
London Victim and Witness Service: An update on key learning

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OFFICE FOR POLICING AND CRIME

Executive Summary

The London Victim and Witness Service (LVWS) commissioned by the Mayor's Office for Policing And Crime (MOPAC), went live in April 2019. The service provides support for London residents affected by or witness to crime.

The Evidence and Insight (E&I) Unit were commissioned to undertake an evaluation of the service. The two-year evaluation examines two distinct areas: **monitoring of the performance** of the service through the routine capture of core project metrics; and, generating in-depth **understanding of the processes** - from design through implementation – of those working to deliver the service. Year one of the evaluation was designed to explore implementation of the service and early service delivery. Limitations, as a result of the global COVID-19 pandemic and delays encountered in information sharing, somewhat limit insight generation and should be noted when reviewing the report.

Performance

- LVWS is a high-volume service receiving on average 13,900 referrals per month to the **victim service** and providing support to 3,200 victims each month on average.
- Providing support to victims of Domestic Abuse (DA) is a substantial component of service delivery; although, domestic-abuse related referrals accounted for less than a quarter (23%) of total referrals into the service, 44% of DA victims referred to the service went on to take-up the service.
- The take-up rate was higher for referrals deemed higher risk or having a greater level of need (high risk DA and enhanced priority referrals).
- In Year one, triage IVAs supported the majority of service users (79%, n= 30,299), providing support to an average of approximately 2,500 cases per month. Further exploration of case allocation and service user journey data would enable understanding of service delivery 'pinch' points.
- In Year one, 3,785 referrals were made to the **witness pre-trial and outreach service**, with 56% (n= 2,121) of referrals taking-up the offer of support. In order to accurately reflect the operational activity in this area, changes to the recording of pre-trial visits - and other aspects of the witness service – are afoot.
- MOPAC User Satisfaction Survey¹ (USS) data from quarter one 2020/21, indicates that less than half (44%) of victims who were surveyed reported being offered the services of LVWS and of those, 18% took up the service offered. Of those victims who were supported by LVWS, 83% were satisfied with the service provided². Amongst those who reported that they were not offered a referral to LVWS, 30% felt they may have benefitted from this service, which points towards further training requirements and awareness raising about the service, and how it can support victims.

¹ The USS is a telephone survey asking 9,600 victims each year about their experience of reporting a single crime incident to the police. Questions cover initial contact, the response they got and how they were treated by police. Victims of Residential Burglary; Assault; Personal Robbery and Hate Crime are interviewed 6-12 weeks after the report of their incident. Exclusion criteria: Under 18; Domestic Violence; Sexual offences and Police Officers assaulted on duty.

² Of those contacted by LVWS

- Data availability and quality issues in relation to service user demographic information should be addressed to enable a fuller understanding of service access and engagement.
- To develop our understanding of how the service works, data relating to case closures, service user journeys, service user needs and outcomes is required.

Implementation

- Staff feedback suggests that early implementation of the service presented challenges, particularly in relation to the required mobilisation timescales, and staff resignations.
- Key learning can be taken for future MOPAC commissioned services, to ensure sufficient time for planning and preparation *prior* to service delivery.
- Several factors were identified which may be contributing to high caseloads and resource pressures reported by staff: staff turnover and reduced volunteer numbers; the new service requiring staff to 'juggle' different work types which may lead to ineffective ways of working; gaps in training particularly in relation to new roles; and, the Case Management System - which is particularly cumbersome - may lead to inefficiencies.
- Despite some early implementation challenges, staff feedback suggests that the principles of a Pan-London, integrated service work well, and staff were broadly positive about the service user experience.
- Staff consider that delivery partners bring useful specialisms but partnership working requires further development.
- Overall, IDVA co-locations were viewed positively with new co-locations reportedly seeing increasing referral numbers. Most challenges discussed by participants were practical in nature including: space to work; access to computers and Wi-Fi; an environment to conduct sensitive work.

Going forward

- Staff identified several areas of focus for the service going forward: staff wellbeing and morale; staff turnover and retention; service quality and consistency; and, development of partnerships with delivery partners.
- There is key learning to be taken for future MOPAC commissioned services, to ensure sufficient time for planning and preparation *prior* to service delivery.
- Workforce capacity and resourcing issues need to be addressed to ensure sustainable ways of working for those delivering the service.
- Exploring the use of volunteers in the service should be considered, as well as reviewing the roles and tasks performed by LVWS staff, to ensure efficient and effective ways of working.
- As LVWS progresses into Year two of delivery, opportunities to improve data recording practices and systems should be explored to develop understanding of how the service works. This should include increasing the amount and quality of data captured in relation to take-up of service and case closure.
- A key area of focus for Year two is the development and redesign of the service user satisfaction survey. Work is underway to explore viability of an online survey, where appropriate, to yield more robust and reliable results and enhance our understanding of service user experience.

- The ability to evaluate Year two of LVWS will depend on the quality and quantity of data available. One area that requires focus is an improvement in data sharing between Victim Support and MOPAC E&I – this will create opportunities to understand the service user experience more fully; how the service works and for which groups. Without this data the evaluation will be limited.

Introduction

The London Victim and Witness Service (LVWS) commissioned by the Mayor's Office for Policing And Crime (MOPAC), is a support provision for London residents, who are affected by or witness to crime. The new service, which went live in April 2019, is delivered through a number of specialist partnerships, led by Victim Support.

A key aspect of the new service is the provision of end-to-end, dedicated and specialist support throughout victims and witnesses' criminal justice journey, and their journey through cope and recovery. The new service brings together five key areas of support for victims and witnesses through a single, integrated service which: provides support to adult (18+) victims of crime; provides specialist support for victims and survivors of domestic abuse (aged 16+); provides access to restorative justice; delivers pre-trial and outreach support (PTOS) for prosecution and defence witnesses; and provides support for people affected by major crime incidents.

