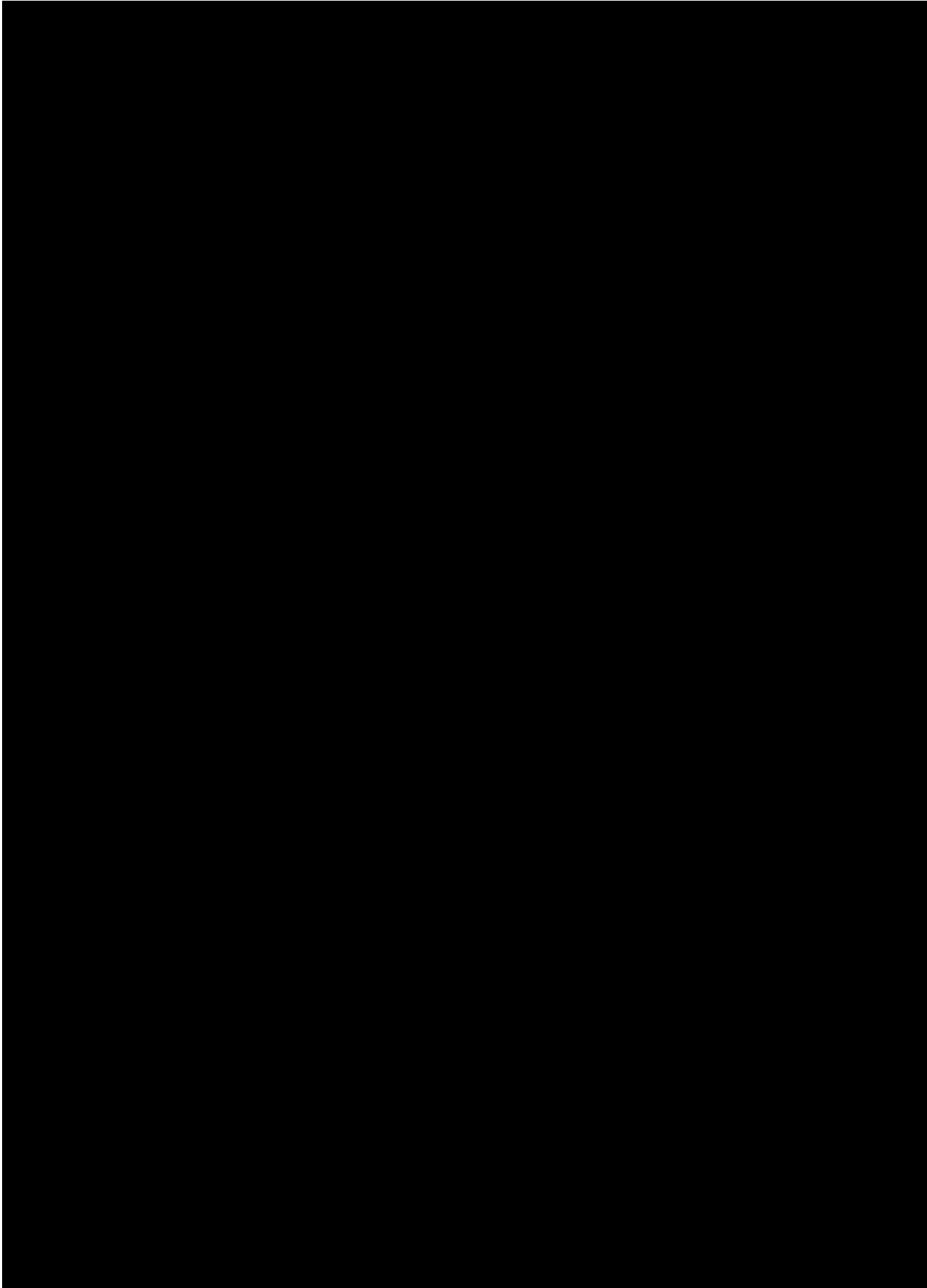


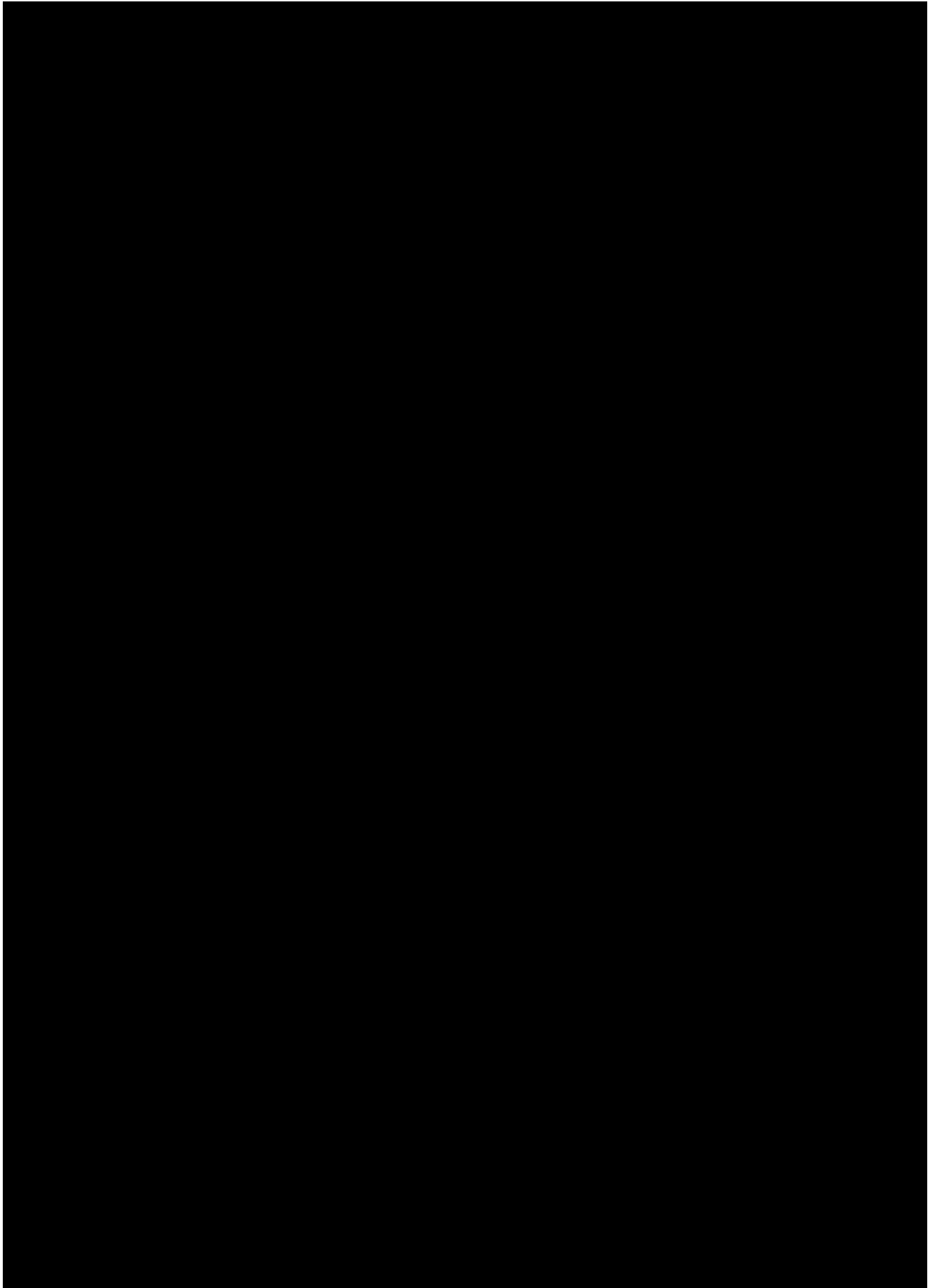


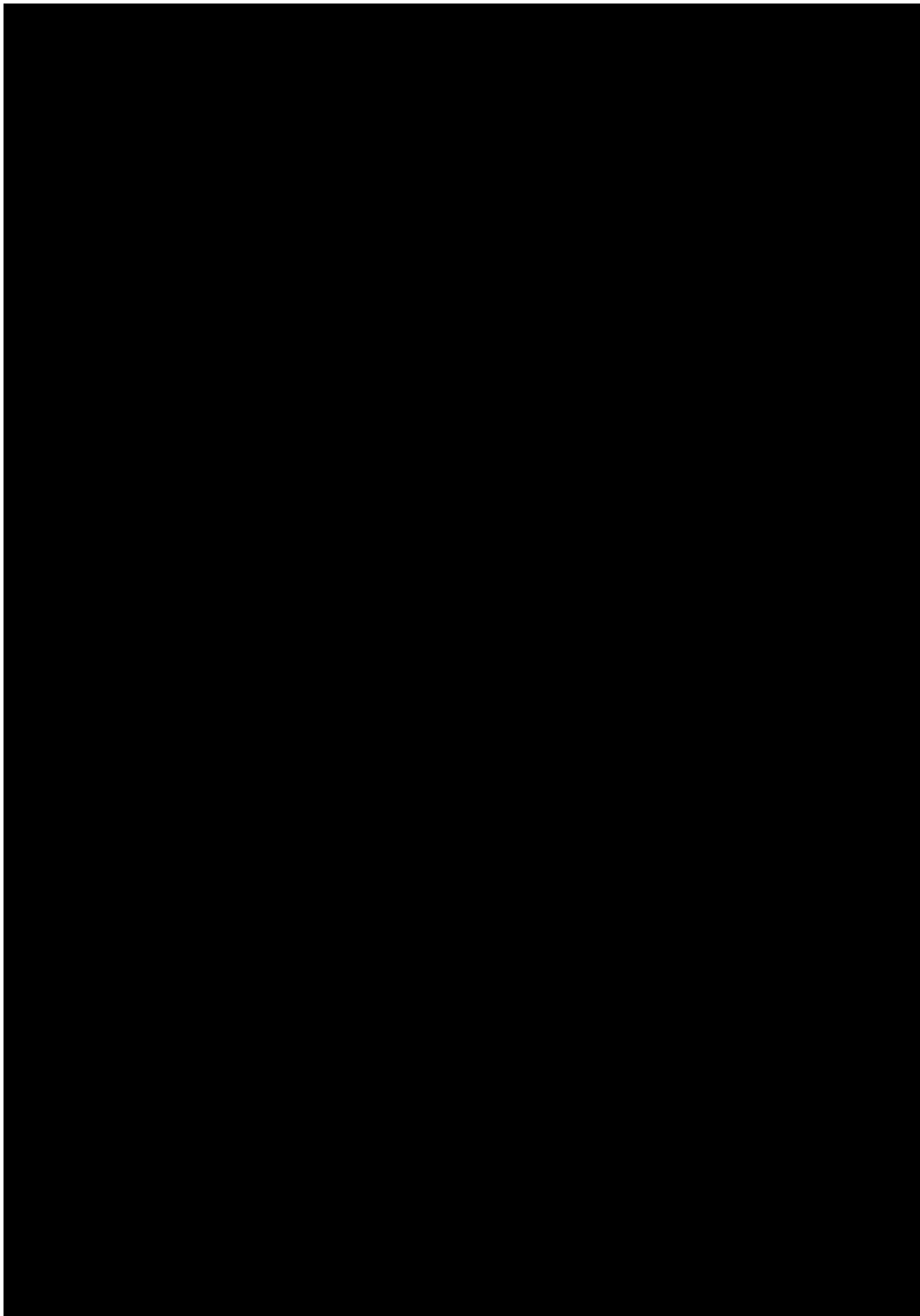


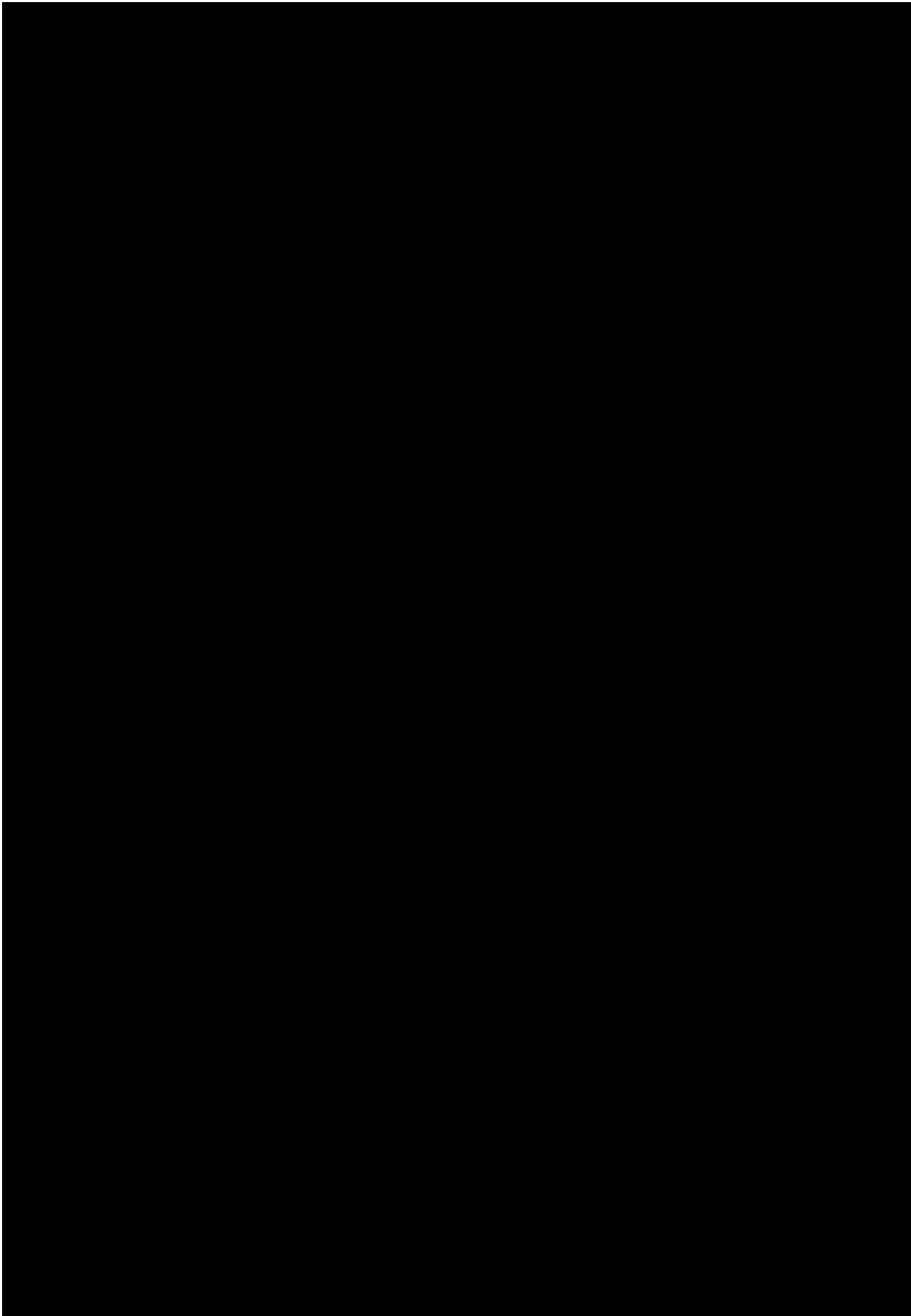
Philip Secombe
Police and Crime
Commissioner
for Warwickshire

