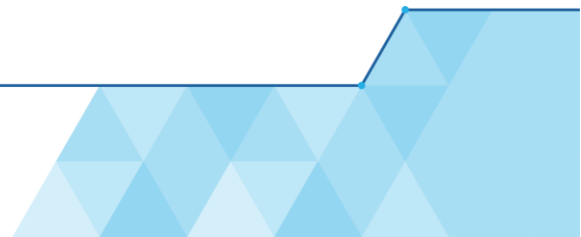


Delivering justice for victims



Standing Together's response to the Victim's Bill consultation

February 2022



Chapter 1: Meeting victims' expectations

We want to ensure that the criminal justice system and every professional within it understands what is required of them and delivers a high-quality service for victims. And we want every victim to know the treatment and services they should expect.

To do this, we are seeking views on how to best enshrine the Victims' Code in law, and how to raise awareness of it.

We also want to know whether and how to strengthen processes to ensure victims are heard and informed at key points throughout their case. To do this, the consultation sets out existing processes and support, and asks about how these work in practice and whether more should be done.

1. Do you agree that the key principles set out in the consultation are the right ones? If not, do you have any other suggestions?

The principles are correct. Agencies have to be accountable for ensuring that they adhere to them, and this should be mandatory rather than voluntary.

2. What more can government and agencies listed in the Code do to ensure that frontline professionals are aware of what is required of them under the Code?

Training about the code and regular reviews should be mandatory. There needs to be a clear accountability and monitoring of adherence of the code which does not appear to happen at the moment. The code should be **will** rather than **should**.

3. What more can government and agencies listed in the Code do to ensure every victim is made aware of the Code and the service they should expect to receive under it?

There should be an embedded expectation and target, for example, a process cannot be proceeded with unless this part of the code is completed. E.g. agencies will not undertake something unless it is mandatory and monitored. Every victim should be given a copy of the code and information about the service they should expect at the start of engagement, and they should be reminded of this at every stage of the process where it is appropriate.

4. Do the current procedures around timing and method of communication between the police/CPS and victims about key decisions work for victims? Are there any changes that could be beneficial?

The current process is poor and is dependent upon individuals. Factors such as workload, shift pattern and leave all affect the timeliness of communication with victims. There appears to be little consideration given to how important it is for the victim to know what is going on with their case at crucial points. Victims are often left waiting for information as the process appears to be more important than making sure that the victim is reassured and informed. The long delays for cases to be dealt with mean that victims can sometimes be left in the dark for several months. Regular contact with victims should be timetabled into the process to provide reassurance rather than waiting for a change to be communicated or waiting for victims to contact the police.

Specialist support services play a key role in ensuring that victims are fully informed about criminal proceedings in a timely way. Standing Together work alongside criminal justice agencies in West London through the coordination of a Specialist Domestic Abuse Court (SDAC), to ensure that good communication takes place between criminal justice agencies. Within this partnership, front-line specialist support services play a key role, in providing feedback to the victim by liaising with the police and Standing Together's SDAC Coordinator.

The SDAC partnership in West London has been operating for over 20 years alongside the specialist court model and showcases best practice of criminal justice partners working together to ensure that victims of domestic abuse receive the best possible support through the criminal justice system. The SDAC coordinator works closely alongside IDVAs at Westminster Magistrates Court, to facilitate the flow of information and to ensure that victims are fully informed about the criminal justice proceedings. The SDAC coordinator plays a key role in this process, ensuring that victims are provided with the best possible support through the criminal justice system, in line with the Code of Practice for victims.

There is also a need for team responsibility to be considered as a better way of working rather than an individual responsibility when working with victims of DA. For example, if an OIC is off, then it should become the responsibility of the team rather than waiting for that OIC to return from leave. This could be the same for CPS reviewing lawyers. Victims should not be left waiting for updates due to staffing issues within the police.

The communication between police and CPS should also be reviewed. Locally, we see frustrations amongst police regarding the inability to contact CPS for updates and information and more particularly being able to speak to a named prosecutor. This lack of communication will consequently cause problems when trying to keep a victim updated and engaged in the process moving forward.

5a. Should the police and CPS do more to take victims' views into account in the course of their duties, particularly around decisions to proceed with cases?

It is important that a victim's views are considered when making decisions to proceed as they are sometimes the best person to know how to manage the risks within their relationship. However, it is important to consider that some victims may be being coerced into withdrawing their support for a prosecution, therefore the victim's views cannot solely be relied upon in cases of domestic abuse. There could be several reasons why a victim would not want a case to proceed, and their views need to be considered alongside an informed and thorough risk assessment by trained professionals. It is also important not to use a victim's reluctance to proceed to manage agencies resources. Police and the CPS should look at alternative ways of evidencing a case, rather than moving towards an NFA position if a victim is identified as 'not supporting'.

5b. Should there be an explicit requirement for the relevant prosecutor in a case or types of cases to have met with the victim before the charging decision, and before a case proceeds to trial?

From our experience and understanding, the CPS do not communicate with victims other than immediately prior to the trial starting. This could give the impression that victims are not an important part of the proceedings other than to secure a conviction for CPS. Many victims also report feeling confused that ~~as to why~~ defendants can liaise with their legal representation for some time before the proceedings, but they only meet the prosecutor just before the trial.

However, it is questionable as to how beneficial it would be for the victim to meet another professional, particularly before a decision is made to charge and proceed to trial. It would be important to consider whether meeting with the CPS at this point could influence a victim's decision in a positive or negative way, particularly given that the CPS are 'independent'. The police should be able to effectively communicate the views of the victims to CPS during the process by engaging more with victims and other partner agencies if relevant. This requires appropriate and adequate training.

5c. What changes, if any, could be made to the Code in relation to information about the

Victims' Right to Review Scheme?

The procedures that the CPS and the Police must follow are clear, but perhaps the information regarding the right to review could be given to the victim in person, to allow more space and time for questions. The criminal justice system can be extremely difficult for victims to navigate, particularly for those facing multiple disadvantage or do not have support from an advocate, and therefore providing such information in writing may not be appropriate or easy to understand for all victims. Efforts should be made to speak to victims in person where necessary, to ensure that there is a good understanding of their rights in regard to the VRR scheme. Engaging through an advocate may also be appropriate or giving the option for the victim to have their advocate present with them during the meeting.