LVWS integrates several service elements previously delivered by other MOPAC commissioned services to deliver a single offer of support to victims and witnesses in London:

- the Multi-Crime Service (including the assessment and referral service and the support service for victims of crime), previously provided by Victim Support;
- Restore:London, providing restorative justice services in London; and
- the Pan London Domestic Violence Service, previously provided by Victim Support.

Key drivers for the implementation of the new service were to improve the experience of victims and witnesses when they are engaged in the criminal justice system, and, ensure the support they are provided enables them to cope and recover from their experience. LVWS works closely with criminal justice partners to increase compliance with the Victim's Code of Practice to ensure victims and witnesses are informed of their rights and provided with key entitlements.

Led by Victim Support, the LVWS comprises a number of specialist partnerships including:

- CALM Mediation Service provide Restorative Justice services;
- GALOP provide specialist support and expertise to the LVWS around LGBT+ service users;
- Sistah Space provide specialist support to victims of African Heritage and expertise to the wider LVWS partnership;
- Stay Safe East provide specialist support and expertise to victims of crime who have disabilities;
- St Giles Trust bring their extensive experience of support for those who are both victims and perpetrators, particularly those who are gang affiliated or at risk of joining gangs;
- Shelter are commissioned to provide specialist advice and support around housing and welfare benefits.

The service offers increased accessibility through longer opening hours and is supported by a dedicated in-bound call service and 24/7 support line. There are various gateways for service access, primarily through referral from the police after reporting crime, but also via self and other agency referrals.

Specialist support staff - Independent Victim Advocates (IVA's) and Independent Domestic Violence Advisors (IDVA's) - provide a needs and risk led support service to victims and witnesses and, at the point of referral into the new service, are the principal point of contact for service users to minimise the amount of contact they have with criminal justice partners, as well as reducing the need for them to re-tell their experience.

As a result of partial-devolution of the national Witness Service, LVWS also provides a pre-trial and outreach service to witnesses across London (previously delivered by Citizen's Advice), with Citizen's Advice retaining their role of supporting witnesses on the day of their court attendance. This element of LVWS provides support ahead of a trial to witnesses to help them to feel confident in attending court and supported to give their best evidence. Post-trial, LVWS offers support in relation to verdict and sentencing outcomes, information about engagement with other services i.e. Victim Contact Scheme. In some cases, support may be provided by LVWS on the day if a witness is vulnerable, intimidated or has high level support needs.

See Appendix A for the LVWS operating model.

Methodology

The Evidence and Insight (E&I) Unit - MOPAC's in-house social research and analytical team - were commissioned to undertake an evaluation of the service. The two-year evaluation examines two distinct areas: **monitoring of the performance** of the service through the routine capture of core project metrics; and, **generating in-depth understanding of the processes** - from design through implementation – of those working to deliver the service. Year one of the evaluation was designed to explore implementation of the service and early service delivery.

The UK Government introduced 'lockdown' on Monday 23rd March 2020 in response to the COVID-19 pandemic. Whilst delivery of LVWS has continued, there has been both an impact on staff delivering frontline services, as well as the evaluation itself – with the amount of fieldwork within the evaluation considerably reduced. In addition, access to detailed service data held by Victim Support has not been available to support the evaluation due to delays in finalising the necessary Information Sharing Agreements. These limitations somewhat limit insight generation and should be noted when reviewing the report.

The current evaluation draws upon fieldwork undertaken between **January and March 2020**, this includes:

- Eleven semi-structured interviews with staff delivering LVWS (referred to throughout as participants).
- An online survey to stakeholders designed by E&I distributed in January 2020 to staff who deliver LVWS and work for Victim Support. There was a total of 66 respondents³.
- An online survey designed by E&I distributed in January 2020 to delivery partners who work as part of the LVWS consortium. There was a total of 6 respondents⁴.

Moving forward into Year two of the evaluation, fieldwork will continue to support the process-based learning around service delivery, as well as analysis of routinely collected performance data to understand how the service is running on a day-to-day basis. Opportunities to explore impact will also be considered in Year two. The ability to successfully complete each element will depend on the quality and quantity of data. One area that requires focus is an improvement in data sharing between Victim Support and MOPAC E&I – this will create opportunities to understand the service user experience more fully; how the service works, for which groups, and in what ways. Without this data the evaluation will be limited.

³ Approximately 145 Victim Support staff deliver LVWS.

⁴ Approximately 11 staff work within delivery partner organisations to deliver LVWS.

Results

Performance learning

This section reports on Year one service data from **1st April 2019 to 31st March 2020** collected by Victim Support, and data from MOPAC's User Satisfaction Survey (USS) for quarter one 2020/21. It comprises three sections: the **first section** presents a brief overview of data in relation to the victim element of the service including an overview of referrals and take-up of service; the **second section** outlines service activity in relation to the witness element of the service; and, the **third section** presents findings from MOPAC's USS.

Section 1: Victim Service

Service demand

Between April 2019, when LVWS launched, and the end of March 2020 there were a total of 167,030 referrals to the service, an average of around 13,900 referrals per month. The majority of referrals come from the police⁵ (90%, n= 151,008), followed by self-referrals (8%, n= 12,442), and lastly 'other agencies' (2%, n=3,580). From October 2019 to March 2020, there was an increase in self-referrals; the number received each month doubled compared to the first six months of the service. This may be as a result of changes to recording practices, further work to understand this increase should be explored.

Overall, 23% (n= 38,237) of referrals resulted in take-up of service, which works out as an average of around 3,200 per month. Table one shows the total referrals received by LVWS and the take-up of service rates for each referral source: police; self-referral; and, other agencies. Referrals from the police have the lowest take-up of service rate, though cases referred from the police account for 70% of support provided by the service. Both total referrals and take-up of service rate have fluctuated during the twelve months (see Figure 1). Further work to explore police referral mechanisms and the take-up rate should be considered.

