COMMUNITY JUSTICE SECURITY

EXECUTIVE ORDER 0053 – APPROVAL FOR AWARD OF VICTIM AND WITNESS SERVICES FOR CHILDREN AND YOUNG PEOPLE

By the authority of the Police and Crime Commissioner as designated by the Police Reform and Social Responsibility Act 2011, and by democratic mandate invested in me by the electorate of Northamptonshire, I have taken the following decision:

To award the contract for the provision of victims and witness support services for children and young people phase 1 to ASSIST Trauma Care for a period of 3 years at the total maximum contract value of £888, 027 with the option to extend for a further two periods of 12 months each.

Phase one services will comprise of a service which provides assessment, advocacy and support to children and young people including specialist therapeutic services.

The provision shall be free to children and young people who perceive they have been victims of any form of crime. Service users shall be resident within the contract area (Northamptonshire), including temporary residents (e.g. students) or visiting the contract area when the offence took place. The service shall be offered regardless of:

- Age, gender, culture, religion, ethnicity or sexuality;
- Where or when the offence took place;
- Whether the crime was reported to the police or not.

The Service will not be a standalone service, but will link with, and support access into, other support services, provided by statutory and voluntary agencies in the wider community.

ADAM SIMMONDS
NORTHAMPTONSHIRE POLICE AND CRIME COMMISSIONER
4th January 2016

Equality, Diversity and Human Rights
An Equality Impact Assessment was undertaken in September 2015 during the
design stages of the new service specification, using feedback from victims, witnesses and
Stakeholders.

Award of the contract from Jan 16 through to implementation on the 1st March 2016 will also
allow for further work to be undertaken to seek further feedback and involvement from
stakeholders, staff and future services users than will used in the next assessment due in
March 2016 undertaken by Assist Trauma Care.

Other Advice Taken

The officer recommendation paper is attached to this report which details the advice and
detailed proposals for spend

PROJECT REPORT:

PROJECT: YOUNG VOICE

PROJECT AIM:

To support the commissioning by the Police & Crime Commissioner in Northamptonshire of a Victim and Witness Service for Children and Young People through the development of a Service Specification that meets their needs, has support of partners, stakeholders and potential bidders, and is deliverable within resources.

Project Worker: Glynis Bliss

Project timeline: 01.07.2015 – 30.09.2015

Project Sponsor: Matt Chester, OPCC

Project Overseer: Vicki Ross, OPCC

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2. Project Background & Terms of Reference

2.1 The current Victim & Witness Service:

In April 2015 the Ministry of Justice transferred the commissioning of local victim services to local Police & Crime Commissioners. Northamptonshire was an early adopter and their new service for Victims and Witnesses of crime called VOICE became operational on 1st October 2014. This Service brought together the Victim Care Unit (provided by Victim Support) with the Witness Care Unit to achieve an end to end service for all victims of crime and those significantly affected by anti social behaviour and road traffic crime. A service for vulnerable victims, those with mental health and learning difficulties has also been commissioned – expected as from June 2015. The Service for high risk domestic abuse victims – the Sunflower Centre – has also co located with VOICE and it is intended that Restorative Northamptonshire will also co locate.

A pilot project for victims of Interpersonal Violence has also been commissioned from the county's Rape Crisis Service, which started in February 2015.

VOICE works collaboratively with other service providers that are commissioned and funded through other streams, both in the Statutory and Voluntary sectors; it is currently further developing and formalising its links and pathways with them, particularly those categorised as Interpersonal Violence (IPV), predominantly domestic abuse and sexual violence, through working with the county's IPV Forum called NADASA.

VOICE is overseen by a VOICE Strategic Board with independent Chair and a Provider Advisory Group.

2.2 Developing VOICE to provide services for children and young people:

The current VOICE service is predominantly focused on adult service users and does not offer a specific service for children and young people; however, it is well known that young people have higher rates of victimisation for some crimes and are much less likely to report or tell anyone.

Under the national Code of Practice for Victims of Crime, any victim aged under 18 years is automatically considered vulnerable and entitled to an enhanced service from statutory services. The PCC believes further, enhanced, specialist and independent support services need to be developed to complement, build on and link with the statutory provision, recognising that the needs of young people can be different to those of adults and to encourage and facilitate them to access support services and, where appropriate, make reports.

Child safeguarding, child sexual assault (CSA) and child sexual exploitation (CSE) are high priorities for the PCC and there is a high focus on improving partnership and joint working. The Multi Agency Safeguarding Hub (MASH) and the Reducing Incidence of Sexual Exploitation (RISE) teams have been formed to ensure coordinated, timely and efficient responses to referrals.

The next stage of the VOICE development is to provide a service for children and young people affected by crime and anti social behaviour – YOUNG VOICE.

2.3   Local Service Need / Data

The report *Suffering in silence: children and unreported crime*, Victim Support and University of Bedford for the APPG for Victims and Witnesses of Crime, 9th December 2014 identifies that 'only 13% of violent offences and 15% of thefts are reported by young victims (ONS 2014a). Similarly, retrospective accounts of childhood sexual abuse show only 5–13% of victims reported this to an adult at the time.   Only 15% of children and young people report crimes as a victim or witness to the Police and many children and young people do not realise that what they have experienced constitutes a crime or other form of victimisation requiring support and redress. This is particularly true where forms of criminal behaviour have been normalised within a peer group or a community, or when grooming by another individual is a factor.'

What continues to be difficult to measure is the experience of those young victims and witnesses who do not report to Police and the support required to them to help them cope, recover and thrive.

This report uses further research and the consultations held locally with both professionals and children and young people to help understand commissioner, user and provider needs and makes recommendations for achieving them.

Below is a summary statistic table outlining the reported crime data for victims of crime in an 18 month period dates between 01/09/2013 and 28/02/2015 in Northamptonshire.

Victim's Age/Offender's Age	10-12 yrs		13-17 yrs		18-24 yrs		25-30 yrs		30 yrs Plus		No Age Given		No Offender Recorded	
ALL CRIME CATEGORIES														
0-9 yrs	16	13.8%	20	4.5%	18	15.0%	23	31.5%	70	24.6%	1	14.3%	600	19.0%
10-12 yrs	86	74.1%	59	13.3%	6	5.0%	11	15.1%	49	17.3%	2	28.6%	489	15.5%
13-17 yrs	14	12.1%	363	82.1%	96	80.0%	39	53.4%	165	58.1%	4	57.1%	2065	65.5%

2.4 Terms of Reference for the Project:

The aim of this project is to assist and inform the preparation for the commissioning of Young VOICE and ensure stakeholders, including C&YP themselves, and potential bidders are informed and engaged, with opportunity to contribute to the design of the Service and give feedback.

Objectives can be summarised as:

- Market research
- Service Scoping
- Engaging stakeholders
- Involving children and young people
- Defining the Service Specification

These objectives have been achieved through the Project Plan. The timescale was 1 July 2015 – 30 September 2015; however, due to EMSCU timelines the deadline for the project report was brought forward to mid September.

3. Methodology

A Project Plan was developed and agreed with OPCC with the objectives outlined above; in summary:

Objectives:

1. **Research** –

- Identify recent and relevant research that could usefully inform this project – a short literature research identified and used:

    ➢ Support Services for Young Victims of Crime – Research Report – Ipsos MORI;
    ➢ Scoping a national service model for supporting young victims of crime in Scotland – Scottish Govt / Victim Support Scotland;
    ➢ Suffering in Silence, Children and Unreported Crime – University of Bedford / Victim Support.
    ➢ Essex Young Victims Perspectives – Catch 22

- identify and engage with projects in other areas that can usefully inform this project – three projects for young victims were identified and visited (two currently commissioned by PCCs):

    ➢ Sheffield Child & Vulnerable Adult Service, which covers South Yorkshire;
    ➢ SAFE – Support for Young People Affected by Crime, which covers Thames Valley;
    ➢ Victim Support national Young Victim Service – a visit was made to their National Office and a meeting with their national lead.

- Engage and consult with stakeholders, including children and young people themselves, to ensure they are included in the design and development of the Service Specification; identify opportunities and barrier for potential bidders –

    ➢ 34 Stakeholder agencies and services were identified and invited to a series of workshops and consultative events – three were held during July and August;
    ➢ Children and Young People were engaged through the OPCC Engagement Manager Helen Cook – through her work and contacts she enabled 2 events to be held, one facilitated by Groundworks in Corby and the other by Service Six in Wellingborough;

- Link in with and learn from other areas of work and mapping in the county –

> ➢ this was facilitated by Vicki Ross, OPCC, and through engagement with county forums representing IPV and Children's Services/safeguarding;

2. Identifying the scope of the new Service:

A series of consultation/workshop events were held with stakeholders – 3 for professionals and 2 for children and young people; visits were made to Young Victim Services in other areas; through this process feedback, suggestion and challenge was obtained about:

> ➢ The definition of service user eligibility criteria that is inclusive and non discriminatory;
> ➢ Availability for users who have not reported and/or self refer – ensuring safeguarding principles are paramount;
> ➢ Clear definition of criteria in relation to crimes, incidents, witnesses and restorative justice;
> ➢ The full range of services to be offered/provided, together with collaborative and partnership arrangements;
> ➢ identifying services that will not be offered;
> ➢ Processes to enable services users that do not meet the criteria to access appropriate services.

3. Defining the Service:

The workshop events also covered Service Definition, which was also informed through the research and visits to Young Victim Services in other areas:

> ➢ Describing the end to end service;
> ➢ Opening hours & location;
> ➢ Flexible and innovative approaches meeting the needs of C&YP, inclusive of those with special characteristics/vulnerabilities;
> ➢ Innovative marketing and communication that is relevant for C&YP and keep them safe;
> ➢ Data protection and information sharing; safeguarding that supports the young person;
> ➢ Referral pathways and procedures with collaborative approaches enabling users to access the services needed, that are efficient and avoid duplication;
> ➢ A requirement for all C&YP who are witnesses in criminal court to be offered a service before, during and after court;
> ➢ That the Service must work collaboratively with the current support systems for C&YP commissioned in the county.

4. **Work with EMSCU to initiate procurement** – GGB has not engaged directly with EMSCU – this has been done by Vicki Ross, OPCC, who has advised GGB accordingly. EMSCU timelines required the early production of a 1st Draft Service Specification, which was produced by VR, using the Adult VOICE Service as a template & feedback was given from GGB. This draft was used as the starting point in the Professional Consultative workshops.

Required Project Outcomes:

1. Stakeholders including C&YP have had the opportunity to be involved in the design of the Service Specification.

2. Potential partners and bidders have had the opportunity to be involved in the design and consulted on the Service Specification, are fully aware of Commissioner expectations & requirements and have appropriate opportunity and time to bid;

3. A Service Specification has been produced within budget and time that meets Commissioner requirements;

4. The Product is fit for the purpose of Procurement by EMSCU and is a good fit with the financial envelope.

Risks – were identified and managed successfully.

Costs – no additional costs were accrued during the life of the project (except possibly the 2 events for C&YP – HC can advise).

The Scope of the Project – this was agreed at a pre meeting with OPCC – Vicki Ross and Matt Chester:

The Project was successfully completed by the due date, with 1st draft provided to VR by 16th September 2015.

