Victim Support Scotland

Scoping Review of the Literature: Victim-Centred Approach

Introduction

This paper brings together some of the existing literature and examples surrounding what is here called the 'victim-centred' approach to delivering services. As the review explains, this model can take many forms and goes by a variety of names – 'victim-centred model/approach', 'single point of contact (SPOC)', 'single point of entry' and 'one front door', among others. One common feature of these services, however, is the emphasis on consistent, accessible and coordinated support being provided via predominantly a single entry point throughout a service user's support journey. This inherently also requires strong collaboration between supporting organisations across sectors to achieve this arrangement. This paper draws on some examples of this model in literature from the public sector, third sector and academia, and suggests some key themes emerging across prior work.

How this review was carried out

This review is not designed as a comprehensive review but rather as a rapid, initial scoping review of what learning already exists about the 'victim-centred approach' by its various alternative names. The starting place for compiling this review was Google searches of the most frequently used terms of 'victim-centred approach', 'single point of contact/ SPOC', 'single point of entry' and 'one front door'. Each of these terms also has connotations not connected directly to models of service provision, so results where therefore sifted carefully to assess suitability. Where relevant articles or examples were found, citations and citing articles were followed from these documents onwards to other relevant literature. Initial searches reveal that there is a scarcity of literature from the academic sector or public sector about victim-centred type approaches that draw on direct research with victims. However, there are some insights available in the area of victim support services as well as other service delivery areas.

Definition of the victim-centred approach and alternative terminology

Victim Support Scotland and partner organisations have chosen to utilise the term 'victim-centred approach' in the current discussion. This reflects the values inherent to a system of practical support being coordinated around a victim's journey. In other literature, the term 'victim-centred' is frequently used in a different, more general sense about victims being at the heart of justice rather than the system taking an emphasis on process alone, or prioritising offending (Clark 2003, Robinson and Cook 2007). This remains relevant to the work of Victim Support Scotland. However, in this paper the victim-centred approach is used in the specific way to mean victim-centred support structures that, among other collaborative features, reduce the need for the service user to visit many different sites of support or to tell their story multiple times.

This concept of a multi-organisation, coordinated approach to justice systems has become particularly prominent in Scotland since the 2017 review by former Solicitor General, Dr Lesley Thomson QC, *Review of Victim Care in the Justice Sector in Scotland.* This was a wide-ranging report that made recommendations for improvements across the criminal justice system. Thomson uses the phrase 'victim-centred' in this report when describing the multi-agency victim care model in some parts of New York, which is based within the prosecutor's office:

> *Some jurisdictions have convened multi-disciplinary teams to ensure that different parts of the system work together with the aim of providing a victim-centred response. In particular, it is common for public authority service providers to work as part of a team with third sector organisations (Thomson 2017:53).*

In addition to New York's model, Thomson goes on to describe victim care in the Hague in the Netherlands, in which 'professionals from the public prosecution service, Victim Support, the police and the Criminal Injuries Compensation Fund' are based together in a single location separate from the prosecutor's office (Thomson 2017:52). Similarly, Witness Care Units in England and Wales are a joint initiative of the Police and Crown Prosecution Service and thus can provide a wider service than it is currently possible for VIA in Scotland to do.

Thomson herself then goes on to use the term 'one front door' and 'single point of entry' in her recommendations about how systems in Scotland might learn from collaborative support provision in other places in the world:

> *5.81 I have concluded that there is considerable scope in Scotland to improve the victim's experience by adopting a more integrated model, informed by some of the approaches described above. Not only would this provide what it is victims say they want, it could yield significant business efficiencies. It is important that any new way of working is crafted for the Scottish system making full use of the high level experience and expertise which exists across both the public and third sectors in Scotland. We have identified two important features which would merit further examination in the Scottish context:*

- *A service which assists a victim throughout the entirety of his or her journey through the justice system. By this, I anticipate that the same body should assist the victim from the point of reporting to the police, through any prosecution, and after the conclusion of a prosecution.*
- *A single service which provides the full range of services which a victim needs (one front door).*

> *(Thomson 2017: 53)*

The potential benefits of the 'integrated model' or 'one front door' as Thomson terms it include: systems based around the needs of victims and involving their choice, reduction of duplication, development of a common language between services, improvement of sharing between organisations for the benefits of service users and system planning, the involvement of a diversity of skill sets in providing support, reduction in attrition, improvement of confidence in the system, the speeding up of justice and a reduction in perceived organisational boundaries. Furthermore, her recommendations are based on a review which included victim and witness input and a message from these victims and witnesses that a criminal justice system needs to be as easy to navigate as possible.

It is further highlighted by Thomson that there is a need for a single entry point to be accessible for service users throughout the process rather than just at a single stage. This is also taking into account the different justice system journeys that victims and witnesses

might experience, including those who do not report cases to the police or for whom a court case does not occur (Thomson 2017).

Other documentation in Scotland has talked similarly to one front door with the phrase 'Single Point of Contact' or 'SPOC' for short. This term is already commonly used to refer to a named person with which other outside organisations can coordinate, especially within policing and other community services such as health and community education.

