

# Response to Ministry of Justice consultation on the Code of Practice for Victims of Crime

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*Note: due to difficulties with accessibility to the consultation document, we have written our response as a Word document. We have used the same order of questions as in the consultation document and have added our proposals for the Bill at the start of this document.*

*This document should be read in conjunction with the report of our consultation with disabled survivors.*

## **Stay Safe East's Proposals for the Victim's Bill**

### **Additional principles**

The Bill should meet the provisions relating to justice and the rights of victims in:

- the UN Convention on the Rights of Persons with Disabilities
- the Istanbul Convention on violence against women and girls)
- The Convention on Elimination of All Forms of Discrimination against Women (CEDAW) and other relevant human rights protocols which the UK is signatory to. From this, follows a duty on all parts of the criminal justice system to ensure equal access to justice for all victims, regardless of protected characteristics.

## Specific proposals

### 1. A Right to Access

Currently, the only protected legal rights are under civil law (Equality Act). Victims of crime who have protected characteristics are often at a disadvantage in accessing justice by the lack of accessible information, communication support and physical access to buildings or facilities. In this context, disabled and other victims have fewer rights than suspects, who have some basic rights under PACE, for example to an interpreter. In order to ensure fair and equal access to, and help avoid miscarriages of justice, the right of access, would be enshrined in the Victims' Law and therefore in criminal law to protect victims of crime. There is a precedent in the NHS's duty to provide accessible information: the NHS Accessible Information Standard (AIS)<sup>1</sup>. Our proposal would place a specific Statutory Duty on the criminal justice system in relation to a right to:

- A Statutory Duty to assess a victims' access, support and communication needs. Here, we signpost to the Victims' Commissioner's call for an Easy Read, BSL and foreign language editions of the Victims' Code<sup>2</sup>.
- A Statutory Duty on the criminal justice system to meet those needs
- Accessible information in the preferred format of the victim – for example a copy of their statement in a format they can read, or of their rights under the Victim's Code, and to accessible information about what happens next
- Appropriate communication support (BSL, spoken community language, speech to text reporter etc.) at all stages of the criminal justice system from initial interview to court and beyond

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<sup>1</sup> <https://www.shsc.nhs.uk/sites/default/files/2021-07/Accessible%20Information%20and%20Communication%20Policy%20%28NP%20036%20V1%20June%202021%29.pdf>

<sup>2</sup> <https://victimscommissioner.org.uk/our-work/briefings/victims-law/equality-considerations/>

- To be referred to an accessible police station or court or to make a statement/attend court remotely or if appropriate from the person's home or another venue of their choice.
- To facilities such as more frequent breaks, an accessible toilet, suitable seating, an induction loop or to be in a quiet room that does not trigger sensory overload.

We are aware that such as provision would require additional resources, and are therefore suggesting that:

- A designated inclusion fund be set up for criminal justice agencies to resource the right to access

## **2. Removal of Barriers to Safety and Justice**

- Pre-recorded cross examinations by trained and registered professionals only for vulnerable witnesses (should be defined)
- Much wider access to an intermediary than a present
- An end to the six-month statute of limitations for prosecution in all cases involving abuse (VAWG, hate crime, trafficking, modern slavery etc.) or where the victim is deemed to be 'vulnerable or intimidated'
- Direct Single Point of Contact (as in the current CPS pilots) between the prosecutor and the victim in all cases involving VAWG, hate crime, institutional abuse and other forms of interpersonal violence or abuse

## **3. Advocacy**

- The right to a choice of an independent advocate for all victims of interpersonal crime (IDVA, ISVA, specialist VAWG advocate, hate crime advocate, IVA, etc., advocate for people abused in institutions) throughout the criminal justice process
- Hate crime advocates, IVAs and other should have the same role and recognition by police and the CJS as IDVAs and ISVAs

#### 4. Keeping victims safe

- A clear pathway to safety and support for victims of institutional abuse (care and nursing homes, special schools, mental health hospitals etc.) with access to independent advocacy
- Multi-agency bodies, such as community MARACs and hate crime panels, should have the same status in law as domestic abuse MARACs
- A clear pathway to safety and support for victims of institutional abuse (care and nursing homes, special schools, mental health hospitals etc.) with access to independent advocacy
- Safeguarding processes that keep victims safe:  
A Statutory Duty on all agencies (criminal justice, social services, health, housing, education etc.) to safeguard victims of crime (including 'adults at risk and those with limited or fluctuating capacity) and to share only information that will enhance the victim's safety including:
  - A Statutory Duty to refer any disabled victim of domestic abuse subject to adult safeguarding to MARAC or to an IDVA or other specialist advocate
  - An end to the practice of inviting perpetrators to safeguarding meetings
  - A victim's Statutory Right to privacy and non-disclosure to family members if they are a victim of crime, unless the victim consents
  - The right to an independent advocate for all disabled people subject to safeguarding proceedings, not just for those who are deemed to have 'limited capacity
- We are repeating here demands from migrant women's organisations for a firewall between the police and the Home Office so that migrant victims of VAWG do not face detention or deportation if they report domestic or other abuse. The Home Secretary has refused this and says that the Home Office/Borders Agency has a 'safeguarding role' towards migrant

women. as an organisation working with disabled survivors from a wide range of backgrounds, we are concerned at the impact this will have on the safety of migrant victims of VAWG and other crimes.

## 5. Oversight

- A designated 'Victim's Right to Review' review lead in each police force
- Regular reports to Independent Advisory Groups and Scrutiny panels on use of the VRTR relating to different protected characteristics
- Victim/survivor involvement in the inspection process following a similar model to the "Expert by Experience" model used by the Care Quality Commission.
- Regular Specialist Multi-Agency and Voluntary Sector Scrutiny Panels and a 5 yearly review of inclusion in the criminal justice system, working with disabled victims/survivors to assess progress
- A Statutory Duty on the police and CPS to support Independent Advisory Groups (IAGs), including specialist IAGs of disabled, BAME, LGBTQIA+, women and young people
- Victim satisfaction responses should be sought at key stages of the criminal justice process: initial reporting, investigation (possibly within a set time scale from a report being made) decision about charging, court date set, court case begins and ending of court case.

## 6. Commissioning

- A duty placed on commissioners to directly make provisions for disabled (and other) survivors of VAWG and separately, other forms of crime, in order to understand barriers and assess needs
- A duty to keep accurate data on the range and numbers of disabled survivors supported, and outcomes for those survivors,

this would include disabled victims/survivors referred to adult safeguarding

- A duty *and* the resources to fund ‘by and for’ services as well as ‘one size fits all’ mainstream service (the amount would be based on the percentage of the local population e.g. of specific BAME communities, disabled people etc.)
- A focus on funding rather than commissioning<sup>3</sup> so that smaller ‘by and for’ organisations can bid, including those just starting to work on VAWG or other crime issues
- A designated fund open only to organisations run by and for Deaf or disabled people for independent victim advocacy, including hate crime and other issues which might be prominent locally

## **7. Training and Ensuring Quality Standards**

- Training for police, courts, CPS etc. on anti-discriminatory practice.
- More police officers trained in ABE and advanced ABE interviewing techniques and protocols.