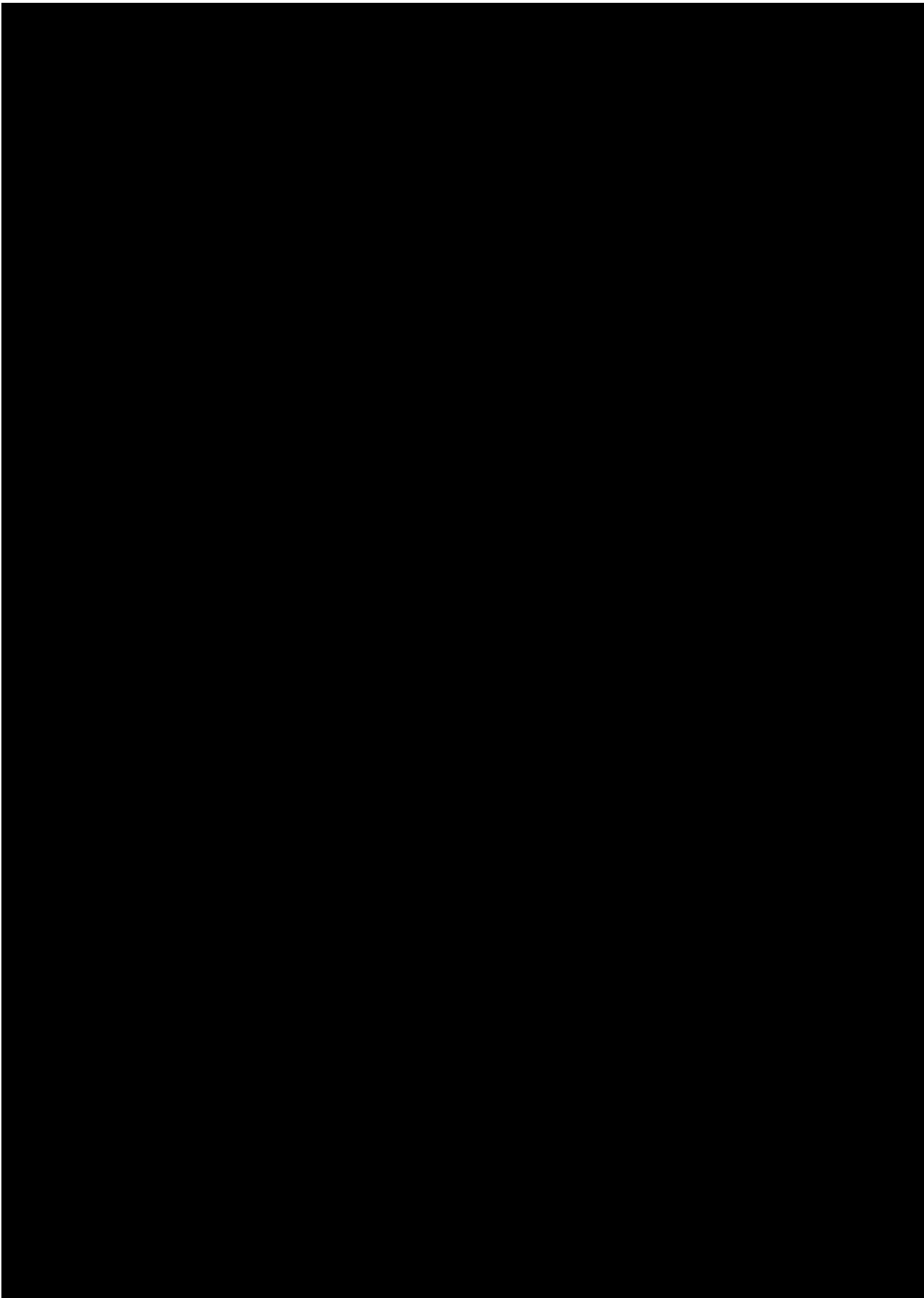


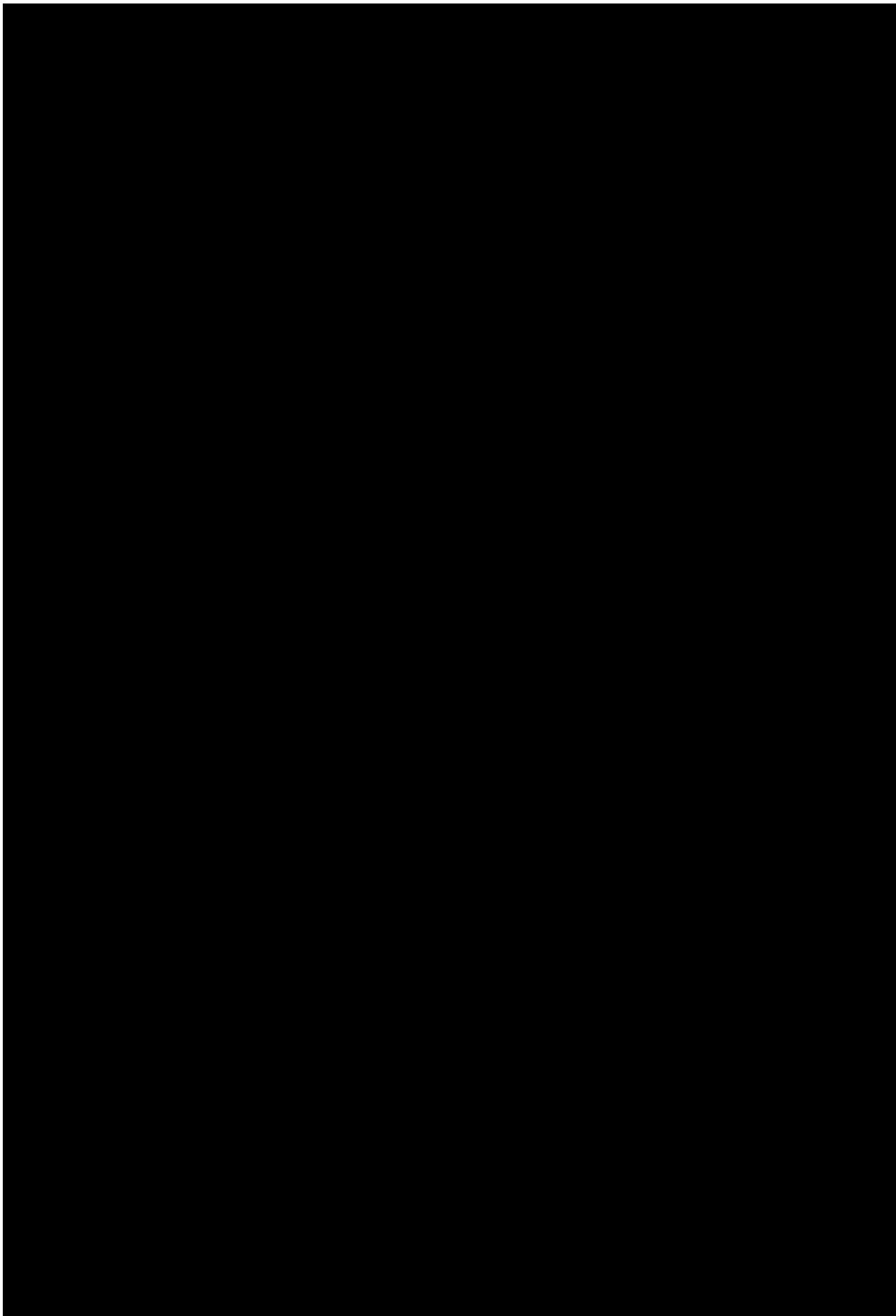


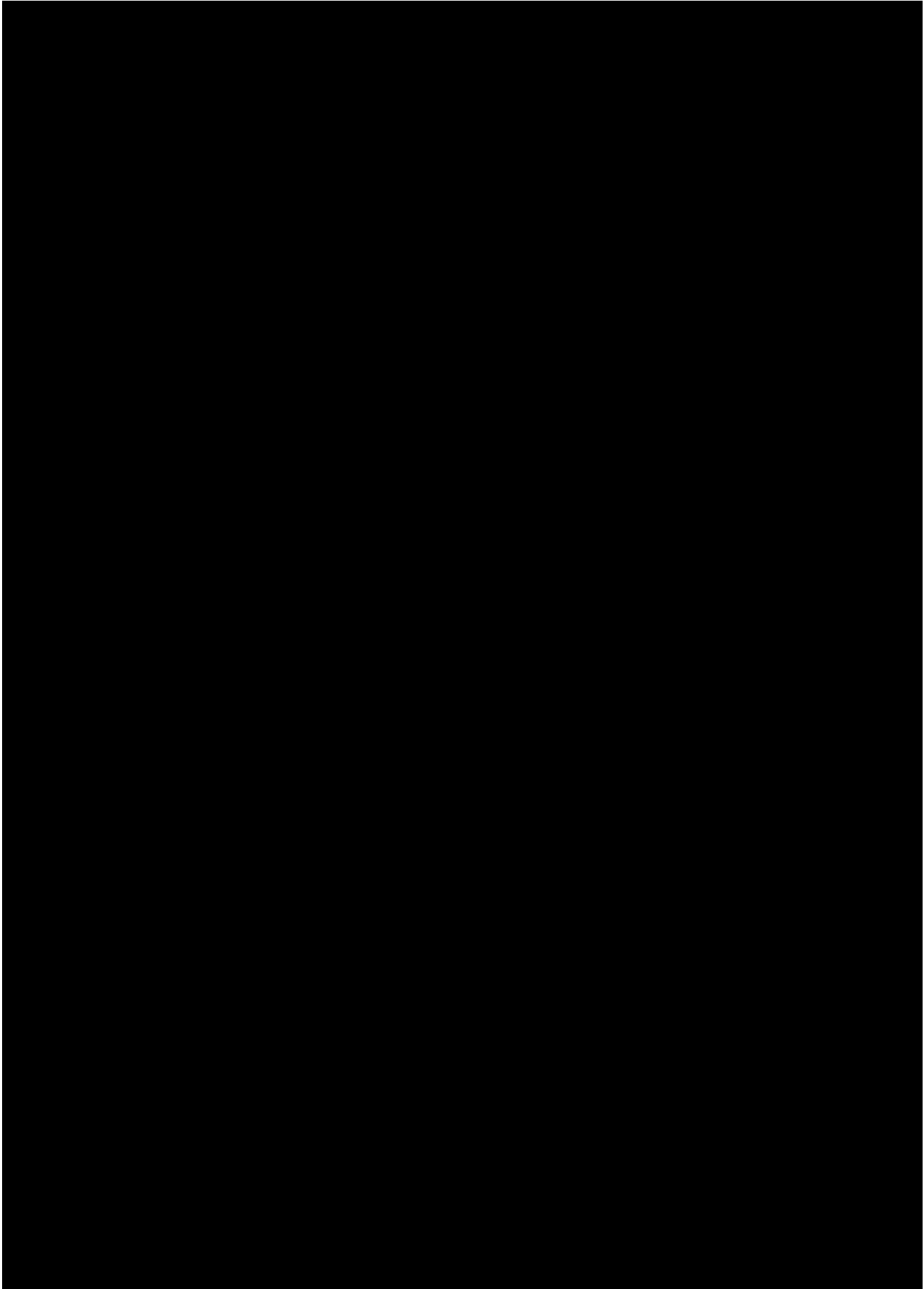






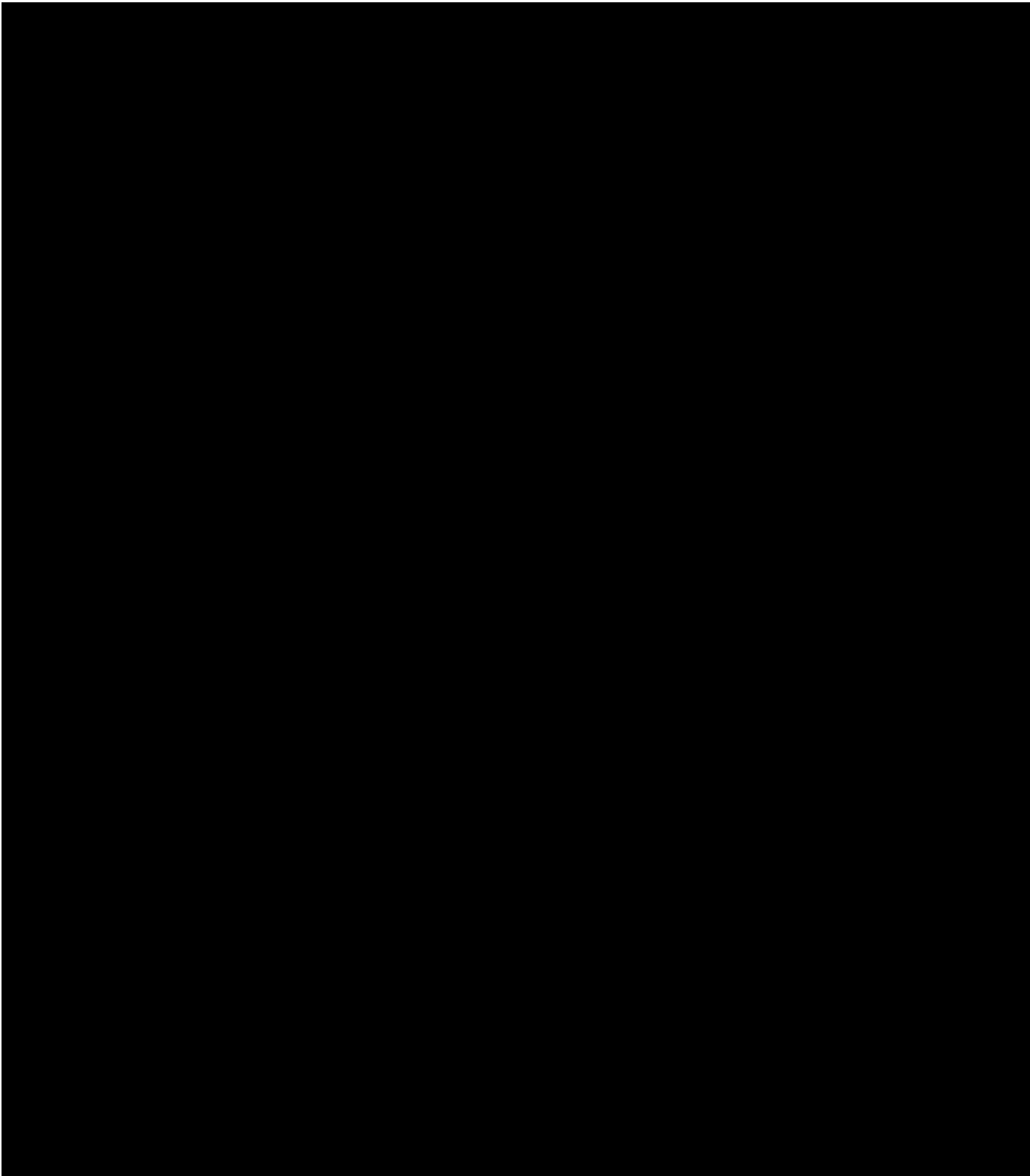








Philip Seccombe
Police and Crime
Commissioner
for Warwickshire



7. RECOMMENDATIONS

*“An ideal service has the resources to provide tailored support to everyone in the community. Non-judgemental, accessible, well-funded, ongoing training, co-working with all agencies, advertising support services available in Warwickshire, person-centred, trauma-informed, all-round support.”
(Service Provider Interview)*

In this section, we suggest some overarching recommendations, then provide some service-specific recommendations. It is important to acknowledge that we received large amounts of positive feedback from victims, service users, and professionals about the current commissioned support services. However, there is room for a number of improvements to be made to better meet the needs of victims and individuals using substances. As highlighted in TONIC’s 2018 report, it remains a concern that so many victims who do report crimes to the police are being missed in the system and do not receive a support offer, as well as the large number of victims who do not report crimes to the police compared to the low levels of self-referrals [REDACTED]

7.1. Overarching Recommendations

Recommendation 1: Improve data recording and information sharing agreements between commissioned services and key partners.

- 1.1 We would advocate for the importance of Warwickshire police aiming to enhance accurate data capture of victim demographics (in particular, for ethnicity), ensuring that all demographic questions are asked when a victim reports a crime directly to the police or via the online form.
- 1.2 Data collecting, recording, and reporting practices need to be improved, with a greater level of consistency between commissioned services (including use of the same reporting periods). Improved monitoring of service use via a data collection system will help to identify the potential level of demand for support services more accurately. Data should be collected on who is needing access, when, and for what specific need, to ensure support services are adequately staffed, resourced, and meeting the needs of service users in Warwickshire. Key demographic data should be captured, using consistent categories, including age, gender, ethnicity, sexual orientation, disability etc., and broken down by district/borough. When reporting on data collected, where possible, service providers could add commentary to help contextualise and improve interpretation of what ‘good’ looks like as well as providing explanation for anomalies. The outcome of the service provided should also be recorded to ensure that the service is fit for purpose.
- 1.3 Commissioned services need clear data and information sharing agreements in place to allow for enhanced partnership working and full participation in key meetings.

Recommendation 2: Develop clearer, robust referral pathways, and disseminate these to all potential referrers.

- 2.1 Interviewees highlighted a need to improve referral pathways to, and between, support services in Warwickshire. Stakeholders were sometimes unclear on how to refer and the same was

reported for service providers trying to refer into another commissioned service. It needs to be clear to victims, potential service users, and all relevant professionals exactly what commissioned support services cover and who they have been designed to support. Creating robust referral pathways will allow support services to manage expectations and avoid inappropriate referrals.

- 2.2 The onus should not always be on victims or vulnerable individuals to present or refer themselves. As such, referral pathways should be promoted effectively with **all** professionals who may come into contact with victims and potential service users. Accordingly, service providers could consider delivering awareness training sessions around their service provision and referral pathways to key partner agencies (including but not limited to other commissioned services, the police, county council, healthcare professionals, etc.)
- 2.3 Warwickshire police have a critical role to play and wherever possible, should ensure they are referring all victims to the relevant commissioned service if consent is given, and clearly explain the role of the service and what to expect. If consent has not been given, police could at the very least be providing victims with signposting information via appropriate leaflets or information packs.
- 2.4 There is a need to improve referral pathways for victims who do not report to the police. Victims and potential service users need to be able to access clear information that explains commissioned services' provision (preferably through websites, social media channels, and leaflets). In an ideal world, there would be an online centralised 'hub' with all support services (or as a starting point, all PCC commissioned services) in Warwickshire that comes up first when searching on google/other search engines³².
- 2.5 Consideration could be given to the viability of developing one referral form template for Warwickshire that can be used by any referring agency to refer to any commissioned service. As above, in an ideal world, this would cover all support services in Warwickshire (but could be developed for the PCC commissioned services as a starting point). This form would capture key demographic data, highlight any risks posed to, or by, the individual, and provide a brief reason for the referral. There should not be a requirement for referrers to elicit intimate details of the individual's circumstances and situation to limit and avoid possibility of retraumatising through repetition of their story. Instead, all required details should be explored at the point of initial assessment at the receiving service.
- 2.6 Commissioned services could consider use of a functional mailbox for referrals to be sent to for processing.
- 2.7 Individuals should be provided an opportunity to ask questions ahead of engagement to alleviate any concerns. This could include a 'frequently asked questions' page on the service providers' websites.

Recommendation 3: Incorporate the need to raise awareness of the service provision into commissioned services contracts.

³² Some victims commented that the 'signposting' document (see appendices) TONIC developed as part of the research safeguarding procedure, was the first time they had heard of some of the services and was certainly the first time they had seen relevant support services listed in one place collectively.

- 3.1 All commissioned services could have a requirement within their contracts to focus on better promotion of their services in the future. This could include awareness raising days in the community between all support services.
- 3.2 Service providers should also advertise themselves on various social media platforms (keeping up-to-date with latest trends based on their target audience), in healthcare settings such as GP surgeries, supermarket notice boards, places of worship, and other commonly visited places in the community, and ensure information is available in different languages and accessible to those with other communication needs.
- 3.3 As outlined in Recommendation 2, there is a need for Warwickshire police to refer all victims of crime to the relevant commissioned service where consent is given and provide victims with information about the support available in order to aid with promotion of commissioned services.

Recommendation 4: Encourage improvements with joint working and networking between commissioned services and key partners.

- 4.1 Commissioned services have a shared aim to support recovery for service users, and as such, could be better integrated, with frontline practitioners proactively working jointly with other services where appropriate to reflect the intersectional nature of these client groups. Services should be working in partnership rather than in competition, sharing best and emerging practice. This is particularly important for vulnerability-specific support services with multiple providers within Warwickshire and those where transitions may be required between CYP and adult services.
- 4.2 Clearer joint working agreements, protocols, and procedures need to be established between commissioned services and key mental health support providers.
- 4.3 Commissioned services should ensure there is an appropriate representative in attendance at all key meetings, who can contribute proportionately to client case conversations and assist in problem-solving or safeguarding discussions.
- 4.4 Commissioned services could deliver specialist training to one another to promote continued professional development and assist with awareness raising initiatives.
- 4.5 Partnership working could be measured and monitored by commissioned services capturing data on the percentage of clients also being supported jointly by another service, the number of networking events and training sessions delivered to or attended with other commissioned services, and the percentage of clients who receive onward referrals. Service user feedback would be insightful to ensure quality of joint working.

Recommendation 5: Commissioned services should proactively seek to engage with individuals who have protected characteristics.

- 5.1 Based on the literature review findings and quantitative data analysis, it is apparent that those with protected characteristics, and in particular those from minoritised ethnic backgrounds are less likely to access support from commissioned services. Whilst the reasons for this are not fully understood and require further research, it is vital that this is not overlooked and that commissioned support services attempt to overcome such barriers as effectively as possible. As several studies demonstrate individuals from minoritised ethnic groups are often unlikely to seek help themselves due to fear of stigma or mistrust of services, there is a particular need for

awareness raising initiatives amongst these groups. This could be done using non-traditional methods of communication, including utilising bilingual radio stations or TV channels and by contacting local business and places of worship to take advantage of these spaces to put up posters or place leaflets.

