

INTRODUCTION

This report is a first draft of a bespoke performance report to the OPCC West Midlands. It is hoped the final version and format will be agreed at this monitoring meeting, alongside a review of the terms of the grant as requested below.

The headings for this report have been taken from Section 2-5 of the Grant Agreement (version 2).

GRANT REQUIREMENTS

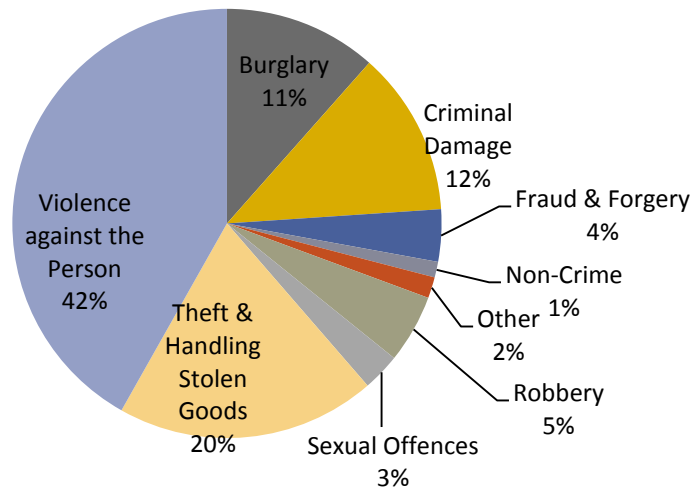
Section 2

- a) **Numbers of referrals to the service, including a breakdown of details such as ethnicity, sex, sexuality, relationship to the perpetrator, faith and disability, geographical location by local authority area, referring agency**

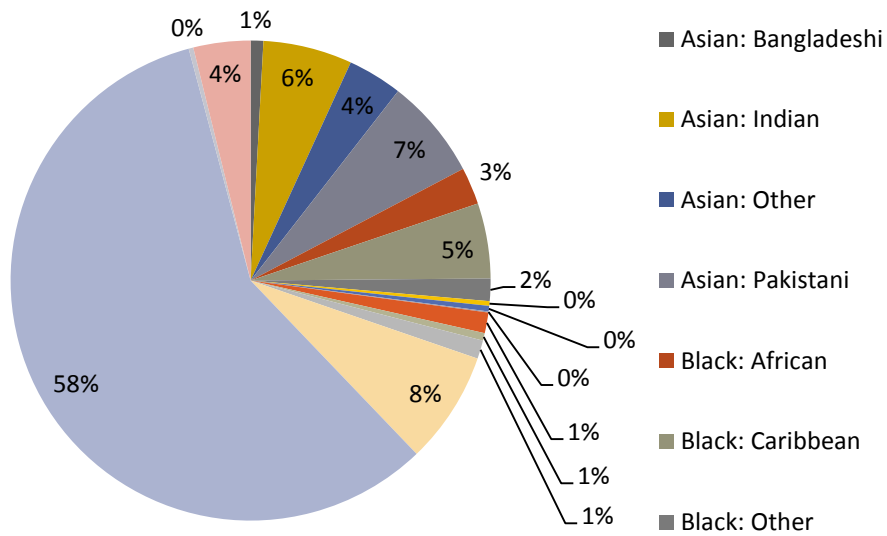
The characteristics in red are currently not provided by WMP nor collected manually by our Victim Care Officers. This can be introduced at the OPCC request but would preferably be provided with the initial data on the referral.