## **8. Parole**

- A clear duty on the police and Probation Service to communicate with victims (accessibly) when an offender comes up for Parole, as set out in the Victim’s Code
- The right of the victim to update their Victim’s Personal Statement so that the long-term impact and continued risks to the victim can be made known to the Parole Board
- The right of the victim to support their VPS with a statement from a supporting organization
- Victims to be referred to a support organization when a case comes up for review

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<sup>3</sup> It is our understanding that now that the UK has left the EU there is no obligations to tender all contracts for services. EU law always included a clause relating to ‘social value’.

## 9. Data

- Data should be collected against all protected characteristics and provide a more detailed breakdown of crime type, who is experiencing etc.
- Disabled people living in residential care etc., must be included in the Crime Survey and the survey made accessible to all
- Relevant Adult and Children's safeguarding data must be incorporated into crime data
- Disability should be recorded consistently across all agencies and staff given guidance to identify and record disabled victims

## 10. Commissioning and funding

- A duty *and* the resources to fund 'by and for' services as well as 'one size fits all' mainstream service (the amount would be based on the percentage of the local population e.g. of specific BAME communities, disabled people etc.)
- A focus on funding rather than commissioning to enable 'by and for' organisations to bid
- Dedicated funding at local and national level for 'by and for' organisations, including a capacity building fund

Some recommendations are outlined in more detail in our response to the consultation questions.

## **1. Introduction**

Stay Safe East is a London based organisation which has been working with disabled victims of hate crime, domestic and sexual abuse and general crime as well as other forms of abuse (institutional, financial, 'carer' abuse) since 2010. We are a peer-led organisation of disabled people (Deaf and Disabled People's Organisation or DDPO) working with disabled survivors, with a particular focus on violence against disabled women and girls and on hate crime. We are a partner in the London DDPO Hate Crime Partnership, helping to build capacity of DDPOs to work with disabled victims of hate crime. We are also part of the London Victims and Witnesses Service led by Victim Support London and of the Ascent Partnership of organisations working on violence against women and girls.

## **2. Context: Disabled victims of crime**

Disabled people are amongst the groups most affected by crime, and in particular violent crime against the person, but they are least likely to report and least likely to get a conviction.

In the financial year ending March 2021, 9943 disability hate crimes were recorded by the police, a 9% increase since the year ending March 2020<sup>4</sup>. Of these, just 255 (2.6%) made it to court, accounting for just 2% of the total disability hate crimes reported, with 15% of all reported disability hate crimes involving violence against the person. These figures are likely to be higher due to underreporting of such incidents, often as a result of difficulties around recognising such experiences as hate crimes and reporting them.

The National Intimate Partner and Sexual Violence Survey reported that disabled people are at a greater risk of experiencing sexual violence and intimate partner violence, estimating that 39% of female rape victims were disabled, and 24% of male sexual violence victims,

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<sup>4</sup> <https://www.gov.uk/government/statistics/hate-crime-england-and-wales-2020-to-2021/hate-crime-england-and-wales-2020-to-2021>



other than rape, were disabled (Basile et al., 2016). The Stop the Violence Project (2012-2013) found that disabled women were at greater risk of experiencing residential and institutional violence, including deliberately withholding or refusing to provide medicine and assistance with everyday tasks, such as bathing and eating.

Disabled people are also more likely to experience domestic abuse than non-disabled people. According to the Crime Survey for England and Wales (2020), disabled women are at least twice as likely to experience domestic abuse than non-disabled women<sup>5</sup>. These reports also showed that disabled survivors are more likely to live with the perpetrator(s), and experience abuse for a longer period of time than non-disabled survivors.

There is also evidence that Black and minoritised and disabled people are significantly more likely to experience gendered forms of abuse, outlined in the EAW response to the 'Unequal Impact' inquiry in April 2020<sup>6</sup>. These intersectional inequalities are exemplified in the finding that Black, mixed race, American Indian and Alaska Native women are significantly more likely to experience sexual assault than their White counterparts<sup>7</sup>, and disabled women are almost twice as likely to have experienced sexual assault than non-disabled women<sup>8</sup>.

Evidence of the inequalities in police and CJS responses to disabled victims can be found in Stay Safe East's response to the Home Office consultation on the VAWG strategy<sup>9</sup> and in Inclusion London's 'Poor Policing' report (for which Stay Safe East contributed evidence) on the Metropolitan Police's response to disabled victims of hate crime<sup>10</sup>.

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<sup>5</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>

<sup>6</sup> <https://committees.parliament.uk/writtenevidence/8631/pdf/>

<sup>7</sup> [https://endsexualviolence.org/where\\_we\\_stand/racism-and-rape/](https://endsexualviolence.org/where_we_stand/racism-and-rape/)

<sup>8</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/disability/articles/outcomesfordisabledpeopleintheuk/2020>

<sup>9</sup> reference

<sup>10</sup> reference

The demonstrably increased risk of crime against disabled people compared to their non-disabled counterparts informs both the work of Stay Safe East and our response to this consultation.

### **3. Disabled Victims and the Victims' Code**

Below are some of the issues which clients and their advocates continue to face in relation to compliance with the updated Victims' Code from 2020. Please also refer to the report of our engagement with disabled people in relation to the Victim's Bill.

- Repeated instances of police officers refusing our clients' request for their advocate (IDVA or hate crime) to be present with them at an interview, even though we are very clear about our role and not intervening. Where an advocate has been allowed, clients have been more comfortable sitting through an ABE interview.
- Failure to inform the victim about the Victim's Right to Review of charging decisions in an accessible format
- Victims not being updated by the OIC – one participant only found out about victims' rights through an unrelated police connection – the OIC did not inform the victim of any rights, or updates to the case.
- Victims not being informed about the ability to update their Victim's Personal Statement and that it will be shown to the perpetrator.
- Police officers having no knowledge of how to obtain an assessment for an intermediary or book a BSL interpreter.
- Officers failing to investigate hate crimes, even where video evidence has been supplied, and as a result, cases being closed.
- Local courts only having one separation screen or private room (which is often booked).
- Court induction loops are never in working order

- Initial interviews of Deaf BSL victims being held without the presence of an interpreter and repeated phone calls to victims who can only communicate via text.
- Courts are unable to find a videographer who is available to record a victim/witness at home, putting them at risk during the height of the pandemic.
- Continued issues with spoken community language interpreters – complaints have to be dealt with by the agency who contract them even though this could impact a victim’s case
- Consistent failure by police to circulate information regarding access, communication or support needs of disabled victims resulting in the victims being required to constantly repeat information – unless they have an advocate, it has been found that the victim usually declines to go further with the case.

#### **4. Our response to the consultation questions**

*We have grouped some questions, and not responded to those where we have no comments or cannot gather sufficient evidence.*

#### **Chapter 1: Meeting victims’ expectations**

#### **Q1. Do you agree that the principles set out in the consultation are the right ones? If not, do you have any other suggestions?**

Stay Safe East supports the aim of “placing the key principles of the Code in primary legislation to send a clear signal to all listed agencies that they must comply with delivering it.