4. Research

4.1 **A short literature review** was carried out and 4 key pieces of research were used:

> ➢ Support Services for Young Victims of Crime – Research Report – Ipsos MORI;
> ➢ Scoping a national service model for supporting young victims of crime in Scotland – Scottish Govt / Victim Support Scotland;
> ➢ Suffering in Silence, Children and Unreported Crime – University of Bedford / Victim Support.
> ➢ Essex Young Victims Perspectives – Catch 22

The following summarisations were used to inform the consultative events and the recommendations of this project. Stakeholders agreed with the summaries and had little to add, but they reinforced the gaps in local services and the need for locally provided and dedicated services that are collaborative in nature and sustainable, covering the victim's pathway from end to end. They also highlighted complexity and number of issues to address; not least the marketing and confidence building required before service delivery could successfully build up. There is a need for a staged, planned approach that would develop services in a strategic fashion rather than an immediate 'big bang':

4.1.1 Support Services for Young Victims of Crime – Survey – Ipsos MORI:

Key Learning Identified:

> ➢ Most common experiences were anti social behaviour, fights among youngsters, assaults and bullying;
> ➢ While most had been victimised, very few had told anyone for fear of exacerbating situation or being seen as a 'grass';
> ➢ Many young people don't regard their experience as a serious issue and are wary of being labelled a 'victim'; they seek support from within their own circle;
> ➢ Maintaining status amongst peers was important and so reluctant to admit that experiences had affected them;
> ➢ Felt they could be labelled a 'troublemaker' or blamed for incident;
> ➢ They understood the possible consequences for victims re confidence, self esteem, anxiety, fear, and isolation;
> ➢ Males in particular mentioned anger and retaliation, which is a key reason for ongoing disputes;

- Mixed views about bullying – some accepted it as a part of being young, whilst others saw persistent bullying as serious, leading to thoughts of suicide; cyber bullying was an issue for a minority, but most felt it was easily blocked;
- No knowledge of support organisations / main issue was lack of trust;
- Key concern about lack of confidentiality
- If seeking/offered support – an adult who was able to empathise through similar experience was important;
- Group support – similar ages and experiences were important;
- Group work combined with social activities was more popular.
- Peer support and experiences of young people who had overcome problems was a popular suggestion;
- Whilst some said face to face support was important, others felt that it needed someone they trusted – social worker or youth worker;
- Spontaneous suggestions of an online support facility because it offered anonymity;
- Drop in service at a time that suited young people;
- Restorative Justice was the least popular option – found it difficult to conceptualise and felt perpetrator might enjoy hearing how they had affected their victim.

4.1.2 Scoping a National Service Model – Scotland:

The Scottish Report can be used to take this learning further to start identifying the services that should be provided; however, in building the model, Commissioners and Providers need to be mindful of the barriers that young people themselves identify in recognising victimisation and its seriousness, trust and confidentiality, how they would access information and support and the potential cost implications of providing services that are instantly responsive as well as planned activities that are accessible.

KEY RECOMMENDATION FROM REPORT:

- *Youth victims who are severely traumatised should have specialist professional support readily available and easily accessible;*
- *On line information and support facilities should be developed and implemented whereby young victims can access information and support instantly, confidentially and anonymously;*
- *One to one (face to face) support from a trained adult should be available and easily accessible regardless of whether the incident is reported to the police;*
- *A group support service should be developed (alongside the 1:! Service) where young victims can meet and talk to others with similar experiences;*

> *Education and marketing initiatives should be delivered to promote awareness among young people about victimisation and support and provide opportunities to request support;*
> *Young victims should be provided with opportunities to participate in recreational activities that aim to develop self confidence, self esteem, friendships and peer support.*

The Report also highlights the need for **Pre Trial Therapy,** provides a **Pathway Model,** and highlighted a couple of existing projects:

SHARP – School Help Advice Reporting Page – computer based system allowing young people to report incidents anonymously that occur both in school and in the community; accessed at school and from home; any staff member can be nominated to be the point of contact for referrals; SHARP originated in Merseyside and is **now available to all schools in the UK.**

CyberMentors – allows young people aged 11-25 to help and support each other about bullying, cyber bullying and general well being through a bespoke and safe social networking site, with trained and registered peer mentors and accredited counsellors. The programme trains an army of young people who help and support their peers in their schools and communities; the site is the only one of its kind that allows 'real time' interaction. Any young person can register free of charge on the CyberMentors website and gain access to trained mentors or counsellors between 8am and 2am. The site is approved by the Child Exploitation and Online Protection Centre (CEOP). Launched in 2009 it is very popular with young people. Over 200 schools are using it; 40% of schools are reporting a reduction in bullying and increase in good behaviour; 73% have recorded reductions in incidents of concern; 31% have recorded reduced exclusions and persistent disruptive behaviour; 40% have seen a reduction in pupil violence.

CyberMentors is aimed at Bullying and low level incidents, but it provides a useful model for the development of an online support facility for young victims of more serious crime.

4.1.3 Suffering in Silence – Children and Unreported Crime - University of Bedfordshire / Victim Support

This report presents the findings of a scoping inquiry into hidden victimisation of children and young people; it was undertaken on behalf of the All Party Parliamentary Group for Victims and Witnesses of Crime and commissioned in response to finding from the Crime Survey for E&W that indicated less than one fifth of C&YP reported theft or violent crime to the police.

Its conclusions and recommendations are very similar to the IPSOS survey and the Scottish Report; **further, most of the findings were borne out by the consultative events with CYP and endorsed by the consultative events with professionals:**

➢ 85% of C&YP do not report a crime / peers are the most frequent source of support;

➢ One third of 11-17 year olds had experienced physical violence and one quarter of 11-24 had experienced some form of abuse or neglect;

➢ Most C&YP do not recognise what has happened as victimisation, or it is normalised within their environment (banter, not bulling / expected and accepted behaviour);

➢ C&YP with vulnerabilities such as long standing illness or disability are significantly more likely to be a victim;

➢ C&YP who have been bullied in the last year are substantially more likely to experience crime;

➢ Most incidents of violence or theft occur in or around schools;

➢ 90% of incidents occur in daylight;

➢ They don't know how to report experience of victimisation;

➢ Perpetrators are often known to the victim, reducing even further likelihood of report;

➢ They fear damaging their reputation (grassing) or reprisal or the effect on family;

➢ Many C&YP assume responsibility for their experience and carers and professionals can be guilty of re-inforcing this perception;

➢ Many C&YP have little confidence that the criminal justice system will deliver justice and protect them;

➢ Their attitude towards police if often that of mistrust and fear; many believe police treat them more negatively than they do adults and there will be a lack of respect, suspicion or discrimination.

RECOMMENDATIONS FROM THE REPORT: these were very high level; however, they indicate national strategy that is relevant locally:

➢ *Dept of Education - Improve children's knowledge and understanding of crime and victimisation – through a whole school approach;*

➢ *College of Policing & other relevant bodies - Promote trust in professionals and organisations involved in safeguarding through training to identify and support;*

➢ *Home Office & Ministry of Justice – coordinate and oversee comparable police data and self reports;*

> ➤ ***Further Research is commissioned to provide a deeper understanding about why C&YP do not report the majority of crimes to the police.***

4.1.4 Essex Young Victim Perspectives – Catch 22 on behalf of Essex OPCC
(full report not yet on website so summary only has been used):

The summary confirms and reinforces the issues around lack of knowledge about support services and how to access them, confidentiality and lack of trust, need for anonymity and control over what happens, particularly around the type of support. It reinforces the importance of School as a means of information and support.

> ➤ Most YP believe that YP are more at risk of being a victim of crime than an adult;
> ➤ Most YP are aware of the risk of being coerced into criminal behaviour by others, however:
> ➤ If they were coerced most YP would not talk to anyone about it;
> ➤ Most YP identify bullying as the most common cause of victimisation;
> ➤ Most are not aware of where they can go for help and support (other than to report to police);
> ➤ Most would tell the police if they were a victim of street mugging;
> ➤ Most would talk to family and friends or a supportive member of staff at school;
> ➤ They expect their school to offer them help and advice;
> ➤ Where a perpetrator is identified most young victims would want to maintain anonymity;
> ➤ The risk of someone informing the police without their consent was a major reason why YP would not talk to someone about it;
> ➤ Most expect to be offered help and support – more emphasis on support than catching the offender;
> ➤ Type of support most would want – access to online or group support with other young victims;
> ➤ Access to 1:1 or counselling support ONLY if they chose this.

4.2   Services for young victims in other Areas:

Three Services were identified that were relevant to this project; each Service was contacted by phone to establish a brief outline of the Service, followed up by a site visit to explore the Service in more detail:

- South Yorkshire Service for Children and Vulnerable Adults
- SAFE – Support for Young Victims of Crime – Thames Valley Area
- Victim Support Young Victim Service

South Yorkshire Service for Children & Young Adults who are victims of crime	SAFE – Support for young victims of crime in the Thames Valley Area	You & Co - Victim Support – national programme for young victims of crime
Based in Sheffield / covering S Yorks Part of Victim Support	Covers TV – operational in Oxon & Bucks currently and will roll out to Berks in Oct. Based in Oxford and in VS offices in Bicester and Bracknell; Charity since 2011; prior to that a Home Office Multi Agency Pilot so good history of information sharing & collaborative work.	National Project with dedicated resources – assist VS localities to tender for contracts; provide VS locality based CYP services with policies, guidance, training and resources – must comply with the national programme.
Funded by PCC - £100K pa for 3 yrs	PCC Contract - £1.1m over 3 yrs – **must prioritise DA and SV** (last year 40% SV/24% DA	Depends on local contracts to deliver services; national programme funded through National Office funding (MofJ)
PCC set up as gap identified for very vulnerable V&Ws who needed specific support / not getting it / or too many services intervening	Pilot set up 2008 by YOT with other partners; produced resources – Why Me and Are You OK? Project became charity in 2011.	VS identified gaps for CYP services and lack of standardisation re locality services; pulled back from local CYP services until national programme was established and training/resources available.
50% are children – 20% community victims & 30% witnesses for court	All are Children & Young People -	Aimed at all C&YP – different resources for age groups; focuses on **Risk/Protective/Resilience Model.**
Referral Criteria: Children & Adults; referrals from VS Community Service & other Services / reported and unreported / where vulnerability has been identified – initial assessment; Advance Referral is the key, with allocation to the right caseworker.	Referral Criteria – **8-25 years** (Oxford is Uni Town & many young adults away from home); majority are 10-17yrs; must have experienced crime or bullying; historic or current; reported and unreported; no crime restriction – based purely on effects on CYP; from police	Depends on local contracts.

	and any agency; CYP must have consented to referral – **but often in practice they haven't been told – Services want to offload to SAFE. Referral should come with initial assessment and reason for referral.** Good range of referring agencies arising from previous multi agency project.	Delivery is based on concept of using **trained volunteers** – specific training programme for working with C&YP and also specific training for serious crime such as DA and SV. This does not preclude using paid caseworkers.

Few volunteers successfully complete the C&YP Service training and become accredited; can be more successful in Young WS (eg: Sussex) where volrs are highly skilled professionals.