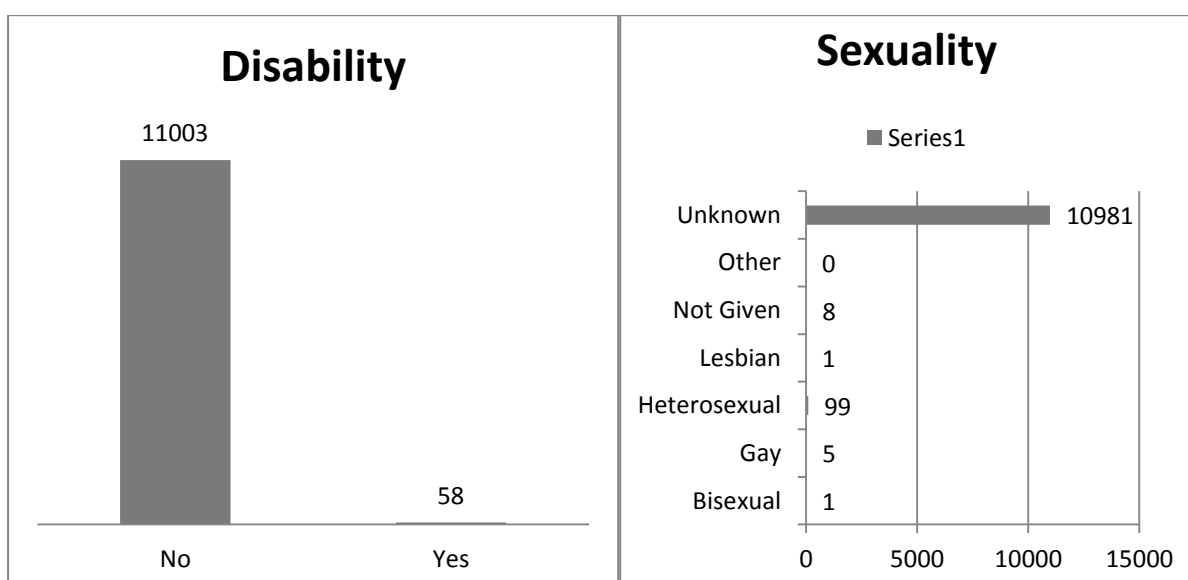
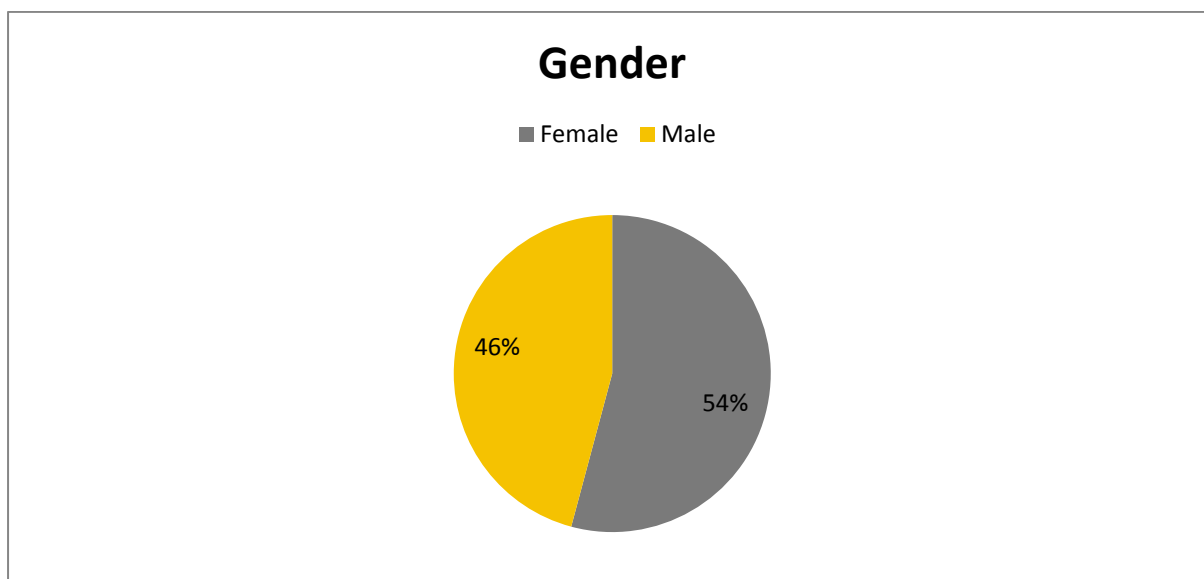
REFERRALS	Apr	May	Jun
ADT Referrals from local Police force (residing in PFA)	4014	3384	2811
Number of Referrals from BTP (residing in PFA)	0	0	34
Referrals from other police forces (Residing in PFA)	158	214	196
Action Fraud	136	130	122
Indirect Referrals (non ADT) from local Police force	17	15	14
Number of Self Referrals	73	65	53
Number of Self referrals via the website	5	14	8
Number of Referrals from Supportline	7	7	2
Via other VS	5	1	3
Witness Service	12	25	1
Other Agency	10	32	73

Cases by Crime Category



Ethnicity





The disability graph shows that 99.995% of victims are not disabled. This may be an anomaly generated by WMP method of recording or are those who decline to answer being logged as not disabled.