A 2015 Rapid Evidence review *What Works in Supporting Victims of Crime* published jointly by the Victims' Commissioner and University of Portsmouth (Wedlock and Tapley 2015) comes to a similar conclusion as the Thomson Report around the benefits of a single point of contact. It identified a theme of 'Professionalisation of victims' services' across the international literature, summarising this as the following:

> *A single point of contact or advocate is an effective way to provide victims with the combination of both information and support required to help them regain a sense of autonomy, which the crime has taken from them. Not all victims will require the same levels of information and support, so early identification of a victim's needs means that services can be targeted at those who most want and need them. The literature demonstrates that in order to provide effective support this single point of contact should be undertaken by a trained professional, with sufficient knowledge of the criminal justice system, as well as the compassion and empathy to be a source of moral support (Wedlock and Tapley 2015: 5).*

In line with the approaches discussed this scoping paper is therefore envisioning the 'victim-centred approach' as : a model within which a victim or witness of crime receives needs-assessed, trauma-informed and person-centred support, as required, throughout their journey as a victim or witness of crime, from a suitably trained coordinating body that is able to provide or coordinate all the support that they need.

Collaborative models: examples from practice

Existing examples of what we are here calling the victim-centred approach are evident in collaborative public sector and third sector models working at a smaller scale or around

specific policy and service delivery issues. Within the West Coast of Scotland, for example, the ASSIST programme offers 'a specialist domestic abuse advocacy and support service focussed on reducing risk to and improving the safety of victims of domestic abuse'. ASSIST stands for Advocacy, Support, Safety, Information and Services Together. It offers a response to reports of domestic abuse which aims to both reactive at an early stage, explain the processes of the criminal justice system and smooth out the journey between different agencies and parts of the process (Assist Website 2019).

The charity SafeLives, based in England, provides 'research, training and support to frontline domestic abuse services and professionals'. This organisation is piloting a 'One Front Door' model within their work in seven local authorities across England, which aims to change local 'systems, processes and responses' around issues of safeguarding and domestic abuse. In particular, the model creates a multi-agency specialist 'OFD Team' to focus on preventative and early intervention work around safeguarding and welfare concerns, with a strong impetus within this on information sharing about risk across relevant organisations (Safe Lives 2019).

In other types of service delivery such as health and social care, there have also been policy moves towards co-location and combined budgets for collaborating organisations. A research article by Dickinson and Neal (2011) reports on the success of the Conwy CIC Start Pilot in North Wales. This focused on the work of the Conway Intermediate Care Service (CICS), a service that provides care and support in the interface between community services and secondary care. This service involves formal links between the local Health Board and Council as well as a number of third sector organisations such as the British Red Cross, Crossroads Care North Wales and local voluntary organisations and umbrella organisations. Service users referred by the intermediate service to the third sector service co-ordinator (hosted by the Red Cross) receive a comprehensive assessment and referral onwards to a range of different services, with volunteer support also provided to access these. Co-location of the different partners, and an inclusive approach in designing the service from all involved partners were seen to be crucial success factors for the consortium involved. Furthermore, the project aimed to maintain the 'integrity' of partners so that each had their own service delivery areas, responsibilities and areas of expertise (Dickinson and Neal 2001:47).

In Scotland, the formal integration of health and social care that arose from the *Public Bodies (Joint Working) (Scotland) Act 2014* established a joint working agenda between the NHS in Scotland and local authorities for many aspects of care for adults. This includes the sharing of budgets, shared strategic goal setting, pooling of staff, as well as potential joint inspections, and increased and improved information-sharing mechanisms. Within many parts of Scotland this model has also entailed the incorporation of third sector organisations - such as organisations that support older people, carers or disabled adults - into multi-agency teams similar to the model described in North Wales by Dickinson and Neal. The Scottish Government's *National Health and Wellbeing Outcomes* document features stories from service users who have experienced a positive support journey provided by a variety of professions and sectors collaborating together, but still accessed from a starting point such as a visit to the GP (Scottish Government 2015a).

Another development within community service delivery in Scotland has been the development of 'locality' models of service organisation. These structures have also arisen out of the aforementioned *Public Bodies (Joint Working) (Scotland) Act 2014.* The localities themselves are composed of groups of people in the NHS primary care, NHS secondary care, social care and the third sector, working together at a smaller-scale, community level in a collaborative manner. One aspect of localities is that they must do the following: 'Support a proactive approach to capacity building in communities, by forging the connections necessary for participation, and help to foster better integrated working between primary and secondary care' (Scottish Government 2015b). Each health and social care Integration Authority must be divided into 'at least two' localities. The theory behind the locality model is that it literally brings together the ethos of health and social care integration into structures that are at a sub-local level and therefore enhance the possibilities for local level cooperation. In some areas, there is a physical building or plural buildings that house the multi-agency professionals of which the locality in composed.