Paid staff do initial assessment and they hold the risk; allocate out to volunteer or paid caseworkers (or retain if caseworker themselves). Work in parallel to volunteer and provide supervision – this co work can work well re flexibility & availability.

Considers **20 cases per paid worker** |
| Project Manager – also does casework
2 FT caseworkers
No admin – done by volunteer
Volunteers are used but very difficult to recruit and successfully train the right people – right skills, high level of commitment and sustained support availability required – optimum would be a staff caseworker backed up by a trained volunteer.
Caseload – ideal is 30 per paid worker; no waiting list – they call on wider VS community team to assist if needed;
Prioritise rigorously – look strictly at the criteria and refer back if not met;
350 Activities delivered during last quarter. | Manager
FT Case Manager
Recruiting 4 Case Managers to extend service across TV – will also do some casework especially for DA and SV – will be prioritised and offered more sessions.

Team of 13 self employed skilled professionals/therapists used for sessional work – very cost effective.

No volunteers used currently but recruiting them to do non casework – as ambassadors; facilitate group work and positive activities – particularly using past service users; potentially use for on line facilities (none at the moment). | |

	appropriate. Will be significantly less for volunteers. **HUB SERVICES** – can become a dump service; losing child focus and CYP choice; over burdens other services; specialty services restrictive in what they will take and only focus on their area of specialism – other needs are lost. **IDVAs and ISVAs** are too restrictive and not wholly child centred. **Witness Services** – restricted service & doesn't address holistic needs. Amanda and her national team provide **central consultancy days** for locality services; it's challenging work needing robust policies & procedures.	Assessment, planning, emotional support, information, practical help, advocacy, court support – **no restriction, ongoing until no longer needed or client opts out.** Dedicated resources for CYP Domestic Abuse. Would like clearer guidelines about **Pre Trial Therapy** – therapists reluctant to do it because of potential disclosure
	Provide assessment, emotional support, information, practical help, advocacy, court support – **no restriction, ongoing until no longer needed or client opts out.**	**Up to 6 sessions;** **Up to 12 sessions for the enhanced DA/SV service;** Will extend sessions if assessment indicates, especially if court coming up – BUT benefit must be clear and time limited. **Exit / refer on – PCC has put resources into counselling services which are being piloted; counselling HUB in progress; CAMHS – are developing therapeutic pathway for**

orders.

victims of S/A, with SAFE working alongside.
Will also do holding strategy whilst finding a service to refer to.
Assessment done by the sessional worker but under the new model the new staff caseworkers will do initial assessment and then allocate to sessional worker, or retain some cases themselves.
Work based on protective behaviours – resilience, safety, emotional development, self management, rebuilding and repairing; restorative approaches, pre trial therapy.

Have done **parent support groups** and will refer parents to VS for support services.

Developing on line facility and also mobile phone app.
Aim to develop Group Work and Peer Support.

Assessment & Resources – **use VS YOU & CO resources and booklets – 'my journey'**:
4-7 years
8-12 years
13-18 years

Use project resources – Why Me? And Are You OK?
Use assessment form and free flowing conversation;
Working on Assessment & Evaluation forms with Uni of

You & Co Resources – aged related booklets & resources for professionals:
4-7yrs
8-12 years
13-18 years.
Needs and Risk Assessments done

	Bedford;	
Pack should bring up other issues, eg: worries, concerns about school, family. Partnership approach / advocacy if needed – with consent of the child.	Use goal based outcomes	**separately to help less experienced workers** to ID effectively; not tick box exercise; uses resilience approach/circles of support/resilient adults to support. **Uses My Star online Model – links with universal tiers of need.** **Very comprehensive and user friendly resources, linked to volunteer and staff training.**
Enhanced Service for the Court / Witness side – 3.5 days specialist training to staff and volrs; training is assessed and not all accredited.	No court work	**VS no longer provide the WS at Court** (now CAB) but can still provide training and support services for young witnesses (see S Yorks service). May be some conflict with CAB when they role out their CYP enhanced WS.
They Refer on rather than signpost for services they can't deliver – eg: counselling	**Refer on rather than signposting. No CISVAs in area and few DA services for children – only if in Refuge (hence the priority service for DA/SV under new contract.**	Refer on and signpost. **Do not provide therapy or counselling.**
Referral Pathways – formalised with police, schools, WCU, NSPCC/Barnardos, NHS, WS – enabled by previous history of VS.	Many referral pathways, some are formalised and working on extending that with others.	Depends on locality, but will expect to build referral pathways with key partners/providers. **Concerns re police 100% auto referral system** – can increase risk for CYP; CYP not always consulted or informed; parents may not know; **would prefer positive consent referral.**
CSE – area of potential duplication	CSE not highlighted as an issue – but	CSE – needs clear identification of

– still working through this.	may become one with new contract.	boundaries and co working practices.
Marketing – early priority for project - to stakeholders and partners; maintained with constant refreshing, talks, presentations, multi agency fora, etc. **NO MARKETING DIRECTLY TO C&YP**	**History of marketing from pilot project**; wide range of referring agencies and **12% are self referrals**; lots of word of mouth; NEW MARKETING DRIVE needed as SAFE expands across TV; but need to be mindful of resources and volume, particularly around things like bullying.	National promotional materials and website. **Work with schools is very effective** and increases referrals. **Aim Marketing at potential agency referrers, youth fora.**
Service User Survey – done by caseworker over phone – **Volunteer would be ideal to do this work to avoid conflict.**	No info recorded.	Service User Surveys used.
Risk assessing – home RA done; Star of Risk as part of CYP resource pack; **no specific measure of risk – worker judgement and expected to use continuous Active Risk Assessment;** CSE Assessment – not yet but soon; Recorded on CMS – **audit trail for RA and also for the Needs Assessments.**	Risk is held by the caseworker or the sessional worker – whoever is holding the case; **SAFE train them to do the risk assessment and its management and they are self insured.**	Risk management approach and risk held by paid worker; referrals can be refused if CYP not in a safe/supportive environment – will work with referrer to build that up.
Safeguarding – always paramount; introduced conversationally early on – recorded and audited. VS policy used.	Safeguarding – caseworker will report and discuss concerns with case manager and decision/disclosure managed by office; work with CYP to encourage to report anonymously and understand risk to themselves and others. Well established links with SG.	Robust national policy and procedures used in conjunction with locality procedures. All workers trained. **VS don't offer confidential service for CYP;** Gillick competency test done; risk managed by paid worker; 16+years – conversation re carers/do other adults know? Judgement used but disclose if YP know?

		is at risk, **aim is to reduce risk so if cannot manage risk adequately – refer on to service that can.**
Self referrals – measure competency – **no formal process, just Caseworker** experience and judgement. Anonymous SR – individual assessment and aim to get information; encourage support / ring backs. Encourage them to involve carers – if competent but don't want carers to know, or carers don't want CYP don't want them to know but CYP don't want them to know detail of support – decision made by Service whether to tell them or just give them summary of support given.	**Self referrals – 12% of referrals;** no info re process for assessment of competency. Encourage anonymous reporting and informing carers but will make individual assessment and decision re confidentiality.	Good national website; **Concerns re on line support systems** – needs excellent management and support service; can increase risk; difficult for workers; implications re technology, data protection.
Methods of contact – email, text, phone, FtoF – whatever is their preference	Generally face to face sessions. Developing on line facility and phone app.	Flexible approaches – phone, email, text, ftof.
Court support – **will do ALL court prep** – pre trail, court visit, at court, post court: no conflict of interest as caseworker trained not to talk about details of what happened; **POTENTIAL CONFLICT WITH CAB WS** – their contract required them to deliver enhanced service for CYP – in pilot stage so could introduce tension later on. BUT – if the referral is for court support only, then they will expect to do that, not CAB WS.	No info re court support.	Workers trained to support re court; good links with WS;

Liaison with other services – work well with VS as same organisation; WS – now it has moved to CAB looking at how to maintain those links; WCU – not always good, need to chase some WCOs, but some are pro active about keeping them informed.	Very good historic multi agency approaches and links/pathways. Good range of referring agencies.	
MBE / Disabilities – very few referrals; Needs to be marketed; Considered that no further training needed; Intermediaries – sometimes boundaries not clear – they can overstep; Pre meetings are helpful and encouraged, but not always happening; Project is active in advocating for Intermediaries but there are lots of barriers and delays and late identification of need.	No info recorded.	**Marketing only works if you have done face to face meetings; go to special schools, mosques, community groups, disability groups, LGBT youth groups. Provide indirect support service first – advise the professionals, leaders – gain confidence and they will start making referrals. Act as a Broker to get services needed.**
Training – done in house using VS training programmes.	**Buy it in and also developing more exercises for supporting victims of sexual offences;** also access via VS. Currently recruiting psychotherapist **to develop the SV exercises** – will publish another book of resources. **AIM – to run group work/peer support.**	**Full national training programme** covering all areas of crime; specific training for CYP, DA and SV; Provide training for the Judiciary re Pre Trial Therapy; Provide training for police and other services;
Outcomes – focused on the needs of the	Outcomes focused on needs of CYP –	

CYP but also on needs of CJS.	established through project resources. Use benchmarks for impact; **formal assessment forms and evaluation forms to measure** – general and specific outcomes including safety and wellbeing, but recognise cannot always secure the outcome CYP wants – especially re CJS.

4.2.2. LEARNING & RECOMMENDATIONS:

> *A referral process that positively identifies, includes and informs young victims is preferred to an automatic process;*
> *Referral criteria should be based on need, not crime or incident category;*
> *The referrer should have done an initial assessment to identify that the CYP has been affected by the victimisation and then get their consent to the referral and provision of information;*
> *The Assessment should be provided with the referral;*
> *Paid workers are essential but volunteers can be effectively used to support them or provide non direct client work;*
> *There is no one model for delivery – volunteers, paid caseworkers and sessional workers have all been used successfully, but the provider must be able to demonstrate their appropriate skills, experience and knowledge;*
> *Limit of the service must be defined – open ended or restricted number of sessions?*
> *Risk must always be held by a paid and trained worker;*
> *Dedicated and focused resources are needed to work with the CYP at an appropriate level to identify the needs and risks and there must be clear goals that can be measured;*
> *Processes must include an auditable trail for risks and needs and there must be measurable outcomes;*
> *The issue of Pre Trial Therapy must be addressed;*
> *The issue of CSE and service boundaries must be addressed;*
> *The issue of Witness Service and service boundaries must be addressed;*
> *Formalised Referral Pathway Agreements will facilitate issues around who provides what and collaboration between services;*
> *Varying communication methods should be used, but with consideration to efficient use of resources, practicality, response times and sustainability; information about other 24/7 services should be given (childline/Samaritans/NHS,SARC, etc);*
> *The Provider will need a policy and procedure about how to deal with anonymous on line self referrals;*
> *The Provider must have a clear Marketing strategy & milestone plan, which will inform both professionals and service users, linked to the ability & capacity to provide the Service at the milestone stages;*

5. Engaging Stakeholders

5.1   Project stakeholders were identified by GGB using existing knowledge and advice from Commissioners and other stakeholders. A total of 34 stakeholder agencies, services and individuals were contacted and invited to take part in a consultative workshop. All those contacted expressed an interest and only one person was not able to book onto any of the 3 workshop dates offered.