With regards to sexuality, we do not know the sexuality of 98.97%, yet 0.07% didn't provide their sexuality details suggests the figures are wrong or that WMP method of collection / data storing is flawed. From within VS, equalities monitoring and understanding of the need to record and provide equality information is poor; this is being addressed.

b) Numbers referred to other services after intervention

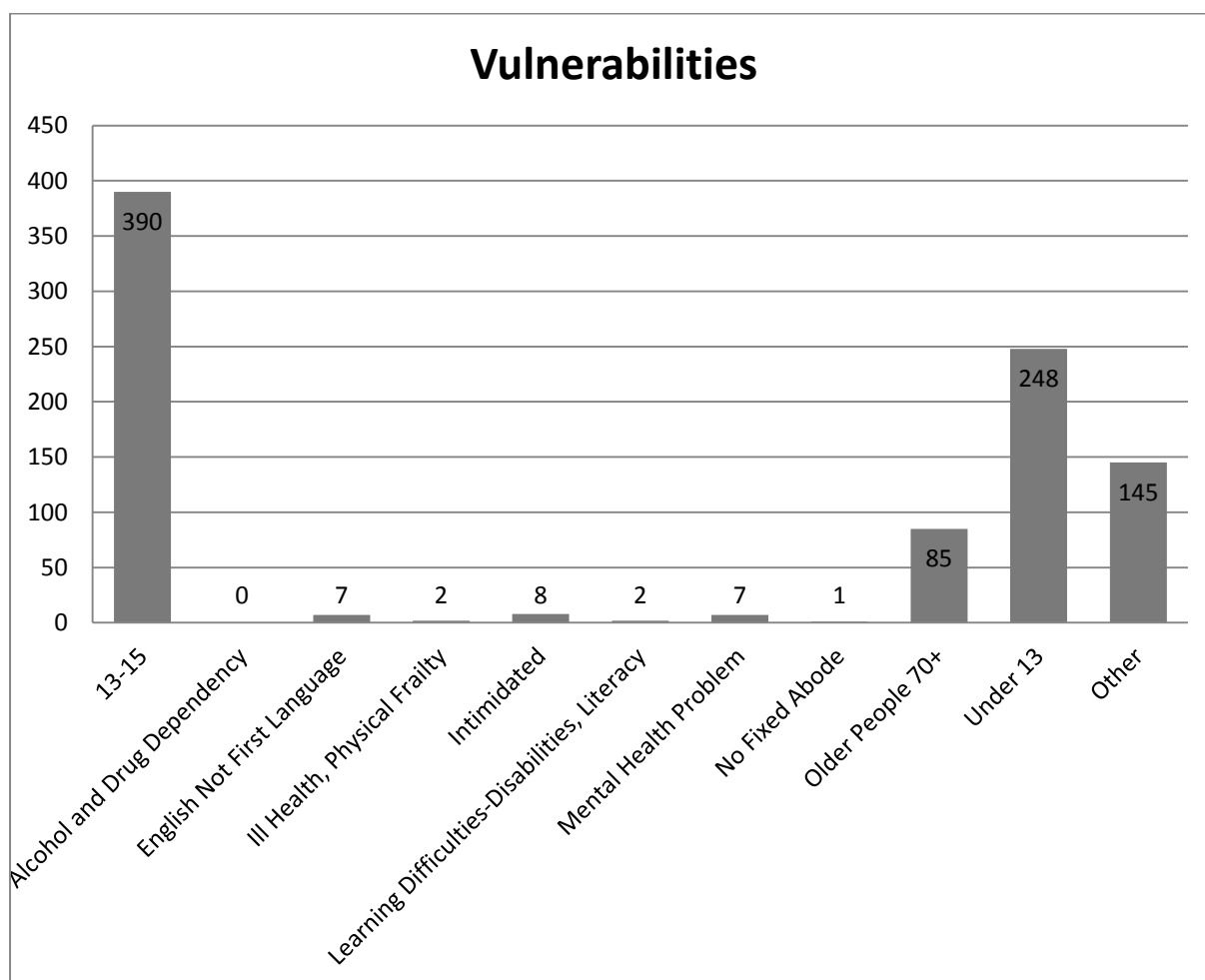
<u>Needs Assessments</u>	% of Total Cases receiving a needs assessment		% of Total Cases receiving a needs assessment		% of Total Cases receiving a needs assessment	
	Apr	May	May	Jun	Jun	Jun
Number of needs assessments - onward referral for further support within Victim	368	31%	271	46%	359	51%