Table 1. Referrals and take-up of service by referral source

Referral Source	Total referrals	Take-up of service cases	Take-up of service rate	Proportion of support provided by LVWS
Police	151,008	26,583	18%	70%
Self-referral	12,442	9,540	77%	25%
Other agencies	3,580	2,114	59%	6%

⁵ Action Fraud, British Transport Police, City of London Police, Metropolitan Police Service, Other Police Force Areas.

Figure One. Total referrals and Take-up of service rate per month



Metropolitan Police Service referrals

In Year one, the majority (74%, n= 123,735) of referrals came from the Metropolitan Police Service (MPS). Between May 2019 and September 2019, there was a steady decline in the number of referrals made to LVWS; this has since recovered although monthly fluctuations in the number of referrals can be seen in Figure one. In Year One, 19% (n= 22,858) of victims referred by the MPS went on to take-up the service. The take-up of service rate does not appear to relate to the number of referrals from the MPS as you might expect, with lower rates seen in October through January compared to higher referral levels. More detailed data relating to cases referred by the MPS should be explored.

Figure Two: MPS referrals and Take-up of service rate per month



Non-Domestic Abuse (DA) related referrals

During the reporting period, 128,098 referrals related to non-domestic abuse related crime were made to the LVWS, with 16% (n=20,988) of victims taking-up the service offered. The highest number of referrals received related to 'other theft' (n= 28,820), followed by: 'fraud and forgery' (n=22,809); and, 'violence with injury' (n=18,914). See Appendix B, Table 2 for all crime categories. The rate of take-up of service was highest for referrals related to 'non-crime' (85%) – further work should be done to understand what this crime category relates to – this was followed by 'Homicide' (74%); 'Rape' (59%); and, 'other sexual offences' (51%).

Non-DA related referrals are categorised as Enhanced Priority Referrals (EPR) or non-EPR which is reflective of the level of need or risk associated with the case. The number of EPR and non-EPR referrals into the service was broadly equal; there were 63,454 (49.5%) EPR referrals compared to 64,644 (50.5%) non-EPR referrals during Year one. The take-up of service rate for Year one was higher for EPR referrals than non-EPR referrals; 21% (13,218) compared to 12% (7,770) indicative of greater attrition in relation to non-EPR referrals.

Domestic Abuse (DA) referrals

During the reporting period, 38,932 referrals were made to the LVWS which related to DA, accounting for 23% of all referrals into the victim element of the service. Of those referrals, 14% (n=5,460) were considered 'high risk'⁶, with 86% (n=33,472) considered 'low/medium' risk.

Using MPS recorded domestic violence offence and incident levels, and referral borough data captured by the LVWS, it is possible to explore whether referral levels to LVWS correspond with MPS recorded DV across London⁷. According to MPS data, Croydon recorded 6% of DV offences and 6% of incidents; the highest levels across London. LVWS received 1,503 DA related referrals from Croydon, accounting for 4% of the total referrals. A higher proportion of recorded offences compared to the relative proportion of referrals to LVWS was also seen in the boroughs of Greenwich, Barnet and Barking & Dagenham; although the difference is small (see Appendix B, Table 3).

Overall, the take-up of service rate for DA referrals was 44% (n=17,249); 41% of service users referred in by the police went on to take-up a service (n=13,495), and 76% of those who self-referred into LVWS went on to take-up a service (n=2,006). This is a higher take-up rate than for non-DA crime. The take-up rate for referrals considered 'high risk' was higher than those referrals assessed as 'low/medium risk'; 58% (n=3,193) compared to 42% (n=14,956).

Service user demographics

There are data availability issues in relation to user demographics and characteristics. Data relating to religion and sexual orientation have a high level of missing data. Ethnicity data is only available for referrals which resulted in a take-up of service - only 25% of cases have the service user's ethnicity recorded in these cases.

⁶ would be referred to an IDVA for support.

⁷ MPS recorded data is reflective of those offences and incidents which come to the attention of the police.

Age data in relation to non-DV related crime (see Appendix B, Table 4) suggests that the take-up of service rate increases with age; 18% (n=2,110) of victims aged 65 and over were provided support, compared to 11% (n=1,930) of 18 to 24 year-olds and 11% (n=3,483) of 25 to 34 year-olds⁸. Further exploration of age data in relation to crime categories, support provision, case closure and outcomes, would enable a greater understanding of how different groups access and engage with the service.

Improved recording of service user demographics would provide valuable insight into which groups are accessing the service and how they engage with the support offered. It is recommended that LVWS review data collection and recording practices in relation to service user information.

Support provision

Following referral into the service, cases are allocated to either a triage Independent Victim Advocate (IVA), complex IVA or Independent Domestic Violence Advocate (IDVA), to provide ‘immediate’ or ‘ongoing’ support depending on the risk level and needs of the victim⁹. In Year one, LVWS supported a total of 38,237 victims. Data indicates that in Year one, triage IVAs supported the majority of service users (79%, n= 30,299), providing support to an average of approximately 2,500 cases per month; followed by complex IVAs (12%, n= 4,746) and IDVAs (8%, n= 3,192).

Unsurprisingly, DA related service users received ‘ongoing’ support more commonly than non-DA related service users (see figure three). Non-EPR cases most commonly received immediate support (76% of non-EPR cases, n= 5,936) followed by EPR cases (62% of EPR cases, n= 8,139) (see Figure three). Information regarding the nature of immediate and ongoing support, and how cases progress through to closure, would be useful in building understanding of how the service works.