6a. What are the benefits and costs to greater or different use of Community Impact Statements?

N/A

6b. Can you provide an example of where one has been used effectively?

N/A

7a. What changes, if any, could we make to allow victims to be more engaged in the parole process?

N/A

7b. What do you think would be the advantages and any risks of implementing those changes?

N/A

8. Should victims of mentally disordered offenders be allowed to make and submit a Victim Personal Statement when the offender's detention is being reviewed by the Mental Health Tribunal? Please explain your answer.

Yes - mental ill health can exacerbate but does not cause gender-based violence, therefore should have the same rights as any other victim. Victims of perpetrators who have mental health problems are silenced in the current system.

Chapter 2 – Improving oversight and driving better performance

We want to ensure that all victims get a good service from all parts of the criminal justice system. To do this, we want effective and consistent oversight mechanisms of agencies responsible for interacting with victims that victims trust.

We also want an easy-to-use and swift way for victims to raise concerns, and mechanisms to remedy failures and prevent future recurrence on an individual and systemic level.

The consultation therefore seeks views on how effectively the current system oversees victims' experiences; what an improved system might look like; how we can better incentivise delivery of victims' a quality service and ensure action is taken to drive improvements; and how to make it easier for victims to complain when things go wrong.

9a. Local-level partnership working is vital to ensuring the delivery of a quality service to victims. How can agencies better collaborate locally to deliver and monitor compliance with the Code?

A Coordinated Community Response should be the backbone of any partnership working with effective protocols and equal responsibility for delivering services. Statutory agencies should be made to work effectively with non-statutory/third sector agencies. At Standing Together, we work alongside other agencies through a Coordinated Community Response (CCR) in all areas of our work and we would encourage this approach to be implemented across local bodies to improve collaboration. Agencies and organisations are often responding to one aspect of the domestic abuse from different angles. These same agencies also have their own, sometimes conflicting processes, responsibilities, and measures of success. Survivors and their children are often caught within these structures, unclear of how to navigate services to get the help they need. The CCR enables a whole system response to a whole person. It shifts responsibility for safety away from individual survivors to the community and services existing to support them. Every agency who has a responsibility for dealing with survivors, their children and/or perpetrators, must work effectively within their own agency and with all other agencies who also have that responsibility, to secure the safety of the survivor and their children and hold perpetrators to account.

Standing Together's In Search of Excellence report (2020) emphasises our longstanding commitment to the Coordinated Community Response (CCR) and the subsequent development of the important role of coordination within local partnerships. This report demonstrates the current picture of how areas of the country have adapted a CCR, supports the development of effective DA/VAWG partnerships, supports local areas to feel confident in their existing / development of a model of good practice within DA/VAWG, and most importantly, restates the Coordinated Community Response (CCR) as the most effective way to respond to DA. In Search of Excellence outlines how local partnerships can develop a more organised, integrated and successful approach to the elimination of domestic abuse and VAWG more generally. We would strongly urge for our In Search of Excellence report to be considered as a guide for implementing the Coordinated Community Response (CCR) Coordinated Community Response (CCR) approach, to assist with better local collaboration to deliver and monitor compliance with the Code.

Local level partnerships should be defined by protocols and terms of reference. All relevant agencies should be represented. There should be shared agreement of how the Code will be monitored and the required information needed to do this. This can be done by dashboard,

observation or practice templates, etc.

Agencies should provide information on how they ensure the Code is adhered to internally, and their strategies to make improvements (for eg. through training, etc.)

Agencies need to be bought into local level partnership working at all levels. It is not enough for frontline managers to attend meetings and provide data. There needs to be a structure whereby senior leadership are also held accountable for their contribution to the partnership effort.

What 'local-level' looks like should also be defined. PCC level looks very different in large urban areas such as London, than it does in smaller areas. Consideration should be given to the breakdown of large areas into smaller regions and authority on these levels should be provided within agencies. For example, it is difficult for a borough level local partnership to respond to their specific issues, if a central unit within the agencies is striving for consistency across the whole area.

Most importantly, the partnership must be clear how the victim's voices are fed into the partnership. Whilst it is important to gain feedback from specialist support services, the partnership should also evidence how they gain meaningful feedback directly from victims.

When feedback is provided about the delivery of the service / adherence to the code, there should be an expectation that there is a joint discussion and action plan to address any issues. It is not enough to have the feedback available but not directly address issues or plan efforts to improve.

9b. How could agencies be encouraged to consistently share data at local and national levels to support monitoring of Code compliance and drive improvements?

For commissioned services, funding should be available specifically for data provision. It is useful to have information sharing protocols and agreements which also lay out the data commitments that each agency has. There should be some consistency on a regional level. There should be mechanisms to scrutinise the data and make recommendations for action based on analysis of the data. Accountability is key in ensuring that data is consistently shared at local and national levels, and should be built into local strategies, outlining what agencies need to do in order to meet this responsibility.

In Standing Together's 'In Search of Excellence' Report, we outline some of the difficulties when collecting data within the VAWG sector, including concerns about confidentiality and the affordability of data-collection systems. It is vital that services to have systems and processes in place to ensure that any VAWG related data can be accurately gathered. Ideally partnerships will have a dedicated member of staff who collates the data and monitors performance on behalf of the partnership. Whilst this person would be delivering information there may also be an opportunity for research which could further inform partnership priorities and activity. Research can supply detailed and informative data but tends to be limited to a brief period. Monitoring tends to be simpler and more quantitative data. A combination of the two provides the clearest picture of the context within which the partnership is working. Putting information sharing and service level agreements into place that adhere to GDPR may also help to reduce concerns around confidentiality.

10. What should the role of PCCs be in relation to the delivery of a quality service and commissioning victims' support services, and what levers could be given to PCCs to deliver this role and enhance victims' experiences of the criminal justice system at a local level?