- 5.2 Wherever possible, commissioned services should consult with potential service users who have protected characteristics to facilitate co-design and co-production with these individuals and communities to ensure services are meeting their needs accordingly.
- 5.3 The PCC could consider providing grants to ‘by and for’ organisations³³ across Warwickshire to establish partnerships that assist with the promotion of commissioned support services, to ensure individuals with protected characteristics are reached and aware of the support available to them.
- 5.4 Consideration should be given to provision of support for individuals with specific protected characteristics facilitated by someone of their background, accepting that there may also be preference for help from outside of the community, and this should be guided by the individual and their circumstances. As such, alternatively, or in addition to the above, commissioned services could specifically recruit full-time outreach workers from particular communities of interest. This would require a dedicated and skilled individual who could take on an assertive outreach role.
- 5.5 Appropriate cultural safety and awareness training should be delivered to all practitioners working for commissioned support services, and this could be delivered by the outreach worker and/or ‘by and for’ organisations.
- 5.6 There should be availability of appropriate interpreters/translators as needed for anybody whose first language is not English to allow service users to express themselves freely.

Recommendation 6: Improve mental health support provision for victims of crime and individuals misusing substances.

Due to crime and victimisation often negatively impacting an individual’s mental health, and high proportions of individuals misusing substances also suffering from mental health concerns (therefore making these public health issues), there is a need for commissioned services to develop sound joint working policies and procedures with both statutory and voluntary mental health support services, including having effective referral pathways in place.

[Redacted text block]

- 6.2 Given the close link to mental health issues highlighting that being a victim of crime is also a public health issue (as is substance misuse), the OPCC could initiate conversations with other key commissioning bodies to potentially explore scope for some future joint commissioning.

³³ We use the term ‘by and for’ to mean organisations that are designed and delivered by and for people with protected characteristics as set out in the Equality Act who are minoritised or marginalized (including race, disability, sexual orientation, transgender identity, religion, or age).

6.3 If funding based on the previous points allowed, commissioned services could explore having a specialist mental health worker embedded within the services, who can either manage more complex cases, advise workers on adapting their provision, or be responsible for co-ordinating and signposting on appropriately.

Recommendation 7: Ensure commissioned services offer a flexible approach to support, with consideration of the location for delivery, to promote accessibility.

7.1 Commissioned support services need to be as flexible in approach and timing as possible to overcome any avoidable barriers to accessing support. Where possible and appropriate, this should include virtual options, and opening hours outside of 9am-5pm.

7.2 Careful consideration must be given to the location and venue of commissioned support services. There needs to be sensitivity and awareness of the need for confidentiality, while balancing this with being accessible. It is essential that the commissioned services can be easily accessed via public transport.

7.3 Where possible, commissioned services should provide drop-in sessions (this could be done virtually) to also promote accessibility.

Recommendation 8: Ensure services are sufficiently resourced to meet the demand and need of service users.

9.1 Providing victims with timely access to appropriate support is imperative (as outlined within the literature review and throughout). In order to achieve this, commissioned services need to be sufficiently resourced, and wherever possible, avoid waiting lists developing.

9.2 In acknowledgement of the finite budget for commissioned services, the OPCC should consider priority areas over the next fiscal period to allocate resources accordingly. [REDACTED]

[REDACTED]

[REDACTED]. Additionally, the OPCC could explore the possibility of encouraging other relevant commissioning bodies in Warwickshire (such as the Warwickshire County Council, CCG, and NHSEI) to jointly support some services where there is significant crossover in terms of commissioning responsibilities.

9.3 Future contracts should include being commissioned to provide practitioners with clinical supervision³⁴. Service providers should offer mandatory clinical supervision to all staff and look to develop a pathway to offer support to staff who may experience vicarious trauma through their work. Practitioners should meet regularly (ideally every 4-8 weeks) with their supervisor/line manager to discuss and evaluate their casework in a structured way. Emotional trauma and burnout induced by the work environment is common but under-recognised and significantly impacts client care. Looking after staff wellbeing in the long-term will lead to better client care

³⁴ Clinical supervision is a professional development activity where less experienced practitioners can utilise the knowledge and experience of their supervisor to address any gaps in their knowledge or experience. The aim of clinical supervision is to deliver best possible care to clients by developing professional expertise and skills. Clinical supervision supports practice and helps practitioners to maintain and improve standards by reflecting and working out workable strategies in the future. This provides an opportunity for supervisors/line managers to ensure support is still constructive and working towards helping service users to cope and recover.

through improved staff retention and thus overall staffing levels, directly impacting the service provided. This will ensure victims are able to receive better continuity of care, more compassion and empathy, in addition to the time that they need.

- 9.4** There should also be provision for continuing professional development (CPD) within contracts to ensure practitioners maintain and enhance up-to-date knowledge and skills to deliver a professional service to their clients. This will help to guarantee practitioners are aware of changing trends and directions within their specialist area.
- 9.5** Commissioned service providers could report back to the OPCC during their quarterly reports on the numbers/percentages of staff utilising supervision and undertaking opportunities for CPD, so that the relevant OPCC leads can monitor this.

Recommendation 9: Commissioned services should consider implementing peer support networks where this can be established and managed safely.

- 9.1** Commissioned services could create and utilise peer support networks, where this can be established and managed safely. This should not be considered a substitute for appropriate professional intervention, but a way for service users to connect with others in their shared experience, reducing isolation. This could be in place as ‘step-down’ from formal support via volunteers and for those who do not wish to access formal services. Peer support networks should make use of people from all backgrounds with lived experience to enable access for all those affected.

Recommendation 10: Commissioned services should increase their emphasis on earlier intervention and prevention.

- 10.1** In order to adopt a more proactive rather than primarily reactive approach to support, participants in this VNA wanted to see more focus on earlier intervention and preventative work from future commissioned services. In line with this, our literature review highlights the importance for victims to be able to access support appropriate to their situation in a timely way to reduce morbidity and speed recovery.
- 10.2** Commissioned services (particularly those targeted at CYP) could have a responsibility to deliver workshops in schools and other educational settings to raise awareness of relevant issues in an attempt to reduce and ultimately prevent future crime and victimisation.

Recommendation 11: Commissioned services should continue to gain feedback and enhance this through considering key performance indicators.

- 11.1** Feedback should be regularly sought from service users in order to be responsive to their needs, as well as driving improvement.
- 11.2** There should be options to provide feedback via a range of modes, including in person or through surveys with the choice to remain anonymous. At present, low rates of service users appear to be asked for their satisfaction by all commissioned services, and often only those who successfully engage for sustained periods of time, meaning results are biased and not representative of all service users. Victims’ views shared with us about their experience of services was largely

positive, with some more mixed and negative opinions expressed within the survey. However, TONIC only interviewed a relatively small sample, and it is likely that most of those who engaged in the needs assessment were directed to surveys and interviews by their practitioners who were unlikely to nominate dissatisfied individuals.

- 11.3** As crime and victimisation often negatively impact an individual’s mental health, and high proportions of individuals misusing substances also report suffering from mental health concerns, commissioned services could consider utilising relevant validated measures that assess or screen for common mental health conditions, such as those recommended by NICE guidelines. For example, the Patient Health Questionnaire (PHQ-9), the Hospital Anxiety and Depression Scale (HADS), the Generalised Anxiety Disorder Scale (GAD-7), or Beck’s Depression Inventory could be used to monitor progress throughout support. Such screening tools should not be used by practitioners to ‘diagnose’ individuals but would help with tailoring support appropriately and would be useful measures if other commissioning bodies were to consider contributing to funding these services.
- 11.4** The OPCC could consider commissioning periodic ‘health checks’ on commissioned services, as a type of random inspection to undertake a detailed examination and assessment of practice and gain a more representative understanding of the service provision.
- 11.5** The OPCC should also consider ways in which they can attempt to evidence that victims’ voices matter and are being listened to within Warwickshire, for example through publicly publishing the executive summary of this VNA report.

Recommendation 12: The PCC should explore the possibility of dedicated support for victims of Modern Slavery and Human Trafficking in Warwickshire.

- 12.1** The OPCC could consider commissioning a dedicated needs assessment focusing on issues of MS/HT in an attempt to uncover a more accurate picture of the potential level of MS/HT in Warwickshire. This would also seek to improve understanding of the circumstances associated with MS/HT and barriers faced by victims to accessing support, to inform a more evidence-based approach to support in the future.
- 12.2** As the current level of demand does not appear to currently warrant commissioning of a unique dedicated support service for MS/HT, we would recommend that the OPCC consider support being offered via a dedicated MS/HT practitioner employed within the future general victim recovery service. This role would involve a significant amount of assertive outreach, to raise awareness within the community, and amongst professionals of the support available.
- 12.3** The vulnerability-related specialist support service for SAV should have responsibility for supporting MS/HT victims who have been sexually exploited, and the vulnerability-related specialist support service for CE should have responsibility for supporting CYP victims of any form of MS/HT.
- 12.4** The PCC could consider formalising current ad-hoc agreements with support agencies outside of Warwickshire, particularly in relation to pre-NRM safehouses/accommodation.
- 12.5** If a dedicated MS/HT practitioner was appointed within the general victim recovery service, they could help to raise the profile of MS/HT in Warwickshire by delivering training to a range of professionals. Training should include educating individuals on the signs to look out for, and NRM procedures. It is likely that in the early stages of the dedicated MS/HT practitioner role, this would form the majority of their work, while establishing a caseload of clients. Spare time could be

devoted to helping the police to proactively look for victims of MS/HT, or to support other clients accessing the general victim recovery service.

12.6 Commissioned services should all have MS/HT polices in place, and all their employees should be encouraged to attend mandatory MS/HT training.

12.7 The OPCC need to be mindful that if/when dedicated support is available to victims of MS/HT, there will likely be an increase in the level of demand and referrals being generated, as such, support provision for MS/HT must be adaptable and may need to be expanded in the future.

7.2. Service-Specific Recommendations

In addition to the above recommendations, we have outlined some service-specific recommendations for future commissioned services to consider.

7.2.1. General Victim Recovery Service

Based on the findings from this VNA, we would recommend the general victim recovery service:

1. Aims to raise awareness amongst the police of what the service offers. This could be done by creating a short video/presentation and accompanying resources that can be given to new police recruits as well as existing staff.
2. Explores the possibility of contacting every victim of crime who reports an incident to the police in Warwickshire, even if it is just via text message or email, so that they are aware of the service and support available to them, should they need it.
3. Discovers ways to streamline the referral and triage process for vulnerable/repeat victims, to ensure resources are being deployed as efficiently as possible. It could be that another agency is best placed to co-ordinate this type of referral.
4. Ensures they are informing every victim they have contact with of the Victims Codes of Practice (2021) and try to explain this in a jargon-free way so that victims fully understand their rights.
5. Focuses on supporting CYP victims and explores collaborative working with other services to ensure age-appropriate, holistic, support is offered, with suitable safeguards in place.
6. Develops alternative forms of support/signposting for elderly victims who engage in support for prolonged periods of time perhaps due to being lonely. In discussion with line managers, practitioners should be responsible for ensuring support is being delivered in line with needs assessments, support plans, and is purposeful and goal directed. There may be benefits to introducing and utilising peer support networks as a 'step down' from professional support to ease the transition to being able to cope independently and reduce social isolation.
7. Continues with crime types such as violence (with and without injury) and 'burglary - dwelling' remaining key priority areas for the future. Additionally, given the rising trend, we would advocate for increased provision and support for victims of fraud and computer misuse crimes.
8. Could benefit from exploring what makes up 'other' crime categories when recording and reporting on the experiences of victimisation among their clients, to guarantee they are effectively meeting the demand and needs of victims in Warwickshire.
9. Enhances joint working policies and procedures with relevant organisations, such as housing providers, in recognition of what support victims most commonly require.

7.2.2. Vulnerability-Related Specialist Support Service for Sexual Abuse and Violence

Based on the findings from this VNA, we would recommend the vulnerability-related specialist support service for SAV:

1. Effectively promotes the service and support available to survivors across the whole of Warwickshire, including individuals with protected characteristics.
2. Works together with other SAV specialist support services in collaboration and partnership rather than in competition, aiming to reduce duplication and share best and emerging practice. To achieve this, services will need clear data and information sharing agreements in place to allow for enhanced multi-agency working.
3. Continues to provide therapeutic interventions to those in a survivor's support network, helping them to cope with the 'ripple effects' and in turn assisting to equip them to better support the survivor.
4. Expands support provision for instances of child-on-child abuse or child-to-parent abuse.
5. Provides survivors access to trauma-focussed counselling as soon after their referral as possible and avoid waiting lists building wherever possible. This is important because survivors should be able to access support in a timely way to reduce morbidity and speed recovery. Where waiting lists do develop, we would encourage continuation of support to those on waiting lists – either via online resources, welfare check ins, or group work, to develop coping strategies and build resilience.
6. Explores offering more creative therapy options, such as art and drama therapy, to increase survivors' choice in their treatment.
7. Looks to expand specialist provision and outreach to all relevant protected characteristics, given the described success to date of the 'BAME ISVA' role.

7.2.3. Vulnerability-Related Specialist Support Service for Child Exploitation

Based on the findings from this VNA, we would recommend the vulnerability-related specialist support service for CE:

1. Ensures a broader focus on CE within a contextual safeguarding model, whilst also maintaining a specialism for CSE, in recognition of differing support needs dependent on the type of exploitation a victim has experienced.
2. Considers capacity to appoint a designated parent/carer support worker, for when they can be seen as a protective factor, or need guidance to in turn be able to support the CYP.
3. Provides a consistent approach between workers to guarantee all clients receive an equitable service, whilst tailoring support to the individual's unique needs.
4. Enables practitioners to maintain small caseloads to allow for intensive support and diversionary therapeutic activities.
5. Continues to run workshops in schools, and expand this provision further where possible, as a means of early intervention and prevention.
6. Continues to run training sessions and educational workshops for professionals, delivering these as flexibly as possible, to increase reach.
7. Enhance joint working policies and procedures with relevant organisations, such as the County Council's Exploitation and Missing Children's team, and the Police's Child Abuse Trafficking and Exploitation Team, and ensure attendance and contribution at all relevant meetings.

7.2.4. Criminal Justice Related Drug and Alcohol Service for Adults

Based on the findings from this VNA, we would recommend the adult criminal justice related drug and alcohol service:

1. Implements better joint working with the criminal justice related drug and alcohol service for children, particularly to support 'seamless' transitions between the services where this is applicable.
2. Continues to work to improve continuity of care for prison releases via prison in-reach worker roles. As this is a public health indicator, the OPCC could explore, with other commissioning bodies, whether there is scope to provide long-term funding for this role, and ideally, there would be one prison in-reach worker per hub across Warwickshire to maximise the benefits of this position.
3. Delivers targeted interventions (i.e., tailored group sessions) that are responsive to current trends and patterns in substance use.
4. Enhances their assertive outreach into communities identified as not commonly engaging with the service, they should work with referrers to explore the apparent lack of diversity amongst the individuals being referred and look to establish new referral pathways that reach all individuals with protected characteristics.
5. Continuously considers latest drug strategies, the Prison Strategy White Paper (2021), UK Government 10-year plan, and remember that NICE guidance recommends 'Mutual Aid' support and promoting choice within the support that clients can receive.
6. Aims to enhance joint working policies and procedures with relevant organisations, given the commonality for those misusing substances to also experience difficulties with their mental health and housing.

7.2.5. Criminal Justice Related Drug and Alcohol Service for Children

Based on the findings from this VNA, we would recommend the criminal justice related drug and alcohol service for children:

1. Implements better joint working with the adult criminal justice related drug and alcohol service, particularly to support 'seamless' transitions between the services where this is applicable.
2. Continues to work in partnership with the Youth Justice Service, and wherever possible aim to improve and enhance communication with the individual workers.
3. Continues to work with 'universal referrals' and those 'at risk' of substance misuse for the purpose of early intervention and prevention.
4. Continues to run workshops in schools and be encouraged to expand this provision further where possible, again, by way of early intervention and prevention.
5. Reintroduces group work provision as soon as possible, even if this is facilitated virtually, or using a hybrid model of some people attending in person and others participating online.
6. Aim to reduce the distance and amount of time that practitioners are travelling between appointments where possible, to increase the amount of time that can be dedicated to supporting clients.
7. Enhances their assertive outreach into communities identified as not commonly engaging with the service, they should work with referrers to explore the apparent lack of diversity amongst

the individuals being referred and look to establish new referral pathways that reach all individuals with protected characteristics.

8. Continuously considers latest drug strategies, the Prison Strategy White Paper (2021), UK Government 10-year plan, and remember that NICE guidance recommends 'Mutual Aid' support and promoting choice within the support that clients can receive.