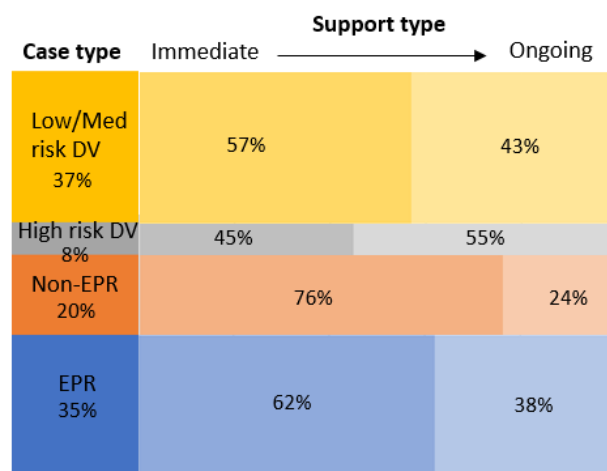


Figure Three: Immediate vs. Ongoing support provision by Case type

Section 2: Witness pre-trial and outreach service

In Year one, 3,785 referrals were made to the pre-trial and outreach service, with 56% (n= 2,121) of referrals taking-up the offer of support. The majority (88%, n= 3,325) of referrals came from the MPS Witness Care Units (WCUs) - the expected main source of referrals for this service. The number of referrals from WCUs steadily increased each quarter, as did referrals from other agencies into the service. There may be several factors contributing to this; increased awareness amongst staff working

⁸ This excludes under 18 victims which data suggests have a 50% take-up of service and those cases in which age is not given (10% of referrals and 27% of take-up of service cases are missing age data).

⁹ Following referral, service users may be allocated a triage IVA initially, and subsequently reallocated to a complex IVA or IDVA as more information comes to light.

within referral agencies as a result of promotional activity and training, improved referral processes and mechanisms, or improved data recording practices.

Victim Support offer witnesses the opportunity of a visit to court ahead of their attendance at the trial (Pre-trial visits); these are intended to help them to feel more confident and comfortable on the day of the trial. A total of 2,109 pre-trial visits were requested and, of these, one third (n= 781) were undertaken during Year One¹⁰. In order to accurately reflect the operational activity in this area, changes to the recording of Pre-trial visits - and other aspects of the witness service – are afoot.

Section 3: MOPAC's User Satisfaction Survey (USS)

The USS¹¹ now includes a set of questions around provision of support services, specifically LVWS, which can provide useful insight in relation to victims of some crime types¹². Data from quarter one 2020/21, indicates that less than half (44%) of victims who were surveyed were offered the services of LVWS and of those, 18% took up the service offered. Of those victims who were supported by LVWS, 83% were satisfied with the service provided¹³. Amongst those not offered LVWS, 30% felt they may have benefitted from this service, which points towards further training requirements and awareness raising about the service.

A broader range of questions around compliance with the Code of Practice for Victims of Crime indicate that: less than one third of respondents were made aware of the Code of Practice for Victims of Crime (31%); half of respondents indicated that they were given the opportunity to provide a victim personal statement; and, less than 1 in 5 (19%) of respondents reported being given information on Restorative Justice. This highlights the important role that LVWS, and other victim support services, have in providing information to victims about their rights under VCOP.

Summary of performance learning

- LVWS is a high-volume service receiving on average 13,900 referrals per month to the **victim service** and providing support to on average 3,200 victims each month.
- Providing support to DA victims is substantial component of service delivery; although, Domestic-violence related referrals accounted for less than a quarter (23%) of total referrals into the service, 44% of DA victims referred to the service went on to take-up the service.
- The take-up rate was higher for referrals deemed higher risk or having a greater level of need (high risk DA and enhanced priority referrals).
- In Year one, triage IVAs supported the majority of service users (79%, n= 30,299), providing support to an average of approximately 2,500 cases per month. Further exploration of case

¹⁰ Due to court processes there is likely a substantial delay between initial referral and a trial date with many PTVs likely to spread across a number of Quarters.

¹¹ The USS is a telephone survey asking 9,600 victims each year about their experience of reporting a single crime incident to the police. Questions cover initial contact, the response they got and how they were treated by police. Victims of Residential Burglary; Assault; Personal Robbery and Hate Crime are interviewed 6-12 weeks after the report of their incident. Exclusion criteria: Under 18; Domestic Violence; Sexual offences and Police Officers assaulted on duty.

¹² burglary, robbery, vehicle, assault and hate crime.

¹³ Of those contacted by LVWS

allocation data and service user journey would enable understanding of service delivery 'pinch' points.

- In Year one, 3,785 referrals were made to the pre-trial and outreach service, with 2,121 (56%) referrals taking-up the offer of support. In order to accurately reflect the operational activity in this area, changes to the recording of pre-trial visits - and other aspects of the witness service – are afoot.
- USS data from quarter one 2020/21, indicates that less than half (44%) of victims who were surveyed were offered the services of LVWS and of those, 18% took up the service offered. Of those victims who were supported by LVWS, 83% were satisfied with the service provided¹⁴. Amongst those not offered LVWS, 30% felt they may have benefitted from this service, which points towards further training requirements and awareness raising about the service.
- LVWS, and other victim support services have a key role in supporting victims to understand their rights under VCOP.
- Data availability and quality issues in relation to service user demographic information should be addressed to enable a fuller understanding of service access and engagement.
- To develop our understanding of how the service works, data relating to case closures, service user journey, service user needs and outcomes is required.

Process learning

This section explores learning from interviews carried out with LVWS staff and surveys with staff delivering LVWS, with the aim of presenting learning related to implementation and early delivery of the service¹⁵. Six areas emerged from the data:

- Implementing the service
- Service demand and workforce capacity
- Training, skills and tools to support delivery
- Service delivery model
- Working with others
- Looking ahead

Early implementation of the service

Timescales associated with commissioning LVWS, meant that the service was required to mobilise more quickly than anticipated. Almost all participants recognised the speed at which the service became operational following award of the contract which, as one participant described, resulted in a large-scale organisational change for Victim Support and delivery partners: *'If this contract had been secured by another provider, there'd have been a lead in time, we'd have continued to deliver for half a year or however long, but we didn't have any of that and we went from a full caseload of clients to then a brand new set of work and we inherited a backlog in terms of the pre-trial and outreach service, so I think it has to be acknowledged that we were on the backfoot by us winning the contract'*.