PCCs should consider the area they serve and should approach commissioning large contracts

with extreme caution. Large scale funding can often lead to the duplication of service, but also can create gaps in provisions in other areas.

For VAWG support services, there needs to be an agreed definition of 'specialism' and this needs to underpin commissioning of service. Specialist VAWG organisations should be commissioned to deliver specialist support. Generic service provision is not appropriate and does not serve victims well.

PCCs should also consider the function of coordination to support the specialist services and CJ agencies. A coordinator is usually responsible for bringing agencies together, overseeing the formation and maintenance of an action plan and monitoring progress. They will administer meetings, produce draft policies and engage the unengaged. It is the coordinator who will discover, build or renew the linkages between partners and discover the gaps in the operational activity. In producing a strategy or action plan they must ensure that the direction of travel is achievable, whilst also introducing the most effective approaches. The coordinator's role is one that should not be undervalued nor misunderstood. Coordination should not be seen as an alternative to frontline support but an enhancement and should be commissioned separately.

An example of Standing Together's coordination of a local partnership is within the Specialist DA Court at Westminster Magistrates Court. Standing Together's Coordinator plays a key role in bringing the Specialist DA Court partnership together, by attending court every week, observing proceedings and providing assistance to ensure that information is provided to the Court to enable safe decisions to be made. The coordinator provides vital support to the CPS to ensure that information is readily available, liaises with the Officer In the Case (OIC) from the police to provide updates, and liaises with the IDVA regarding restraining orders and bail conditions. Coordination supports one of the key roles of PCCs: "bring together community safety and criminal justice partners, to make sure local priorities are joined up", therefore we urge the commissioning of coordination services, alongside specialist frontline services, in order to improve multi-agency working.

PCCs should reserve funding for survivor consultation at a local level and have mechanisms to feed these into the local partnership work.

The Coordinated Community Response (CCR) model is designed to achieve these objectives. PCCs should be familiar with the model and seek to emulate it. More information about the CCR can be found here: <https://www.standingtogether.org.uk/what-is-ccr> and In Search Of Excellence can be found here: <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

11a. Do you think the current inspectorate frameworks and programmes adequately focus on and prioritise victims' issues and experiences and collaborate effectively across the criminal justice system to do so?

Inspectorate frameworks must include all criminal justice partners, to enable collaborative working. The police, CPS, probation, HMCTS, the judiciary, specialist support services and coordinators need to work well together in order to ensure the best outcomes for victims. Locally, this has been a challenge, but we have been able to overcome this through working to a Coordinated Community Response (CCR) model. Standing Together coordinate the partnership between criminal justice partners, to ensure that the necessary information is available at court, by facilitating communication between all partners, and through bringing agencies together in the format of a steering group meeting, where issues are problem-solved together and not dominated by one agency. By having a strong partnership, criminal justice agencies are able to communicate effectively which in turn, leads to a smoother criminal justice journey for victims.

11b. Could inspectorates be reinforced further in relation to victims?

12. Do you think that the current inspectorate arrangements allow sufficient collation of, and reporting on, victims' data and issues across the criminal justice system? Could they be utilised further for this?

There needs to be a better understanding of the relationships between victims and offenders, for example, whether the domestic abuse is occurring within an Intimate Partner Violence (IPV) or Adult Family Violence (AFV) setting. It is also vital to consider how this might differ when considering gender, age and ethnicity of victims and offenders. When there is a Domestic Homicide Review, it is vital that distinctions are made between IPV and AFV cases, therefore data should be consistently collated across all areas and CJ agencies.

It is also important to consider how victims might define success, rather than relying on agency indicators like convictions. Direct feedback should be gathered from victims so that agencies can gain an understanding as to what victims want from the CJS, what makes them feel safer, protected and believed. Once there is a better understanding of what success looks like for victims, the focus can then move towards making improvements. This may include legislative changes (special measures, etc.) but could also involve changes in approaches (victims not being believed).

On a local level, there is also an issue around how CPS categorise case failures as 'victim issues', as this doesn't help to understand why victims do not support prosecutions. Locally, Standing Together's Criminal Justice team attend a Domestic Abuse focus group, to enhance our understanding of what 'victim issues' mean on a practical level, but inspectorates could help to have this information collated and translated into operational and/or policy changes.

13. What are the most critical functions to enable an effective Victims' Commissioner?

An effective Victim's Commissioner should have a clear understanding of the importance of cross-agency working, as an approach to ending VAWG. Local areas should be looked at in terms of a Coordinated Community Response (CCR), and the Victims Commissioner should have a good understanding of how this works on a local level.

An effective Victims' Commissioner should also understand what victims need from the system, what their priorities are, and what successful outcomes look like to them, through victim consultation work. This feedback needs to come directly from victims to create a system that truly works for victims and their children.

The Victims Commissioner needs to hold all agencies accountable for their actions or inaction, and the necessary processes should be in place to enable this. This would fall under the part of the Victim Commissioner's role to "make recommendations to an authority within their remit".

14. Are there any oversight mechanisms, measures or powers used in other sectors (for example by the CQC, Ofsted, and FCA) which would be beneficial and appropriate to be used within the criminal justice system to ensure that victims receive a high-quality service?

The Victim's Code is quite robust. It needs to be complied with. Many issues faced by victims will be because of non-compliance with the code.

15. Would a more standardised and consistent approach to oversight, and to incentivising and supporting agencies in relation to delivery of a quality service for victims across the criminal justice system, be beneficial?

Agencies must embed the code into their practice and culture and if an oversight mechanism is needed to achieve this, then this should be implemented.

16. What should the consequences be for significant failures in relation to delivering a quality service for victims, including complaints relating to the Victims' Code?

N/A

16a. Should those consequences be directed at criminal justice agencies as a whole and/or individuals responsible for the failure(s)?

The agency. If the individual has failed, it is likely something to do with the structure, leadership or culture of the agency. Senior leadership should be accountable for failures. The consequences should be productive and not punitive.

17. What do you consider to be the best ways for ensuring that victims' voices, including those of children and young people, are heard by criminal justice agencies?