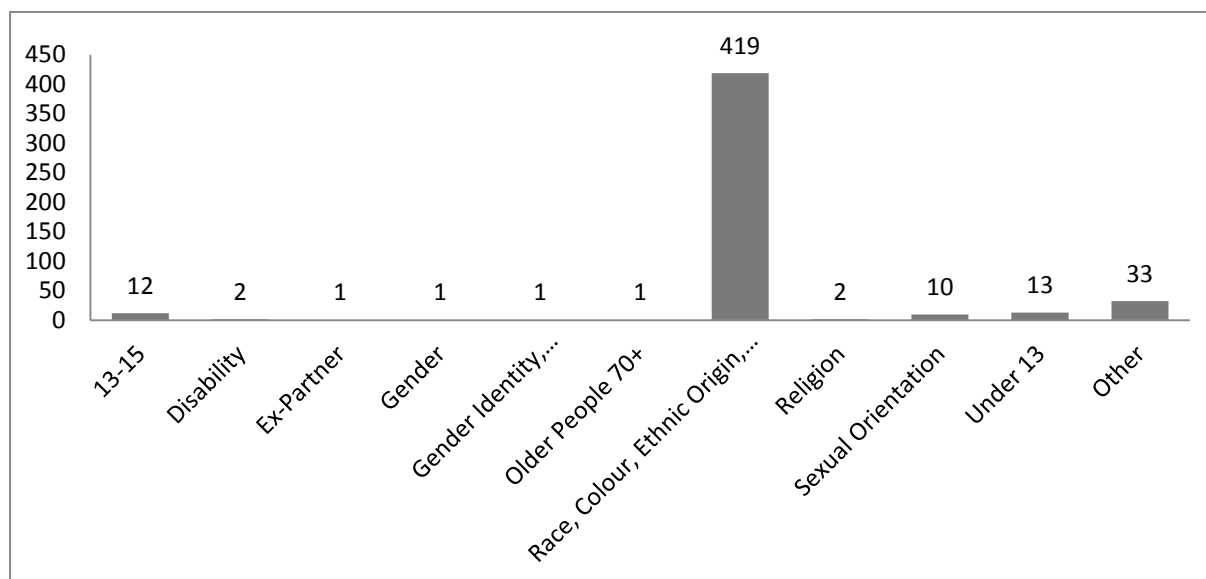
Support						
Number of needs assessments - onward referral external agency support	36	3%	23	4%	18	3%
<u>Service Delivery</u>						
Number of onward referrals to external agencies made during the measure period	252	21%	99	17%	65	9%

These are records of ‘onwards referrals’ (as distinct from signposting; approx. 200 per month). The list of agencies referred on to are not consistently being captured by the service delivery team; so this is being addressed. From the above the following delivery agents are included: MARAC, Lifeworks, BRAVE, Witness Service, ASB Sandwell, REC Sandwell, Sandwell/Dudley Womens Aid, Power Advocacy, CRASAC, Coventry Haven, The Haven Wolverhampton, Anawim, Walsall Adult Social Services, Sandwell Wellbeing Hub, Birmingham Space – Barnardos, CAB.

c) Profile of service users

Below is a breakdown of vulnerability types, plus a breakdown of hate crime categorisation for all cases.





d) Numbers of complaints and how they were resolved

No complaints have been during the period 1st April – 31st June 2015. Complaints are logged centrally and managed via a central complaints log.

e) Victim Support shall make available a means of providing feedback by way of a victim survey/satisfaction form, for completion and return by each victim at the end of the service and will actively seek this feedback together with any comments to enable improvements to be made to the service. The percentage of completed and returned victim survey/satisfaction forms is to be 70% of the total cohort supported.

There is still a lot of work to do in this regard. Nationally, we are devising new methods of collecting feedback from our service users. The new tiered service user survey approach ensures that the level of questions asked are now dependent upon the nature of support from VS the client has received. At the moment those supported solely by the Victim Care Unit are not eligible for survey, but this is to be reviewed. Those that do go on to receive a service from our local community teams can then be put forward to have either a Tier 1 or 2 survey, depending on the number of service deliveries or interventions they have had.