5.2   Three workshop dates were offered – 31st July / 6 August / 18 August, each for 2.5hours; all were held at VOICE premises in the meeting room. The agenda for the day was the same for each one, but each subsequent event learnt from the previous and built on that work. An introduction was given on behalf of OPCC outlining the purpose and giving opportunity for questions. GGB gave an outline of research and the basic format of the Service Specification. Participants were asked to look at scope, the service offer, and how it should be delivered, including methods of engagement and communication.

5.3   In the event, 8 people had to send apologies, with 26 people taking part. There was excellent engagement and discussion, with attendees split into smaller groups to work through the material and provide written feedback on flip charts. Feedback was supportive with constructive criticism and suggestions that challenged a few elements of the early specification, but provided alternatives to the concept and design.

5.4   Participants, including potential bidders, welcomed the concept of Young VOICE and appreciated the opportunity to be engaged in its design and development. All participants would like to be kept informed of the final product and commissioning outcome, with pre information about the new Service implementation.

5.5   A different but focused approach that could be used with CYP of different ages was used with the two CYP workshops on 4th & 15th September. The CYP workshops, in the main, endorsed the research and the professional workshops. In other words, there were no surprises arising from the CYP workshops. Again, the young participants welcomed the opportunity to be engaged and want to be kept informed of what happens next.

5.6   The detail of the workshops, feedback and suggestions is given below, with recommendations alongside:

6. Scope of the new service

DRAFT 1 SCOPE	STAKEHOLDER FEEDBACK	PROJECT RECOMMENDATION
IN SCOPE:		
Living in county	Resident in county	Change wording to Resident
Witness for a criminal court in county	A Criminal Justice process within county	Keep original wording
Ages 0-18 / 21 for LAC/special characteristics	0-25 to be aligned with Social Services Don't be too specific about vulnerabilities – allow for judgement Should be based on the needs of the CYP. What about young carers and others who are not living at home (16-18)? Need separate approach re confidentiality.	Keep original criteria but allow for flexibility beyond 18/21 to provide continuity of service & judgement re vulnerabilities. Provider Safe guarding policy should reflect process re 16-18yrs.
Victims of Crime All Witnesses of Crime where called as witness for criminal court in county	Don't tie to specific crime categories – should be based on assessed need of CYP; Potential for duplication with specialist services – DA/SV/CSE – will need to identify early on where other services involved.	Eligibility should depend on assessed needs rather than specific category of incident; Provider must have process & agreements for early contact with specialist services, MASH/RISE, to co work or to refuse referral if appropriate.
Some ASB / Bullying	Make eligibility dependent on assessed needs of CYP to avoid dumping and unmanageable levels of referrals. Bullying can be tricky – often cross allegations.	Make eligibility dependent on assessed needs of CYP. Provider will need clear policy re how to deal with bullying referrals.
Indirect Victims	Again, don't tie to specific crime categories –	Base on assessed need of CYP.

	base it on assessed need of CYP.	Base on assessed needs.
Reported & Unreported Crime	Again, base it on assessed needs.	None – except that research highlighted this was not a popular option with young victims
Restorative Justice	No comment.	
OTHER SCOPE ISSUES RAISED:	What about BME – will the Service prioritise these as vulnerable? How will it market the service to them? Act as a consultant to professionals/leaders rather than try to immediately offer direct service – build confidence first.	Specification should require specific Provider strategy for BME/Disabilities re marketing and confidence building, including training.
	How will Therapy be provided? Will that be in scope?	Provider to evidence how they will enable therapy services (in house/sub contract/direct referral pathways)
	What about very young children – from what age will direct support be given?	Provider will need to specify their policy.
	What about HBV – will this service have the expertise to deal with it?	Commissioners will need to be clear about parameter of service re HBV.
	CSE – is this in scope or not? Unclear. If in scope – great potential for duplication; should this Service just refer those cases on to MASH/RISE?	Commissioners will need to be clear about parameter of service re CSE.
	Why are we re-inventing the wheel? Why not build on what we have? Resource up those services already around and re brand as Young VOICE – bigger bang for bucks! Already have NCC and Health contracts – build and join them. Have a HUB and SPOKE approach – assess, triage, refer out.	HUB and SPOKE does have some merit in order to avoid duplication, but it will tend to exclude those CYP with lower level needs and those that don't fit into specialist service criteria – Contract could combine both – HUB approach where specialist services required, but in house

	Instead of a new service, why not develop an excellent WEBSITE – provides information, advice, and direct access to support services – much more cost effective; could then give more resources to those services offered on website.	service for those that don't need them, or meet their criteria. Similar to above and assumes all CYP will access information this way; could work well for professionals; Provider will need to demonstrate how it will market, including website.
OUT OF SCOPE:		
RTAs	Why not? It's in the adult VOICE spec.	Commissioners need to be clear about reason.
Carers (refer to Adult VOICE)	What about young carers? (16-18 or up to 21); Carers of very young children referred – will need to work via carer and so should support that carer (ie: don't refer them to adult VOICE)	Clarify spec re young carers; carers of young children referred should be supported to support their young child. Refer to Adult VOICE for own support needs.
Therapy – where it should be provided through another pathway, or is already provided.	Therapy often has long waiting list; may be borderline re referral criteria; therapy is a big gap so shouldn't this Service help fill that?	Commissioners to be clear about what therapy Provider is expected to provide (see above).
Offender of the crime referred – where cross allegations against victim.	Not always clear cut, especially ASB and bullying and between young people.	Provider will need to have clear policy.
Witness Services Victim Liaison Service Witness Care Unit	Flexibility and collaborative work needed; can't just hand over or dump a client that you have been supporting. Need good exchange of information and agree who leads on providing that to CYP/carer.	Spec should allow Provider to continue or provide Witness Preparation & Support Services where they have ongoing contact with the CYP; Provider to have clear policy and agreed referral pathways & info sharing with WS, WCU, VLU.
Homicide	No issue	None

7. Service Offer

DRAFT 1 SERVICE OUTLINE	STAKEHOLDER FEEDBACK	PROJECT RECOMMENDATION
Confidential service	Is this possible to offer? Will be disclosure requirements for significant % of referrals. Need to be up front about what is possible; HOWEVER – 3rd sector has more flexibility around disclosure and can manage risk in a way statutory service can't. Anonymous referrals – how will they be dealt with?	Provider to be clear about how it will market confidentiality and its process for managing risk. Provider to be clear about how it will manage anonymous referrals - this will be important if flexible communication methods are used.
Support to enable recovery – emotional support	No issue	None
Access to services/advocacy	No issue	Provider evidences experience of formal agreements/referral pathways/info sharing.
Information & Advice	No issue	None
Initial and continuing Needs & Risk Assessments	Why are we all using different assessment tools? Should develop one partnership tool; as minimum need to share assessments so we don't repeat work and expect victim to do multiple similar assessments. This is a generic issue that doesn't get solved.	Provider to evidence structured process for continuous assessment with evidenced outcomes using CYP own goals. Provider expected to develop agreements re info sharing, including assessments, with key referral partners. Provider to demonstrate how it will avoid duplicated effort.
Single point of contact	One person can't always be available; ensure a backup with SPOC retaining managed oversight.	Provider will need to evidence how they will achieve this.
Liaison with CJS services	As highlighted already, potential for	As already highlighted

	duplication; issues re info sharing; unclear boundaries.	
Support through the pathways including court	As above	As above
Therapeutic support & Pre trial therapy	As already highlighted, what will be the Service offer re therapy? Just access to existing services or to develop new? Many practitioners reluctant to do pre trial therapy, but it is essential.	As already highlighted. Provider to evidence it will enable pre trial therapy and advocate its use to existing therapeutic services (existing national and local protocols exist).
Seamless transfer to Adult VOICE	Be flexibile around age cut off if already supporting.	Spec should enable flexibility to ensure continuity of supporter.
CICA	No issue	Ensure within spec.
Referral on / signposting / exit plan	Active referrals rather than generalised signposting.	Spec should require active referral on.
ISSUES RAISED:	**What about HBV/FGM – where does that fit in?**	Commissioners to be clear about HBV/FGM element of spec.
	Practical help such as alarms, locks,?	Commissioners to be clear as to whether this is expected within the contract.

8. How the Service will be delivered:

DRAFT 1 – how service is delivered	Feedback	Project Recommendations
Automatic 100% police referral Self referrals Other agency referrals	Conflicting feedback; one group thought good to have 100% referral but only if there were early identification of other services involved; others had great concern about this; not efficient use of resources & will overwhelm service from the start – see Adult VOICE; 'Lazy' way to get referrals; CYP often not aware of or been consulted about referral; will discredit the service. Referrals should be based on conversation with CYP/Carer and initial assessment – much better to focus on priorities using the needs of the CYP as the criteria; if 100% referral then introduce in stages. Marketing plan needed for professional referrals & for self referrals – good website essential with on line reporting and access to someone to talk to.	Remove requirement for 100% auto police referral, or at least defer; referrals should be based on needs of CYP that have been assessed through conversation and initial assessment and the CYP is aware of it. Provider to demonstrate they can quickly implement marketing plan with some quick wins and a staged development approach. To include a website that enables CYP and professionals to get info and advice and have direct referral route.
Flexible communications & access points – using range of tools, eg: website, email, text, phone, social media, helpline	Essential for CYP but don't forget that not all of them will be capable of using social media and ITC; use mix of traditional and new approaches. Access evenings and weekends. Find out where CYP go and advertise there and inform those workers; could have a dedicated app. Use agile technology for workers (as Health workers and social workers are using); let bidders	Provider able to demonstrate their knowledge about how CYP want to communicate and how they will enable this through a range of communications and access points, including CYP with communication difficulties.

	create their own model to evidence their creativity and flexibility and understanding about how CYP communicate.	
Opening times and locations that are accessible and appropriate for CYP	Some evening & weekend coverage. Use existing youth services and schools. Locations in North and South of county would be good and a worker with some co location with Adult VOICE.	Provider to evidence how they will cover the county and enable CYP to access service and provide face to face support. This should make good use of existing resources and links with schools, youth centres, etc. Links with Adult VOICE as for other key stakeholders and referral partners.
Single point of contact	When would this be available? What about out of hours? Use worker buddy system to provide a backup if key worker not available.	Provider to evidence how it will enable SPOC with backup system if not available and what it will do about OOHs contact.
Comprehensive Needs Assessment that is relevant to the age/understanding of the CYP – including wider needs, especially linking in with other strategies around early help/intervention; education /exclusion/CSE/Health	There are already so many assessments – DASH, EHA, CSE, etc. How will these be joined up and shared? Don't do phone assessments (Adult VOICE model is not suitable). Assess through discussion and engagement not just tick box. Skills and experience of worker is key. Provider must have experience/knowledge of local services and strategies.	Provider able to evidence use of structured assessment tools, used age appropriately by skilled workers. Able to evidence knowledge of localities and local services, or how they will develop this quickly.
Comprehensive Risk Assessment, including safeguarding & disclosure & risk management	This is very skilled work needing highly experienced workers; risk must sit with paid staff; must have excellent links with other services involved and safeguarding; Self referrals should always be notified to Safeguarding where concern about DA/SV/CSE/HBV/FGM. Use the Early Help & Intervention pathways	Provider must evidence their Risk Assessment Process and how they will deal with self referrals/safeguarding. Self referrals with concerns about IPV & CSE should automatically be referred to safeguarding unless Provider can evidence they can manage the risk.