By using the Coordinated Community Response (CCR) model, this puts specialist services and community groups around the table and enables feedback and input from agencies outside the CJS. This approach also ensures common objectives and commitments across agencies, embeds procedures, processes and information sharing across the agencies. A CCR approach enhances understanding of the role of each agency and their commitment to the common goal, enables accountability, and allows agencies to hear victim's voices and respond in an effective and structured way. Standing Together's 'In Search of Excellence' report clearly outlines how agencies can better work together, through the use of a Coordinated Community Response (CCR) to domestic abuse.

It is also vital to consider victim consultation, where appropriate, to gain direct feedback from children and young people, as to how their voices can be best heard by criminal justice agencies. It could be beneficial to create spaces for young people to come together, such as steering groups, to ensure that the voices of children and young people are heard. This is currently being done through the Big Lottery funded project Hear2Change, where a group of young women lead a steering group that meets regularly to decide on project priorities.

18a. What data should criminal justice agencies collect about victims' experiences, and at what key points in the process?

Surveys could be completed by victims at the start of interaction, half-way & at the end, either sent to victims to complete alone or with support from a specialist support advocate. The SDAC's in Westminster, using the CCR model, provide partnership funding for specialist Criminal Justice IDVAs. The Criminal Justice IDVAs have an increased engagement rate which allows us to gain better insight into victims' perspectives around the Criminal Justice System.

18b. Can you provide any examples – in the UK or elsewhere – of this being done effectively?

As part of Standing Together's local criminal justice work, we work alongside Hammersmith & Fulham Local Authority, the Police, CPS, Probation, HMCTS and Advance DA support service on the Impact Project. The project uses a Coordinated Community Response (CCR) to bring specialist professionals together, to share information and take action that supports survivors of domestic abuse reporting to the police. Advance provide the Criminal Justice IDVA provision for the project, and a key part of the project is to gather direct feedback from victims about their experience of the criminal justice system. Feedback is gathered through an exit assessment which is conducted by the IDVA at the end of support, and includes questions regarding whether victims felt informed about their case progress, their confidence in reporting to the police, their confidence in going to court in the future and whether they felt supported by the police. By collecting this data consistently, the Impact Project officer at Standing Together can monitor trends, which informs discussions about training needs and improvement in different areas, as well as holding partner accountable. Locally, this is done through a risk and review panel, which provides a regular platform to discuss and troubleshoot.

19. How might victims provide immediate feedback on the service they receive and its quality (such as text message, online surveys etc.)?

Any feedback gathered should be done so on an anonymous basis, so that victims are able to provide honest feedback without fear of being identified. Victims' safety should be prioritised and all necessary steps taken to ensure that feedback is gathered when a victim is in a safe place and via a safe method of contact.

20. How do you think we could simplify the existing complaints processes to make them more transparent and easier for victims to use? How could we secure a swifter resolution while allowing for a more consistent approach?

It is vital that victims are informed of their rights and that the complaints procedure is relayed to victim in an accessible way. A trauma-informed approach should always be used when working with victims, particularly when considering a complaint being made.

21. What more can be done to improve oversight of complaints handling, including where victims are dissatisfied with the outcome of the complaint process?

N/A

22. What more might agencies do to embed complaints relating to the Victims' Code into their operational and performance management processes?

N/A

Chapter 3 – Supporting victims of crime

We want all victims of crime – and particularly those of traumatic crimes like domestic abuse and sexual violence – to have the right support at the right time to recover and rebuild their lives.

We are looking at the commissioning and coordination for community-based support services to understand how to improve pathways between services and ensure the right services are available to meet victims' needs. The consultation seeks views on how formalised collaboration structures and defined roles and responsibilities could help to improve service provision.

We also think that offenders should make a larger financial reparation towards support for victims to reinforce funding for victims' services, so are seeking views on the best way to increase the Victim Surcharge.

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

In West London, Standing Together, as part of a CCR are involved in various partnerships with local services working in relation to domestic abuse, including criminal justice, housing, health, coordination of the MARAC, and safeguarding children and adult.

All of these services are bound by different legislative duties and through our local partnerships, we ensure that these work effectively to keep victims and their children safe and hold perpetrators to account.

23b. What are the risks or potential downsides of such duties?

There may be some confusion when processes are not streamlined, for example, agencies may think that by making a referral to MARAC, they are also referring to Children's Social Care, when this is not the case. This risk could be mitigated with clear guidance. There would clearly be a cost associated with ensuring that legislative duties are adhered to, as this would need to be monitored and adequately resourced to avoid a post-code lottery issue. However, increased legislation would be more of a help than a risk. Locally, Standing Together identify gaps within the Coordinated Community Response and aim to close these gaps through delivering training to and working more closely with partners.

24. What works in terms of the current commissioning landscape both nationally and locally for support services for victims of:

a) domestic abuse

When commissioning domestic abuse services, it is essential that mapping of both need and provision takes place. For this to be effective, commissioners must understand the communities they are serving. Most survivors will be women who have been hurt by men and this should be reflected in provision. It is important to provide a choice of provision so that survivor's intersectional needs are met. Areas should be able to provide single sex services for women (e.g. refuge) and men, some other services may be mixed and/or inclusive of trans survivors.

Services must be accessible to those with disabilities. It is essential that services are reflective of the communities they serve and survivors should be able to see people like them (and who speak their language) within the provision. This does not mean that one large service should provide all of the above but most importantly that local commissioning is flexible enough to

enable specialist by and for services to be able to be included. This could be in partnership, or in lots. For some minoritised groups areas may need to work together to provide regional services for smaller groups or communities. Whilst all services should be respectful of intersectional needs of survivors it is important that the specialist knowledge of services (e.g. those for survivors with disabilities, LGB&T survivors, sanctuary seeking survivors etc) as well as those in the women's sector more generally are preserved and supported to be sustainable. Wherever possible contracts should be long term (3 – 5 years) so that services can plan more effectively.

Effective commissioning will always include a robust Equality impact Assessment and all nine protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) considered as well as other intersectional factors such as poverty/ substance use etc.