REFERENCES

- Abbas, A., & Macfie, J. (2013). Supportive and insight-oriented psychodynamic psychotherapy for posttraumatic stress disorder in an adult male survivor of sexual assault. *Clinical Case Studies*, 12(2), 145-156.
- Allnock, D., Sneddon, H., & Ackerley, E. (2015). *Mapping therapeutic services for sexual abuse in the UK in 2015*. NSPCC. <https://letterfromsanta.nspcc.org.uk/globalassets/documents/research-reports/mapping-therapeutic-services-sexual-abuse-uk-2015.pdf>
- Almeida, R. (2020) *Crime and Covid-19: How victims and survivors have been impacted by the pandemic*. Victim Support. <https://www.victimsupport.org.uk/wp-content/uploads/2021/03/2020 Crime and Covid19 Impact report.pdf>
- Brown, K. E., Bayley, J. E., & Baxter, A. (2015). *Evaluation of the Blue Sky Centre SARC*. https://www.researchgate.net/publication/317381323_Evaluation_of_the_Blue_Sky_Centre_SARC
- Burgess, R. G. (1982). *Field research: A source book and field manual*. Allen and Unwin.
- Callanan, M., Brown, A., Turley, C., Kenny, T., & Roberts, J. (2012). *Evidence and Practice Review of support for victims and outcome measurement*. Ministry of Justice. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/217385/evidence-practice-review-support-for-victims-outcome-measurement.pdf
- Changing Lives. (2020). *Nowhere to turn: Sexual violence among women selling sex and experiencing sexual exploitation during Covid-19*. <https://www.careknowledge.com/media/48434/nowhere-to-turn-final-report.pdf>
- Criminal Justice Joint Inspection. (2021). *A joint thematic inspection of the police and Crown Prosecution Service's response to rape. Phase one: From report to police or CPS decision to take no further action*. <https://www.justiceinspectors.gov.uk/hmicfrs/publications/a-joint-thematic-inspection-of-the-police-and-crown-prosecution-services-response-to-rape/>
- Dosdale, C., & Skarparis, K. (2020). Supporting survivors of sexual violence and abuse during the COVID-19 pandemic. *Nursing, Midwifery and Health*, 29(2), 1159-1163.
- Dunn, P. (2007). Matching service delivery to need. In Walklate, S. (ed.), *Handbook of Victims and Victimology*. Cullompton: Willan Publishing.
- Field, M. & Rowlands, J. (2020). *Commissioning for inclusion: Delivering services for LGBT+ survivors of domestic abuse*. Galop. <http://sro.sussex.ac.uk/id/eprint/95189/1/LGBT-Commissioning-Guidance-final-2.pdf>
- Fraga Dominguez, S., Storey, J. & Glorney, E. (2021). Help-seeking behaviour in victims of elder abuse: a systematic review. *Trauma Violence Abuse*, 22(3), 466-480.
- Franksman, A., Jones A., Jackson, C., Knight, R., & Gibson, E. (2021). *Engagement with children and young people*. Independent Inquiry Child Sexual Abuse.
- Galop. (2022). *The use of sexual violence as an attempt to convert or punish LGBT+ people in the UK*. <https://galop.org.uk/resource/the-use-of-sexual-violence-as-an-attempt-to-convert-or-punish-lgbt-people-in-the-uk/>

- Gray, R., Walker, T., Hamer, J., Broady, T., Kean, J., Ling, J., & Bear, B. (2020). *Developing LGBTQ programs for perpetrators and victims/survivors of domestic and family violence: Research report*. Sydney, NSW: ANROWS. <https://20ian81kynqg38bl3l3eh8bf-wpengine.netdna-ssl.com/wp-content/uploads/2020/05/PI.17.09-Bear-RR.1.pdf>
- Heeks, M., Reed, S., Tafsiiri, M., & Prince, S. (2018). *The economic and social costs of crime*. Home Office: Research report 99. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732110/the-economic-and-social-costs-of-crime-horr99.pdf
- Hester, M., & Lilley, S. (2018). More than support to court: Rape victims and specialist sexual violence services. *International Review of Victimology*, 24(3), 313-328.
- Hester, M., Williamson, E., Regan, L., Coulter, M., Chantler, K., Gangoli, G., Davenport, R. & Green, L. (2012). *Exploring the service and support needs of male, lesbian, gay, bisexual, and transgendered and black and other minority ethnic victims of domestic and sexual violence*. University of Bristol. <https://www.bristol.ac.uk/media-library/sites/sps/migrated/documents/domesticsexualviolencesupportneeds.pdf>
- Hill, P. (2020). *The Warwickshire safeguarding exploitation strategy 2020-2023: Tackling the exploitation of children and adults in Warwickshire*. Warwickshire Safeguarding. https://www.safeguardingwarwickshire.co.uk/images/WS_Exploitation_Strategy_2020-23_FINAL_COPY_-_v2.1_13_08_2021_1.pdf
- HM Crown and Prosecution Service Inspectorate. (2019). *Rape inspection 2019: A thematic review of rape cases*. <https://www.justiceinspectrates.gov.uk/hmcpsi/inspections/rape-inspection-on-report-december-2019/>
- HM Government. (2021a). *2021 UK annual report on modern slavery*. <https://www.gov.uk/government/publications/2021-uk-annual-report-on-modern-slavery/2021-uk-annual-report-on-modern-slavery-accessible-version>
- HM Government. (2021b). *The end-to-end rape review report on findings and actions*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001417/end-to-end-rape-review-report-with-correction-slip.pdf
- HM Government. (2021c). *Tackling child sexual abuse strategy 2021*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973236/Tackling_Child_Sexual_Abuse_Strategy_2021.pdf
- HM Government. (2021d). *From harm to hope: A 10-year drugs plan to cut crime and save lives*. <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>
- Home Office. (2017). *The role of the Independent Sexual Violence Adviser: Essential elements*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647112/The_Role_of_the_Independent_Sexual_Violence_Adviser_-_Essential_Elements_September_2017_Final.pdf
- Hooper, R., & Luckurst, J. (2021, November 5). *Rape support waiting list up to two years as demand hits record high*.

<https://www.thefreelibrary.com/Rape+victims+%27waiting+for+support+for+two+years%27.-a0681301244>

- Houghton, B., Bailey, A., Kouimtsidis, C., Duka, T., & Notley, C. (2021). Perspectives of drug treatment and mental health professionals towards treatment provision for substance use disorders with coexisting mental health problems in England. *Drugs, Science, Policy and Law*, 7, 1-9.
- Kaiser, S., Choudhury, I., Knight, R., & Gibson, E. (2021). *Engagement with support services for ethnic minority communities*. Independent Inquiry Child Sexual Abuse. <https://www.scie-socialcareonline.org.uk/engagement-with-support-services-for-ethnic-minority-communities/r/a116f00000UuYIFAA3>
- Lloyd, M., & Selby, H. (2015). *Full evidence overview report 2: Sexual assault and child sexual exploitation*. Michael Lloyd Research (MLR) & Office of the Police and Crime Commissioner for Merseyside (OPCCM).
- Local Government Association. (2017). *Tackling modern slavery: a council guide*. https://local.gov.uk/sites/default/files/documents/22.12_Modern_slavery_WEB%202.pdf
- Love, G., De Michele, G., Giakoumidaki, C., Sánchez, E. H., Lukera, M., & Cartei, V. (2017). Improving access to sexual violence support for marginalised individuals: Findings from the lesbian, gay, bisexual and trans and the black and minority ethnic communities. *Critical and Radical Social Work*, 5(2), 163-179.
- Loya, R. (2015). Rape as an economic crime: the impact of sexual violence on survivors' employment and economic well-being. *Journal of Interpersonal Violence*, 30, 2793-2813.
- Ministry of Justice. (2020). *Code of Practice for Victims of Crime in England and Wales November 2020*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/936239/victims-code-2020.pdf
- Ministry of Justice. (2021a). *Delivering justice for victim: A consultation on improving victim's experience of the justice system*. <https://www.gov.uk/government/consultations/delivering-justice-for-victims-a-consultation-on-improving-victims-experiences-of-the-justice-system>
- Ministry of Justice. (2021b). *Prisons strategy white paper*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1038765/prisons-strategy-white-paper.pdf
- Modern Slavery and Organised Immigration Crime Programme. (2021). *Annual report 2020-2021*. Home Office. <https://www.gov.uk/government/publications/2021-uk-annual-report-on-modern-slavery/2021-uk-annual-report-on-modern-slavery-accessible-version>
- Molina, J., & Poppleton, S. (2020). *Rape survivors and the criminal justice system*. Victims Commissioner. https://s3-eu-west-2.amazonaws.com/jotwpublic-prod-storage-1cxo1dnrmkg14/uploads/sites/6/2021/12/Rape-Survivors-and-the-CJS_FINAL-v2.pdf
- National Police Chief's Council. (2021). *Police-CPS Joint national RASSO action plan 2021*. <https://www.cps.gov.uk/publication/police-cps-joint-national-rasso-rape-and-serious-sexual-offences-action-plan-2021>

- NHS England. (2018). *Strategic direction for sexual assault and abuse services: Lifelong care for victims and survivors: 2018-2023*. <https://www.england.nhs.uk/wp-content/uploads/2018/04/strategic-direction-sexual-assault-and-abuse-services.pdf>
- NHS. (2022). *Help after rape and sexual assault*. <https://www.nhs.uk/live-well/sexual-health/help-after-rape-and-sexual-assault/>
- NICE. (2014). *Domestic violence and abuse: Multi-agency working*. <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621>
- Northamptonshire OPCC. (2013). *Victims' voice report of the Northamptonshire Victims' Commissioner*. <https://www.empac.org.uk/learning-centre/example-article-19/>
- Office for National Statistics. (2019). *Domestic abuse prevalence and trends, England and Wales: year ending March 2019*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2019>
- Office for National Statistics. (2020). *Drug misuse in England and Wales: year ending March 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/drugmisuseinenglandandwales/yearendingmarch2020>
- Office for National Statistics. (2021). *Child sexual abuse in England and Wales: year ending March 2019*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019>
- Office for National Statistics. (2021). *Modern slavery in the UK: March 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/modernslaveryintheuk/march2020>
- Office for National Statistics. (2021). *Sexual offences in England and Wales overview: year ending March 2020*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/sexualoffencesinenglandandwalesoverview/march2020>
- Office for National Statistics. (2022). *Crime in England and Wales: year ending September 2021*. <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingseptember2021>
- Office of Health Improvement and Disparities. (2021). *Adult substance misuse treatment statistics 2020 to 2021*. <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>
- Office of Health improvement and Disparities. (2022) *Alcohol and drug treatment in secure settings 2020 to 2021*. <https://www.gov.uk/government/statistics/substance-misuse-treatment-in-secure-settings-2020-to-2021/alcohol-and-drug-treatment-in-secure-settings-2020-to-2021-pre-release-access-list>

- Office of Health Improvement and Disparities. (2022) *Young people's substance misuse treatment statistics 2020 to 2021*. <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-young-people-statistics-2020-to-2021/young-peoples-substance-misuse-treatment-statistics-2020-to-2021-report>
- Peitzmeier, S. M., Hughto, J. M. W., Potter, J., Deutsch, M. B., & Reisner, S. L. (2019). Development of a novel tool to assess intimate partner violence against transgender individuals. *Journal of Interpersonal Violence, 34*(11), 2376-2397.
- Phoenix Futures. (2021). *Making rehab work*. <https://www.phoenix-futures.org.uk/files/b417f2b855a31a9c2228a1d1253b5b27.pdf>
- Police and Crime Commissioner for Warwickshire. (2016). Warwickshire police and crime plan 2016-2021. <https://www.warwickshire-pcc.gov.uk/wp-content/uploads/2020/05/Police-and-Crime-Plan-Version-09.10.2019-V2.pdf?x53963>
- Police and Crime Commissioner for Warwickshire. (2018). *Commissioning group meeting: The future of drug and alcohol services in Warwickshire*
- Police and Crime Commissioner for Warwickshire. (2022). *Rape and sexual offences*. <https://www.warwickshire-pcc.gov.uk/helpingyou/rape-and-sexual-offences/>
- Police and Crime Commissioner for West Midlands. (n.d.). *Accessing support: as a victim of modern slavery (adult)*. <https://www.antislaverycommissioner.co.uk/media/1515/accessing-support-as-a-victim-of-modern-slavery-adult.pdf>
- Poppleton, S., Lympelopoulou, K., & Molina, J. (2021) *Who suffers fraud? Understanding the fraud victim landscape*. Victims Commissioner. <https://s3-eu-west-2.amazonaws.com/jotwpublic-prod-storage-1cxo1dnrmkg14/uploads/sites/6/2021/12/VC-Who-Suffers-Fraud-Report-1.pdf>
- Public Health England. (2013a). *A briefing on the evidence-based drug and alcohol treatment guidance recommendations on mutual aid*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/669047/Mutual-aid-briefing.pdf
- Public Health England. (2013b). *Improving access to mutual aid: A brief guide for commissioners*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/769261/Improving-access-to-mutual-aid-commissioners_.pdf
- Public Health England. (2018). *Unlocking the potential of mutual aid in prisons: A guide to the benefits of mutual aid, and the use of security and vetting procedures to support its delivery in prisons*. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/698103/Unlocking_the_potential_of_mutual_aid_in_prisons.pdf
- RASA Merseyside. (2022). *Counselling / therapeutic support*. <https://rasa.thefarmfactory.co.uk/our-services/counselling>
- Robinson, A., & Hudson, K. (2011). Different yet complementary: Two approaches to supporting victims of sexual violence in the UK. *Criminology & Criminal Justice, 11*(5), 515-533.

- SafeLives. (2016). *Safe later lives: Older people and domestic abuse*.
<https://safelives.org.uk/sites/default/files/resources/Safe%20Later%20Lives%20-%20Older%20people%20and%20domestic%20abuse.pdf>
- SafeLives. (2018). *Free to be safe: LGBT+ people experiencing domestic abuse. Spotlight report*.
<https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>
- Sanderson, C. (2006). *Counselling adult survivors of child sexual abuse*. London: Jessica Kingsley.
- Severns, R., Paterson, C., & Brogan, S. (2020). The transnational investigation of organised modern slavery: A critical review of the use of Joint Investigation Teams to investigate and disrupt transnational modern slavery in the United Kingdom. *International Journal of Crisis Communication*, 4(1), 11-22.
- Such, E., Jaipaul, R., & Salway, S. (2018). Modern slavery in the UK: How should the health sector be responding? *Journal of Public Health*, 42(1), 216-220.
- The Child Safeguarding Practice Review Panel. (2020). *It was hard to escape: Safeguarding children at risk from criminal exploitation*.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/870035/Safeguarding_children_at_risk_from_criminal_exploitation_review.pdf
- The Friendship Project for Children. (2021). *Annual report 2020*.
<https://www.friendshipproject.co.uk/wp-content/uploads/Annual-Report-2019-published-May-2020.pdf>
- UK Parliament. (2014). *Independent parliamentarian' inquiry into the operation and effectiveness of the youth court*. https://michaelsieff-foundation.org.uk/content/inquiry_into_the_operation_and_effectiveness_of_the_youth_court-uk-carlile-inquiry.pdf
- UK Parliament. (2021). *UK parliament modern slavery statement 2020/2021*.
<https://www.parliament.uk/business/news/2021/july/uk-parliament-publishes-first-modern-slavery-statement/>
- Victims' Commissioner. (2020). *Victim statistics for England and Wales*. https://s3-eu-west-2.amazonaws.com/jotwpublic-prod-storage-1cxo1dnrmkg14/uploads/sites/6/2021/12/OVC_Victims-stats-2020.pdf
- Victims' Commissioner. (2021). *2020/21 annual report*. <https://s3-eu-west-2.amazonaws.com/jotwpublic-prod-storage-1cxo1dnrmkg14/uploads/sites/6/2021/12/VC-annual-report-2020-21-FINAL.pdf>
- Warwickshire Country Council. (2020). *Warwickshire children and young people strategy 2021-2030*.
<https://democracy.warwickshire.gov.uk/documents/s18722/Warwickshire%20Childrens%20Strategy%202021-2030.pdf>
- Warwickshire County Council. (2021) *Sexual assault and abuse strategy Warwickshire: A directory of service provision for Service Users*.
<https://safeinwarwickshire.files.wordpress.com/2021/07/id10815-wcc-saas-directory-for-service-users-v5.pdf>

Warwickshire Police. (2021). *Strategic assessment 2020/2021*.

<https://www.warwickshire.police.uk/SysSiteAssets/foi-media/warwickshire/policies/s/warwickshire-police-strategic-assessment-2020-2021.pdf>

Warwickshire Safeguarding Children board. (2019). *Child exploitation and missing children annual report 2018-2019*.

https://www.safeguardingwarwickshire.co.uk/images/downloads/Warwickshire_Safeguarding_Boards_Annual_Reports_2018-19_FINAL_COPY_-_30Aug2019_.pdf

West Mercia Police. (2022). *Support for victims of rape and sexual assault*.

<https://www.westmercia.police.uk/advice/advice-and-information/rsa/rape-and-sexual-assault/support-for-victims-of-rape-and-sexual-assault/>

APPENDICES

APPENDIX A – ENGAGEMENT COMMS PACK

WARWICKSHIRE: ENGAGEMENT COMMS PACK



Background to the project

TONIC have been asked by Warwickshire PCC to conduct a Comprehensive Victim Needs Assessment, to inform future service provision. We are running an anonymous survey and conducting confidential interviews with service users, service providers, and stakeholders. The consultation will specifically include the following elements:

- General Victim Recovery Services
- Vulnerability-related specialist support services for victims of:
 - o Sexual Abuse and Violence
 - o Child Exploitation
 - o Modern Slavery and Human Trafficking
- Criminal Justice related Drug and Alcohol Abuse Services (adults and children)
- Services for victims from minoritised ethnic backgrounds
- Services to refugees and others who may have an uncertain immigration status



Survey QR Code

If you have any questions about this needs assessment, please contact:

Precious Williamson

Commissioning and Grants Officer, Office of the Police and Crime Commissioner for Warwickshire

Email: precious.williamson@warwickshire.pnn.police.uk

If you have questions or comments about promoting the surveys and interviews, or the needs assessment in general, please contact:

Daisy Elvin

Senior Researcher and Analyst, TONIC Project Lead

Email: daisy@tonic.org.uk

What you can do to help

We would really value your help in promoting engagement with the online survey and virtual interviews to ensure all those who have relevant experience can share their views and help to shape the way that future services are commissioned in Warwickshire. The survey will run until **Monday 10th January 2022**. To promote engagement with the surveys and interviews, please share the relevant hyperlinks with your service users and/or social media followers – please tag TONIC in any social media posts. Feel free to use or adapt the text and images from the following pages in this pack alongside the hyperlinks. All images can be downloaded from TONIC's website: www.tonic.org.uk/warks



Many thanks for your help – we really appreciate it.

Survey link: <https://www.surveymonkey.co.uk/r/warks> **Shortened link:** bit.ly/3C3le78

Sign up to an interview by emailing: warks@tonic.org.uk

Text to use or adapt when promoting engagement on social media:

- TONIC is conducting research to help shape the future of support services in Warwickshire – your opinion matters: <https://www.surveymonkey.co.uk/r/warks>
- Have your say to help shape the future of support services in Warwickshire: <https://www.surveymonkey.co.uk/r/warks>
- We need your help to inform the future commissioning of support services in Warwickshire. Share your views in this anonymous 10-minute survey: <https://www.surveymonkey.co.uk/r/warks>
- Have you accessed a support service in Warwickshire? Your opinion matters – let us know your thoughts: <https://www.surveymonkey.co.uk/r/warks>
- Have your say to help improve support services in Warwickshire: <https://www.surveymonkey.co.uk/r/warks>
- Have you been a victim of crime in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you been affected by drug and alcohol use in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you received support from Change Grow Live (CGL) in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you received support from Compass in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you received support from Victim Support in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you received support from RoSA in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>
- Have you received support from Barnardo's in Warwickshire? We want to hear from you about your experience of accessing support! <https://www.surveymonkey.co.uk/r/warks>

Social media assets – all of which are available to download from TONIC’s website: www.tonic.org.uk/warks



Print – the following can be used as a printed flyer (A5) or poster (A4). The QR code links directly to the survey.



Let's talk about improving support services in Warwickshire...

WE WANT TO HEAR FROM YOU!