A report by Audit Scotland on Health and Social integration (including new locality arrangements) provides examples of third sector and public sector joint initiatives that have been successful. It suggests 'there is evidence that integration is enabling joined up and collaborative working', but provides critique that there is still much work to be done to fully enable these processes around integrated finances, governance arrangements, strategic

planning, workplace and the sharing of information (Audit Scotland 2018). The case of Health and Social Care in Scotland remains an ongoing live example of how the rollout of greater integration might emerge but that there remain barriers in changing large and established systems of service delivery (Kaehne et al. 2017).

<u>Service user viewpoints on the organisation of services</u>

There is some research available that examines the way in which service users themselves have experienced the organisation of support or advice services. However, this is patchy and further direct research of this nature in other areas of victim and witness care would be hugely beneficial to hear the voices of people in Scotland when it comes to experiencing services.

The Thomson Review (2017) highlights that one of the key messages from victims, witnesses and survivors of crime that the process of navigating the criminal justice system can be one in which they encounter many people, and have to both hear information given to them and provide information at multiple different points. This has the potential to retraumatise individuals by requiring them to retell their experiences as a victim of crime again and again throughout their justice journey. A recent review of Rape Crisis Scotland's National Advocacy Project by Brooks-Hay and colleagues (2018) further highlights the positive impact for victim-survivors of receiving coordinated and expert support to help them navigate through the criminal justice system from the very beginning of reporting a crime. The service users who gave opinions in the qualitative research listed the benefits of having this Rape Crisis Advocacy worker as it being somebody to offer explanation and support:

> *Dee: She [AW] was able to explain a lot of court terms and jargon that me and [family member] didn't understand, like indictments and just a lot of the words, because me and [family member] sat in the first diet and we sat looking at each other like, what the hell are they going on about? We were sitting there and we couldn't even make sense of our own court case because it was too much political words and all these fancy terms. We asked [AW] and she went through it with us and made it so much easier to understand what was going to happen, and when and why* (Brooks Hay et al, 2018:22).

Furthermore, many of the service users praised having a specific contact who was there for 'them' specifically:

> *Morven: I just felt like she was there for me. It was absolutely fantastic having somebody that I could kind of rely on and go to if I needed anything.' (Brooks Hay et al, 2018: 23)*

> *Jane: … with Rape Crisis, I never, kind of, felt they were trying to push me in to doing anything …at any point I needed a question answered, or I wanted to talk about something, they were just there … you, kind of, feel like there isn't anybody on your side. And they are (Brooks Hay et al, 2018: 23).*

Victim Support England and Wales has also undertaken qualitative and quantitative research about the experiences of people navigating the criminal justice system in these two nations of the UK, as reported by service users and Victim Support case workers. The resulting research report *Victim of the System* (Rossetti et al. 2017) was particularly interested in whether Victims were getting the level of service from the criminal justice system that they were entitled to under the Victims' Code, which sets standards of service including the way services communicate. Overall, the findings were that there were key areas in which these entitlements were not being fulfilled, such as in the level of information being provided to those wishing to report a crime, in the way in which the victim was treated by officials, and in the need for a consistent point of contact to provide accurate information throughout the investigation/ court process. Satisfaction levels in the criminal justice system as reported by victims themselves were mixed. It concluded by the report that satisfaction was positively linked to the extent to which the victims' rights were upheld under the Victims' Code. Some of the quotes that were given by victims point to the need for high quality and coordinated systems of information throughout the whole criminal justice process, with two contrasting examples of experiences beginning at the police reporting stage presented below:

> *I think it would be helpful to, from a practical point of view, have the explanation of the process that you go through from going to police, to the court etc and what services may be out there for people.*

8

Victim of stalking and harassment (Rossetti et al. 2017: 18)

The explanation with regards to the process was explained clearly to me and I understood exactly what was going to happen… I had a really good conversation with an officer who took my statement and he advised me about external agencies that could support me… They also told me about what options were available to me with regards to finances, process and court. So they were really helpful.
Victim of road traffic incident (Rossetti et al. 2017: 18)

The importance of levels of information about ongoing criminal justice procedures and how this information is delivered is the theme of another research report by Victim Support England and Wales; *Left in The Dark: Why Victims of Crime Need to be Kept Informed (2011).* This highlights that a lack of being kept up to date can not only have a negative effect on victims' experiences and confidence in the criminal system, but that it can also affect the success of a case being prosecuted through disengagement of victims and witnesses. It was also highlighted that support to understand often confusing information can be a need of victims, as the following quote illustrates:

I found that whole system to start with was very, very confusing… I didn't know what the system was because I'd never been involved in it before… some of the charges seem quite obscure and you need to know [what they mean], for your own peace of mind, it needs to be explained more to you (Victim Support 2011:16).

Conclusion

This paper has presented an overview of some of the existing literature relating to discussions around reframing services in a 'victim-centred' way. Further exploration of examples from criminal justice systems in other nations, and exploration of collaborative service delivery in other types of public services in Scotland would be beneficial to enhance this debate. Further work commissioned in Scotland that sought the views of victims of crime on service delivery mechanisms and their opinions of existing and future collaborative models would be hugely valuable.

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Tirion Seymour

Victim Support Scotland

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