Service planning regularly updated that is linked to CYP's goals and service goals with evidenced & recorded outcomes	and only provide support services relevant to crime/incident. Make use of other and existing services – don't try to do it all; be aware of other interventions especially Early Help; use the new EHA process. Plan must include CYP centred goals and process for evaluating.	Provider able to evidence knowledge and use of county services and intervention pathways; Agreed boundaries and referral pathways established before service is offered. Provider to evidence how they ensure service plans are CYP centred.
Face to face support and other support via phone, email, text depending on CYP choice and their needs/circumstances	Worker must be skilled & experienced in this work and able to provide flexibility and continuity of service – difficult to see how volunteers can do this, but they can provide an important backup role. Young people want instant response and not just between set hours. Use buddy system. Don't rely on technology, face to face is important, but be flexible about where to do it to preserve CYP confidentiality & safety.	Provider to evidence the skills & experience of their workers and how they will ensure flexibility and continuity that meets the CYPs needs, including confidentiality & safety.
Referrals to other services for support/joint working	Lots of services around so don't reinvent the wheel – use them; co work where required; must have local knowledge from the start. Make sure CYP knows and consents (safeguarding exceptions). Big role as advocate/broker.	Provider able to evidence local knowledge, or how they will acquire it quickly. Provider expected to establish info sharing & referral pathway agreements quickly.
Links to CJS processes / support & information – agreed plan for lead provider of information / agreed plan for lead supporter and support at court	Big potential for duplication re WS/WCU so how will this be managed? Will need system to identify who is involved and agree on info sharing & lead provider of information.	As above re WS/WCU/VLO – including support at court.
Regular contact and updates as agreed with CYP	As above – will need excellent info sharing and agreement to avoid situations where CYP is told same or differing information repeatedly.	As above.

Advocacy & brokerage to access entitled services	Workers need to be able to advocate at multi agency meetings and at court to secure service entitlements and represent CYP's views. Support at Court will depend on the judge who may order only WS to do it.	Ability to advocate in multi agency meetings and before court re service entitlements & continuity of support & to present CYPs views.
Exit plan and referral on Client Survey Service User involvement	Positive referral, not just signposting. Referral must include the assessments and what has been done already. Evaluate the service before exit – don't use supporter to do this – CYP should be able to identify what has been achieved and if not, why. Service User Group would be good. Past users could be peer mentors and ambassadors for the service.	Provider able to evidence: Formalised exit process; Evaluation of service process with CYP; Confidential client survey; How they will involve users to help develop service.

YOUNG PEOPLE'S CONSULTATIVE EVENTS – see feedback below:

9. Young People's Consultative Events:

WHAT SORT OF SERVICE IS NEEDED?		
Older group – high teens/20's:	**Mid Teens groups**	**Children's group**
Confidential service – be transparent about disclosing / tell parents if safeguarding / sometimes carer is the offender	Confidential – don't tell parents or school – they will take over Don't refer unless we know about it / no cold calling / not via parents	
Counselling	Counselling (with a small c)	
Group work / social activities	Group work / social activities	
Phone line	Help line	
Dedicated worker (youth workers are ACE) Options re worker / younger workers that can relate Friendly, reassuring, respectful workers that we are able to trust Don't talk down/patronise	Worker who knows what they are feeling/going through Age & gender not important but must be choice of victim Same worker throughout Worker who is caring/respectful/interested Who will listen & actually help Specialist worker for some crimes Youth workers are good & trusted	Speak to someone who has experienced same thing; maybe someone your own age. One to one sessions with a youth worker. Friendly people you can trust & they respect you.
Website / on line survey / instant chat support	Website / NOT EMAIL – no one uses that anymore!	
Informal chat with police / easy access	Talk to police themselves if they want to – not via parents or anyone else	Professionals that make them feel happy not scared.
Posters & Leaflets	Poster & leaflets	
Information & advice	Information & advice	
Witness Protection	Protection and safety	
	Information about police & Court process	
Facebook Group	Facebook / messaging	
Restorative practice		

	Practical help – eg: what to do if phone stolen		
	Rights – getting their voice heard		
	Getting over it / recovering / confidence		
	Keep an eye on crime & tell YP about it		

ACCESSIBILITY			
Older teens / twenties	**Mid teens**	**Children**	
Text in a crime & get a reply. Able to share what has happened online with the police	Free phone line / text / – but able to speak to someone at any time. NOT EMAIL – 'no one uses that anymore' Text first before phoning, otherwise some people won't answer unknown caller	Ask the YP when they are available. Don't call them unless they are expecting it	
Facetime – emergency & non urgent. Instant chat messaging	Chat messaging		
24 hr service or 7am to midnight	24 hour helpline ideal / minimum of afternoon and evenings / office hours 9-7 or 12-12midnight. After school, evenings & weekends. Interpreters	24/7/365 Particularly in middle of night.	
Social media 24 hrs			
Self referral – NOT BY POLICE	Don't refer or contact unless the YP knows and agrees / don't do it through parent unless for a young child	Don't call them without them knowing (no cold call) – don't want their parents to answer and not know about it.	
Anonymous referral	Anonymous referral. Don't tell parents/school unless safeguarding issue or under 16yrs.		
Via Youth Worker in a Youth Club	Youth workers are very good and trusted;		

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Or via Parent or via Education	Someone who has experience of what they are going through	
Face to face away from home Local places.	In places where YP go – not in police centres. Technology good but still important to be able to speak to someone. Local places.	
Contact within 48 hrs of referral	Contact within 24 hours	
Age appropriate environment for support	Somewhere that is safe for the YP; don't want to be seen and labelled a 'grass'. Police in plain clothes/unmarked car.	
Young leaders who have been through it and come through.		
	Advertise via schools/youth centres/you tube – just short clip/shops/facebook GP surgeries/hospitals/dentists	Use young people themselves to advertise – short clips Workers could talk to YP in parks after school

10. APPENDICES:

Appendix 1 – list of stakeholders engaged:

	Name	Organisation	Attended
1.	Lucy Westley	Sunflower Centre – high risk DA	Yes
2	Mandy Rowlatt	LCJB Manager / Police CJU	Yes
3	Emma Hildreth	Northants County Council / C.S. & IPV	Yes
4	Pauline Woodhouse	Regional BME rep	Yes
5	Paula Swain	CSE NHFT & MASH/RISE	Yes
6	Christine Morgan	3rd sector – EVE (D.A.)	Yes
7	Ryan Protheroe	Service Six – Youth Service	Yes
8	Rachel Sansom	NCC – Early Help & Prevn/IPV	Yes
9	Linda Smith	CAB Witness Service	Yes
10	Gabby Dor	MASH	Yes
11	Liz Fowler	YOS	Yes
12	Debbie Ferguson	NBC – C.S.	Yes
13	Sophie Morgan	NBC – ASB	Yes
14	Lowdown Rep	Lowdown – Youth Service	No (apologies sent)
15	Claudia Slabon	Service Six	Yes
16	Ann Bodsworth	Northampton Womens Aid	Yes
17	Dawn Thomas	Rape Crisis & IPV Helpline & Support Svce	Yes
18	Mandy Orton	Serenity SARC / NHFT	Yes
19	Millie Perkins	Serenity SARC/NHFT – CISVA	Yes
20	Carly Mellors	NHS England Public Health/Paediatric	No (apologies sent)
21	Hamida	W'boro & East Northants W. Aid	Yes
22	Sue Cole	NHFT Nurse lead for DA / safeguarding	No (apologies sent)
23	Tom	VOICE	No (apologies sent)
24	Anne Geddes	Police	Yes
25	David Loyd Hearn	Nene CCG – child services	No (apologies)
26	Carole Carson	Youth Works CIC (Wboro & EN)	Yes
27	Mark Evans	Police Supt.	Yes
28	Laura Jones	Police – Prevention	Yes
29	Leanne Hanson	NCC	Yes
30	Karen Levi	Police/MASH	Yes
31	Julie Mead	Police Insp.	No (apologies)
32	Ali	CAN – drug & alchohol	No (apologies)
33	Catherine Clarke	CAN	No (apologies)
34	Charlotte Whitehead	Police C/S	Yes

In addition, two events were held for children and young people; these were facilitated through the OPCC Engagement Manager Helen Cook:

C&YP Forum / Groundworks – Corby:
4 September at Corby
Ages attending from 8years to 20+ years
About 40 attendees

C&YP Forum / Service Six – Wellingborough
15 September at Wellingborough
Ages attending
About

YOUTH SURVEY 2015: FINDINGS REPORT

SUMMARY

In August and September the Office of the Police and Crime Commissioner conducted a survey with young people, in partnership with Northamptonshire Groundwork, Service Six and Northamptonshire Association of Youth Clubs. The survey asked young people's views on the police and policing priorities, their experiences of crime, feelings of safety and what they think a new service for young victims and witnesses should look like. 1,818 young people aged between 10 and 20 years old took part in the survey.

Policing priorities

The majority (89%) of young people said there was nothing on Northamptonshire Police's list of priorities that they disagreed with. Of the priorities young people were most likely to comment on the importance of tackling drugs, improving road safety, increasing visibility and reducing violence. When asked what <u>else</u> should the police be focusing on the most common responses were bullying (including cyber-bullying); rape and other sexual offences; child abuse; underage smoking, drinking and sex; improving police standards (including fair treatment and diversity issues) and keeping children and young people safe.

Perceptions of the police

About a third (34%) of young people disagreed that the police have a good relationship with young people. This is only one per cent less than the proportion that agreed (the remaining 31% neither agreed nor disagreed). The most common reason why young people disagreed was because they felt that the police did not talk or interact with young people unless, for example, they thought they had done something wrong or for a specific reason such as to talk about Halloween or fireworks. The second most common reason was the belief that the police have a negative opinion or stereotype of young people e.g. *"There are stereotypes of young people that they all do crimes and are badly behaved"*.

About half of young people agreed that the police could be relied on to be there when you need them. The most common reason why young people agreed was because they felt that they always respond or help when it is needed. The second most common reason was because they believed they respond quickly, however, a similar proportion, of those that agreed the police are reliable, said that the police could respond quicker. Response time was also by far the most common reason why young people disagreed that the police are reliable.

Over a third of respondents said that they had contact with the police in the last 12 months. Respondents who had contact with the police were significantly less likely to agree that police and young people have a good relationship and that the police could be relied on to be there when needed than those that had not had contact.

Perceptions of the police became more negative with increased age up to the age of 16. For example only, 15% of 16 year olds believed the police had a good relationship with young people compared

to 51% of 10-12 year olds. Similarly only 37% of 16 year olds believed the police could be relied upon to be there when you need them compared to 63% of 10-12 year olds. The 16 year old age group were significantly more likely to have had contact with the police in the last 12 months than the younger age groups, nearly two thirds compared to a third respectively.

Those with a disability were significantly more likely to have been in contact with the police in the last 12 months than those without, 56% compared to 33% respectively. However, they were less likely to agree that the police can be relied upon to be there when you need them (37% agreed compared to 53% of non-disabled respondents).