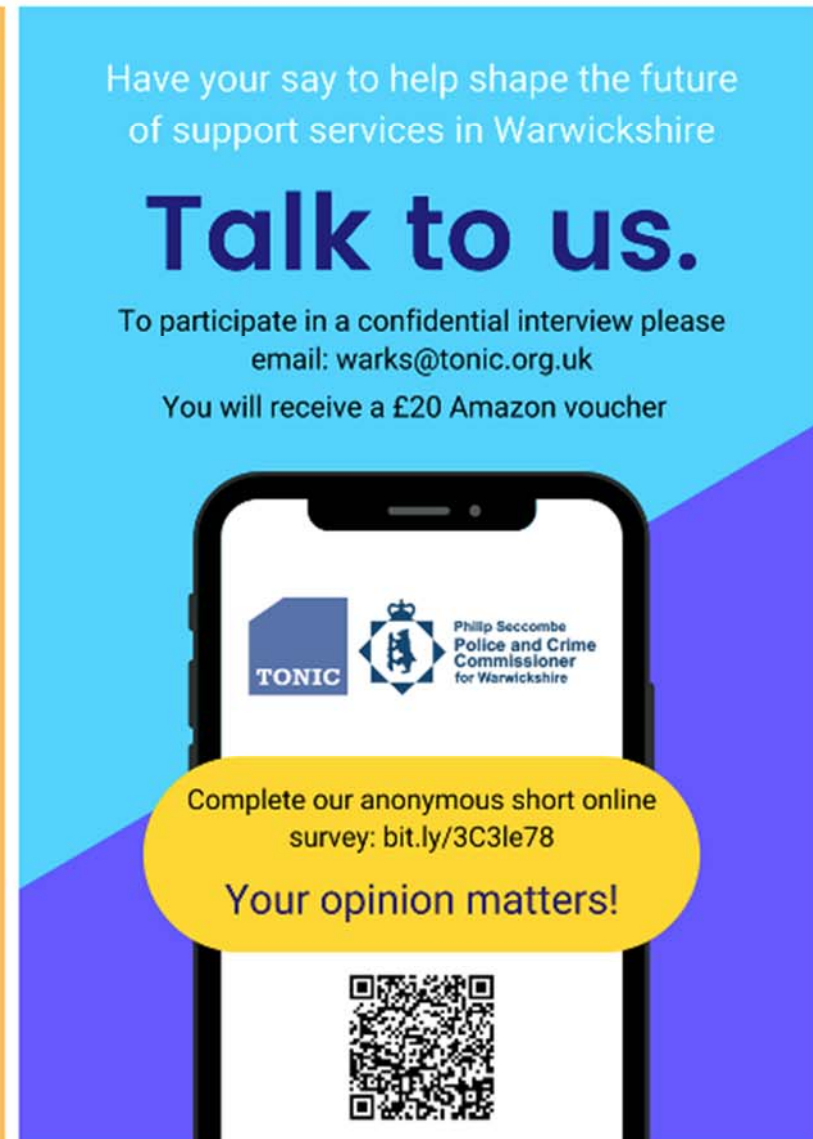
To participate in a confidential interview please email: warks@tonic.org.uk
You will receive a £20 Amazon voucher

Or complete our anonymous short online survey: bit.ly/3C3le78

TONIC

Philip Secombe
Police and Crime
Commissioner
for Warwickshire

Illustration of two people sitting in chairs and talking, with a speech bubble between them.




Have your say to help shape the future of support services in Warwickshire

Talk to us.

To participate in a confidential interview please email: warks@tonic.org.uk
You will receive a £20 Amazon voucher

Complete our anonymous short online survey: bit.ly/3C3le78
Your opinion matters!

TONIC Philip Secombe
Police and Crime
Commissioner
for Warwickshire



APPENDIX B – OTHER RELEVANT SERVICES

We have outlined some of the ‘other relevant services’ to this VNA here – these are not currently funded by the PCC through the victim services contracts.

The Equality & Inclusion Partnership (EquIP)



EquIP is a charity promoting equality and inclusion across Warwickshire. EquIP provide support, advice, and training to people in Warwickshire to combat discrimination in all its forms. EquIP work alongside local groups, businesses, and organisations, helping to build understanding and cohesion throughout the community through individual support and advice, group learning, and tailored training courses. EquIP cover everything from equality to radicalisation.

“We provide a range of equality services across the whole county of Warwickshire... we’ve got a long history of working within the sphere of race equality, predominantly, and then, during the course of time it was evident from the nature of work that we were doing, we were kind of crossing over into other protected characteristics. So, the move towards becoming a pan-equalities organisation was very much a logical progression in terms of our development and our progression essentially. So, in terms of the areas of equality that we cover currently, they are all nine protected characteristics as defined by the equalities act of 2010... there’s also another area of work around community engagement and promoting inclusion. So, that is about working with the diverse communities across Warwickshire to understand what their equality issues are.” (Stakeholder Interview)

EquIP works in partnership with a range of different agencies and organisations both within and outside Warwickshire and aims to allow:

- A co-ordinated approach to delivering equality services
- A single point of entry for service users and those affected by discrimination
- Better connectivity to grassroots communities through shared resources and contacts
- Shared learning and best practices, such as joint and shared training
- A collective viewpoint and voice when advocating community issues
- An alignment of equality priorities
- Joint projects and partnership working
- A collective response to changing environments through a more effective system.

EquIP currently run training on the following areas:

- Adult Social Care – Cultural Perspective
- Cultural Awareness
- Disability Awareness – A Cultural Perspective
- End of Life Care – A Cultural Perspective
- Hate Crime
- Mental Health & Cultural Awareness
- Preventing Violent Extremism

The below table displays any funding EQuIP have received since 2017-18 through the Commissioner’s Grants Scheme, which is relevant to this VNA.

Table 34 Details of PCC grant funding awarded to EQuIP

Year	Name of Project	Purpose of the Grant Project	How the Grant Project will address Crime and disorder in Warwickshire	Amount
2018-29	Warwickshire’s Hate Crime Charter	To contribute towards initial engagement and launch of a Hate Crime Charter in Warwickshire focusing on private sector businesses	Putting victims and survivors first. Protecting people from harm. Preventing and reducing harm.	£8,975
2019-20	Hate Crime Charter	Seeking to further existing project using existing website, promotional materials, and training courses to publicise anti-hate message, reassure the public, train staff and professionals in how to recognise/deal/deter hate crime, and promote reporting of hate crime. Also, to greater support victims of hate crime through promotion of support services by businesses.	Putting Victims and Survivors First Protecting people from harm Preventing and reducing crime	£4,000
2021-22	Drugs and County lines Awareness	This project will seek to engage Black and Minority Ethnic (BME) communities, particularly women, on drug and substance misuse and awareness. We will target women so that they are able to recognise the different types of drugs, so that they know what to look out for. The project will also seek to educate BME communities about young people and county lines, about which anecdotally there is poor awareness.	/	£5,045

Safeline



Safeline is an independent and non-discriminatory charity that provides specialist, tailored support for anyone affected by sexual abuse or rape and works to prevent CSE. Safeline offers its services to people across Warwickshire of all ages, regardless of gender, sexuality, or race.

Safeline provide a comprehensive range of services for people affected by sexual abuse, including:

- **Counselling:** face-to-face, by telephone and online (funding dependent), as well as creative therapies such as art therapy.
- **National Male Survivor Helpline and Online Support Service** providing immediate emotional support, information and advice to men and boys affected by sexual abuse or rape in England and Wales.
- **Warwickshire Helpline** for anyone in Warwickshire affected by sexual abuse or rape needing support, advice, or information.
- **Independent Sexual Violence Advisors (ISVAs) and Children's Independent Sexual Violence Advisor (ChISVA)** providing independent emotional and practical support and assistance to anyone in Warwickshire who has experienced sexual violence or abuse including help to navigate through the Criminal Justice Service if needed.
- **Training** for professionals, parents and anyone affected by sexual abuse to help them protect and support their communities
- **Prevention** projects, one-to-one support, and peer mentoring to keep vulnerable young people safe and enable them to fulfil their potential.

Safeline also offer a range of support options for parents, partners, siblings, and friends of survivors of abuse.

The below table displays any funding Safeline have received since 2017-18 through the Commissioner’s Grants Scheme, which is relevant to this particular needs assessment. Additionally, like RoSA, Safeline were awarded £35,926 from the COVID-19 funding for domestic abuse and sexual violence support services after meeting MoJ’s criteria.

Table 35 Details of PCC grant funding awarded to Safeline

Year	Name of Project	Purpose of the Grant Project	How the Grant Project will address Crime and disorder in Warwickshire	Amount
2017-18	Increasing our Independent Sexual Violence Advisor (ISVA) Capacity	To fund additional ISVA staff to ensure victims get immediate access to specialist, tailored support in the aftermath of a crime and over time if needed, that will help survivors recover and cope with the stresses of the crime, irrespective of whether it goes to trial.	Putting victims and survivors first. Ensuring efficient and effective policing. Protecting people from harm. Preventing and reducing crime.	£15,000
	Keeping Safe from Harm	To support the employment costs of several key operational posts within Safeline.	Putting victims and survivors first. Ensuring efficient and effective policing. Protecting people from harm. Preventing and reducing crime.	£60,138
	Breaking the Cycle	To contribute towards the costs of a Projects Coordinator who will help organise and run projects for highly vulnerable young people across Warwickshire, aged 12 to 18, who have either been sexually abused or identified as being highly vulnerable to abuse by their school and social services.	Putting victims and survivors first. Ensuring efficient and effective policing. Protecting people from harm. Preventing and reducing crime.	£15,000
2018-29	Preventing CSE and supporting survivors of sexual abuse	To contribute towards some of the key operational costs of specialised, professional services for survivors, their families and those at risk of sexual abuse or child sexual exploitation.	Protecting people from harm. Preventing and reducing crime. Ensuring effective and efficient	£90,000

			policing. Putting victims and survivors first.	
2019-20	Preventing CSE and supporting survivors of sexual abuse	To fund one Independent Sexual Violence Advisor, to provide support to the victims of sexual violence/abuse.	Protecting people from harm. Preventing and reducing crime. Ensuring effective and efficient policing. Putting victims and survivors first.	£35,000
2020-21	Early Prevention Support	Safeline will provide an Early Intervention Coordinator to provide specialist One to One support to some of the most vulnerable children and young people in our community. The project focuses on risk of child sexual exploitation. This intervention supports vulnerable children (aged 12 – 18), who require specialist, tailored, one to one support to help them understand the risks they face and provide them with the knowledge, tools, and resilience they need to help safeguard them.	Putting victims and survivors first. Protecting people from harm. Reducing and preventing crime.	£10,000
2021-22	Early Intervention and Prevention Support Coordinator	To fund Early Intervention Co-ordinator to provide specialist one-to-one support and deliver group training, and activities to some of the most vulnerable young people (CYP) in our community. Safeline will secure match funding to enable the recruitment of a full-time Early Intervention coordinator.	/	£10,000
COVID-19 Recovery Fund	Warwickshire Helpline Support Service (Sexual Abuse)	To enable the continuation of Safeline’s Helpline for Warwickshire’s victims and survivors of sexual abuse during Covid19 lockdown and ongoing restrictions. Safeline recently secured short-term COVID funding via the Police and Crime Commissioner from the Ministry of Justice to recruit a Helpline advisor, to provide dedicated, telephone support for Warwickshire victims/survivors when face-to-face support is not possible. The funding ends 31 October, however, demand for this type of support has exceeded expectations and this funding will enable the continuation of the project for a further 2-months.	Putting victims and survivors first.	£5,000

West Midlands Anti-Slavery Network

The West Midlands Anti-Slavery Network (WMASN) SafePlace Project, based in Birmingham, is a 3-bed pre-NRM semi-supported emergency accommodation for adult male survivors of modern slavery and human trafficking. It is a place of safety with wrap-around health and wellbeing support and advice and advocacy for up to 10 days.

The service initially focuses on addressing a survivor's emergency wellbeing needs and then seeks to address their rights, entitlements, and eligibility to access support as a potential survivor of modern slavery. WMASN work in partnership with West Midlands Police, West Midlands Local Authorities, Public Health England (PHE), The Illegal Money Lending Team, Wates, and other network partners. The service aims to reduce the risk of re-trafficking, increase survivor engagement with appropriate services, improve the quality of NRM referrals, and ensure survivors have a full understanding of their options to make an informed decision about their future. These aims all map on to the key indicators of success as well as safe exit to appropriate support.

The service supplements the safeguarding required by the First Responder Organisation (FRO) when identifying a survivor of modern slavery. The FRO retain responsibility for the survivor whilst they are in the SafePlace Project and must provide contact details for the investigating officer.

Support Package 1: Accommodation and Wrap-Around Support

Access to semi-supported accommodation and wrap around health and wellbeing and advice and advocacy support (7 days a week, 8am-9pm where possible) for 10 days. This includes:

- Private and clean accommodation. Access to a shared kitchen, living room and garden.
- Subsistence payments for food and travel (£65 over 7 days)
- Phone and top-up
- A welcome pack containing essential toiletries and clothing
- Culturally appropriate food
- Access to health services – GP appointments, vaccinations etc.
- Access to drug and alcohol support services
- Access to translation and interpreting
- Advice and guidance concerning survivor rights and entitlements
- Companionship
- Liaison with First Responders if the survivor wishes to enter the NRM, and support completing the NRM referral form.
- Liaison, referrals, and signposting to alternative services if the survivor does not wish to enter the NRM but identifies as a survivor of modern slavery.

Support Package 2: Outreach Support

Potential survivors can be supported in their current accommodation and access the following outreach support for up to 10 days.

SafePlace survivor outreach (7 days a week, 8am-9pm where possible) support includes:

- Subsistence payments for food and travel (£65 over 7 days)
- Phone and top-up

- A welcome pack containing essential toiletries and clothing
- Access to culturally appropriate food.
- Access to health services - GP appointments, vaccinations etc
- Access to drug and alcohol support services.
- Access to translation and interpreting
- Advice and guidance concerning survivor rights and entitlements
- Companionship
- Liaison with First Responders if the survivor wishes to enter the NRM, and support completing the NRM referral form.
- Liaison, referrals, and signposting to alternative services if the survivor does not wish to enter the NRM but identifies as a survivor of modern slavery.

Referral Criteria

- This service is for adult men in the West Midlands who present with indicators of modern slavery and require health and wellbeing and advice and advocacy support to understand their rights and entitlements as a potential survivor.
- Men who are not at high risk of being pursued by perpetrators in the Birmingham region (discussion on location and risk to be had during referral)
- Priority is given to those with higher support needs where B&B/non-supported accommodation is not suitable e.g., due to the risk of absconding/emergency health needs
- A PNC check is required prior to accepting a referral.

Referral Procedure

Referrals can be made between 9am-5pm, Monday-Friday. Out of hours referrals will be picked up the next working day.

When asked if WMASN could provide data on the numbers of people they supported who were referred from Warwickshire over the past few years, they informed us that according to their spreadsheet they supported 6 Warwickshire cases, mainly being outreach in September 2020.

North Wales Victim Help Centre

The North Wales Victim Help Centre is run by Victim Support and funded by the North Wales OPCC. They are a team of Victim Help Officers who are based within a police divisional HQ and conduct initial contact, needs assessment, immediate and/or on-going support. There are currently seven caseworkers and a pool of volunteers who are based in the community. This includes a dedicated 'Modern Day Slavery (MDS) Caseworker' role.

The MDS caseworker provides immediate and on-going support to victims of MS/HT – this can be emotional and practical support. MDS referrals are received by a number of different ways, including via the police automatic data transfer, the multi crime service, other agency referrals and the occasional self-referral.

The MDS caseworker can provide advocacy on behalf of victims, this is often with housing, the council, GP's, and the police. Support can be provided to either the victim directly or to anyone else who has been affected by the crimes.

For victims under the age of 18, the MDS caseworker would refer them on to Barnardo's, who currently hold the contract for child exploitation, but would be able to support individuals within the CYP's support network. At present, the MDS caseworker is supporting a number of parents and grandparents of young victims of county lines.

Training and awareness raising of MDS is also a huge part of the role. Activities such as hotel visits have been completed alongside North Wales Police and other MDS agencies whereby information packs were left at every hotel in a popular seaside town to ensure staff know the signs of MDS. The MDS caseworker has built a working relationship with staff who work in Holyhead port to ensure they are familiar with the signs and know where to signpost any potential victims to.

On a number of occasions, the MDS caseworker has accompanied North Wales Police to raids to ensure an immediate offer of support has been available to victims directly after being removed from their situation.

The MDS caseworker is not a first responder however has a close working relationship with a number of first responders across the region.



North Wales Victim Support Modern Day Slavery Caseworker Job Description

Section 1 - Job Details

Job title	Modern Day Slavery Caseworker
Business area (Region or Business Support)	North Wales
Department/Team (if applicable)	Victim Help Centre North Wales
Reports to	Victim Help Centre Operations Manager
Direct reports	Up to 5 volunteers
Job Location	St Asaph

Section 2 - Job Purpose

The purpose of this role is to manage contact with victims of Modern Day Slavery (MDS) in North Wales, at the point of contact all victims will have agreed to assist the Police with investigation through participation within the National Referral Mechanism, except in such circumstances that the victim has given no such undertaking then victim confidentiality must be observed.

Based in the Victim Help Centre and working in liaison with North Wales Police and nominated NGO Bawso. The post holder will identify and manage the victims immediate service needs and contribute towards risk assessment processes and following agreed safe contact processes and recording all contact securely.

The nature of service required will vary depending on individual circumstances and specified outcomes will be achieved through building trust and confidence with victims who will be vulnerable and have complex needs.

Section 3 - Main Responsibilities/Activities

(Normally between 4 and 10. Percentages should total at least 95% (and no more than 100%))

	Responsibility/ Activity
1	Delivery of needs driven help and support to a range of service victims on all aspects of Modern Day Slavery across North Wales
2	Manage cases according to risk, need and vulnerability and ensure appropriate and dynamic risk assessment throughout the lifetime of all managed cases and ensuring safeguarding issues are appropriately dealt with and local safeguarding procedures followed
3	To ensure effective case management and up to date records are maintained on all cases and be responsible for data security, data sharing and systems management
4	Manage contact with victims to improve rates of successful direct contact made and provide up-to-date and relevant information to victims.
5	Assist in reducing the rate of MDS victims absconding by building trust and confidence with them in the judicial process and victim care.
6	To be fully conversant with ongoing MDS investigations and act as a sterile conduit from the victim into the investigation, negating any conflict / suggestion of coercion.
7	Service the investigation with appropriate updates on victim status and advise investigation on potential lines of enquiry were identified
8	Work in close liaison with MDS nominated NGO – Bawso.
9	Ensure that all arrangements for victim contact with investigators are managed effectively and to the needs of the victim.
10	Identify service needs, record the results of the assessment, and provide a tailored response to each victim’s needs and facilitate the delivery of identified needs by referral on to another appropriate service on behalf of the victim using agreed processes.
11	Use safe contact methods with all victims respecting confidentiality, follow agreed processes for contacting victims of all aspects of MDS, undertaking follow-up contact using agreed processes to check that the service has been delivered appropriately or if there are any new service needs and recording all contacts with victims securely, and in accordance with procedures for monitoring and evaluation purposes
12	Ensure that Victim Support’s national standards and procedures are observed, particularly those relating to safe practice, confidentiality, and information sharing
13	Develop and maintain effective partnerships with key stakeholders, both statutory and third sector, including police, social services, health, and other support providers.
14	Participate in appropriate and relevant local and area meetings with statutory and voluntary agencies to represent the needs and interests of victims and the service
15	Collate progress reports and ad hoc reports as directed by the Ops Manager
16	Ensure compliance with legal, ethical, regulatory, and social requirements and ensure compliance with Victim Support’s national standards and procedures

Section 4 - Dimension of the role

Resources	Responsible for the proper use and safekeeping of VS assets within scope of role
Staff/Volunteers	N/A
Budget	N/A

Section 5 - Key deliverables

	Measures of success
1	Achieving all outcomes as agreed in Victim Support's contracts
2	The successful implementation of all outcomes focusing on improving support to the most vulnerable, reducing repeat victimisation and increasing take up of service and user satisfaction as key indicators of a quality performance driven service
3	Achieving all internal KPI measures.