Stay Safe East welcomes the four principles of:

- Ensuring victims are informed throughout their journey in the Criminal Justice System
- Ensuring victims are supported regardless of whether they report the crime
- Ensuring victims voices are heard (including through the opportunity to make a Victim Personal Statement)

- Right to review or challenge decisions

However, we would like to see more of a focus on specific protection for disabled victims/survivors and a removal of barriers to safety, resolution and justice for all victims. Disabled victims of interpersonal crimes such as domestic or sexual abuse, hate crime, financial exploitation or modern slavery face specific barriers to information, support and being heard. A “one size fits all” approach in law or in practice risks neglecting the many barriers faced by disabled victims, whether due to disability discrimination, or to other discriminatory factors such as racism, homophobic or transphobia or sex discrimination. The new bill should also seek to align the law with the UN Convention on the Rights of Persons with Disabilities (UNCPRD), and in particular with Articles 12 (Equal Recognition before the law, 13 (Access to Justice), 14 (Article 14: Liberty and security of the person) and Article 16 (Freedom from exploitation, violence and abuse).

We have consulted our clients and staff on the Victims’ Bill and have used the evidence from nearly 12 years of casework; From this we have drawn up a set of principles for the Victims’ Bill.

Additional principles:

- a. The Bill should meet the provisions relating to justice and the rights of victims in:
  - the UN Convention on the Rights of Persons with Disabilities
  - the Istanbul Convention on violence against women and girls)
  - The Convention on Elimination of All Forms of Discrimination against Women (CEDAW)
- From this, follows a duty on all parts of the criminal justice system to ensure equal access to justice for all victims, regardless of protected characteristics.

Here, we would like to signpost to the End Violence against Women (EVAW) consultation response and the needs to ensure that survivors can access protection and support without discrimination based on immigration or refugee status. In particular, the Victims' Bill should include a 'firewall' between victims reporting violence against women or other crimes to the police, and the immigration authorities. We would strongly urge a reconsideration of the government's position on this matter. Please also see super complaint<sup>11</sup> on a firewall and safe reporting mechanisms.

**Q2. What more can the government and agencies listed in the Code do to ensure frontline professionals are aware of what is required of them under the Code?**

Regular mandatory training around the Code is the required baseline for frontline professionals. It is clear that one-off training is not sufficient as knowledge amongst frontline professionals is inconsistent.

Training and information about the rights of victims should include, police, courts and the CPS but adult and children's social services and mental health services, who deal with victims of crime under safeguarding procedures, and are woefully unaware of the rights of victims/survivors. It should be extended to health service worker and for example youth and homelessness workers.

**Q3. What more can the government and agencies listed in the Code do to ensure every victim is made aware of the Code and the services they should expect to receive under it?**

We believe there is a need to clarify whether the Code is policy, guidance, or law, and to determine its purpose and how it is enforced. In our experience, engaging with the current Code often does not lead to tangible results and authorities do not adhere to protocols.

People do not tend to think about their rights as victims until they experience crime. The majority of Stay Safe East clients now access

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<sup>11</sup> <https://drive.google.com/file/d/15vpdmQD3qDJJnsgQjmbDaJ0PC2CYJHAv/view>

information via their mobile phones. Organisations could put links that inform victims of their rights in short videos on their websites; these should be available in easy-read and BSL versions.

We suggest that the information be broken down into four components:

- What are my rights if I am a victim of crime?
- What are my rights when I report the crime to the police and is their process?
- What happens if my case goes to court?
- Where can I get support?

**Q4. 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?**

Our clients and advocates have found police communication with victims to be poor or non-existent. Our client (see report on engagement with disabled people) tell us the same thing. This is not merely a matter of timing. Advocates have to chase police about basic information such as crime reference number, the name and contact details of the officer in charge, whether the case has been flagged as a hate crime, updates on the progress of the case, or even about a court date. There are particular issues in the early stages of a case when the police attending has taken an initial crime report before the case is handed over to an OIC. A traumatised victim, who, for example, has learning disabilities, might not understand the process or remember the crime reference number or the date of their court case. Their advocate is there to support them, but the unwillingness of many officers to communicate with the victim's advocate adds to the difficulties in communication, as does the need to go via 101 to leave a message and hope the OIC gets back to the advocate promptly.

*My client has learning disability, ADHD, and access needs the authorities were not meeting. The authorities didn't give her a reference number or a letter. I raised a complaint and it was escalated. They said they hoped it would help but nothing has happened as of yet. (Stay Safe East Hate Crime Advocate)*

*They might have given me a piece of paper, which means nothing to me, because for a blind person, a piece of paper means nothing. They don't provide information in accessible formats, full stop. (Stay Safe East client)*

Our advocates say there is little recourse for clients unless they make a complaint and even then, issues are often left unresolved. Our advocates use channels such as the Hate Crime Liaison Officers or re-refer cases to MARAC, but still find that cases do not progress.

A protocol could be introduced to provide the victim the names of the officer and the sergeant. Where the victim is being supported by an advocate, information must be shared with the advocate at the same time as with the victim, unless the victim specifically asks for this not to happen

In cases where we have worked with officers to support our client, the officers have welcomed our input. The involvement of an advocate makes it more likely that a victim will support a prosecution, or simply that they will turn up on time for an interview.

**Q5a. 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?**

Yes, in our experience, officers rarely consult the victim about a 'No Further Action' (NFA) decision. We have helped the client supply video evidence but the decisions have still been made not to go ahead. There is also a lack of consistency in how cases are treated by the police, there is an element of 'cherry picking' which cases are investigated and recorded. For example, if a client has mental health issues, police will

often close the case due to the belief that the client will be an unreliable witness in court. This pattern not only contributes to the mistrust in the police but can be re-traumatising for clients who then experience lack of action from the justice system.

We have also had a small number of instances where a prosecution has gone ahead without the consent of a client who has full capacity.

The Metropolitan Police are currently conducting a pilot which involves officers taking no further action on domestic abuse cases where the victim, on the initial call-out, says they do not want the abuser arrested. Whilst this may save police time, it may also mean that essential evidence is not safeguarded and that the victim is denied the right to change their mind when they have had time to reflect and to speak to an IDVA.

An overhaul of how police navigate processes and the requirements to do so must be implemented if we are to repair this relationship.

**Q5b. 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?**

Yes, this would be a significant improvement for victims. It would give direct accountability to victims for charging decisions, given the lack of confidence of victims in the police, it would increase victim confidence. It would help her to know who is conducting the case and would allow the prosecutor to get to know the witness. It would provide 'checks and balances' for victims and avoid situations where an officer has failed to properly investigate a case, and has made a de facto decision that the case is not worth pursuing. A victim who feels involved in their case is more likely to have confidence in the criminal justice process, good communication and a supportive, but objective professionals are key.



**Q5c. What changes, if any, could be made to the Code in relation to information about the Victims' Right to Review Scheme?**

Stay Safe East believes that the Victims' Right to Review (VRTR) Scheme is extremely important. However, in our experience, victims' lack of trust in the system not only prevents them from even attempting to engage with the process, but is proven justifiable when their engagement proves fruitless. Although we do encourage our clients to engage, it is more to do with holding police accountable, because there is rarely any change in the decision about proceeding with a prosecution. Many of our clients' cases are dropped before the case is fully investigated.