Black respondents were the least likely to agree that the police have a good relationship with young people (24%) whilst white respondents (37%) and those from an 'other' ethnic group (42%) were most likely to agree. However, there was no significant difference across ethnicity in the proportion that said the police can be relied upon to be there when you need them.

Victimisation

Young people were asked whether they had been victimised in the last 12 months, four in 10 respondents had experienced at least one of the below:

- 19% said that someone had tried to hurt them on purpose e.g. kicked, punched or pushed them.
- 18% said that they had been threatened.
- 16% said that they had something stolen or taken from them. Most common items stolen were phones, bikes/scooters, money and stationary.
- 14% said that they had been called a name because of the colour of their skin, religion, sexuality or because they have a disability. The most common reason was because of ethnicity and skin colour, followed by sexuality, religion and disability.
- 12% said that someone had broken or damaged something that belonged to them, the most common item being phones.

Those with a disability were significantly and quite notably more likely to say that they had been victimised in the last 12 months. For example 33% said that they had been threatened compared to 16% of non-disabled respondents and 31% said that they had been hurt on purpose compared to 18% of non-disabled respondents.

Those from an 'other' ethnic group and black respondents were most likely to report having been victimised in the last 12 months because of the colour of their skin, religion, sexuality or because they have a disability, 28% and 27% respectively. White and Asian respondents were the least likely, 10% and 16% respectively.

Males were slightly more likely to say that they had experienced having something stolen or taken from them, they had something broken or damaged or had been hurt by someone on purpose.

Reporting

About a third of respondents said that they told someone if they had been victimised. The most common reasons why young people said that they did not tell anyone were because they did not

feel they needed to, they wanted to sort it out themselves or it was not serious enough. However, other young people said they were scared of the consequences or repercussions, they did not trust anyone enough, they did not want to make it worse, they felt embarrassed, they did not know how to tell someone or they thought they might be judged.

Encouragingly the majority (79%) of those that told someone said that they helped. Of those that said that they did not help their main reasons were the problem continued after they told someone, the person or people they told did not do anything or they felt what they did was not satisfactory or effective e.g. *"all they do is tell them to apologise"*.

The proportion of respondents that said that they told someone decreased with age. Those 16 and over were notably less likely to tell anyone (23%) than the other age groups and those aged 10-12 were the most likely to have told someone (47%). Males were significantly less likely than females to tell someone than females. The proportion of respondents that told someone did not vary across ethnicity or those with and without a disability.

Feelings of safety

85% of young people felt very safe in their neighbourhood. The most common reasons why 15% did not feel safe in their neighbourhood were they felt that they live in a bad or "rough" area; there is a high level of crime or anti-social behaviour in the area; there are bad or dodgy people around; the amount of drugs around or because of a personal experience of crime.

88% of young people felt very safe travelling to and from school, however, the most common reason 12% of young people felt unsafe travelling to and from school was they were worried about being followed, "snatched" or "jumped".

91% of young people felt safe at school, however, the most common reason why 9% felt unsafe at school was because of bullying (e.g. *"There is a lot of fights and bullying at my school"*). Second to that was concern about the measures taken by the school to keep them safe either from danger outside the school (e.g. a stranger walking in) or danger within the school (e.g. in terms of supervision to prevent incidents happening or action taken when an incident has occurred).

Those with a disability were significantly less likely to feel safe in their neighbourhood (72% compared to 87% of non-disabled respondents), travelling to and from school (81% compared to 90% of non-disabled respondents) and in school (78% compared to 93% of non-disabled respondents).

Those from an 'other' ethnic group were significantly more likely than the other ethnic groups to say that they feel unsafe at school (18% compared to 6-8% of the other groups) and in their neighbourhood (21% compared to 8-15% of other ethnic groups).

The proportion of young people that did not feel safe at school slightly increased with age with 7% of 10-12 years old feeling unsafe compared to 10% of 16 year olds and 13% of over 16s.

A new service for young people that have been victims and witnesses of crime

Young people were asked what 'do you think young victims and witnesses might want or need'. The most common theme of responses was someone that they could talk to, emotional support or

someone to listen. Other young people spoke more generally about the need for support, help, advice, comfort, care and attention. Young people talked about the need for the young person to be made to feel safe or to be provided with a safe environment, others talked more specifically about certain cases needing more tangible protection measures.

Suggestions for providing support included:

- Support groups or contact with people who have had similar experiences
- Youth groups and activities to help build confidence, friendships and to recover from the incident
- One-to-one sessions to talk
- Counselling/ therapy
- A youth worker or key worker that they can trust and is always there/ contactable
- A support phone line like Child-line

Other key themes of comments were:

- The issue or crime needs to be dealt with and resolved
- Young people need to feel that they are being taken seriously, are believed and not made to feel at fault
- Young people need to be treated with respect and consideration
- There needs to be someone available that they can trust
- There is anonymity and confidentiality
- The victim or witness is kept informed of the case and what is happening
- Support is available on an ongoing basis.

Young people thought the best way to advertise the new service was via school or college, for example by giving assemblies. The second most common suggestion was by the use of social media (most commonly mentioned was Facebook), followed by the use of posters, the internet, television or leaflets. Overwhelmingly, when asked if they needed a service like this how would they contact them young people said by phone. Other common responses were technology based: email, online, social media and text.

Conclusion

The survey shows that there is a high level of agreement from young people with Northamptonshire's policing priorities. In addition, some of the areas that young people said the police should be focusing on (but are not listed as a priority), have featured heavily on the agenda of Northamptonshire Police and the Police and Crime Commissioner over the past year, such as child exploitation and cyber bullying.

The survey highlighted some significant differences between groups in the likelihood of being victimised. Particularly notable was the increased likelihood of disabled young people to say that they had been victimised and to say that they had had contact with the police in the last 12 months. In addition they were less likely to feel safe at school, travelling to and from school and in their neighbourhood. Also notable was black respondents and those from an 'other' ethnic group were most likely to have experienced been victimised because of their ethnicity or had something taken

from them. In addition, those from an 'other' ethnic group were most likely to say that they feel unsafe and black respondents were least likely to agree that the police and young people have a good relationship.

The survey does highlight that there seems to be a high proportion of young people particularly in the mid-teens that do not feel that the police have a good relationship with the police or can be relied upon. In terms of relationships this largely seems to be because they feel that the police do not seek out positive informal interactions with young people or they have a negative opinion or stereotype of young people. In terms of reliability the most common concern of young people was response time, amongst both those that did believe the police could be relied upon and those that did not.

In terms of the provision of a service for victims and witnesses young people see the priority as ensuring that emotional support is provided in a tangible way e.g. through counselling, a key contact and through support groups etc. The importance of the involvement of schools and colleges is highlighted as the best way to communicate with young people about the service, followed by social media. Young people also make clear that they would prefer to contact the service by telephone if they needed to use it.

YOUTH SURVEY 2015: FINDINGS REPORT

INTRODUCTION

In August and September the Office of the Police and Crime Commissioner conducted a survey with young people, in partnership with Northamptonshire Groundwork, Service Six and Northamptonshire Association of Youth Clubs. The survey asked young people's views on the police and policing priorities, their experiences of crime, feelings of safety and what they think a new service for young victims and witnesses should look like. 1,818 young people aged between 10 and 20 years old took part in the survey. A demographic breakdown of the sample is contained in Appendix A.

1. POLICING PRIORITIES

The survey listed the current priorities of Northamptonshire Police and asked young people whether there was anything on the list that they felt should not be a priority. The majority of young people (89%) said there was nothing on the list of priorities that they disagreed with.

Of the 11% that said they did disagree with a priority many did not give a reason for their answer. The most common responses related to the drugs and anti-social behaviour priorities. In relation to drugs, a few respondents said that they thought it was a waste of police time prioritising certain types of drug use (e.g. *"not to waste police time and money on private cannabis use"* and *"I would go after big drug suppliers not waste time on little amounts"*). Other comments related to money being better spent on treatment, they did not feel that drugs were a problem in their area or it is a pointless war because it can't be won. In relation to the anti-social behaviour priority some respondents said that there are other people dealing with anti-social behaviour (e.g. *"there's lots of people dealing with ASB, police need to focus on crime"*). Other comments were *"Most antisocial behaviour is committed because a young person is bored, give them something to do"*, and *"The police spend too much time worrying about ASB and minor drug use rather than actually protecting people"*.

Young people were then *asked* 'is there anything else you think the police should be focusing on?' – The top ten responses were:

- **Bullying including cyber-bullying** (95) – e.g. *"Bullying inside and outside of school"*, *"Reduce bullying too and stop kids self-harming because of it"*, *"Cyber-bullying"* and *"Bullying as it's a big problem"*
- **Rape and sexual offences** (76) e.g. *"Sexual abuse, rape and anything like that they also need to learn how to speak to victims of these crimes"* and *"Rape and sexual offences (most common)"*
- **Drugs** (67) e.g. *"Use and possession of drugs"*, *"Younger people doing drugs"*, *"I think they should be concentrating on illegal drugs being brought into the country"*, *"drug dealing"* and *"legal highs being smoked in town"*
- **Child abuse/paedophiles** (54) e.g. *"Child abuse and neglect"*, *"Making paedo's have better prosecution"*, *"paedophiles on the streets of Corby"*

- **Underage smoking, drinking and sex** (48) e.g. *"Underage smoking cigarettes/weed"*, *"Underage smoking as it can seriously harm young people for the rest of their life and "Enforce the crimes of underage drug use, drinking and engaging in sexual acts"*
- **Driving related offences and road safety, including drink driving and speeding** (43) e.g. *"I think they should concentrate on reducing drink driving and using phones in cars"*, *"Drink driving because a lot of accidents and innocent people get hurt"*, *"Uninsured driving, people aren't buying insurance as the fee for getting caught is cheaper than insurance, up the fee!, Then you would have people who could actually drive"*, *"Mainly reduce the number of people killed in road traffic collision"* and *"car speeding"*
- **Improve police standards** (38) e.g. *"Training themselves up in LGBTQ issues, and other things so they can effectively deal with hate crime"*, *"Not to ignore crimes"*, *"Racism within the police"*, *"Equality to all those who they are dealing with and making sure that everyone feels safe with the police"* and *"Yeah learning some manners"*
- **Be more proactive to reduce crime, particularly by being more visible** (38) e.g. *"The dangerous areas in Northampton people should be on patrol in these areas"*, *"more police officers walking around the community"* and *"Putting more security around areas that don't get seen by other CCTV cameras"*
- **Violence** (36) e.g. *"Violence and injuries also attacks"*, *"I think the police should focus more on domestic violence"* and *"Reducing gang violence"*.
- **Keep children and young people safe** (31) e.g. *"Children staying out to much"*, *"Helping young people get off of the streets"*, *"The police should be concentrating on troubled kids as they may likely become future offenders"* and *"Child safety"*.

2. PERCEPTIONS OF THE POLICE AND IMPACT OF CONTACT WITH THE POLICE

Relationship between the police and young people

Thirty five per cent of young people agreed that the police have a good relationship with young people. However, 34% disagreed and 31% neither agreed nor disagreed.