Both survivors and specialist services should be consulted as to the services commissioned so that plans are informed by those that use them. Commissioners should take note of who isn't using them and consult accordingly to see how they could be improved, made more accessible, or alternate provision established. Partnership working benefit from expertise of specialist 'by and for' services as well as the feminist politics of the VAWG sector, and it is vital that specialist 'by and for' services are included in consultations.

Commissioners should follow guidance in the National statement of expectations and the Home Office's VAWG Commissioning toolkit. In short it should include:

- Dedicated VAWG Needs Assessment: Map Current Provision, Map Spend, Gather data, Analyse Gaps/Strengths
- Focus on victims/survivors, their experiences, and their needs = REAL consultation
- Specialist Services and the need for a Gendered & Intersectional Approach to Commissioning
- Capacity Building
- Co-production of services and specification
- Outcomes focused commissioning, in line with strategy both for frontline services and coordination
- Joint commissioning/pooled budgets + Integration with wider commissioning processes and services

The current commissioning landscape is a postcode lottery dependent largely on local authority funding. Commissioners are quite often wanting a 'pan' service which they think is cheaper rather than looking specifically at local needs. Funding is short term and inadequate leading to stretched services, often with 'ringfenced' commissioning requirements which makes it difficult for support services and leads to gaps in services. Therefore, an increase in unrestricted funding would be a start. A national standard of minimum expectations.

It is also vital to ensure that DA/VAWG coordinators are embedded within the local systems and that adequate funding is provided for coordination roles, outside of funding provided to front-line services. Co-locating advocates from specialist support services in settings such as health, social care, criminal justice and housing is also vital.

b) sexual violence (including child sexual abuse)

When commissioning sexual violence and abuse services, it is essential that mapping of both need and provision takes place. For this to be effective, commissioners must understand the communities they are serving. Most survivors will be women who have been hurt by men and this should be reflected in provision. It is important to provide a choice of provision so that survivor's intersectional needs are met. Areas should be able to provide single sex services for

women (e.g. refuge) and men, some other services may be mixed and/or inclusive of trans survivors.

Services must be accessible to those with disabilities. It is essential that services are reflective of the communities they serve and survivors should be able to see people like them (and who speak their language) within the provision. This does not mean that one large service should provide all of the above but most importantly that local commissioning is flexible enough to enable specialist by and for services to be able to be included. This could be in partnership, or in lots. For some minoritised groups areas may need to work together to provide regional services for smaller groups or communities. Whilst all services should be respectful of intersectional needs of survivors it is important that the specialist knowledge of services (e.g. those for survivors with disabilities, LGB&T survivors, sanctuary seeking survivors etc) as well as those in the women's sector more generally are preserved and supported to be sustainable. Wherever possible contracts should be long term (3 – 5 years) so that services can plan more effectively.

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Both survivors and specialist services should be consulted as to the services commissioned so that plans are informed by those that use them. Commissioners should take note of who isn't using them and consult accordingly to see how they could be improved, made more accessible, or alternate provision established. Partnership working benefit from expertise of specialist 'by and for' services as well as the feminist politics of the VAWG sector, and it is vital that specialist 'by and for' services are included in consultations. It is vital that specialist services for children and young people are considered, as well as specialist services for black and minoritised survivors of sexual violence and abuse. Support should also be available that is unrelated to the engagement in the criminal justice system, for example, longer term therapeutic support.

Commissioners should follow guidance in the National statement of expectations and the Home Office's VAWG Commissioning toolkit. In short it should include:

- Dedicated VAWG Needs Assessment: Map Current Provision, Map Spend, Gather data, Analyse Gaps/Strengths
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25. How could the commissioning landscape be better brought together to encourage and improve partnership working and holistic delivery of victim services for:

a) all victims of domestic abuse

A Coordinated Community Response (CCR) approach would help all victims of abuse or violence, as the responsibility for safety is shifted towards the community and services existing to support victims. If statutory services were to work more closely with specialist VAWG services, this would allow for learning and sharing of expertise, which would in turn benefit survivors. By having a fully formed Coordinated Community Response, this would ensure greater involvement of all departments in the commissioning and funding of services.

A local VAWG strategy should be developed in all areas and should be owned by every organisation. By engaging stakeholders in the strategy process, this would lead to better decision making and would improve partnership work. Any local VAWG strategies should be implemented in line with other strategies and should all be working in harmony, rather than in contradiction to each other.

b) all victims of sexual violence

A Coordinated Community Response (CCR) approach would help all victims of abuse or violence, as the responsibility for safety is shifted towards the community and services existing to support victims. If statutory services were to work more closely with specialist VAWG services, this would allow for learning and sharing of expertise, which would in turn benefit survivors. By having a fully formed Coordinated Community Response, this would ensure greater involvement of all departments in the commissioning and funding of services.

A local VAWG strategy should be developed in all areas and should be owned by every organisation. By engaging stakeholders in the strategy process, this would lead to better decision making and would improve partnership work. Any local VAWG strategies should be implemented in line with other strategies and should all be working in harmony, rather than in contradiction to each other.

25b. What can the Government do to ensure that commissioners are adequately responding and implementing the expertise of smaller, 'by and for' organisations in line with local need?

Commissioners should employ the principles of the Anti-Racism Charter (more information can be found here: <https://www.endingracisminvawg.org/>) and this could be enforced by the government. Ring-fenced funding for specialist 'by and for' services is vital and should be longer term, secure funding. More secure funding would ensure that they are supported to be included on an equal footing within partnerships. Power should be shared so that these organisations are not exploited in partnerships. The government could also require an element of upskilling or sharing of resourced within partnership bids.

25c. Should national commissioning play a role in the commissioning framework for smaller, 'by and for' organisations?

Yes, although local knowledge is central to commissioning. National funding should support 'by and for' services to increase capacity and improve sustainability. In particular, national funding could help services to provide helpline and online services (not limited to specific geographical areas), support for translation and interpretation, and increase options available to survivors with NRPF. National funding should not place unattainable pressures on smaller 'by and for' organisations. Engagement with 'by and for' and community groups can help to greater understand the local population, survivor's help seeking methods, and barriers to accessing support.