- **A designated 'Victim's Right to Review' review lead in each police force**
- **Regular reports to Independent Advisory Groups and Scrutiny panels on use of the VRTR relating to different protected characteristics**

**Q6a. What are the benefits and costs to greater or different use of Community Impact Statements?**

**Q7a. What changes, if any, could we make to allow victims to be more engaged in the parole process?**

**Q7b. What do you think would be the advantages and any risks of implementing those changes?**

We support the use of Community Impact Statements, including for hate crime cases.

We have had very few cases go to court and even fewer cases which have led to a prison sentence. We have been contacted by former domestic abuse and sexual violence clients who have kept a record of when the perpetrator was due for parole, and have helped them find out what was happening- in one case the Parole Board were due to hear the perpetrator's case a week later but no one had informed our client. One Deaf client had had miscalls around the time she thought

the review was due, and it may be that her access needs as a Deaf BSL user had not been recorded. Officers move on, the Police and the Probation service appear not to have a fully effective system for communicating with victims. We are also concerned that the long-term risks posed by perpetrators of domestic abuse, stalking and other forms of violence against women are poorly understood, as evidenced by recent news cases<sup>12</sup>.

We would like to see the following in the Bill:

- **A clear duty on the police and Probation Service to communicate with victims (accessibly) when an offender comes up for Parole, as set out in the Victim's Code**
- **The right of the victim to update their Victim's Personal Statement so that the long-term impact and continued risks to the victim can be made known to the Parole Board**
- **The right of the victim to support her VPS with a statement from a supporting organization**
- **Victims to be referred to a support organization when a case comes up for review**

**Q8. 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.**

This is a complex issue which needs to balance the rights of the victim, and the rights of the alleged perpetrator, who has not been convicted of a crime. We have attached a statement from Dr Susie Balderston, a member of our VAWG Advisory Group and an expert on the issues for survivors with learning disabilities who may also be survivors of abuse and have been detained under the Mental Health Act due to their lack of capacity. [SSE Victims Bill consultation letter Feb 22 SB.pdf](#)

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<sup>12</sup> See John Worboys case, released despite police believing him to have committed more than 100 rapes: <https://www.endviolenceagainstwomen.org.uk/john-worboys-believed-by-police-to-have-committed-more-than-100-rapes-released/>

## **Chapter 2: Improving oversight and driving better performance**

**Q9a. 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?**

Currently there are a range of local joint working partnerships which are involved in dealing with victims of interpersonal violence, including MARACs, youth justice panels, and in some areas community MARACs or hate crime panels. The only follow up they do is if there is repeat victimisation.

**A specific question could be asked in risk assessments as to whether the victim has been informed by the police of their rights under the Code.** This would enable monitoring by organisations such as Safe Lives for compliance, at least in domestic abuse cases.

**Q9b. How could agencies be encouraged to consistently share data at local and national levels to support monitoring of Code compliance and drive improvements?**

**Q10. 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?**

**Q11a. 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?**

We have limited experience of the inspectorate frameworks, our main concern is the lack of public confidence. Recent development with Greater Manchester Police and The Metropolitan Police show that inspectorates are failing to capture institutional failings in the police's dealings with and attitudes to Black and minoritised communities, women, LGBT people. For example, the recent HMICFRS report on how the police respond to violence against women singularly failed to address the glaring inequalities in the outcomes for women of colour, disabled women, lesbians and transwomen. Discrimination against

disabled victims has mainly been highlighted by organisations led by disabled people<sup>13</sup>. The fact that many inspectors are former police officers may help serving officers engage with the process, but does not engender confidence in the public or in victims of crime. The inspectorate and police complaint body MUST be and be seen to be fully independent of the police.

**Q11b. Could inspectorates be reinforced further in relation to victims?**

Yes, as public confidence in inspectorates is low.

Stay Safe East would like to see victim/survivor involvement in the inspection process following a similar model to the “Expert by Experience” model used by the Care Quality Commission.

**Q12: 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?**

No, Stay Safe East does not think that the current inspectorate arrangements allow for sufficient collation of victims’ data.

**Q13: What are the most critical functions to enable an effective Victims’ Commissioner?**

- Independence
- Listening to victims and to organisations working with them
- An understanding of intersectionality and the barriers faced by a wider range of victims
- Independent research and evidence gathering
- The power to make changes

**Q14: Are there any oversight mechanisms, measures or powers used in other sectors (for example by the CQC, Ofsted, and FCA) which**

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<sup>13</sup> <https://www.inclusionlondon.org.uk/news/poor-police-response-report-disabled-victims-of-hate-crime/>

**would be beneficial and appropriate to be used within the criminal justice system to ensure that victims receive a high-quality service?**

Yes. As discussed in Q11b, Stay Safe East believes that the “Experts by Experience” model utilised by the CQC would be beneficial in this sector as well.

**Q15: 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?**

**Q16: What should the consequences be for significant failures in relation to delivering a quality service for victims, including complaints relating to the Victims’ Code? Should those consequences be directed at criminal justice agencies as a whole and/or individuals responsible for the failure(s)?**

Both. Individual professionals must be held accountable but the responsibilities lie with their leaders to ensure that victims get an equal access to justice. Where there has been discrimination or failure to meet victim’s needs or keep them informed has compromised the case, staff should be subject to disciplinary procedures. If this is a systemic failure, the leadership should be accountable.

**Q17. 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?**

Easy, accessible feedback for individual victims while their case is current and critically, once it has finished – in a choice of formats

- **A dip sample review of successful and unsuccessful cases, focused particularly on victims with protected characteristics**
- **Engagement activities on behalf of e.g. police or the Ministry of Justice such as the focus group we have run for this consultation, led by community-based organisations who have the trust of communities**

- **A stronger role for Independent Advisory Groups (IAGs), including specialist groups of disabled, BAME, LGBTQIA+, women and young people – the Metropolitan Police had an excellent model with five ‘critical friend’ IAGs (including a Gypsy and Traveller IAG) up to 2012, which allowed a more forensic focus on specific issues. It enabled change to happen in partnership with, for example, disabled people – and put disability hate crime on the agenda. (Unfortunately, this work has been undervalued in recent years and little development work has happened with the involvement of independent advisors)**

**Q18a. What data should criminal justice agencies collect about victims’ experiences, and at what key points in the process?**

The key issue for disabled victims of crime is that much of our experience is made invisible. The Crime Survey does not include people living in residential care, mental health facilities or in hospitals, and is inaccessible to large sections of the Deaf and disabled community. Practitioners on the ground, particularly in the police, are ill-trained to record disability- we have seen numerous reports to MARAC or hate crime where the person was not flagged as being disabled, but the narrative showed that the abuse was carried out by their ‘carer’ or someone who had stolen disability equipment. Whilst it is clear that disabled and BAME victims are least likely to be satisfied with the police response to them, there is no publicly available data about disabled women in general or BAME disabled women in the criminal justice system. This intersectional detail is essential in understanding the nature of the barriers faced by victims. Moreover, data relating to adult safeguarding cases involving criminal activity should be integrated into crime data.

- **Data should be collected against all protected characteristics and provide a more detailed breakdown across characteristics**

- **Disabled people living in residential care etc., must be included in the Crime Survey and the survey made accessible to all**
- **Relevant Adult and Children’s safeguarding data must be incorporated into crime data**
- **Disability should be recorded consistently across all agencies and staff given guidance to identify and record disabled victims**
- **Victim satisfaction responses, as mentioned above, should be sought at 5 or 6 key stages of the criminal justice process: initial reporting, investigation (possibly within a set time scale from a report being made) decision about charging, court date set, court case begins and ending of court case.**

**Q18b. Can you provide any examples – in the UK or elsewhere – of this being done effectively?**

Unfortunately not.