When asked to give a reason for their answer the most common reasons for **agreeing** were:

- **They speak to young people and get involved** (102) e.g. *"I agree because those who come to my school are very open and talk to you"*, *"They can come into schools and help sort out peoples problems"* and *"They tell important information about drugs, crimes and other things and try to persuade young people to not do it"*
- **They are approachable, kind, friendly and fun** (87) e.g. *"Because they talk nicely to us little ones"*, *"They are very approachable"*, *"They are kind"*, *"They are fun with their answers to our questions"*, *"Because when you stop the police in the street they're really nice to you"*
- **Because they help and are supportive** (71) e.g. *"Police care about young people's safety and want to know if anything goes wrong"*, *"Because when you are in difficulty, they help you"* and *"Because young people might not understand what's bad and the police understand and help out"*

When asked to give a reason for their answer the most common reasons for **disagreeing** were:

- **They don't talk to young people, get involved or show an interest** (114) Comments included: *"Because police do not really get involved with young people"*, *"Because they don't interact with us when we are walking, they don't talk to us and try to make conversation"*, *"They should try to socialise with young people etc. go into schools more than once a year"*, *"They only speak to you if you have done something wrong"* and *"I have never seen a policeman/woman talk to children unless it is about Halloween or fireworks"*
- **They have a negative opinion or stereotype of young people** (100) e.g. *"There are stereotypes on young people that they all do crimes and are badly behaved"*, *"They tend to assume the worst in young people"*, *"They see most young people as a problem"* and *"Police act like they don't like children"*
- **Young people don't want to talk to them, dislike them or do not trust them** (81) e.g. *"Young people don't like the police"*, *"Most young people don't like approaching the police"*, *"We don't like the feds"*, *"The police always ruin our fun"* and *"Youths don't open up to the cops"* .
- **They don't listen or take young people seriously** (64) e.g. *"Police speak to adults more seriously"*, *"They do not reason with us. They would rather arrest us than talk to us"*, *"Because sometimes they don't believe what kids say"*, *"Never listen to kids tend to believe adults"*, *"They treat us as though we are babies"*
- **They can be harsh, rude, unreasonable, antagonistic or aggressive at times** (58) e.g. *"Sometimes they can be harsh"*, *"Police rile children/teens up and get them angry for no reason"*, *"Police don't usually be fair to young people and they aren't reasonable"*, *"The police pick on young people"* and *"The police are usually quite rude"*

- **They don't see them much** (53) e.g. *"Not present enough to build a relationship with"*, *"Because I don't see police where I live and I don't normally see many around Northampton"* and *"You never see them and they don't speak to us"*
- **They do not always respond, help or do a good job** (39) e.g. *"Because they don't always reply to you when you say help"*, *"Don't always help"*, *"Because they don't help children"*, *"Because they don't do much for people who get bullied and "They don't act fast enough"*
- **They can be intimidating, scary or unapproachable** (33) e.g. *"Not very approachable, give dirty looks"*, *"Because when the police come near we all get worried and scared"*, *"Sometimes the police can come across as overpowering or intimidating to young people"* and *"young people are normally scared of the police meaning they haven't got a good relationship"*

Reliability of the police

Young people were asked whether they agree with the statement 'the police can be relied upon to be there when you need them'. Half of young people (51%) agreed, a quarter (24%) neither agreed nor disagreed and a quarter (24%) disagreed.

When asked to give a reason for their answer the most common reason for **agreeing** was the police always or mostly respond or help when you need them, included in that category are people that talked about specific experiences (136). Comments included: *"They help when called and seem to do a good job"*, *"They've been there any time I needed them"*, *"Always solve our problems"* and *"they have helped me and my family in the past and you can rely on them"*.

Another common reason why young people agreed that the police were reliable was because they felt that they respond quickly (62) e.g. *"My nana had a burglary and the police were there really quickly"*. However, nearly as many of those that agreed the police were reliable said that the police could respond quicker (61) e.g. *"Because they do not always arrive on time"* and *"because when you call they take a while and ask too many questions"*

When asked to give a reason for their answer by far the most common reason for **disagreeing** was that they do not respond quickly enough (71). Comments include: *"Because they are generally late"*, *"In my dealings with the police they have been slow to respond"* and *"It took the police 2 days to visit our house"*.

The second most common reason was they do not do anything or enough to help (29) e.g. *"They are like teachers to bullying, they don't do much"* and *"They do nothing to get to the bottom of the problem"*. Some comments suggested that they felt that they did not do anything until situations escalated *"As they didn't do something till it's really serious (then it's too late)"* or they felt that the police did not do as much as they could do *e.g. "They give up to easy"*.

The third most common reason was that they did not feel that the police listened, cared or took reports from young people seriously (20). Comments included *"Not taking kids as seriously"*, *"They don't always listen to you"* and *"Very rarely there or do not care about crimes you have a concern for"*.

Other less common reasons were they do not respond to incidents (10), there are not enough officers or you do not see them around often (8), they may be busy with other incidents (7) and they waste time on trivial things rather than dealing with 'real' crimes (7).

Relationship between contact with the police and perception of the police

Over a third (36%) of respondents said that they had contact with the police in the last 12 months. Respondents who had contact with the police were significantly less likely to agree that police and young people have a good relationship (29% compared to 38% of those who had not had contact) and significantly more likely to disagree (48% compared to 26% of those who had not had contact). They were also less likely to agree that the police could be relied on (39% compared to 58% of those who had not had contact) and more likely to disagree (40% compared to 15% of those who had not had contact).

Young people were asked if they did have contact how did it make them feel, the most common answers were:

- **Scared or intimidated** (60) e.g. *"It made me feel scared, I spoke to them but I was still frightened"*, *"A bit nervous because it wasn't something that I knew about"*
- **Happy, good or better** (59) e.g. *"It made me feel pleased they helped and gave advice"*, *"Happy and fine. I thought they would tell us off, but they just spoke to us"* , *"They helped me, and made me happier in school"*
- **Angry, annoyed or frustrated** (54) e.g. *"P*****d off"*, *"Quite annoyed because of the petty things they come round for"*, *"bad, scared and angry to the point I wanted to die"*
- **Okay, fine or didn't care** (50) e.g. "not that bad", "fine" and "OK"
- **Safe** (49) e.g. *"The PCSOs make me feel safe"*, *"It made me feel safer knowing that they can help deal with the issue"*, *"They helped the situation quite a lot and made the family feel safe"*
- **Worried, paranoid and nervous** (37) e.g. "A bit nervous because it wasn't something that I knew about", "It made me feel paranoid"
- **Bad or not very happy** (24) e.g. *"I feel let down and like a fool for trusting them in the first place"*, *"Bad, because one officer was a bit rude"*
- **Calm, relieved or reassured** (21) e.g. "It made me feel reassured and calm", "Relieved that the problem might be solved"

Demographic differences

Perception of the police by age

The graph below shows that likelihood that young people agree with the statements the police have a good relationship with young people and the police are reliable decreased with age up to the age of 16. Although the 17 and over age group were more positive than the 16 years olds they were not as positive as the younger age groups i.e. those 13 and under.

Level of agreement with the statements 'the police have a good relationship with young people' and the 'police can be relied upon to be there when you need them' by age
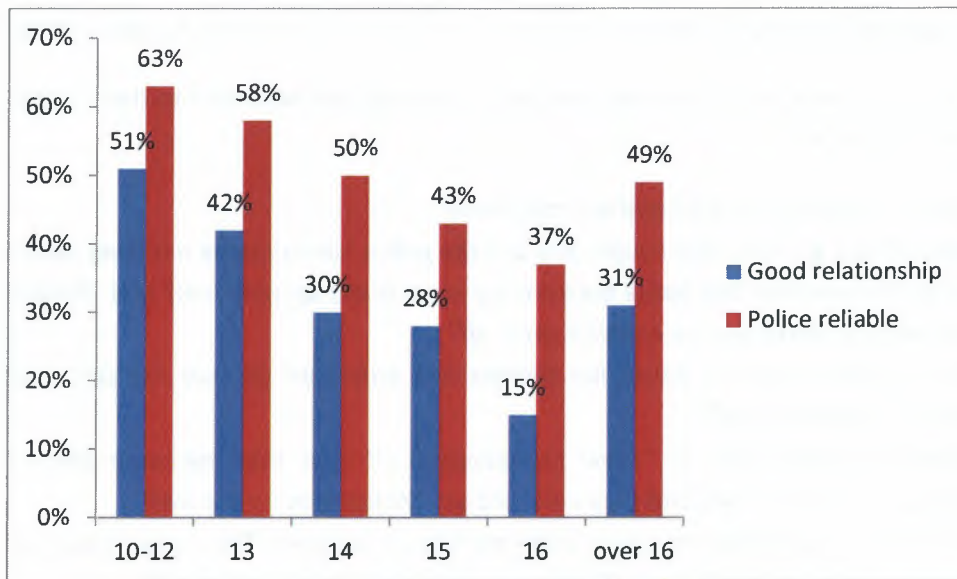
Interestingly, a significantly higher proportion of 16 year olds (60%) and over 16s said that they had contact with the police in the last 12 months (52%) compared to about a third of the 15 and under age group.

Perception of the police by gender

There was no significant difference for gender in their perceptions of the police or likelihood that they had contact with the police in the last 12 months.

Perception of the police by ethnicity

There was a significant difference in the proportion of young people that agreed the police have a good relationship with young people. Black young people were the least likely to agree (24%) compared to 31% of Asian, 32% of dual heritage, 37% of white and 42% of young people from an 'other' ethnic group. There was no significant difference in the proportion of each ethnic group that agreed the police can be relied upon to be there when you need them.

Asian young people were least likely to have had contact with the police in the last 12 months (20%) compared to the other groups whose contact ranged between 34% and 40%.

Perception of the police by disability

Those with a disability were less likely to agree that the police can be relied upon to be there when you need them (37% compared to 53%). They were more likely to neither agree nor disagree (34% compared to 24% of non-disabled respondents) or disagree (29% compared to 22%). However, they were not significantly less likely to agree that young people and the police have a good relationship.

Those with a disability were significantly more likely to say that they had contact with the police in the last 12 months than those with no disability, 56% compared to 33% respectively.

3. VICTIMISATION

Sixteen per cent of respondents said that they had something stolen or taken from them. Most common items stolen were phones (11%), bikes or scooters (11%), money (10%) and stationary (8%).