Section 6 - Competencies

Competency	Level required (see below)
Builds customer value	2
Drives performance	2
Communicates effectively	2
Embraces and drives change	2
Grows diverse, high performing teams	1

- Level 1: Roles which make an individual contribution to the business, without line management or process responsibility e.g., frontline reactive service delivery roles, telephone-based support roles, administration roles
- Level 2: Roles with or without line management responsibility are responsible for a casework/ face to face service provision/ internal/external process and or people (including volunteers) e.g., SDM/ SSDM/First Line Managers of People or Process.
- Level 3: Roles with line management responsibility for people, normally front line / operational employees e.g., Area Manager/ Middle Management or National Lead/ professional roles with no direct line reports.
- Level 4: Roles which deliver a strategy; lead people and / or own a process directly influence senior leaders e.g., AD's/Heads of Department.
- Level 5: Roles in this area create strategy for the business e.g., CEO/SMT

Section 7 - Learning & Development requirements

(List L&D requirements for role)

Foundation (mandatory)	Required to complete all mandatory foundation learning as per organisational policy
Multi-crime/Core (mandatory for operational roles)	Required to complete full Multi-Crime training modules
Additional internal learning/ courses	North Wales Police Data Protection and Record Management System Training

<p>Other professional training (details of training or qualification should be added. It should be noted that such requirements are subject to funding availability so consideration must be given to necessity to undertake the role)</p>	
---	--

Section 8 - Person specification

(Knowledge, experience, skills, and attributes needed for the Job)

Requirement	Essential	Desirable	Tested*
Knowledge of Criminal justice system and the impact of crime on victims and witnesses	X		A/I/P
Knowledge of Voluntary and statutory agencies including relevant professional roles, particularly in the criminal justice, health, and social care sectors	X		A/I/P
Knowledge of Safeguarding issues and legislation	X		A/I/P
Understanding and knowledge of the requirement for confidentiality and safe working practice and maintenance of files in accordance with the Data Protection Act and other legal requirements	X		A/I/P
Knowledge of Legislation relating to equal opportunities and diversity and the Legal Framework on Modern Slavery		x	I/P
Ability to work with a diverse range of organisations and clients	X		A/I/P
Experience of working with vulnerable service users with diverse and challenging needs	X		A/I/P
Experience of Working in a challenging and changing environment with an emphasis on customer focus and excellence in service delivery		x	I/P
Experience of Building and maintaining relationships with internal and external partners and key stakeholders		x	I/P
Experience of Management of a frontline service in a statutory, voluntary or community work setting or complex customer focused organisation		x	I/P
Work without direct supervision, prioritise work and deal with competing or conflicting demands/ needs and interests in an organised and methodical manner	X		A/I/P
Welsh speaker to Level 2		x	P
Communicate sensitively and effectively both verbally and in writing with a wide range of people		x	I/P
Think logically and plan methodically for operational effectiveness		x	P
Gather, analyse, and use information and evidence from different sources, solve and resolve problems		x	I/P

Uphold and promote the values of Victims Support and treat colleagues and service users in a fair and non-discriminatory way.		x	P
Encourage creativity and fresh ideas with a willingness to take a 'different approach'		x	P
High personal integrity and a strong focus on personal accountability to deliver effective outcomes		x	P
Excellent communication and networking skills		x	I/P
Effective time management skills so that service standards are managed effectively at both team and individual levels.		x	P
Sound IT expertise with the ability to use a range of software including Word, Excel, and Case Management systems		x	I/P
Good report writing and presentation skills		x	P
Self-Motivated, Self-aware, and committed to own continuous development		x	P
Innovative, adaptable, receptive to change with the ability to positively manage change		x	P
The successful post-holder will be confirmed in post following successful North Wales Police vetting (Level 3) approval. (Please note applicants must have UK residency for a minimum of 3 years to qualify for North Wales Police Vetting)	X		T

*Tested - A (application), I (interview), T (test or Assessment), P (through performance reviews including probation, 1:1's and PDR)

Section 9 - Additional Information and Requirements

- Key Contacts/Relationships
Working with a number of agencies including the Police and other Criminal Justice agencies.
- Physical or mental demands
Low physical demands, but exposure to reading case information and listening to distressing information may have emotional demands.
- Travel
There will be frequent travel within the North Wales Police Force area and UK wide as part of this role. Driving license and transport available for use required.
- Unsocial hours
Must be able to work flexible hours, including evenings and weekends if necessary
- Confidentiality
Ensure that essential information of a sensitive and/or personal nature is not disclosed to, or discussed with, inappropriate persons and that all information is maintained in accordance with the GDPR and other related legislation/requirements.
- Equality, diversity, and inclusion
Ensure all duties are carried out in a manner which promotes Victim Support's equality, diversity, and inclusion policies.
- Health & safety

Promote a health and safety culture, observe all health and safety rules and procedures and complete training courses, as required.

- Safeguarding

VS are committed to recruiting with care and to safeguarding and promoting the welfare of children, young people and vulnerable adults and expects all staff and volunteers to share this commitment. Background checks and Disclosed Barring Service checks may/will be (delete depending on the role) required'

- DBS / Police Vetting

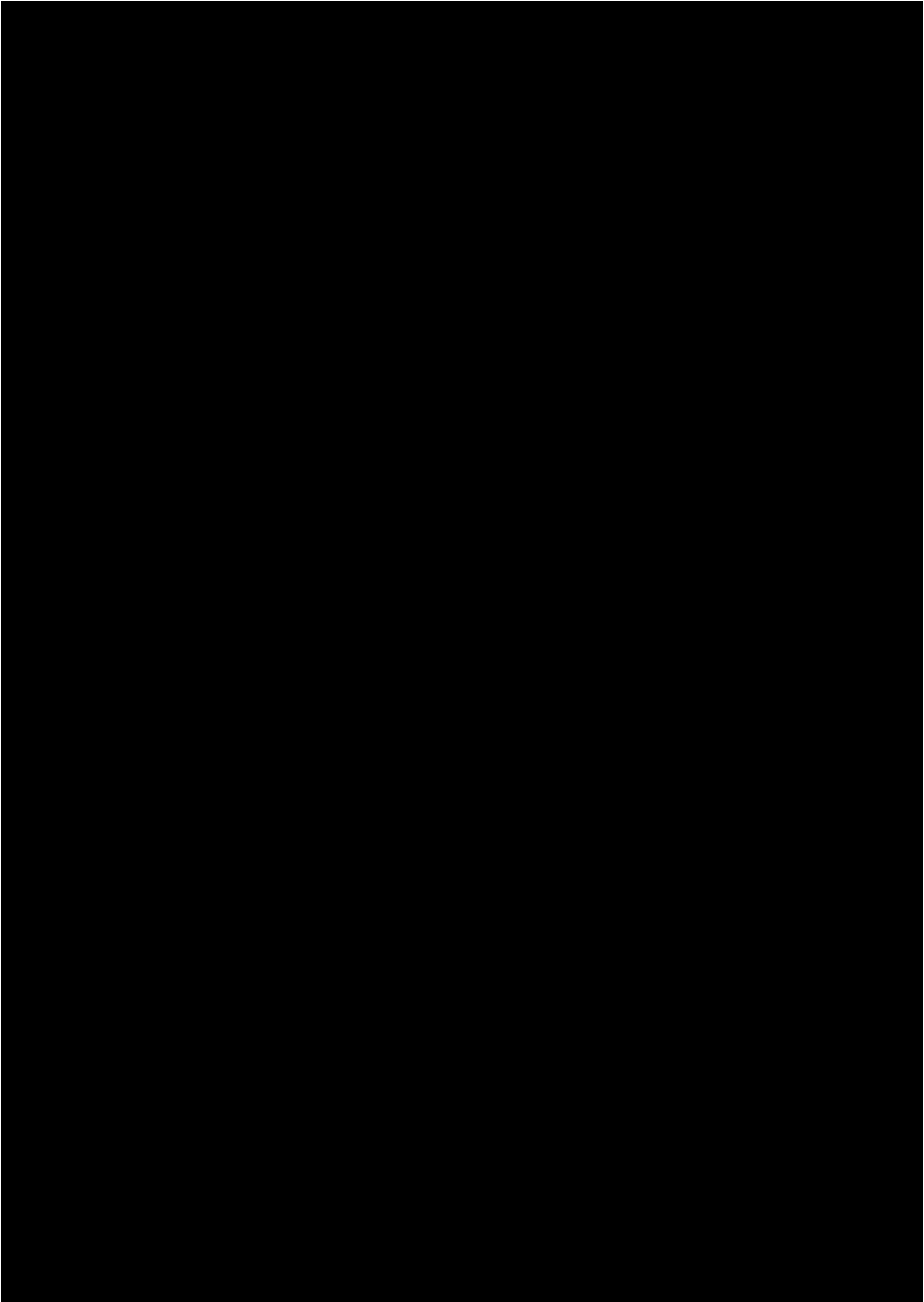
The successful post-holder will be confirmed in post following a successful DBS check as well as North Wales Police vetting (Level 3) approval. (Please note applicants must have UK residency for a minimum of 3 years to qualify for North Wales Police Vetting)

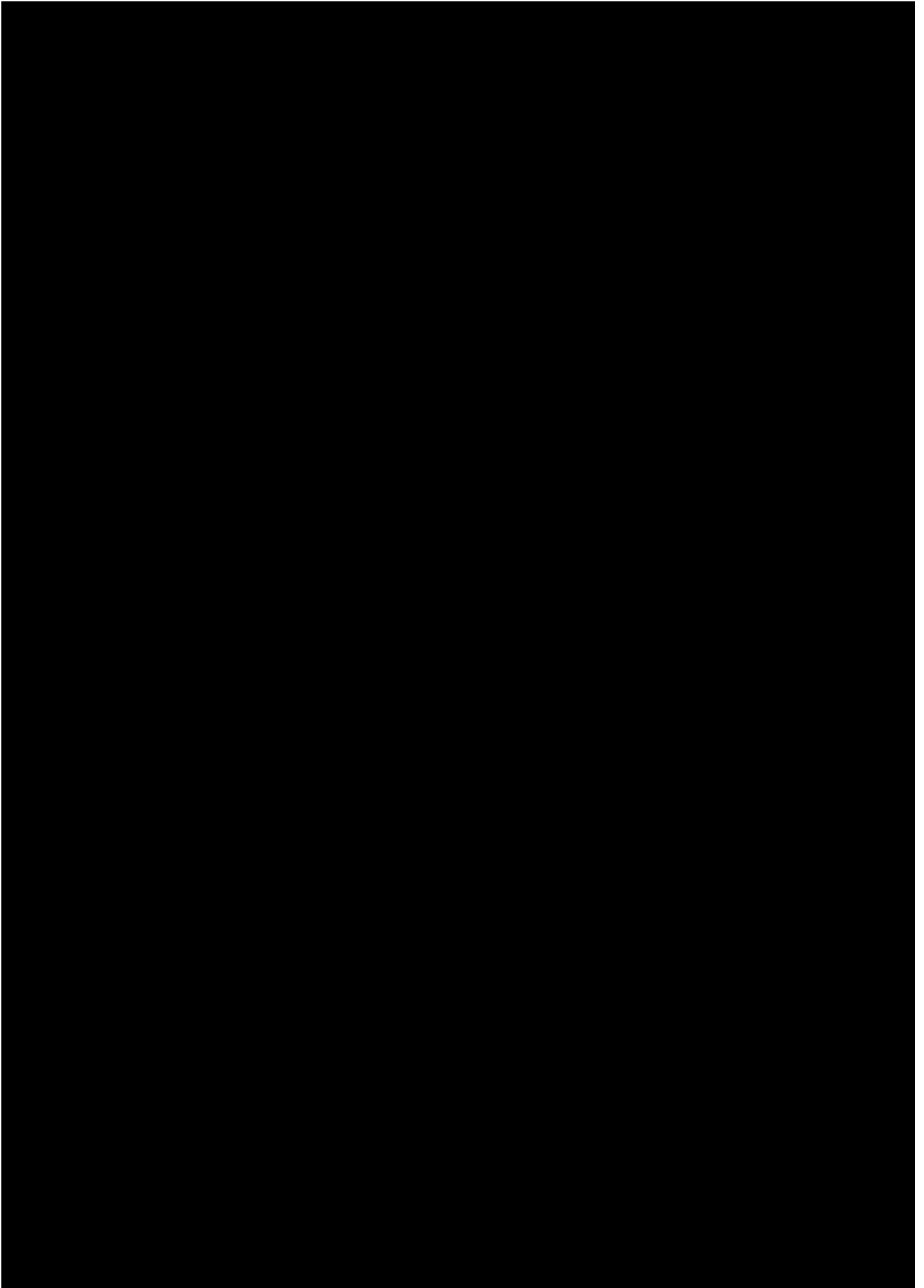
This job description serves to illustrate the type and scope of the duties currently required for the above post and to provide an indication of the required level of responsibility. It is not a comprehensive or exclusive list and duties may be varied from time to time, they will not however change the general character of the job, or the level of responsibility entailed.