**Q19. How might victims provide immediate feedback on the service they receive and its quality (such as text message, online surveys etc.)?**

Short ‘yes and no’ or ‘satisfaction rating’ surveys, using simple language, in the format of the client’s choice, including text, over the phone or online.

However, such surveys are only useful if the feedback is acted on – so for example if a responded answers no to a question about ‘are you happy with the police are dealing with you case’, they should be contacted within a set period of time.

**Question 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?**

We have responded to this question below, combining it with question 21 and 22.

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

We have responded to this question below, combining it with question 20 and 22.

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

Where the client is not getting what they want from the process, our advocates encourage them to file a complaint to the Police (MPS). The client will be on record and it helps their voice to be heard. Making a complaint can be an onerous process for client and advocate, and there are usually delays in getting a response. When we do, it rarely finds in favour of the client or makes any real difference to their case.

*Since the beginning of the Covid pandemic, I have made 5 complaints to the Police. One complaint is still in progress. In one case, I made complaint on behalf of the client, and the perpetrator was arrested, but I then got e-mails from the Police asking if the client still wanted to go ahead with the complaint because 'things had improved'. It felt as if they were trying to get me to water down the complaint. It took 5 months for the Police to agree to accept the complaint. The matter is still not resolved. None of the other four has made any difference to the client's case. I have only had a formal response to one of the five. This one led to an apology after a year but nothing changed, as the evidence had been lost by this time, and the case had 'timed out'. The client decided not to take this to the IOPC because of the time lapse. The complaints covered failure to recognise disability hate crime, failure to investigate the crime properly (including an instance where an officer had heard the threatening call to the victim) and not interviewing witnesses, and disabled victims not*



*being believed or the risk being fully understood, and failure to take action under the Protection from Harassment Act.*

### *Stay Safe East Hate Crime Advocate*

We should also add that though we have been supporting victims for nearly 12 years, we were not aware of the existence of the Parliamentary and Health Service Ombudsman (PHSO), nor have MPS we have sent client complaints to told us they have passed our complaint to the PHSO.

From a focus group with our clients, we have identified the following potential improvements which could be made to simplify the complaints procedure specifically:

- The whole process is currently online, and we suggest there should be a phone number to call in cases where people do not find this online process accessible. At present, there is a phone number but it only provides advice about how to make a complaint, rather than take details of the complaint
- The process is also hugely convoluted: the desired outcome is rarely achieved and the police dealing with the case rarely get back to us within the suggested timeframe

### **Chapter 3: Supporting victims of crime**

Stay Safe East works with disabled victims of domestic and sexual violence but also of hate crime, cuckooing, financial abuse and institutional abuse. We are glad to find that the Ministry of Justice recognises that not only the key role of ‘by and for’ VAWG services such as ours, but that “victims of other serious violence, such as knife crime and gun crime, are likely to benefit from similar community-based support to victims of domestic abuse and sexual violence. Victims of these crimes may also suffer similar long-term impacts, experience harm hidden from public view and typically under-report, with low levels of engagement with the criminal justice system”. for all

our clients, engagement with our advocacy service has been the key to recovery, and in some cases to justice.

**Q23a. 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?**

**Q23b. What are the risks or potential downsides of such duties?**

Clearly MARACs are a key example of multi-agency collaboration that, by and large, works well. There are weaknesses of course, for example the very low rate of referrals from adult social care or in our experience, lack of attendance by education, and of course the low rates of identification or referrals of disabled victims.

To our knowledge, there is no equivalent legislative duty for local organisations to work together on hate crime or some forms of exploitation such as cuckooing. However, there are a range of successful local partnerships in London for example, for example on hate crime (Tower Hamlets) and have the support of the College of Policing. <https://www.app.college.police.uk/app-content/major-investigation-and-public-protection/hate-crime/partnership-working/>. Waltham Forest, where the majority of our clients live, has an Anti-Social Behaviour Risk Assessment Conference (ASBRAC) which also covers hate crime. The murder of Mark Smith<sup>14</sup> in Waltham Forest in 2018 shows what happens when agencies fail to work together to safeguard at risk individuals – Mr Smith as a victim of cuckooing was not referred to ASBRAC – had this happened, Stay Safe East would have taken on his case and might have been able to help prevent a tragedy.

In this context, we would also refer to safeguarding processes: police and adult social care should be working together, but the case above shows that even though Multi Agency Safeguarding Hubs have been

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<sup>14</sup> <https://www.disabilitynewsservice.com/agencies-failed-to-work-together-to-save-disabled-man-murdered-by-friend/>

set up in most areas, there are still considerable barriers to abuse and other crimes against disabled people ('vulnerable adults') being dealt with as a crime, and victims are not offered the protection and support which is more often offered to those referred to MARAC for example. We have raised with the Chief Social Worker for England the failure of adult safeguarding processes to protect victims of domestic abuse, and in some instances puts them at risk by social workers inviting the perpetrator to participate in Safeguarding meetings. Though the Care Act and a range of other legislation place a duty on local authorities to safeguard adults at risk, the terms of the legislation are clearly insufficient to prevent re-victimisation by the safeguarding processes themselves.

We would therefore like to see the following

- **A specific statutory duty in the Victim's Bill on all agencies (criminal justice, social services, health, housing, education etc.) to safeguard victims of crime (including 'adults at risk and those with limited or fluctuating capacity) and to share only information that will enhance the victim's safety.**
- **a specific reasonable adjustment to refer any disabled person subject to adult safeguarding to an IDVA or other specialist advocate of their choice**

**Q24. What works in terms of the current commissioning landscape both nationally and locally for support services for victims of:**

- a) Domestic abuse**
- b) Sexual violence (including child sexual abuse)**
- c) Other serious violence?**

As a 'by and for' organisation, Stay Safe East is particularly concerned about the longstanding issues regarding commissioning of services in this sector. Commissioning processes and funding opportunities favour larger organisations with the capacity and resources to meet shorter timelines and deal with onerous and in accessible paperwork for the bidding process. This manifests alongside a distinct lack of recognition

of the value of 'by and for' user-led and local specialist services and the expertise they provide.

Stay Safe East works holistically in a specialist area with highly excluded victims, which does not fit the current funding and commissioning landscape. We have sub-contracts and funding for domestic abuse and hate crime work, and otherwise rely on funding from trusts for our advocacy work. We have no specific funding for wider VAWG work, or for the peer support we provide.

What has worked to some degree for us is to have been included in partnership bids by larger organisations: for the past three years, we have been part of the London Victim and Witness service led by Victim Support London. This has helped Stay Safe East extend its reach to the whole of London, and has levered in other sub-contracts. However, this sub-contract only gives us one full time post who can work with 30 to 35 clients per year. We have two other contracts which give us another part-time domestic abuse post and a part-time hate crime advocacy post. All of these contracts are commissioned by MOPAC, who after lobbying from disabled people's organisations, have committed to commissioning services which are inclusive of disabled people and 'by and for' organisations. This model should be repeated across the country. However, it needs to be magnified to provide sufficient resources.