¹⁴ Of those contacted by LVWS

¹⁵ The number of interviews conducted with staff was significantly affected due to COVID-19. This should be borne in mind when reviewing these findings.

Whilst some participants felt that they had been well briefed on the transition to the new service, all agreed that in the early stages of delivering the service they were learning 'on the job'. One participant described how they felt unprepared for the practical aspects of implementing the new service: *'I got the sense that several positions higher were unprepared for the practical implementation, they might have had knowledge about what it was going to be, but actually how were our day to days going to work, so there was a kind of a fumbling feeling which was quite distressing to work as'*. Indeed, 'communication' throughout transition and implementation of the service was highlighted by staff as a key challenge.

Despite the commendable efforts of LVWS staff to mobilise quickly, accelerated roll out has been linked to early teething problems (e.g., IT, staffing, resources, training, governance) in other programmes and services. Building in adequate time for mobilisation is a central tenet of delivery and implementation – although does not always align with the cultures in which projects roll out¹⁶. Key learning can be taken for future MOPAC commissioned services, to ensure sufficient time for planning and preparation *prior* to service delivery.

Service demand and workforce capacity

LVWS is a high-volume service receiving on average 14,200 referrals into the service each month¹⁷ (see section one). Participants working directly with service users reported heavy caseloads and survey respondents also indicated resource pressures; less than half (n=29/63) agreed that their workload is manageable. Furthermore, only 23/63 respondents agreed that their team has the resources to provide a timely and quality service to victims and witnesses - with a greater proportion of Inbound Support Agents¹⁸ disagreeing that their team is adequately resourced. For some participants, their workload was 'manageable' but only just, and potentially only temporarily, due to newer roles receiving lower referrals. As one participant described: *'I think we're stretched resource wise... people are doing much more to try and maintain the system than was previously. I don't know how much of a longevity that has for workers, it feels like, you can work people as hard as you can but they buckle and break... there's always going to be a gap between how much is there to work with and try and make better, and the resource. However, I feel for the sustainability of the people working it's quite hard at the minute'*.

Some participants, particularly caseworkers, raised concerns about the impact of increasing demand on service quality, expressing wanting *'more space and time to offer that quality'* with some fearful that aiming for more referrals and quicker contact times may impact on staff ability to provide quality support.

As a result of the demands placed on staff delivering LVWS, some staff highlighted potential effects on staff satisfaction and wellbeing, and in turn staff turnover. Staff support was highlighted by a number of participants as an area requiring greater attention: *'[staff] can't do a good job without being looked after ourselves'*. Whilst overall, those spoken to felt that their managers were supportive,

¹⁶ Dawson, P. and Stanko, B. (2013) 'Implementation, Implementation, Implementation: Insights from Offender Management Evaluations' *Policing: A Journal of Policy and Practice* 7 (3): 289-298.

¹⁷ Both victim and witness services.

¹⁸ Inbound Support Agents operate from Cardiff and answer inbound calls from self-referrals and other agencies who contact the service directly.

it was evident that some participants saw limitations in how much managers are able to do, as one participant described: *'I think with managers I just personally think naturally they don't see or feel it because they don't have caseloads and I know their role is completely different to ours. And to me I'm just getting the impression well there's nothing that can be done about it so you just have to get on with it in that sense, and it is what it is.'*

According to several participants, a significant number of staff resigned during the implementation phase of LVWS which impacted early implementation and delivery of the service, as one participant described: *'when we first started what we were dealing with was people resigning on mass and then trying to cope with huge staff vacancies'*. Subsequently, time was spent recruiting and training new staff to deliver the service. It was evident that staff may still perceive turnover as an issue for some areas of the service: *'we had a big group of people leaving after the LVWS model came into play but even now when it's a whole new group of people, we still have a lot of turnover'*.

In addition, the decision to professionalise the service resulted in a reduction in the number of volunteers, particularly in roles working directly with clients. Several participants reflected on how this change has contributed to workload pressures, one participant summarised: *'there was some level of control with the load of the work, because you could always go either and recruit new volunteers...at least we had some resources available to us when the caseload got overwhelming, there was some avenues to solve that'*.

Several participants, particularly those working directly with service users, indicated that staff are required to 'juggle' different aspects of work - administrative tasks, providing emotional support and arranging and attending Pre-trial visits (PTVs)¹⁹ – which may affect their ability to work efficiently: *'On a practical level...I found it quite hard in that there is a lot of admin that goes into arranging pre-trial visits, that is fiddly and basically it takes up a lot of time for quite a short thing to achieve, whereas and it's a very different type of, that admin stuff is very different to the more support role, emotional work you do with clients, the casework'*. As such, some participants felt that the witness element of the service could be considered distinct from the case work element of the service with additional staff recruited to perform the role of organising and undertaking pre-trial visits, which may help to alleviate workload pressures. As one participant considered: *'from a work point of view that's a lot of work from us that we're doing that is not making the best use of our skills and gets in the way of delivering other cases'*. Such variation to service delivery would run counter to the principle of delivering a 'single point of contact' model, highlighted as key during service user consultation which informed design of the current model.

Training, skills and tools to support delivery

Overall, survey respondents reported that they have the training, skills and knowledge to perform their roles. Participants described a comprehensive training package for delivering PTVs and some useful training provided by delivery partners, although this was reportedly somewhat inconsistent.

Gaps in training and skills were evident, particularly for some staff groups. A greater proportion of Inbound Support Agents who responded to the survey, did not agree that they had received adequate

¹⁹ A visit to the court undertaken by LVWS with a witness ahead of a trial.

training and information to carry out their role. Indeed, several participants observed an issue with the quality of information originating from the Inbound Team, pointing towards an area for improvement. Caseworkers reported a lack of training particularly in relation to the practical processes associated with the new structure, and aspects of their new roles, particularly those who were now expected to provide emotional support to service users. As one participant described: *'I would have liked more training around the emotional support aspects of it just because it was a new territory for us...which meant that we would talk to them once and then go... the waters can get very murky in regards what is emotional support and then what goes into therapy or counselling...so I would have liked more training around that and how we can structure our conversations just so we're not going into that territory'*.