Last updated 13/10/2022



Philip Secombe
Police and Crime
Commissioner
for Warwickshire



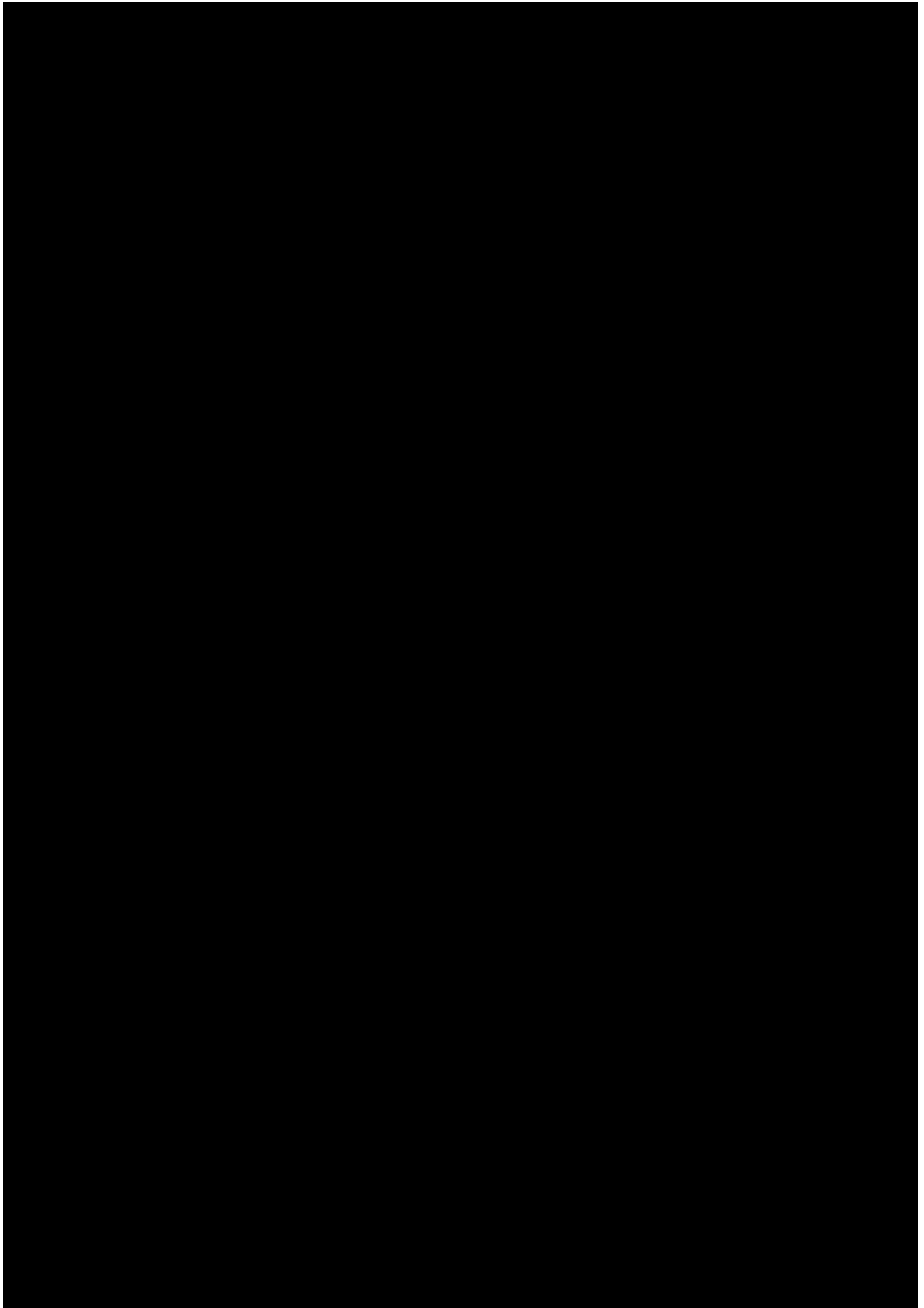




Philip Seccombe
Police and Crime
Commissioner
for Warwickshire

WARWICKSHIRE VICTIM NEEDS ASSESSMENT

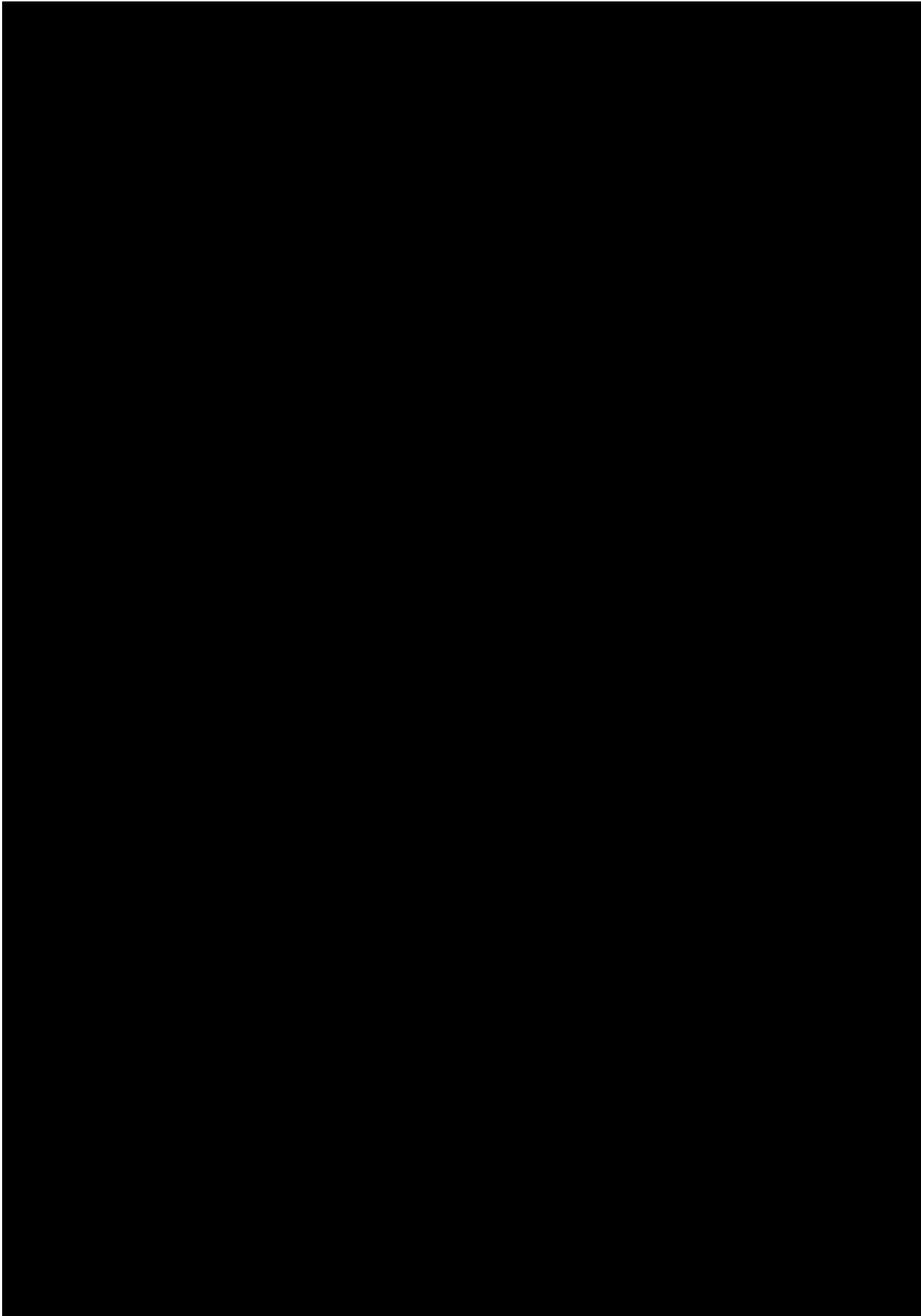


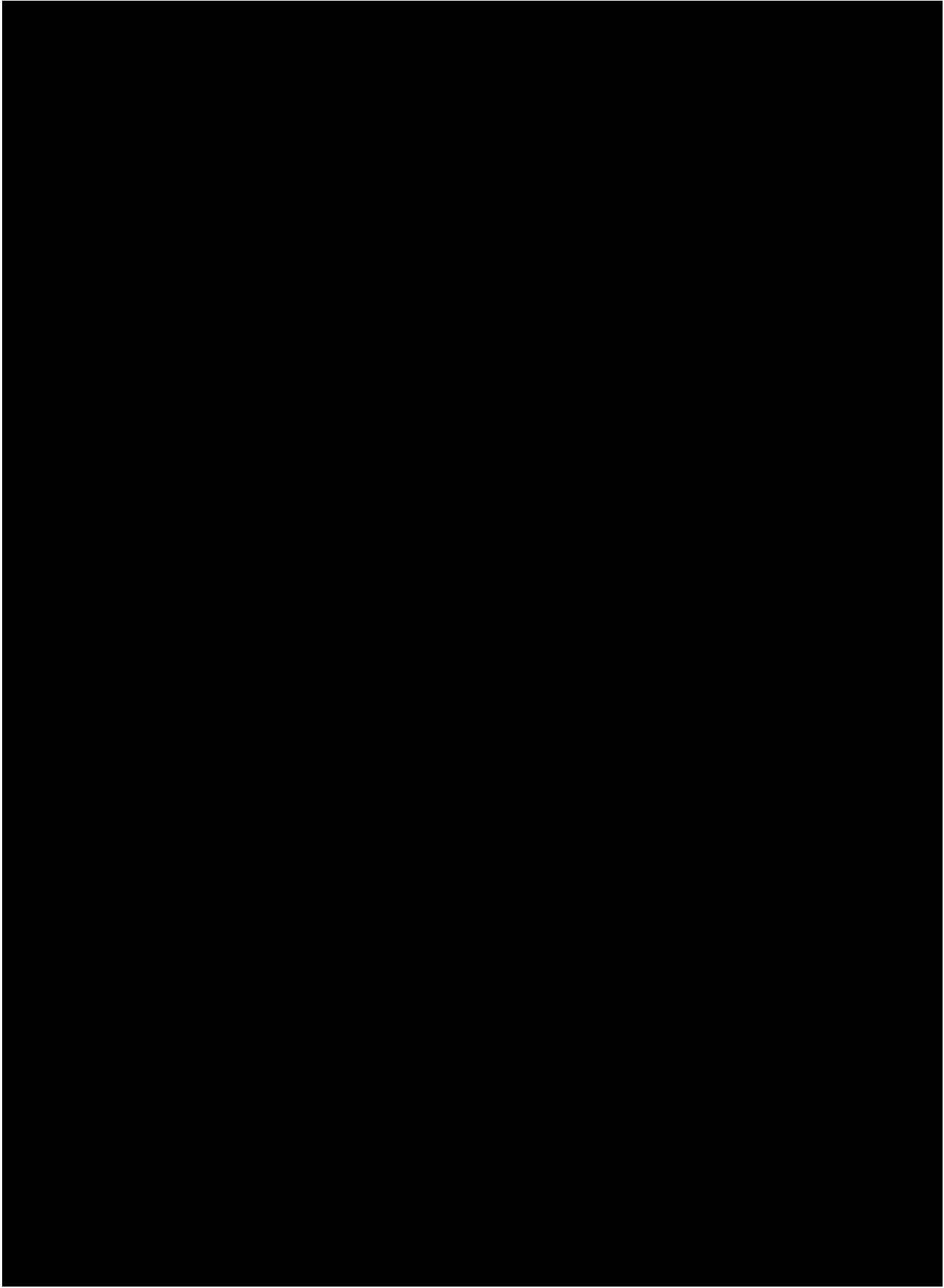


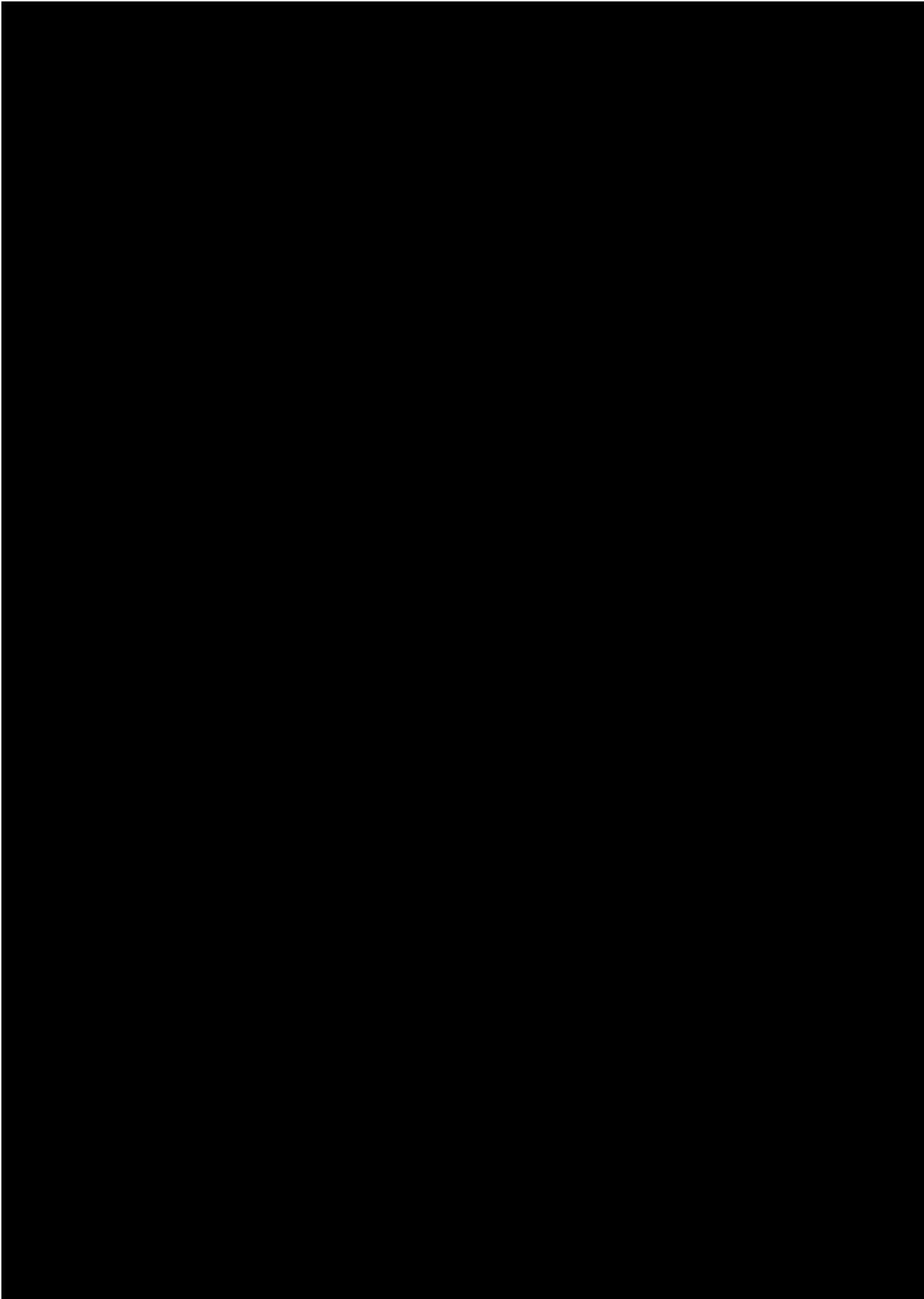


Philip Seccombe
Police and Crime
Commissioner
for Warwickshire



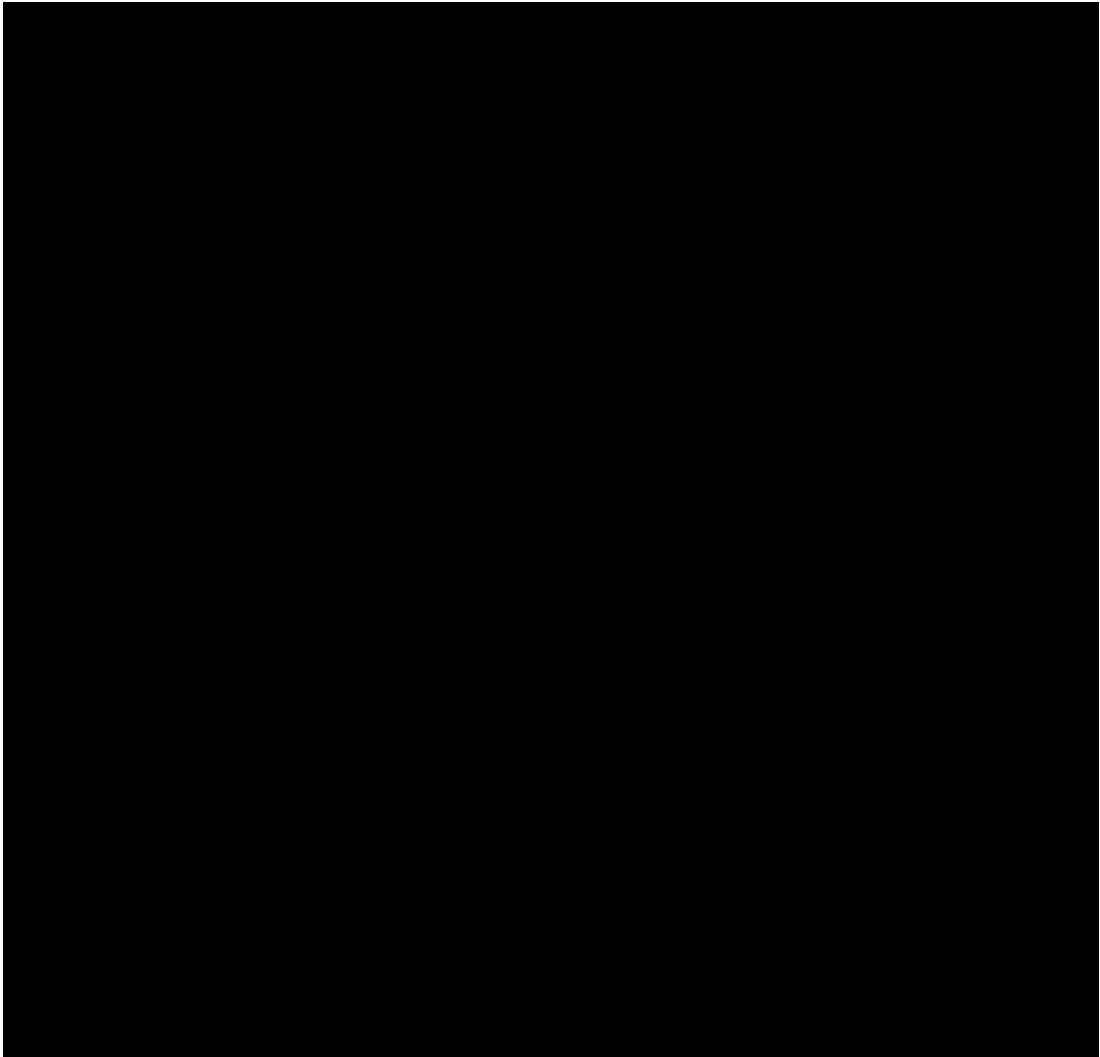


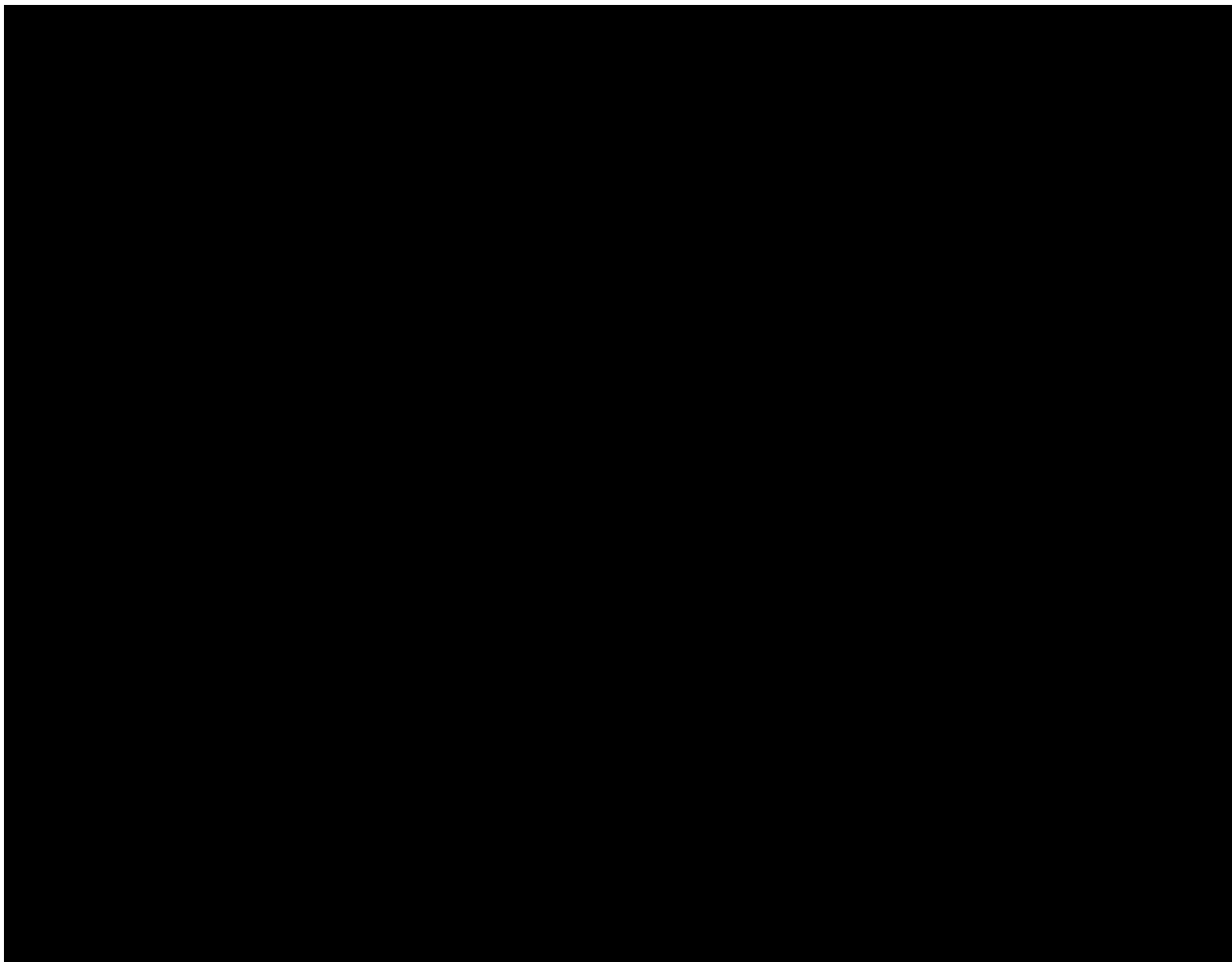






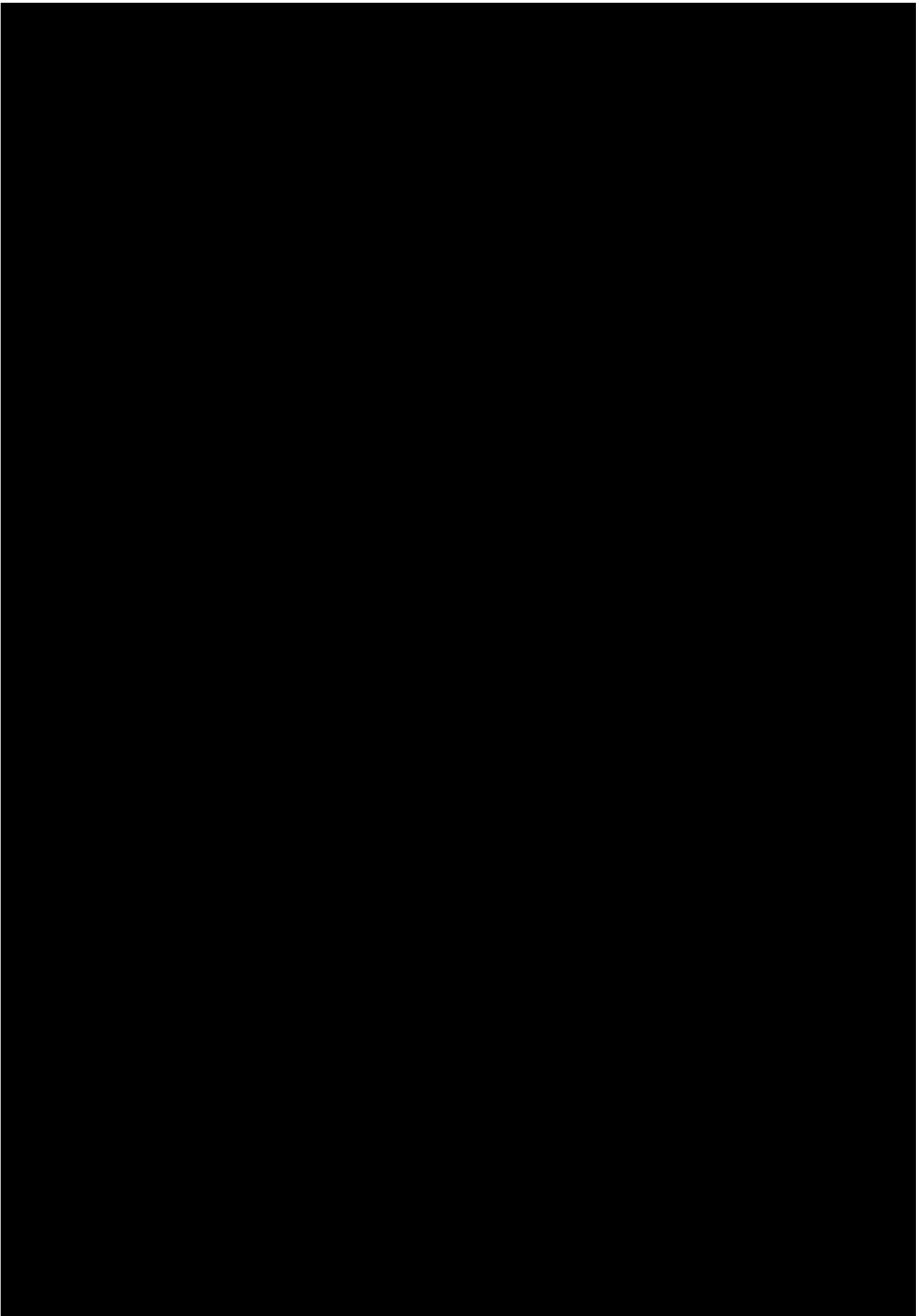
Philip Seccombe
Police and Crime
Commissioner
for Warwickshire