The Tier 3 survey is based on My Star (Children and Young People) and Empowerment Star (Adults) and will be introduced from Quarter 2 with the introduction of the caseworkers and bespoke services.

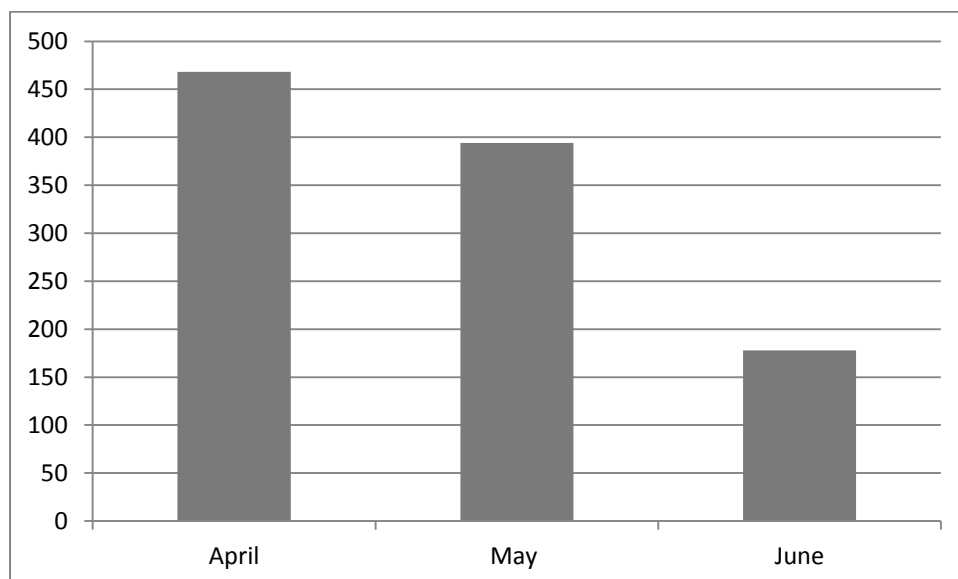
The West Midlands currently has a model for completing SUS. We are planning to introduce an automated text for Tier 1 surveys (postal systems only generate a 6% return, with SMS and email at a higher rate). This will hopefully be introduced during Quarter 2 and a CMS change request has been made.

	April - June
% eligible victims completing the tier 1 survey	28%
% eligible victims completing the tier 2 survey	5%

Month Name of Calendar Year SUS	Qtr 1	
Tier 1 Responses	% surveyed satisfied or very satisfied with service	74%
	% surveyed who found the service easy to access	92%
	% surveyed reporting improved health and wellbeing as a result of services	59%
	% surveyed feeling safer as a result of service	56%
	% surveyed reporting that service helped manage aspects of everyday life	40%
	% surveyed feeling better informed as a result of service	52%
	% surveyed that were helped with dealings with police and other agencies	33%
Tier 2 responses	% surveyed satisfied or very satisfied with service	94%
	% surveyed who found the service easy to access	96%
	% surveyed reporting improved health and wellbeing as a result of services	91%
	% surveyed feeling safer as a result of service	91%
	% surveyed reporting that service helped manage aspects of everyday life	72%
	% surveyed feeling better informed as a result of service	61%
	% surveyed that were helped with dealings with police and other agencies	47%
	% surveyed where crime impacted on confidence	100%
	% surveyed reporting service helped cope with the impact on confidence	61%
	% surveyed where crime impacted on shelter and accommodation	33%
	% surveyed reporting service helped cope with the impact on shelter and accommodation	0%
	% surveyed where crime impacted on relationships and social life	89%
	% surveyed reporting service helped cope with the impact on relationships and social life	44%
	% surveyed where crime impacted on work and study	89%
	% surveyed reporting service helped cope with the impact on work and study	50%
	% surveyed where crime impacted on finances	50%
	% surveyed reporting service helped cope with the impact on finances	50%

f) Numbers of people who declined the service and why

468 April, 394 May, 178 June victims declined the service.



Top 3 reasons:

1. No support required; coping well/not impacted by the crime
2. Already has a support worker/support system
3. Domestic Abuse; returned/returning to partner

Our CMS does not adequately categorise the reasons why services have been declined, so this has been taken from the text inputted by Victim Care Officers. Reasons vary according to individuals but there is some data to show that some victims referred by WMP are not expecting the call, nor want VS.