Staff respondents reported general satisfaction with the assessment tools available to carry out their role; 48/63 respondents agreed that needs assessment and support planning tools are effective, and 55/63 agreed that risk assessment tools are effective. Participants also considered the tools available to support them in their role were generally effective. However, respondents generally reported lower satisfaction with the systems used for recording their work. Whilst some participants reported that the Case Management System (CMS) usefully holds the necessary information about a case in one place, the majority viewed the system negatively; *'the worst. It's very slow at times, it's very long winded just to even put a case on'*, contributing to inefficiencies across the service. It was evident from staff feedback that the CMS has undergone multiple alterations to reflect the new service delivered which is sometimes challenging for staff to keep updated on.

Service delivery model

A Pan-London, integrated service

LVWS offers service users the choice of where and how they receive support as well as enabling flexibility within the service to cope with fluctuations in demand. The Pan-London aspect of the model was praised by participants – particularly those working with DA cases - as summarised by one participant: *'obviously people don't exist in a borough way, people live in a Pan-London way and so actually it's more reflective of people's lives, and that's been a reduction of pressure on the other services, they've been like oh great if we get someone that isn't from one of our boroughs you can pick it up'*. Although it has enabled the service to be able to cope with increased demand in certain areas, it was evident that more use could be made of this aspect of the model, and the required *'mindset change'* was still a work in progress.

LVWS aims to offer an integrated system of support to service users through integration of the domestic abuse (DA) element and core service - previously two services²⁰ - to form *'one larger breathing organism'*, and through working in partnership with five delivery partners²¹. Participants spoke positively about the integration between the core and DA teams with much closer working as a result of delays to vetting and honorary contracts. It was reported by one participant that there had been a natural upskilling of staff, with non-DA staff benefiting from having their MARAC referrals quality assured by an Independent Domestic Violence Advocate (IDVA), and DA staff learning about

²⁰ VS Multi-Crime Service and the Pan-London DV Service.

²¹ Sistah Space; Shelter; Stay Safe East; Galop; and, Calm.

some of the practical elements of support, i.e., vouchers, security items, and things that need to be done immediately for a service user. Some participants welcomed further integration of the teams which they felt would help to bring consistency to service delivery.

Supporting service users

Survey respondents indicated a relatively high level of agreement that: LVWS provides a high-quality service (51/61); delivers improved health and wellbeing outcomes (50/61); provides an improved experience (47/61); and provides improved equality of access (50/61). Overall, staff respondents reported feeling confident in identifying the needs of victims and witnesses and providing the appropriate support, with 51/66 strongly agreeing, and all remaining respondents agreeing. Participants working directly with service users described the 'fine line' between providing emotional support vs. counselling and the need to '*ensure that we're not going somewhere where we shouldn't be tapping into*' which requires managing user expectations; setting out the work initially, creating milestones, and utilising an '*empowerment model*'.

LVWS aims to minimise the service user touchpoints, making it easier for service users to navigate the system, and reducing the need to retell their experience. In addition, the service aims to allocate any repeat service users to the same staff member. Whilst participants praised the benefits of having one point of contact, it was evident that whilst it was '*more or less*' happening - 35/63 survey respondents agreed that the single caseworker model works well - it is not always possible due to staff resignations and workloads, and may not be a realistic aim. In addition, some participants felt that the partial devolution²² of the witness service may introduce an unnecessary contact point for the service user. This may point towards the need for further awareness raising amongst staff of the benefits of the new model; although Citizen's Advice retain their role in providing on-the-day support to witnesses, the new model ensures that service users have someone from LVWS supporting them through every stage of their journey, considered an improved offer to victims in London who also attend court.

Survey respondents reported feeling confident in signposting and supporting clients to access additional support outside of LVWS (60/63 agreed), identifying when a client no longer needs support (53/63 agreed), and having conversations about ending support provision (53/63 agreed). A key benefit of the service noted by participants was the absence of a time limit on the support offer, with some service users receiving support for many months particularly in relation to advocacy. Whilst the hope is that all service users will '*cope and recover*', it was evident from some participants, that there are a group of more complex service users who require greater support than LVWS can provide, particularly those with mental health issues: '*I think we get a lot of other cases where we are not mental health professionals, so we can't make any diagnoses over the phone or anything like that, but it seems as the case unfolds it becomes very clear that the problem is actually a mental health issue not the actual crime*'.

²² Citizen's Advice continue to provide support to witnesses on the day of their trial.

Working with others

LVWS delivery partners

Around half of survey respondents reported having regular contact with LVWS delivery partners. Furthermore, most survey respondents reported a good relationship with those partners with whom they have more regular contact, with very few respondents reporting a poor relationship with any partner. Participants were particularly positive about the relationship between VS and Shelter, considered a good example of partnership working and the ambition for all partnerships. The majority of respondents from delivery partner organisations, indicated a good working relationship with Victim Support.

Whilst some participants were positive about the contribution of partners to the service and how they increase access points to support for those service users who would not go to the police, it was evident that more work is required to fully implement the partnerships into practice. Overall participants reported minimal contact with partners, some staff had received a training or awareness session, some were aware of partners through networking events or co-locations, pointing towards pockets of partnership working as opposed to a fully integrated partnership. One participant reflected: *'I think the partners in general, more work needs to be done that to make it feel a little bit more like a partnership'*. Introducing advice surgeries, co-location of staff and attendance of partners at area meetings, were reportedly being explored to improve partnership working.