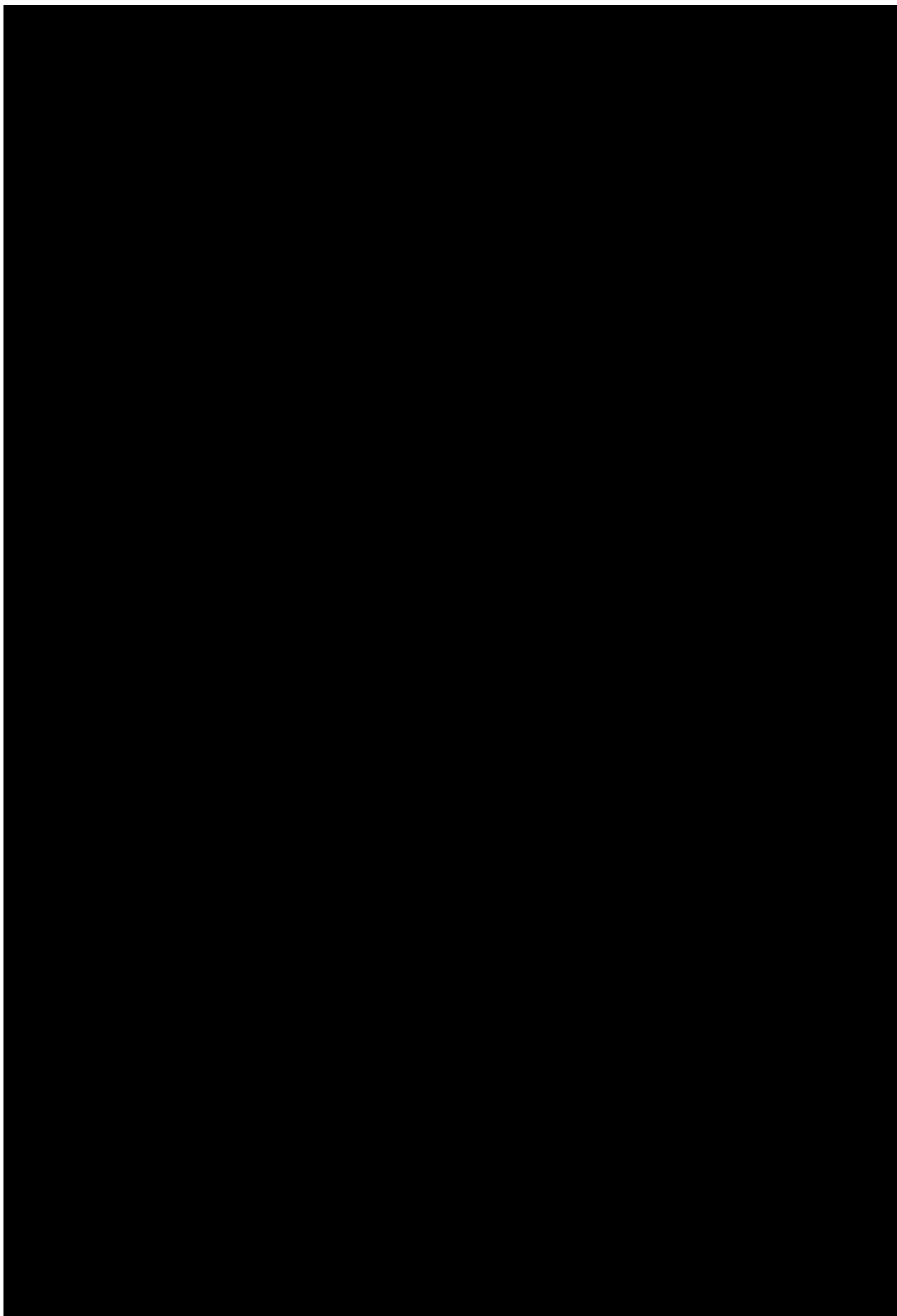






Philip Secombe
Police and Crime
Commissioner
for Warwickshire





APPENDIX I – SIGNPOSTING / SUPPORT SERVICES INFORMATION SHARED BY TONIC

If you or someone else is in immediate danger, call the police on 999.

If you need **urgent** help with your mental health, please either:

- Contact your local GP surgery
- Call the NHS on 111
- Call Samaritans on 116 123
- Text SHOUT to 85258 to start a free confidential conversation (24/7)
- Contact CALM on their national helpline: 0800 58 58 58 (5pm – midnight)
- For urgent Mental Health support from Coventry and Warwickshire Partnership NHS Trust call: 0300 200 0011 (free 24/7)



Here are a range of other services that can help to provide someone with support and advice:

SUPPORT SERVICES FOR VICTIMS OF CRIME

Victim Support <https://www.victimsupport.org.uk>

Provides emotional and practical help to victims or witnesses of any crime, whether or not it has been reported to the police.

Phone: 0808 16 89 111 (24/7)

Warwickshire: 01926 358060 (Mon-Fri 9am – 5pm)

Crime Stoppers <https://crimestoppers-uk.org>

Report crime anonymously.

Phone: 0800 555111

SupportLine <https://www.supportline.org.uk>

Offer confidential emotional support to children, young adults, and adults. Work to develop healthy, positive coping strategies, an inner feeling of strength and increased self-esteem to encourage healing, recovery and moving forward.

Phone: 01708 765200

The National Association for People Abused in Childhood <https://napac.org.uk>

Support, advice, and guidance to adult survivors of any form of childhood abuse.

Phone: 0808 801 0331

Help for Adult Victims of Child Abuse www.havoca.org

Run by survivors for adult survivors of child abuse. Havoca provide support, friendship, and advice for any adult whose life has been affected.

Modern Slavery <https://www.modernslaveryhelpline.org>

Get help, report a suspicion, or seek advice.

Phone: 08000 121 700

Support after Murder and Manslaughter <https://www.samm.org.uk>

Offers understanding and support to families and friends who have been bereaved as a result of murder or manslaughter, through the mutual support of others who have suffered a similar tragedy.

Phone: 0845 8723440



SUPPORT SERVICES FOR SURVIVORS OF SEXUAL ABUSE, ASSAULT AND VIOLENCE

RoSA <https://rosasupport.org>

Provides support for survivors of rape, sexual abuse, sexual exploitation, and sexual violence in Warwickshire.

Phone: 01788 551151 **Email:** support@rosasupport.org



The Blue Sky Centre – Warwickshire SARC <https://blueskycentre.org.uk>

Sexual assault referral centres offer medical, practical, and emotional support to anyone who has been sexually assaulted or raped. They have specially trained to paediatricians / Forensic Nurse Examiners, and support workers to care for you.

Phone: 0800 970 0370



Survivors Trust <https://www.thesurvivorstrust.org>

Provide support and signposting for women, men and children who are survivors of rape, sexual violence, or childhood sexual abuse.

Phone: 0808 801 0818 **Email:** info@thesurvivorstrust.org



Rape Crisis England & Wales <https://rapecrisis.org.uk>

Confidential support and information to women in England and Wales who have survived any form of sexual violence, no matter how long ago. Also provides immediate support to friends and family on how to support female survivors of sexual violence.

Phone: 0808 802 9999 (12pm – 2:30pm & 7pm – 9:30pm daily)



Cis'ters <http://cisters.org.uk/>

Survivor led group for women who, as female children/teens, were raped/sexually abused by a member of their immediate/extended family.

Phone: 023 80 338080 **Email:** helpme@cisters.org.uk



Survivors UK <https://www.survivorsuk.org>

Help sexually abused men as well as their friends and family, no matter when the abuse happened, and challenge the silence and attitudes.

Phone: 02035983898 **Email:** help@survivorsuk.org



Safeline <https://www.safeline.org.uk>

Provides support and counselling for male survivors of sexual abuse or rape.

Phone: 0808 8005005



DOMESTIC ABUSE SUPPORT SERVICES

Talk2Someone Warwickshire <https://www.talk2someone.org.uk>

Support for those experiencing abuse in Warwickshire.

Phone: 0800 408 1552



Women's Aid <https://www.womensaid.org.uk>

Provides practical support and information for women experiencing domestic violence via the Survivor's Handbook and local services.

Email: Phone@womensaid.org.uk



Refuge <https://www.refuge.org.uk/our-work/our-services/refuge-warwickshire-domestic-violence-service/>

Safe, emergency accommodation and emotional and practical support to women and children experiencing domestic abuse.

National Domestic Abuse Phone: 0808 200 247



The ManKind Initiative <https://www.mankind.org.uk>

Confidential help and support for male victims of domestic abuse.

Phone: 01823 334244 (Mon-Fri 10am – 4pm)

Galop <http://www.galop.org.uk>

Provides support to LGBT people suffering domestic abuse.

Phone: 0800 999 5428

The SHARAN Project <https://sharan.org.uk>

Support and advice for vulnerable women, particularly of South Asian origin, who have left home forcefully or voluntarily as a result of disownment; threat of domestic or honour-based violence; forced marriage or other forms of cultural conflict.

Phone: 0844 504 3231

Karma Nirvana <https://karmanirvana.org.uk>

Supports victims and survivors of Forced Marriage and Honour Based Abuse.

Phone: 0800 5999 247

The Forced Marriage Unit <https://www.gov.uk/stop-forced-marriage>

If you or someone you know is at risk of a forced marriage, please contact 0207 008 0151 from 9am – 5pm between Mon-Fri, or 0207 008 1500 outside these hours.



SUBSTANCE MISUSE SUPPORT SERVICES

Change Grow Live

<https://www.changegrowlive.org/drug-alcohol-service-warwickshire>

Change Grow Live Warwickshire is a free and confidential drug and alcohol service.

Leamington Spa: 16 Court Street, Leamington Spa, Warwickshire, CV31 2BB

Nuneaton: 112 Abbey Street, Nuneaton, Warwickshire, CV11 5BX

Rugby: 35-37 Albert Street, Rugby, Warwickshire, CV21 2SG

Phone: 01926 353 513 **Email:** Warwickshire.Info@cgl.org.uk

Compass <https://www.compass-uk.org/services/warwickshire-cypdas/>

A free, confidential substance misuse service for children and young people who need support around their own or another person's drug or alcohol use. The service works with anyone between 5 and 25 years of age in Warwickshire.

ChatHealth confidential text messaging: 07507 331 525

Phone: 01788 578 227 **Email:** compass.warksypsduity@nhs.net

Alcoholics Anonymous <https://www.alcoholics-anonymous.org.uk>

Provides opportunities to share experience, strength and hope to recover from alcoholism.

Phone: 0800 9177 650 **Email:** help@aamail.org

Narcotics Anonymous <https://ukna.org>

Non-profit fellowship or society of people for whom drugs had become a major problem, uses a traditional 12-step model.

Phone: 0300 999 1212 (10am – midnight)

Cocaine Anonymous <https://cocaineanonymous.org.uk>

Provides opportunities to share experience, strength and hope to recover from addiction to cocaine and all other mind-altering substances.

Phone: 0800 612 0225

SMART Recovery <https://www.smartrecovery.org>

Mutual support for anyone seeking science-based, self-empowered addiction recovery.



FRANK <http://www.talktofrank.com>

Provides a confidential service to anyone wanting information, advice, or support about any aspect of drugs.

Phone: 0300 123 6600 + Online chat facility (2pm-6pm weekdays)

Port of Call <https://portofcall.com/>

Helping people overcome addiction and find rehab.

Phone: 0808 271 8965

Addiction Helper <http://www.addictionhelper.com/>

UK's leading addiction resource website.

Phone: 0800 024 1455

We Are With You <https://www.wearewithyou.org.uk>

We Are With You has services throughout England that help adults, young people, and their families recover from addiction and substance misuse problems.

Drinkline

Confidential support for those worried about their own or someone else's drinking. Can put you in touch with local support.

Phone: 0300 123 1110 (weekdays 9am – 8pm, weekends 11am – 4pm)



SUPPORT SERVICES FOR YOUNG PEOPLE AND THEIR FAMILIES

Barnardos <https://www.barnardos.org.uk/what-we-do/services/warwickshire-base-service>

Provide a range of services to help and support families across the UK, working with organisations and professionals so that children get the best start in life.

Phone: 0208 550 8822

Barnardo's Beacon Service

Barnardos have launched a service to support young people 0-19 who have been sexually abused and who live in Warwickshire or the West Midlands. The service will work with young people, their parents/carers, and a wide range of professionals to help young people cope and recover from sexual abuse.

Something's Not Right <https://www.somethingsnotright.co.uk/index.php?u=3>

Support for Child Exploitation in Warwickshire

Childline <https://www.childline.org.uk>

Free, 24-hour confidential Phone for children and young people who need to talk.

Phone: 0800 1111

NSPCC <https://www.nspcc.org.uk>

Provides help, advice, and support to adults worried about a child.

Phone: 0808 800 5000 (24/7)

YoungMinds <https://youngminds.org.uk>

Offers information, support and advice for children and young people. Help for concerned parents of those under 25 is offered by phone.

Phone: 0808 802 5544 (Mon-Fri 9.30am – 4pm)

Youth Access <http://www.youthaccess.org.uk/>

Find free and confidential counselling, advice, and information services.

Phone: 020 8772 9900

HOPELineUK <https://papyrus-uk.org>

Offers support, practical advice and information to young people considering suicide and can also offer help and advice if you're concerned about someone you know.



Phone: 0800 068 41 41

The Mix <https://www.themix.org.uk>

Provides non-judgmental support and information for young people under 25 on everything from sex and exam stress to debt and drugs and self-harm.

Phone: 0808 808 4994

Nightlines <https://www.nightline.ac.uk/want-to-talk/>

Confidential, anonymous, non-judgemental support services run by students for students. Search for your local Nightline details via the website.

Pace <http://paceuk.info>

Parents Against Child Sexual Exploitation works alongside parents and carers of children who are – or are at risk of being – sexually exploited.

Phone: 0113 240 5226

MOSAC <http://www.mosac.org.uk/>

Provides supportive services in a safe, non-judgemental environment for non-abusing parents and carers whose children have been sexually abused.

Phone: 0800 980 1958

Stop it Now www.stopitnow.org.uk

Helping prevent child sexual abuse.

Phone: 0808 1000 900



MENTAL HEALTH SUPPORT SERVICES

Mind <https://www.mind.org.uk>

Provides advice and support on a range of topics including types of mental health problem, legislation and details of local help and support in England and Wales.

Phone: 0300 123 3393 (Mon-Fri 9am – 6pm)

Herefordshire Phone: 01432 271643

Herefordshire Email: info@herefordshire-mind.org.uk

British Association of Counselling and Psychotherapy www.bacp.co.uk

Looking for counselling for yourself or someone else? bacp can help!

British Association of Behavioural and Cognitive Psychotherapies

www.babcp.co.uk Find an accredited CBT therapist.

Phone: 0330 320 0851 **Email:** babcp@bacp.com

Counselling Directory www.counselling-directory.org.uk/

Find a counsellor or therapist near you.

Phone: 033 325 2500

Rethink Mental Illness <https://www.rethink.org/advice-and-information/>

Offers practical help and information to anyone affected by mental illness on a wide range of topics such as the Mental Health Act, living with mental illness, etc.

Phone: 0300 5000 927 (Mon-Fri 9.30am – 4pm)

Harmless <http://www.harmless.org.uk>

Provides a range of services about self-harm including support, information to people who self-harm, their friends, and families.

SANE <http://www.sane.org.uk>

Provides confidential emotional support and information to anyone affected by mental illness. It also provides a resource for anyone affected by suicide.

Phone: 0300 304 7000 (4.30pm – 10.30pm daily)



The Big White Wall www.bigwhitewall.com

Anonymous community where members can support each other 24/7.

ASSIST Trauma Care <http://assisttraumacare.org.uk>

Information and specialist help for people with PTSD and anyone supporting them.

Phone: 0178 856 0800



TONIC CONSULTANTS LTD

INSIGHTS, PUBLIC CONSULTATION,
RESEARCH, EVALUATION, SURVEYS

FOR MORE INFORMATION

WEBSITE: WWW.TONIC.ORG.UK

EMAIL: ENGAGE@TONIC.ORG.UK

FREEPHONE: 0800 188 40 34



**Philip Seccombe
Police and Crime
Commissioner
for Warwickshire**

TONIC