g) Numbers of service users who withdrew from the service and why

65 victims withdrew from the services between April – June. The reasons are not captured by CMS (except 'cancelled needs; victim did not want service). The new managers monthly reporting format will manually capture reasons for withdrawal so this data will be available for the next quarter.

h) Staff turnover in relation to the service

1 x 20hr Victim Care Officer post (recruitment to replace underway). We have also used some underspend to recruiting for additional part time Victim Care Officers (in order to extend weekend opening) plus two additional 25 hour posts.

i) Staff training in relation to the service - type of training provided and numbers of staff attending

Training Event	Numbers from West Midlands attending
Core training – 5 Day	1
Domestic Abuse – 3 day	1
Skills to accredit volunteers to practice	3
Caseworker – joint two week induction programme	6

Restorative Approaches awareness	4
Learning Difficulties and Autism Awareness	1
Media Spokesperson	3
Young Victims Direct – 3 days	1
Sexual Violence – 3 days	2
Victim Care Officer Core training – 4 days	4
Middle Manager Development Programme – 2 days	1
Designated Safeguarding Officer – 2 days	2

j) Any staff management and recruitment issues, including staff support and supervision

Six caseworkers were recruited during April/May and started with VS on 22nd June. They are still in their joint induction phase/probation period. They will work with Children and Young People (minimum age 8; to be discussed) and vulnerable adults with complex needs. They will receive bespoke CYP training, CMS training and Outcome Star learning. They are supervised by the Operations Managers.

All other staff have completed their Performance Development Review's and all objectives for 2015/16 have been set in terms of meeting the OPCC grant for services.

A national VS staff engagement survey process has commenced.

k) Range of contact with out of area service providers (Warwickshire, West Mercia and Staffordshire)

There is now a clear link with the services in these surrounding areas through the acting Contract Manager. The surrounding areas are supporting the Victim Care Unit through shared facilities and other costs. There are also shared business continuity plans for extra resilience within the teams. From a casework perspective, cases transferred in and out of area tend to come from these neighbouring areas. However once we have transferred a case through our CMS we are then unable to collate this data (we lose access to the case). We will collect this manually for quarter 2.

l) An overview of key achievements for the quarter

The formal restructure completed for 20th April and all staff were confirmed into post. During this period, moral was low and staff were uncertain as to their futures. Despite this, they retained volunteer levels and continued to provide services as business as usual.

More recently the staff have had several 'team days' to keep them informed on the services to be delivered to meet the specifications of the Grant and to ensure they work collectively with each other. This has had a positive effect and the wider team are clear in what is required of them.

Managers have identified areas where Victim Support need to be more visible and are beginning to increase their work with partner organisations. This includes attending multi agency meetings and most Local Police and Crime Boards/CSP's.

m) Details of budget and expenditure

Provided separately.

n) Partner agency feedback

We have recently received excellent feedback from many partners following our ‘open day’ at Dudley VS office. We have also has fruitful conversations about local partnership work with LPU Commanders for Solihull; Birmingham South; Birmingham Central and West and the PPU for South.

However, we do need to acknowledge and take note of the comments raised at some of the local Victim Commission events. It is apparent we need to raise our profile in local areas and increase the amount of partnership work, on a service delivery and strategic basis. We would look to work with other organisations on developing services to victims and helping to identify and address gaps in services available. We are currently seeking a secondment into our Victim Care Unit from partner Domestic Abuse services to assist with this workload and ensure victims get the right service, first time. We are also dedicated to working to the ‘no wrong door’ principle, so that we can find the right support for the service user with better effect. We have circulated the OPCC service directory and local managers have been asked to put forward any others they are aware of locally.

We have required local managers to provide any partner feedback on a monthly basis as part of their standard report so we hope to have more detail Quarter 2/3.

o) Records providing qualitative and quantitative data which should clearly specify what difference the service has made to users lives and be based on the principles of cope and recover.

This requires further discussion and some clear outcome measurements determined. The use of Outcome Star for children and young people and vulnerable complex needs adults will provide some focussed data on the difference our intervention has made (measure from baseline at entry to service to current position on exit of service, and their ‘journey’ throughout). We should begin to see data from this by Quarter 3. For all other cases, we will use SUS more effectively to gain the qualitative data required as agreed and will provide case studies at future monitoring meetings.