IDVA Co-locations

Whilst not new, the co-location of IDVAs is a key element of LVWS which has introduced a greater number of co-locations to the model. Overall, co-locations were viewed positively with reportedly increasing referral levels coming from newer co-locations. Co-locations reportedly work well when there is high-level buy-in and the infrastructure to support their implementation. It was clear that each co-location is different and implemented on a case-by-case basis. Some participants described a lack of guidance and materials to support embedding within co-locations, with very little already set-up. It was clear that staff in co-locations must balance the demands of their client facing work, as well as promote and raise awareness of the service through training, ward rounds, meetings and informal routes. Most other challenges associated with co-locations appeared to be practical: having space to sit in predominantly hot desking environments; having somewhere to have confidential conversations with service users; lack of facilities including canteens and Wi-Fi reception; delays to vetting and honorary contracts; and, organising training with busy staff based in co-locations.

Looking ahead

According to some participants - particularly those in management roles - the service was moving towards 'business as usual' with staff levels stabilising following recruitment activity in Year 1. This reportedly allows for more focus on service development and improvement areas for service delivery. Participants identified a number of areas of focus for the service going forwards:

- Staff wellbeing and morale: breakout spaces; support for staff; health and wellbeing champions.
- Staff turnover and retention: understanding from staff exit interviews why staff leave; considering how volunteers can be utilised to bring additional resources.

- Service quality and consistency: bringing increased consistency to the service through further integration of internal teams and processes; enabling more time for staff to deliver quality; addressing resourcing issues.
- Development of partnerships with delivery partners –embedding partners fully into the service; learning from the success of the partnership with Shelter.

Conclusion

The focus of this report has been to highlight findings and issues relating to the performance and processes of the first twelve months of the London Victim and Witness Service implementation and delivery. Data for this report was gathered from several sources, including data from Victim Support's case management system, interviews with staff, and a survey with staff delivering the service.

LVWS has had a busy first year, mobilising quickly to integrate several services into a single support offer for victims and witnesses across London. The service has received 170,815 referrals (167,030 victim referrals and 3,785 witness referrals) and provided support to 40,328 service users (38,237 victims and 2,091 witnesses) in the first 12 months of delivery. Performance will continue to be monitored throughout year two, with particular focus on the service user journey through the service, understanding who is using the service, and outcomes for service users.

It was evident from staff that, the principles of a Pan-London, integrated service appear to work well. LVWS aims to make it easier for service users to navigate the CJS and cope and recover following the effects of crime through a single support offer to victims and witnesses across London; staff spoken to consider the LVWS to provide an improved service user experience. Delivery partners appear to bring useful specialisms to the service - supporting victims who may not otherwise access support – though further work is required to fully embed these partnerships.

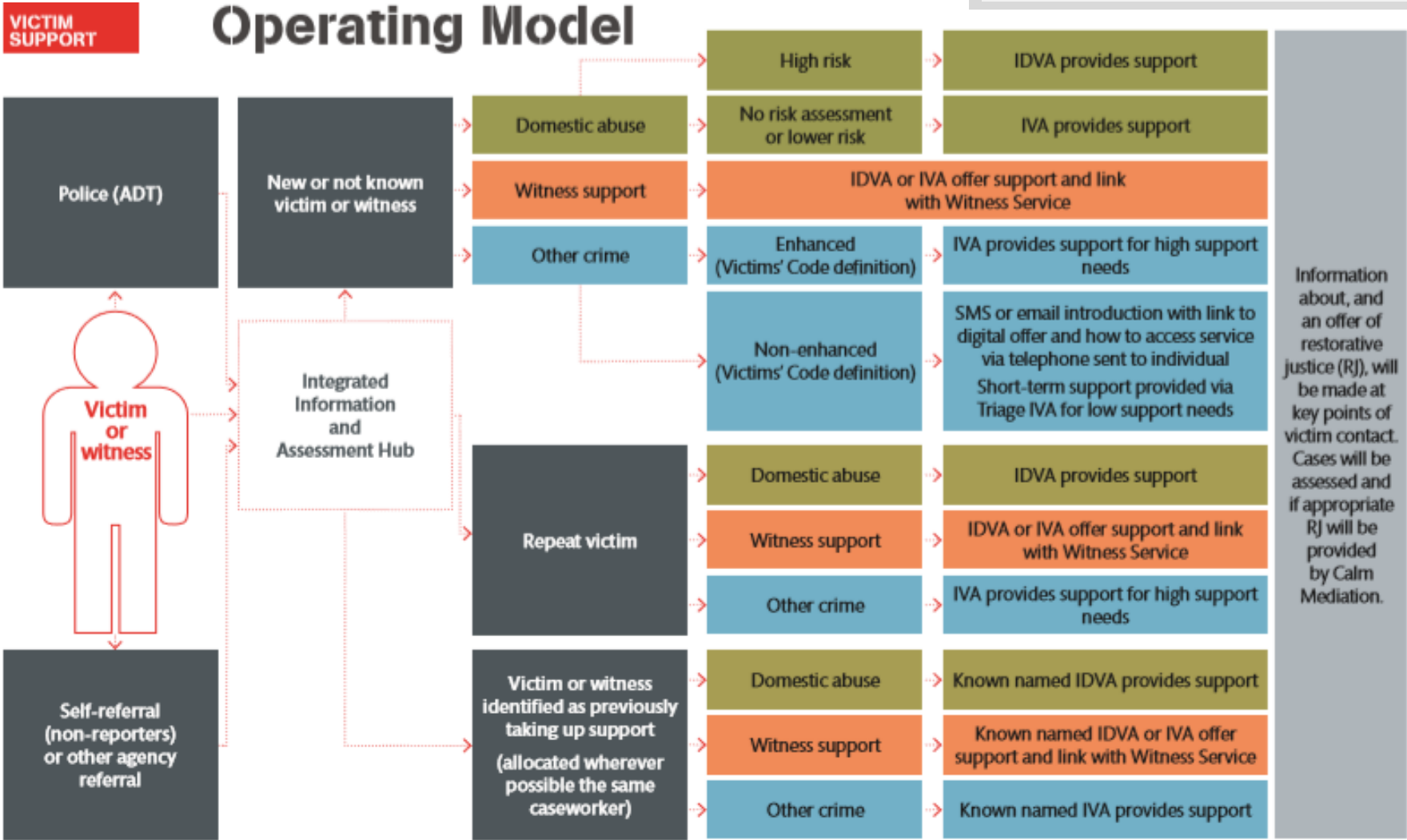
Challenges during early implementation of the service were evident. Staff feedback suggests that mobilisation timescales led to retracted preparation time ahead of delivery, further exacerbated by staff resignations. There is key learning to be taken for future MOPAC commissioned services, to ensure sufficient time for planning and preparation *prior* to service delivery.