There are three different landscapes in relation to domestic and sexual violence/VAWG:

- In London, considerable additional resources are needed to effectively meet demand. There are 1.2 million disabled people in London, with very high rates of domestic and sexual abuse. Not all disabled survivors will want/need a specialist service but many do. Like all services, this is not just a matter of recruiting more advocates, but of developing our infrastructure, finding large premises, and having sustainable funding in the long term. We work with each client on average at least 2 years, often longer. if

the advocate does not know if they will be in post in six months' time, this impacts on their ability to support their client. We would also like to encourage out sister disabled people's organisations to develop domestic abuse/VAWG services but none of the recent funds would have been open to them as they do not currently run a service (one user-led organization does provide a training programme and a small amount of casework)

- Outside London, there are no specialist services by and for disabled survivors. there are 14 million disabled people in the UK with at least twice the rate of domestic abuse as non-disabled people, and an unknown number of disabled people who are being abused by paid or unpaid carers in their own homes. There is a pressing need for a long-term development project which will work with disabled survivors, VAWG organisations and disabled people's organisations (DDPOs) to build new specialist services
- SignHealth currently works with Deaf survivors in London and the South East with some clients outside that area; discussions should be help with them about developing their capacity to provide a national domestic abuse service to the Deaf community.

Stay Safe East supports the recommendation of the Victim's Commissioner in relation to 'by and for' domestic violence and VAWG organisations including the specific recommendations in relation to organisations 'by and for' disabled victim/survivors. we would strongly argue that the same recommendations need to be applied to sexual violence services.

### **Advocacy for disabled victims of hate crime, cuckooing, financial abuse, general crime, institutional abuse**

Stay Safe East also provides advocacy to disabled victims of hate crime, cuckooing and some other forms of crime such as financial abuse or assault. Our full-time post working in four East London boroughs (which also includes unique work with disabled victims of cuckooing) is funded through the Victim's Fund, and does not meet demand. We

have never been commissioned by any of the local boroughs we work in, even though in two of those boroughs we are recognized partners.

At present, the London and national picture is very patchy. A small number of other DDPOs across the country provide advocacy to disabled victims of hate crime, and there are a growing number of self-advocacy groups of people with learning disabilities working on hate crime. All have insecure funding, and few are commissioned by local authorities, with the exception of our two partner agencies in the CATCH hate crime partnership, commissioned by MOPAC. Most rely on funding from trusts and keep costs low by relying on volunteers. Funding from the MoJ through the Victims Fund is welcome, but has recently only been for one year- again, Stay Safe East works with disabled victims of more complex hate crime (usually housing related) for up to two years.

As far as we are aware, Stay Safe East employs the only specialist Disability Independent Victims' Advocate in the UK. There is a pressing need to develop this specialist role within 'by and for' organisations – a specialist IDVA based in a DDPO would be a valuable expert resource for a wide range of victims of crime in an area, including hate crime victims.

There is very little independent rights-based advocacy for disabled people abused in institutional care – people rely on their families to speak out for them, which is not always appropriate or the choice of the victim, and puts a severe strain on families. There is a need to develop specialist trained advocacy 'by and for' disabled people in care homes, assessment and treatment units and other facilities. This role again should be developed in partnership with survivors and with disabled people's organisations.

We would also add that 'by and for' organisations also have a significant role to play in promoting good practice amongst mainstream services. For example, our training and input has helped Victim Support increase the take up of services by disabled survivors

across all the areas where it provides domestic abuse services. we are also key to a 5-year Lottery funded programme to build the capacity of DDPOs to support victims of hate crime.

**Q25. 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**
- b) All victims of sexual violence**
- c) All victims of other serious violence**
- d) Children and young people who are victims of these crimes?**

Please see combined response below.

**Q26a. 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?**

The current commissioning division between different forms of VAWG, or rather the focus almost entirely on domestic abuse and sexual violence is in itself a barrier to all 'by and for' services which works holistically with clients across all areas of VAWG.

We would like to see the following:

- **A duty placed on commissioners to make provisions with disabled (and other) survivors of VAWG and separately, other forms of crime in order to understand barriers and assess needs**
- **A duty to keep accurate data on the range and numbers of disabled survivors supported, and outcomes for those survivors, this would include disabled victims/survivors referred to adult safeguarding**
- **A duty *and* the resources to fund 'by and for' services as well as 'one size fits all' mainstream service (the amount would be based on the percentage of the local population e.g. of specific BAME communities, disabled people etc.)**

- A focus on **funding** rather than commissioning<sup>15</sup> so that smaller ‘by and for’ organisations can bid, including those just starting to work on VAWG or other crime issues
- A designated fund opens only to organisations run by and for Deaf or disabled people for independent victim advocacy, including hate crime and other issues which might be prominent locally
- A designated capacity building/development fund to help develop specialist ‘by and for’ violence against disabled women and girls' services

### **Wider commissioning issues**

Specialist services are key to ensuring inclusion of disabled survivors, but many disabled people turn to mainstream services, or other ‘by and for’ services serving for example BAME or LGBT communities or male survivors. At present, few local commissioners appear to be aware of the needs of disabled survivors and specifically of disabled survivors of VAWG. There is little expertise about disability. Bidders are expected to acknowledge they will work with disabled survivors, but not to explain *how* they will make their services flexible to meet needs. Contracts very often require high volume of clients to be supported – none of this ‘works’ for disabled survivors, or indeed for most Black and minoritised or LGBT survivors, who may face complex barriers to safety and recovery and need more time. Funding levels for local services must enable organisations to dedicate more time to those survivors who need it.

### **Q26b. Should national commissioning play a role in the commissioning framework for smaller, ‘by and for’ organisations?**

**Yes.** Given the current barriers to accessing local commissioned contracts, national funding (not commissioning) has a vital role to play in seed-funding work with marginalized survivors, or in helping smaller

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<sup>15</sup> It is our understanding that now that the UK has left the EU there is no obligations to tender all contracts for services. EU law always included a clause relating to ‘social value’.



organisations such as ours to develop and thrive. We have for example been very grateful for the funding we have received from the Home Office in the past 3 years which has not only paid for 1.5 advocates but has enabled us initially to develop our policy role on VAWG at national level, then to develop an on-line training and capacity building programme with Victim Support which we will now be able to use to train other partner organisations and to generate income for our organisation. The funds need to encompass management and other infrastructure, and be sufficient to enable the organization to focus on delivering a service, not on having to manage multiple small contracts or short-term funding income.