Section 4 Baseline Service Targets

a) Victim Support shall contact 100% of all victims referred.

This is a challenging target for victim services. There are essentially 3 blockages to achieving the 100% target:

1. Data Quality. There are a number of referrals that we cannot convert into cases because there are data quality issues (usually no contact details for the victim) present on the referral:

Case Conversion	Apr	May	Jun
Number of non conversions due to data quality	236	147	148

There are also problems with data quality identified even once a referral has been converted into a case.

	Apr	May	Jun
Number of no contacts - safe phone contact for DV and hate referrals not provided	2	1	3
Number of case no contacts - incorrect or insufficient contact information	18	18	15

2. Opening Hours. The unit has now extended to Sunday openings but we may need a rota consultation to ensure enough cover is available on every weekend to meet demand.
3. The 24 hour timeline as below.

- b) **A minimum of two contacts is to be made within 24 hours, before a written contact is undertaken (unless this has been noted as the preferred method of contact).**

This requirement has been explained to the Victim Care Unit and wider team and implemented from 1st July 2015. Therefore, we hope to see much improved performance for Quarter 2 and beyond.

	Apr		May		Jun	
Number of cases contacted within 24 hours	121	8%	53	4%	94	7%

There is a specific problem with DV, SV and Hate Crime cases as our national Working with Domestic Abuse policy specifies that a written contact cannot be made (for safety reasons; unless this is victims preferred method). We are not provided with detail of the victims preferred method in the initial referral, and therefore request WMP to provide this if they can in order to help us to contact more victims.

	Apr		May		Jun	
Number of cases where phone contact unsuccessful and no other contact made	511	35%	568	40%	477	36%

The majority of these are Domestic Abuse cases for reasons as above.

- c) **Victim Support shall ensure that 100% of Service Users have a support plan in place within one week of the completion of a comprehensive needs assessment.**

Support plans have been introduced from 1st July 2015 for all service users in receipt of local community support and via the caseworkers. A change to CMS has been made to record support plans under service delivery and local managers instructed to introduce these with their volunteer teams, complete in conjunction with the victim, update, record under needs and uploaded to CMS.

- d) **Victim Support shall ensure that 100% of Service Users have an allocated Caseworker/keyworker.**

All service users are allocated to a staff or volunteer member.

	Apr	May	Jun
Number of cases assigned a volunteer during the measure period	308	280	338
Number of cases assigned a specialist worker during the measure period	168	168	168

In the VCU the name of the officer is given and should the victim wish to call back in are redirected to their original call handler where possible.

- e) **Victim Support shall ensure that 100% of Service Users assessed as requiring support are also supported to engage with an appropriate outside agency e.g. Childcare and Family Support agencies, Child and Adolescent, Mental Health Services, Care Providers, Counselling Services, Advocacy Services, Debt Advice Agencies etc., as determined by their support plan.**

	Apr	May	Jun
Number of cases service delivery for commissioned services only during measure period	26	11	10
Number of onward referrals to external agencies made during the measure period	252	99	65

As a suggestion, we may need to consider using the term ‘appropriate’ service users; as not all will need external service and we must remain entirely victim led. However we do agree this can be encouraged with the teams and relationships strengthened with referring agencies.

Section 5 Cope and Recover Outcomes

This is captured as ‘for discussion with Victim Support’. We are considering this nationally and how we intend to evidence the value of our services. There are a few points for discussion before we finalise how to capture outcomes:

1. What are VS expected to do to prioritise those who have suffered the most serious forms of crime, have been persistently targeted or who are vulnerable, above and beyond the 24 hr contact requirement?
2. Process of change: The outcomes star will identify this in those cases where used; but this will only be a few compared to the many.
3. Improve victims’ experiences of the criminal justice system. This is very challenging to identify locally, albeit national research has shown that where supported by VS confidence with CJS has increased. We have started providing the Victim Code of Practice data and have information regarding this in several languages. Is there anything else specifically required?
4. Identify well-being concerns, assist victims back in to work, improve social networks, reduce further victimisation, increase personal perceptions of safety:- The SUS Tier 2 report will assist with capturing this data.
5. Consult with victims on the type of services they want. We would hope to do this in partnership with other providers or Council for Voluntary Organisations, so as not to repeat any exercises or target the same cohort.