26. What can local commissioners (local authorities and PCCs) do to improve the commissioning of specialist 'by and for' services for their area?

Funding for by and for services should be prioritised and protected where needed and should come from a range of budgets across departments, for example, Social Care, Housing and Community Safety all commissioning specialist support provision as a collective. Specialist 'by and for' services should form part of a local Coordinated Community Response (CCR) to enable collaborative working alongside statutory and non-statutory services. A good example of this is the Angelou partnership in West London.

28a. What challenges exist for victims in accessing integrated support across third sector and health service provisions?

A lack of resource in both health and third sectors can reduce efficacy of partnership working in these areas i.e. NHS and third sector counselling waiting lists are full, staff do not have time to attend multi-agency meetings, etc. There is a need for mandatory training on VAWG issues for health professionals, as this would support improved referral pathways and information sharing between health and third sector agencies.

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

Standing Together's local health work provides an example of some of the practical measures that can be put in place to improve accessibility of integrated support across health service provisions. Locally, we implement comprehensive domestic abuse policies for healthcare services to improve responses to domestic abuse. Standing Together's Acute Trust Co-ordinator works closely with Chelsea and Westminster Hospital NHS Foundation Trust to support with the implementation of 'Domestic Abuse Links' to increase the service capacity to respond to DA. This partnership also involves the fostering of relationships between healthcare services and local specialist domestic abuse services to improve pathways, including the co-location of specialist support advocates within the hospital. Working closely with healthcare staff allows Standing Together's coordinator to share expertise, in order to upskill staff in their response to DA.

29a. Do you agree that we should explore increasing the surcharge?

Whilst it is vital that victim services are adequately funded, funding should not be reliant on offenders paying surcharge fees. It is vital that data is considered in relation to what percentage of surcharges are paid in full by offenders, how the payment of surcharges are enforced, what consequences exist if surcharges are not paid, and whether chasing up unpaid surcharges would drain resources that could be redirected elsewhere.

29b. Should we consider an overall percentage increase (for example, increasing the surcharge rate by 20%)? If so, do you have any views on what the percentage increase should be?

Please see our response to question 29a.

29c. Should we increase the minimum rate (for example to £100)? If so, do you have any views on what the minimum rate should be?

Please see our response to question 29a.

30a. The surcharge for fines differs to the other surcharge impositions, as it is paid by both individuals and organisations and is calculated as a percentage amount of the fine with minimum and maximum caps. Do you agree that we should review the surcharge paid for fines?

Please see our response to question 29a.

30b. Should we review the cap rates for surcharge amounts for fines? If so, do you have any

views on what the minimum/maximum caps should be?

Please see our response to question 29a.

30c. Should we review the percentage amount? And if so, do you have any views on what the percentage amount should be?

Please see our response to question 29a.

Chapter 4 – Improving advocacy support

We know that victim advocates, such as Independent Sexual Violence Advisers (ISVAs) and Independent Domestic Violence Advisers (IDVAs), have a crucial role in helping vulnerable victims access support, cope, recover and engage with the criminal justice system.

There are no clear, set definitions of victim advocacy in England and Wales and we have heard that advocates can face barriers to strong working relationships with criminal justice partners. We think there are ways in which government action could help overcome challenges that advocates face in delivering support.

In this consultation we seek views on the ‘on the ground’ experiences of advocates, how advocates interact with other agencies within and outside the criminal justice and if/how the government can play a role in improving and standardising work in the advocate space.

31. How do IDVAs fit into the wider network of support services available for victims of domestic abuse?

Standing Together work in partnership with a range of specialist agencies including IDVAs/ISVAs as part of the Angelou partnership. It is important to recognise the vital role of IDVA but to also recognise that IDVAs are not the only specialist advocate roles that exist within the sector. Specialist support advocates are a key part of the Coordinated Community Response (CCR) which often involves co-location, and as a result, this prevents victims from falling through the gaps and holds perpetrators to account.

An IDVA’s role is to advocate on behalf of the victim / survivor and to provide information, advice, and support. IDVAs are often the voice of the survivor and support with a variety of needs, therefore interact with many different services. The IDVA is an independent advocate, working alongside but separately to the Police, Housing, Children’s Social Care, Probation, Health, Adult Social Care, Education, and other statutory services. The main role of an IDVA is to advocate on the victim’s behalf with these services, in line with the survivor’s needs, to increase the safety of the survivor and their children.

32. How might defining the IDVA role impact services, other sector workers and IDVAs themselves?

Defining the role would help to provide agencies with clarity of what an IDVA can and cannot do to support a victim of domestic abuse, which in turn could lead to more effective support being provided from all agencies. There can sometimes be an assumption that IDVAs have the capacity and ability to do everything for a victim of abuse, when this is not the case. IDVAs often only have access to limited resources, and their main role is usually liaising with other services to get a victim what they need for their safety, for example, a safe place to reside or a protective order.

33. How do ISVAs fit into the wider network of support services available for victims of sexual violence?

Standing Together work in partnership with a range of specialist agencies including IDVAs/ISVAs as part of the Angelou partnership. It is important to recognise the vital role of IDVA but to also recognise that IDVAs are not the only specialist advocate roles that exist within the sector.

An ISVA's role is to advocate on behalf of the victim / survivor and to provide information, advice, and support. The relationship between ISVAs and criminal justice agencies is crucial where the victim has reported an incident to the police, as sexual violence and/or abuse criminal justice cases are often very lengthy, and therefore wraparound support is vital. The ISVA's role will often be to liaise with agencies, gather information about the victim's case on their behalf, and then relay this information to the victim in a way that they can understand. An ISVA will have specialist knowledge about the criminal justice system for victims of sexual violence and/or abuse, from the point of reporting, through to trial and after, therefore can provide specialist support throughout the criminal case.

34. How might defining the ISVA role impact services, other sector workers and ISVAs themselves?

Defining the role would help to provide agencies with clarity of what an ISVA can and cannot do to support a victim of sexual violence and/or abuse, which in turn could lead to more effective support being provided from all agencies. There can sometimes be an assumption that ISVAs have the capacity and ability to do everything for a victim of abuse when this is not the case. ISVAs often only have access to limited resources, and their main role is usually liaising with other services to get a victim what they need for their safety, for example, a safe place to reside or a protective order.