Workforce capacity and resourcing issues should be addressed to ensure sustainable ways of working for those delivering the service. Exploring the use of volunteers in the service should be considered, as well as reviewing the roles and tasks performed by LVWS staff, to ensure efficient and effective ways of working. As LVWS progresses into Year two of delivery, opportunities to improve data recording practices and systems should be explored to develop understanding of how the service works. This should include increasing the amount and quality of data captured in relation to take-up of service and case closure. In addition, a key area of focus for Year two is the development and redesign of the service user satisfaction survey. Work is underway to explore viability of an online survey, where appropriate, to yield more robust and reliable results and enhance understanding of service user experience.

Evidence and Insight researchers will continue to monitor performance data - seeking opportunities to obtain quality data – and re-visit staff to hear their views on service delivery. In addition, opportunities to understand the impact of the service, as well as gathering the views of service users, will be explored in Year two. The ability to successfully complete each element will depend on the quality and quantity of data, without which the evaluation will be limited.

NB. This model has altered during implementation. All high-risk DA that comes via triage does not go to an IDVA as the diagram suggests. IDVAs are now all based in their co-locations and most of their referrals come from these. As a result, some high-risk DA that comes via triage will go to IDVAs, the remaining high-risk DA cases are referred to the appropriate borough service.

Appendix A: LVWS operating model



IDVA Independent Domestic Violence Advisor **IVA** Independent Victim Advocate
 Victims will be able to request risk assessment and restorative justice solutions via the website and our delivery partners, and will be informed of this option during their work with IVAs and IDVAs.

Appendix B: Performance Data

Table 2. Referrals and Take-up of service by Crime category

Crime Category	Referrals	Take-up of service	Take-up rate
Non-Crime	1187	1011	85%
Homicide	284	211	74%
Rape	535	314	59%
Other Sexual Offences	1355	696	51%
Other Crime	15741	4205	27%
Violence without Injury	10521	2306	22%
Violence with Injury	18914	4077	22%
Arson	246	41	17%
Fraud & Forgery	22809	2915	13%
Burglary - Dwelling	12338	1509	12%
Criminal Damage	6904	742	11%
Theft from the Person	6394	520	8%
Other Theft	28820	2328	8%
Burglary - Non-Dwelling	1205	79	7%
Bicycle Theft	845	34	4%
Total non-DA Crime	128098	20988	16%
High risk DA	5460	3193	58%
Low/medium risk DA	33472	14056	42%
TOTAL DA related Crime	38932	17249	44%
TOTAL All Crime	167030	38237	23%

Table 3. Domestic Violence related referrals and offence and incident volumes by borough

Borough	Number of referrals	Proportion of total referrals	DV offences volume*	Proportion of total DV offences in London	DV Incidents* volume	Proportion of total DV incidents in London
Enfield	1627	4%	3869	4%	6207	4%
Tower Hamlets	1621	4%	3248	4%	5782	4%
Lewisham	1603	4%	3571	4%	5671	4%
Hounslow	1551	4%	3238	4%	5403	4%
Newham	1549	4%	3559	4%	5876	4%
Croydon	1503	4%	4812	6%	7980	6%
Greenwich	1489	4%	3940	5%	6122	4%
Southwark	1488	4%	3032	3%	4819	3%
Ealing	1427	4%	3449	4%	6203	4%
Brent	1379	4%	3425	4%	5475	4%
Bromley	1373	4%	3042	3%	4783	3%
Lambeth	1328	4%	3068	4%	4861	3%
Hillingdon	1292	4%	2775	3%	4901	3%
Barnet	1276	3%	3123	4%	5034	3%
Barking and Dagenham	1223	3%	3190	4%	5396	4%
Wandsworth	1163	3%	2262	3%	3938	3%
Hackney	1133	3%	2866	3%	4873	3%
Waltham Forest	1124	3%	2466	3%	4241	3%
Havering	1108	3%	2581	3%	4588	3%
Bexley	1073	3%	2573	3%	3892	3%
Redbridge	1068	3%	2319	3%	4136	3%
Haringey	1042	3%	3028	3%	5030	3%
Islington	964	3%	2305	3%	3793	3%
Sutton	964	3%	1830	2%	2860	2%
Merton	820	2%	1727	2%	2778	2%
Harrow	806	2%	2036	2%	3332	2%
Hammersmith and Fulham	801	2%	1834	2%	3284	2%
Camden	762	2%	2195	3%	3580	2%
Westminster	678	2%	2083	2%	3442	2%
Kensington and Chelsea	577	2%	1274	1%	2098	1%
Kingston upon Thames	574	2%	1373	2%	2196	2%
Richmond upon Thames	497	1%	1163	1%	1900	1%

* SOURCE: MOPAC crime data dashboard, CRIS data- rolling 12-month data to June 2020

Table 4. Referrals and take-up of service rate by Age of service user

Age	Referrals	Take-up of service cases	Take-up rate
17 and under	827	411	50%
18 to 24	17414	1930	11%
25 to 34	30424	3483	11%
35 to 44	24511	3152	13%
45 to 54	18539	2628	14%
55 to 64	11622	1623	14%
65 and over	11623	2110	18%
Not Given	13138	5651	43%
TOTAL	128098	20988	16%