**Q27. What can local commissioners (local authorities and PCCs) do to improve the commissioning of specialist ‘by and for’ services for their area?**

#### **Some suggestions**

- Understand the nature and benefits of *‘by and for’* services- these are not services run by charities *for* disabled people.
- Take advice about how to make commissioning and funding processes simple, accessible and easy to use
- Support local Deaf and disabled people’s organisations, VAWG and other services and most importantly, Deaf and disabled survivors to develop new specialist by and for services where these do not exist; seed fund these services and support their growth consistently over a long period
- Set up local funding streams specifically for specialist by and for services, including those by and for Deaf or disabled people.
- PCCs should fund hospital based IDVAs and ISVAs, which will help read disabled victims

**Q28a. What challenges exist for victims in accessing integrated support across third sector and health service provisions?**

In one word, access. Disabled victims/survivors face multiple barriers to accessing support services, such as:

- Phone or e-mail access only
- Lack of communication support
- Incomprehensible language
- Being asked questions in way that does not work for neuro-diverse survivors or that the victim may not understand
- Needing to deal first with triage, then with an IDVA or ISVA

Victims trying to recover from abuse in theory have a wide range of 'choices' between voluntary sector counselling and health provision. This is compounded by the fact that trauma in disabled people is often not recognized, and is put down to the person's impairment- as evidenced by the experiences of people with learning disabilities or autism labelled as having challenging behavior and placed in Treatment and Assessment Unit where they experience further abuse and are neither treated or assessed<sup>16</sup>.

Limited resources, and the additional pressures on the health service from Covid mean that in practice waiting lists are extremely long and trauma increases.

These are some of the barriers that Deaf and disabled victims face to accessing therapeutic services. Barriers include:

- Most specialist abuse and mainstream NHS counselling service work to a short-term model (12 to 24 sessions), which is much too limited for survivors who may have experienced multiple abuse throughout their lives
- The overwhelming majority of community-based services are justifiably focused on survivors of domestic and sexual abuse, but there is little support for people traumatized by hate crime, or cuckooing or of institutional abuse.
- Physical access to premises may be poor due to lack of resources or awareness of what is needed

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<sup>16</sup> <https://www.autism.org.uk/what-we-do/news/autistic-people-in-mental-health-hospitals>

- Language barriers- all but a few specialist 'by and for' services provide counselling in spoken English.
- Specialist services for the Deaf community (SignHealth and Deaf4Deaf are NHS funded but little known by health professionals or by Deaf survivors themselves
- Services put an obligation on clients not to miss more than one or two sessions. This excludes anyone with fluctuating or who struggles with regular appointments. On a positive note, changing practices during the pandemic means that therapeutic services will now deliver counselling or therapy online or by WhatsApp, making the services more accessible to anyone with a health condition, family commitments or who struggles to use public transport. We hope that this practice will continue once the pandemic is over.
- There is a very long waiting list for trauma therapy in the NHS, due to limited resources. Alternatives such as Talking Therapies are short term panaceas which do not address profound trauma
- To our knowledge, Respond is the only specialist independent therapy service that is free for people with learning disabilities who are survivors/victims of abuse. Local authority psychological services for people with LD are not confidential (therapeutic notes go onto people's social work files) and rarely trauma trained.
- Survivors who are neuro-diverse and survivors who have been labelled as having a Personality Disorder (also recognized as Complex Trauma) face particular barriers in accessing therapeutic services that understand their needs

As a result of these barriers, for the past three years, Stay Safe East has been running its own (very small) disability and culturally informed counselling service for our clients. we aim to develop this service in future years.

**Q28b. What and how could practical measures or referral mechanisms be put in place to address these?**

- Funding for 'by and for' services to run their own counselling services
- Increased resources for trauma therapy services
- A review of therapeutic services for people with learning disabilities
- Commissioners to ensure that therapeutic services employ counsellors and therapists who know how to disabled survivors

**Q29a. Do you agree that we should explore increasing the surcharge?**

No. The surcharge may put victims of domestic abuse and some other crimes are further risk because of resentment from the abuser. At a time when the cost of living is escalating, the surcharge also impacts disproportionately on poorer perpetrators, which may lead to further criminal activity (£100 is more than the basic weekly rate of Universal Credit). Given the inequality in conviction rates in relation to ethnicity and disability, we would prefer victim services to be funded through other forms of taxation.

**Chapter 4: Improving advocacy support**

**Q31: How do IDVAs fit into the wider network of support services available for victims of domestic abuse?**

At Stay Safe East, we prefer to see ourselves as independent agents who support clients' rights, presenting the victim/survivor's needs and wishes in a way that is realistic and true to life. We believe this independence is necessary as we often find that other professionals, for example, often do not represent the client's feelings in an accurate manner, and will not advocate for their rights.

IDVAs are vital elements of the support offered to victims of domestic abuse. An IDVA's role is very different from other voluntary sector roles and from statutory roles such as social work or the police–

independence, acting as the voice of the victim, emotional support, working alongside statutory professionals and advising them, and in some cases advocating for the victim's rights.

Our advocates have been told by statutory services:

'You can't be IDVA *and* an advocate'

This is a fundamental misunderstanding of our role and the needs of our clients. Like most specialist 'by and for' services, Stay Safe East offers advocacy alongside information and advice, with the client at the centre, making the decisions. Our staff are called Independent Disability and Domestic Violence Advocates (IDDVAs). Some survivors do indeed only need advice or information. This is rarely the case for disabled survivors, or indeed for Black or minoritised and some LGBT survivors, who face complex barriers to safety, justice and recovery and have to negotiate complex bureaucracies such as housing, social care or the criminal justice system. If IDVA services are to be inclusive, at least a proportion of IDVAs need to be advocates not advisers.

IDVAs (or in our case IDDVAs) from 'by and for' services play a critical role in informing other professionals and improving practice. For example, for many years Stay Safe East involvement in the local MARAC helped increase the proportion of disabled survivors referred to one of the highest in the UK.

**Q32: How might defining the IDVA role impact services, other sector workers and IDVAs themselves?**

Diversity of services means that survivors have a choice and are less likely to 'fall through the gaps.' Over-defining the role will risk losing the diversity and specialist skills of 'by and for' services.

Professionalizing a role can have positive impact- recognition and status – but also can lose the quality and flexibility for all services to be tailored to local needs. One of our advocates with experience of mental health advocacy stated this very clearly:

There is less ability to truly advocate for your client with statutory advocacy. It constrains you in what you can do. If a client was detained in hospital, we could advocate for them, but we could not support for 'voluntary' patients. Sometimes the other professionals wanted us to say to the client "if you don't go into the hospital, we will section you". Statutory mental health advocacy is very strict on who can access it, how they can access it, and what the advocate can do. When the job was made statutory, a lot of the survivor advocates left, the way the job was 'professionalised' and the need to get a qualification excluded them. We lost something valuable in the process. Stay Safe east advocate

Finally, we do not believe that it is up to government to set detailed standards for IDVA, ISVA or wider VAWG advocacy services. These should be developed by the sector, led by 'by and for' organisations. Once agreed, these could be included in the National Statement of Expectations.

**Q33: How do ISVAs fit into the wider network of support services available for victims of sexual violence?**

See our response to Q31 and 32 above.

**Q34: How might defining the ISVA role impact services, other sector workers and ISVAs themselves?**

See our response to Q31 and 32 above.

**Q35: What are the challenges in accessing advocate services, and how can the Government support advocates to reach victims in all communities?**

For disabled survivors: access and discrimination- many services are only accessible by phone or e-mail, and require the victim to be articulate and confident enough to explain her situation. Quality domestic and sexual abuse *advocacy* services are not consistently available across England and Wales. Those that exists are often not

accessible for Deaf and disabled people. We are finding that when a disabled victim explains her situation, she is all too often told by mainstream services they cannot support her, especially if she has learning disabilities or long-term mental health issues. Many IDVAs left their jobs during pandemic, new staff need more time and training to get the confidence to deal with a diverse client group.