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

It is essential that services are reflective of the communities they serve and survivors should be able to see people like them within the provision. Local commissioning must be flexible enough to ensure that specialist by and for services are adequately funded. Whilst generic DA services should be respectful of intersectional needs of survivors, it is important that survivors have choice in where they receive support, to ensure that they feel comfortable, understood and supported.

Whilst funding IDVA services is crucial, funding coordination roles in areas such as Criminal Justice, Faith and VAWG, Housing, Health, Domestic Homicide Review and Multi-Agency Risk Assessment Conferences (MARAC) is also vital. Standing Together aim to end domestic abuse by changing the way that local areas respond to it through the Coordinated Community Response (CCR). A CCR approach brings services together to ensure local systems truly keep survivors safe, hold abusers to account, and prevent domestic abuse. Our model of a coordinated local partnership to tackle and ultimately prevent domestic abuse is now widely accepted as best practice. It is vital that all professionals are equipped to respond to domestic abuse, and that all domestic abuse specialist workers are recognised, as well as roles such as an IDVA.

At Standing Together, we use our experience and expertise to advise and support organisations and local authority areas to introduce, strengthen, or develop the Coordinated Community Response in their area. We work with communities to bring together all the different local agencies that play a part in tackling abuse, from prevention to prosecution and beyond. We help them to coordinate their activities, review their performance, identify gaps, and support them to improve. The work that coordinators can do is wide reaching, and therefore has the potential to impact the way that domestic abuse is responded to in all sectors. We therefore urge the Government to consider funding more coordination roles, as well as ensuring that IDVA services are funded well enough to operate safely and efficiently. An example of how this is being done on a local level is within the Standing Together's criminal justice work. Data is collected to monitor the demographics of the victims that are being supported by the Specialist

Criminal Justice IDVAs, which helps to identify gaps. Recently, this monitoring showed that the number of LGBTQI+ individuals being supported by the Criminal Justice IDVAs was much lower than expected, based on the wider service. This was discussed within the DA partnership and joint action was taken between the police and IDVAs, to think more creatively about how to engage LGBTQI+ individuals with the criminal justice system as a whole, and with IDVA services.

36. What other advocacy roles exist that support victims of hidden crimes, such as forms of other serious violence? Please outline the functions these roles perform. To what extent are the challenges faced similar to those experienced by ISVAs and IDVAs? Are there specific barriers?

Independent Stalking Advocacy Caseworkers (ISAC) work with all victims of stalking, including non-DA and DA victims of stalking. Services such as Suzy Lamplugh Trust and Paladin are often national services and are funded very differently to IDVA services. This can make it difficult for ISACs to build the same relationships with local criminal justice partners that IDVAs do and therefore make partnership working more difficult.

Co-located health advocates including health IDVAs / ISVAs and Children & Young People (CYP) specialist advocates that support victims of Serious Youth Violence and VAWG. Accessing healthcare is viewed as a 'window of opportunity' to intervene and support survivors to access safety and healing; therefore, advocates are embedded within health services to provide immediate support. Provision of these services is patchy (concentrated in London and some other larger cities) and services face short-term funding cycles. The roles are often spread very thinly across large NHS Trusts meaning high caseloads and worker burnout. Roles should be supported by dedicated co-ordinators who engage in operational/ strategic issues such as training and policy development so that advocates can focus on responding to referrals.

37. How useful is existing guidance, and how can this guidance be strengthened?

There are currently different standards in different areas and settings regarding qualifications for IDVAs, ISVAs and other advocacy roles. For example, often, if an IDVA or ISVA does not have the SafeLives qualification, they may not be permitted to co-locate at the police station. This needs to be streamlined, and any funding should include training costs within a budget, so that all advocates are able to receive necessary training. It is also vital to consider that there are many other specialist advocates who do not necessarily fall into the IDVA or ISVA category, and it is crucial that any guidance is inclusive of all specialist support advocate roles.

38. Is more action needed to define standards for ISVAs and to ensure they are met? If yes, who is best placed to take this action?

N/A

39. Is more action needed to define standards for IDVAs and to ensure they are met? If yes, who is best placed to take this action?

N/A

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

There are currently various training courses available to different advocates, ran by different organisations, with some organisations running their own internal training qualifications. This needs to be streamlined with more structure and guidelines put in place around a minimum level of qualification, e.g. OCNLR Level 3 Qualification (such as the Domestic Abuse: Prevention and Early Intervention qualification) and also set core topics in order for the qualification to be recognised. This would help to avoid duplication of training for advocates and would allow more time to be spent focusing on front-line work and more funds available to

upskill staff in other specialist areas. Specialist support advocates come from a range of backgrounds and work experience, and this should also be taken into consideration when looking at how qualifications are assessed. To ensure that all specialist support advocates providing front-line support are adequately trained, there should be a minimum training requirement or level of qualification for front-line workers, to ensure that a consistent standard of support is offered.

A barrier when considering qualifications for advocates is that front-line services are in such high demand, that advocates attending training can put an additional strain on services. With this in mind, it could be beneficial for training to be spread across longer time periods rather than having 3-day blocks in the same week, and for these courses to also be run more frequently so that multiple staff from the same team can attend during a similar time period. Smaller organisations, including specialist 'by and for' support services will likely be most impacted by this, as they will likely not have the time and/or resources to cover the service whilst staff are attending training to gain a relevant qualification or accreditation.

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

There is a need for mandatory standalone training on VAWG issues provided by (or with input from) local specialist services. The existing safeguarding training often does not cover VAWG/DA and where it does, often very limited information is provided.

Co-location models are also crucial, for example having a VAWG/DA Co-ordinators within NHS Trusts to build relationships and share good practice. Whole Schools Approach work provided in collaboration with local specialist services. Also, co-located advocates in settings such as hospital, housing, Children's services, drug & alcohol services and mental health settings, are also crucial in building better partnerships. There should also be consideration of the effective use of joint-commissioning, VAWG Partnership boards (including representation from health and education) and Integrated Care Systems to ensure a Coordinated Community Response.