We are unable to promote our services because we could not meet demand – however disabled survivors do find us – 61% of our referrals in 2020-21 were self-referrals. We rarely receive domestic or sexual violence referrals from the police, and now that we are working across London, very rarely from a MARAC. Specialist services like Stay Safe East are not seen as part of the mainstream options for survivors.

**Q36: 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?**

**Q37. How useful is existing guidance, and how can this guidance be strengthened?**

**Q38. 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?**

**Q39. 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?**

**Q40. What are the advantages and disadvantages of the current qualifications and accreditation structures? Are there any changes that could improve it?**

IDVAs who have been fully trained understand their role better and work more effectively, and understand the role of statutory agencies.

However, none of the current accredited training addresses the needs of disabled survivors; other aspects of intersectionality are treated as

separate issues instead of being incorporated into the training. This in part is why so many clients are being referred to Stay safe East because IDVAs in mainstream organisations do not feel confident to meet their needs.

Stay Safe East supports accessible, inclusive professional training and accreditation for IDVAs but we do not support over-professionalization of the role, or for it to become a statutory role. The IDVA and ISVA roles must remain independent (we have concerns about local authority taking IDVA services in house, which decreases survivor confidence and creates conflicts of interest for practitioners). Many IDVAs are either survivors themselves or former volunteers, and the role needs to have the trust of survivors at the most fragile time of their lives.

Specialist by and for services have developed their own (sometimes quite different) models of advocacy (rather than advice and information) and quality of service to match the needs of their client base. Nearly all specialist 'by and for' VAWG services work holistically, and focus on the victim's whole needs and identify, not just on the abuse or ensuring their safety- for example sorting out someone's benefit or care package may be key to them not returning to an abusive situation, but will also improve their overall well-being. But the way that a specialist service for Deaf or disabled survivors works, the knowledge and skills needed of its staff and the training they receive may be different from those of a specialist LGBT service or one that supports Black and minoritised women from South or East Asian communities. The current professional development models for ISVAs and IDVAs fail to take account of these holistic and different approaches or to draw on the expertise of these organisations.

It should also be borne in mind that many by and for services set up by survivors would not have the resources to take their advocates away from their role. The design and timeframes of the current programmes



excludes many disabled staff with health issues or caring commitments, especially part-timers.

The experience of some of our staff who have previously worked as co-located IDVAs in police stations or local authorities is that they may be introduced to the victim as being part of the statutory sector, and that the IDVAs then have to work to gain the victim's confidence and explain they are independent. Whilst we very much support the co-location of IDVAs in hospitals, and for IDVAs to be present in police stations or in family court, we very much believe they must remain and be seen to be independent.

**Q41. 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?**

Government might prepare a simple guide to the role of different advocates/ advisers, in partnership with specialist services. The role of IDVAs, ISVA, and other advocates should be included in training for the public sector on VAWG, hate crime etc. Lastly, we would like to see parity for non VAWG advocates, as explained above.

**Q42. What are the barriers faced by ISVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

**Q43. What are the barriers faced by IDVAs preventing effective cross-agency working, and what steps could the Government take to address these?**

**Q44. 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?**

In addition to IDVAs, Stay Safe East provides both independent victim's advocacy (see below) and hate crime advocacy locally in East London and across London as part of the CATCH partnership involving 8

London and national organisations. Each of these 8 organisations takes a different approach to casework and client support, depending on the community it serves and is part of. Stay Safe East's hate crime advocates support Deaf and disabled victims of any form of hate crime through initial reporting, helping to get action from police and landlords, to the courts. However, Stay Safe East's advocates also offer support to those who choose not to report to the police and assist victims of hate crime in a myriad of ways. As hate crime is a deeply personal crime, advocates will often be a major source of emotional support in a victim's life. Our advocates help the victim negotiate the myriad of barriers, and do their best to get action so that the victim is safe. It can take two years to get a disabled person rehoused after hate crime.

*It's daunting for a victim of hate crime to go up against professionals, there's all the diary keeping, records, paperwork and so on. If you are the victim, it's unlikely you've been keeping evidence, but you might have grabbed a photo of an incident on your phone. Often this evidence is deemed 'not enough', especially if it's verbal abuse. The police don't really investigate hate crime; as advocates, we have to provide everything or else they will close the case. There has been a drop in prosecutions for all forms of violence against disabled people in the past few years. That's a whole generation of people who have seen the non-action of the justice system.*

*Stay Safe East Hate Crime Advocate*

The challenges faced by these advocates mirror those experienced by ISVAs and IDVAs, but there are significant barriers with statutory services not acknowledging these roles<sup>17</sup>. There are clear pathways for ISVAs and IDVAs to follow which do not exist for hate crime advocates.

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<sup>17</sup> We would add that our advocates, whatever their role are regularly mistaken for clients by other professionals, who are disbelieving when faced with a disabled person as an advocate. This shows the power imbalance which our clients face every day.

Hate crime is sometimes deal with by panels for anti-social behaviour, rarely by a specialist hate crime panel, and usually by individual agencies such as housing. This impacts on victims, who face sometimes years of abuse from neighbours for example, without any action being taken. Stay Safe East has developed its own processes and risk assessment for disabled victims of hate crime, which it is sharing through training and capacity building with other disabled people's organisations across London.

As with IDVA and ISVA roles, we would not want to see the role of hate crime advocate or of Independent Victim's Advocate (see below) placed on a statutory footing, we would however like to see:

- A nationally accredited programme for hate crime advocates designed by practitioners and survivors
- Formal recognition of hate crime advocates by agencies, including the police

**Q45. 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?**

Stay Safe East provides advocacy to a small number of children and young people under 16, mainly hate crime victims. If the child is under 14, we also work with their parent. As with working with audits, we have trained our staff on the basis of our knowledge of disabled people's lives and needs and the lived experiences of clients and staff.

Any training must include addressing how to work with Deaf and disabled children and young people, and be informed by the social model of disability and cultural model of deafness.

**Q46. 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?**

We see the work we do with young people as on a continuum with that we do with adults. The barrier is the same as for adults, with the

additional issues which disabled children face of being the last to be heard, of families speaking on their behalf, and of being educated either in segregated schools or in mainstream schools which rarely take action to address the bullying experience by disabled children and young people. We find that schools are, with some exceptions, reluctant to deal with our advocates who are supporting the child at risk.

We have also found that only some therapeutic services are willing to/have the skills to work with disabled children and young people affected by domestic abuse.

**Q47. 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?**

Please see above.

**Q48. 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?**

Whilst children and young people's advocates are often excellent and have a key role to play in supporting young victims of crime, there is a role for specialist hate crime, VAWG and other advocates working with, for example, disabled young people. Our advocates provide a positive role model for disabled young people who gain confidence through engagement with a disabled adult in a position of responsibility and who 'gets things done'.

### **Chapter 5: Equality considerations**

**Q49. Have we correctly identified the range and extent of the equalities impacts under this consultation in the equality statement? Please give reasons and supply evidence of further equalities impacts that are not covered as appropriate.**

Our whole response relates to inequality and its impact on disabled survivors. Unfortunately, we do not appear to have been provided with an accessible copy of the impact assessment, so have not commented further on it.

**Stay Safe East February 2022**