At Standing Together, we work alongside housing professionals through our Domestic Abuse Housing Alliance (DAHA) accreditation scheme, which provides an accreditation scheme to housing association, homelessness providers and Local Authorities across the UK, to help them improve their response to DA. Once these housing providers have been through this accreditation process and received the necessary training, they will have the tools to better identify and respond to DA. More information can be found here: <https://www.standingtogether.org.uk/housingdaha>

Our Faith and Communities work also creates a safe, strategic place for professionals working with faith and cultural contexts to come together. The Coalition seeks to build bridges between members of Faith Communities or Faith-centric organisations and domestic abuse specialists and organisations within the VAWG-sector. DA is far-reaching and impacts all areas of society, therefore, engaging with local communities is key when working towards ending VAWG. More funding needs to be funnelled into this type of work, to increase victim awareness, and to ensure that resources exist to support these partnerships. More information can be found here: <https://www.standingtogether.org.uk/faith-vawg>

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

The government need to support the implementation of the Coordinated Community Response (CCR) to domestic abuse to improve cross-agency working. Mandatory training around VAWG needs to be implemented within statutory agencies to ensure that there is a good level of

understanding about VAWG and the support available. VAWG strategies and partnership boards must also be implemented.

One of the key barriers faced by ISVAs is the victim blaming approach that is often taken by staff within statutory services. This includes a lack of intersectional, gender and trauma informed response across statutory services.

There are also high thresholds for mental health and trauma-based care within NHS settings and long waiting lists to access support. The transition from CAMHS to adult services for 16-17 year olds, combined with high thresholds and long waiting lists, means this age group is particularly vulnerable to 'falling through the cracks'.

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

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Constant cuts to specialist support services funding have led to increased and unmanageable workloads which have had a detrimental impact on victim/survivors. Advocate support is crucial, as they are the victim's voices in every multi-agency partnership.

44. What are the barriers facing specialist or 'by and for' services preventing cross-agency working, and what steps could the Government take to address these?

One of the key barriers faced by specialist 'by and for' services is the victim blaming approach that is often taken by staff within statutory services. This includes a lack of intersectional, gender and trauma informed response across statutory services. Systemic racism remains an issue, as does the no recourse to public funds rule.

Specialist 'by and for' organisations are often the worst hit by funding cuts which has a negative impact on their ability to engage with the Coordinated Community Response (CCR) which subsequently leads to lack of representation. Specialist 'by and for' organisations offer crucial support, and should not be replaced by larger non-specialist services in a bid to merge services and save money.

The government must support the implementation of a Coordinated Community Response (CCR), improve resourcing for 'by and for' services, enforce mandatory training across public services, and ensure clear and well supported VAWG strategies and partnership boards are in place.

45. Please comment on the training required to support advocates for children and young people. How do these differ to adult advocate training, and are there barriers that exist to accessing this?

There is a need for advanced children's safeguarding training including training on VAWG issues such as CSE and Domestic Abuse. Training must incorporate trauma and gender informed responses; intersectional awareness i.e. supporting LGBT+ young people, supporting young people with learning difficulties and/or autism and supporting black and minoritised young people. This specialist training is needed, as working with young people requires a different skill set and approach. It can take a long time to build trust with children and young people, and this needs to be carefully balanced against safeguarding responsibilities. This poses challenges particularly when working with young people facing multiple-disadvantage.

There are many barriers that exist, including: cost; availability of expertise/ training in local areas; high caseloads meaning that staff do not have time to access training; staff turnover due to issues such as low pay; and staff burnout.

46. What are the barriers to effective work with children and young people in this area, and what action could the Government take to address these?

One of the key barriers faced when working with children and young people is the victim blaming approach that is often taken by staff within statutory services. This includes a lack of intersectional, gender and trauma informed response across statutory services.

Youth services are often focused on working with young men and can marginalise young women. There is often a lack of understanding of VAWG issues within youth services.

Support services often receive short-term funding cycles and experience the de-commissioning of valuable services.

Another key barrier is child poverty and the devastating impact of austerity on life chances of children and young people.

Mandatory VAWG training for services who work with children and young people must be enforced. Where possible, DA / VAWG leads should be identified within services, so that there is a point of contact within an organisation who has knowledge, understanding and can build experience around supporting children and young people experiencing VAWG. There is also a need for greater funding and greater focus on prevention work.

47. What best practice is there on referral pathways for children and young people who are victims of crime looking for advocacy support, including interaction with statutory services? Are there barriers to these pathways?

It is vital to ensure that the child/ young person's voice remains at centre of decision making. Where possible, it is important to involve children and young people in decisions about them, including gaining consent to make referrals. Advocates supporting children and young people should aim to build relationships slowly i.e. meeting new advocate with trusted adult first, such as a teacher or social worker. Sensitive information sharing should be considered, so as to not require the child/young person to repeat their experiences to different services.

It is important that services are gender informed and culturally competent i.e. diversity of professionals working within a service reflects communities they are serving. A big barrier is the lack of specialist support for young people 18+. Most statutory services and many other services stop providing young people support at 18. Where possible this should be extended to 25 in recognition of the additional needs and vulnerabilities of these young people.

Services should be as accessible as possible, for example, young people should be able to self-refer or refer a friend. Routes into services should be clearly advertised and include drop-in, online and phone access.

48. Would providing clarity on the roles and functions of children and young people's advocates be helpful? In your experience, are these roles broad or do they focus on specific harms and crime types that children and young people have experienced?

Providing clarity would be helpful, as it is important that the responsibilities of a children and young people's advocate are not confused with the role of Children's Social Care. Roles in this area tend to be more specific, therefore this may not be a straight-forward task, but generic overviews of what a children and young people's advocate would and would not do would be helpful.

Some roles have strict referral criteria creating additional barriers for young people to access support i.e. ISVA support limited to those who are engaging with the CJS. Advocates for 'gang-affected' young people should have broad referral criteria that does not use pathologizing / criminalising language; these services should be gender-informed and provide female advocate for young women.