Twelve per cent said that someone had broken or damaged something that belonged to them. Most common items broken or damaged:

- **Phone** (13%) e.g. *"Someone smashed and wet my phone"*
- **House or garden** (8%) e.g. *"Our shed caught fire and the police haven't done anything about it"*, *"My old step dad smashed the house because my mum broke up with him"* and *"People threw paint all over my house and we couldn't get it off"*
- **Vehicle** (5%) e.g. *"My mums car, taken her badges and scratched all over her car"* and *"Someone slashed my dad's tyres"*
- **Games equipment** e.g. ball (3%) e.g. *"These two people a bit older than me came where I was playing cricket with my friends and they whacked our cricket bats on the wall"*
- **Bike/ Scooter** (3%) e.g. *"Someone at school broke my bike on purpose. They knew it was my bike and the two brakes were broke"* and *"Bike I've got slick and brake cables cut"*
- **Games console and other electronic devices** (3%) e.g. *"Girlfriend smashed phones and laptop and "Mum smashed my Xbox"*

Nineteen per cent of young people said that someone had tried to hurt them on purpose e.g. kicked, punched or pushed them. In the small proportion of cases where people stated who had hurt them, siblings were most commonly mentioned (*e.g. "Yes, my sister attacks me every day", "my brother punched me"*). Other comments included:

"I got hit in school and people tackle me to the ground and head but me"

"Boy at school bit my ear and whacked my face"

"I was assaulted, and police did not attend when they said they would"

"I got pushed down the stairs at school by a year 9"

"A fight at school, two girls jumped me (police already involved)"

"I got punched just because he wanted to"

Eighteen per cent of young people said that they had been threatened. Comments included: *"Threatened to beat me up", "threatened to get stabbed", "Online, people have been saying what they will do"* and *"A girl at school threatened to hit me"*.

Fourteen per cent of young people said that they had been called a name because of the colour of their skin, religion, sexuality or because they have a disability.

- **Ethnicity/ skin colour** (22% of those that said they had been called a name) – e.g. *"I got told to go and die of cancer because I'm from Poland", "Made fun of my name and ethnicity", "90% of the school is 120% racists", "There is a lot of racial stigma at school but is only*

"banter" apparently", "Called me a Black slave and a N***a" and "I was playing with a guy friend and one of his friends said I can't play because I'm white and a girl so I couldn't"

- **Sexuality** (8%) e.g. *"Called 'dirty and vile for being bisexual'", "Been called names and threatened because I am gay" and "People have bullied me about my sexuality"*
- **Religion** (4%) e.g. *"People judge my religion", "Making fun of my religion", "I am a Muslim and some of the boys in my class called me names and said my religion was bad" and "I was called Jewish multiple times"*
- **Disability** (4%) e.g. *"People make fun of me because I'm dyslexic", "I have a disability and people stare etc." and "I have a stammer and people tend to tease me about it. But sometimes I take it as banter"*

Although not specifically asked about a proportion of respondents (22, 10% of those that said they had been called a name) said they had been called names because of their appearance e.g. weight, height, facial features etc. Comments included: *"I have been called many things about weight and what I look like", "Get called a midget", "They called me ginger" and "My nose size".*

Demographic differences

Victimisation by age

The youngest age group (those under 13) were most likely to say (27%) that they had been hurt by someone on purpose.

Victimisation by gender

Males were significantly more likely than females to say that they had experienced having something stolen or taken from them (18% compared to 13% of females), having something they own broken or damaged on purpose (14% compared to 10% of females) and having been hurt by someone on purpose (22% compared to 16% of females).

Victimisation by ethnicity

Asian young people were least likely to say that they have had something stolen or taken from them (8%) compared to 14% of white people, 21% of mixed race respondents, 23% of 'other ethnic group' respondents and 25% of black of respondents.

'Other ethnic group' respondents (28%) and black respondents (27%) were most likely to say they had been called names because of the colour of their skin, religion, sexuality or because they have a disability compared to 20% of mixed respondents, 16% of Asian respondents and 10% of white respondents. Black young people were least likely to say that they had been threatened (12%) compared to 13% of Asian respondents, 17% of white respondent, 22% of mixed respondents and 27% of other respondents.

Victimisation by disability

Those with a disability were significantly more likely to say that they had experienced:

- Having something stolen or taken from them (26% compared to 14% of those without a disability).

- Having something they own broken or damaged on purpose (22% compared to 11% of those without a disability).
- Having been hurt by someone on purpose (31% compared to 18% of those without a disability).
- Having been threatened (33% compared to 16% of those without a disability).
- Having been called a name because of the colour of their skin, religion, sexuality or because they have a disability (37% compared to 11% of those without a disability).
- Having been hurt in any other way (17% compared to 10% of those without a disability).

4. REPORTING

Did you tell anyone?

About a third (32%) of respondents who had been a victimised in the last 12 months said that they told someone. The main reasons why young people said that they <u>did not</u> tell anyone were:

- **They did not want to or need to or they sorted it out themselves** (91) e.g. *"Didn't feel it was important"*, *"Because I wanted to deal with it"*
- **They were scared, worried or shy** (47) e.g. *"Because I was scared of what they would say"*, *"Because I am scared"*
- **It was not serious/ important** (45) e.g. *"Didn't feel it was important"*, *"Because it wasn't too much of a big deal"*

Other less common reasons were:

- **They didn't trust anyone enough** (18) e.g. *"I didn't trust them"* and *"Because I felt like I can't trust people"*
- **They did not want to make it worse** (15) e.g. *"Because they make it worse"* and
- **They feel embarrassed** (11) e.g. *"Sometimes I don't because I am too embarrassed"*
- **It is difficult to tell someone** (6) e.g. *"worried, because of what the incident was it is not easy to tell someone"*, *"Because I wouldn't know where to start"*
- **They would feel judged (5)** e.g. *"Because I was worried they would judge me"* and *"Didn't want them to think I'm always getting into fights and I have enemies"*

Of those that told someone 81% said that they told their parents, 66% said that they told friends, 30% said that they told the police and 18% said that they had told someone else (most commonly other relatives such as siblings, grandparents, aunties, uncles or cousins). Encouragingly of those that said that they had told someone 79% (210) said that the person or people that they told did help them. They were then asked what had they done to help, the most common answers were:

- **They talked to or challenged the perpetrator** (36) e.g. *"Talked to the people and have been dealt with"*, *"They confronted him about it"*
- **They provided help and support** (33) e.g. *"They helped me out through it"*, *"Supported me "* and *"Help me out which makes me feel happy"*
- **They resolved the issue** (25) e.g. *"Sorted it out"*, *Solved my problems"* and *"dealt with the situation"*
- **They contacted or told an appropriate agency** (i.e. police or school) on their behalf (21) e.g. *"Called the police"*, *"Called the school to investigate what happened"* and *"Told the teacher"*
- **They talked and listened to them and/or offered them advice** (20) e.g. *"Mum and friends listened"*, *"talked to me about it and what should I do"* and *"They told me what to do if it happens again"*
- **They comforted them, calmed them or made them feel better** (15) e.g. *"Comforted me until I was ok"* , *"They made me feel better"* and *"Speak about it and help me calm down"*

Of the 21% (57) that said that the person or people they told did not help, their reasons why were:

- **The problem continued after they told someone** (11) e.g. *"Because I was bullied for 4 more years"* and *"Because at school it is still happening"*

- **The person or people they told did not do anything** (9) e.g. *"They didn't talk to the people so it still happens"* and *"She did nothing about it"*
- **They do not believe that the action they took to solve the incident or deal with the perpetrator was satisfactory** (8) e.g. *"All they do is tell them to apologise"*, *"My teacher just moved the student"*, *"He only got a minor sentence"* and *"They kept delaying the action e.g. to view the CCTV footage"*.

Other less common reasons were that they felt the person or people they told did not care, they were told to ignore or forget about it, the person or people they told made the situation worse or were actually unkind to them.

Demographic Differences

Age

The proportion of respondents that said that they told someone when they had been victimised decreased with age. Those 16 and over were notably less likely to tell anyone (23%) than the other age groups and those aged 10-12 were the most likely to have told someone (47%).

Gender

Males were significantly less likely to tell anyone when they had been victimised than females, 63% of males said that they did not tell anyone compared to 54% of females.

Ethnicity

There was no significant difference across ethnic groups in their likelihood to tell someone if they had been victimised.

Disability

There was no significant difference in the proportion of young people that told someone when they had been victimised between those with a disability and those without a disability.

5. FEELINGS OF SAFETY

Thirty four per cent (552) of young people felt very safe in their neighbourhood and 51% (824) felt fairly safe. However, 11% (169) said that they felt not very safe and 4% (61) said that they felt not at all safe. Top five reasons why young people said that they felt unsafe in their neighbourhood were:

- **They live in a bad or rough area** (30) e.g. *"because where I live is very dangerous"*, *"In my neighbourhood, people are free to roam around doing as they please"* and *"It is a very dodgy place and lots of people with knives"*. Specific areas mentioned were Corby, Kettering, Wellingborough, Rushden, Wellingborough, Blackthorn, Kingsheath, Kilnway, Beanfield, Kingswood and Lincoln.
- **The level of crime or anti-social behaviour** (28) e.g. *"Because there is loads of crime near my area"*, *"Because people have been harmed near my house"*, *"Lots of burglaries happening recently in my neighbourhood"*, *"People around are the aggressive types/guns are known to be around"*
- **There are bad, weird or dodgy people around** (17) e.g. *"Dodgy people in the street"*, *"Not the best people around"*, *"Shady characters live near me"*
- **Drugs** (10) e.g. *"Because there is loads of drugs in the street"*, *"Druggies everywhere"*
- **Personal experience of crime** (9) e.g. *"Because people egged and vandalised my house and carved a swear word in our car"*, *"I got approached by a weird old man and a young man"* and *"I got mugged"*

Thirty one per cent (499) of young people felt very safe travelling to and from school and 57% (921) said they felt fairly safe. However, 9% said that they felt not very safe and 2% said that they felt not at all safe. Top five reasons why young people felt unsafe travelling to and from school were:

- **Worry about being followed, "snatched" or "jumped"** (12) e.g. *"Anyone could be waiting to kidnap you on the way to school and it's also a very common crime"*, *"As some person might jump me or try to harm me or do horrible things to me in the street/ police would not arrive until it was too late"* and *"Because there are nasty men going around trying to take children"*
- **There are bad, weird or dodgy people around** (11) e.g. *"Because there are all sort of weird people around"*
- **The level of crime and anti-social behaviour** (8) e.g. *"Because where I live there are lots of crime and stabbings and violent people"*
- **Method or route travel to school** (8) e.g. *"Because walking on own for a far distance"*, *"The reputation of the park (racecourse) that I have to walk through doesn't make me feel very safe"* and *"Going under subways"*
- **You don't know what people are around** (7) e.g. *"You don't know who is around you or behind you"* and *"I am seeing a lot of people I don't know"*

Thirty five per cent (572) of young people felt very safe at school and 56% (898) felt fairly safe at school. However, 7% (107) said they felt not very safe and 2% (38) said that they felt not at all safe. Top three reasons why young people felt unsafe at school were:

- **Bullying** (16) e.g. *"People are pushing and knocking each other down and others gang up"*, *"People use petty threats and violence"*, *"There is a lot of fights and bullying at my school"* and *"I get bullied by kid with fake knife"*

- **Security, protection or assistance at school** (8) e.g. *"There is a public footpath going through the school", "Anyone could walk in the school, schools don't listen when problems (bullying) occur", "The school doesn't give harsh enough consequences" and "At school carers/teachers are not always with you in such a big place."*
- **Personal experience** (7) e.g. *"School; man jumped over fence", "Several times I was followed to and from school, no teacher supported this" and "Because my phone got nicked".*

Demographic Differences

Age

The proportion of young people that did not feel safe at school slightly increased with age with 7% of 10-12 years old feeling unsafe compared to 10% of 16 year olds and 13% of over 16s.

Gender

Males were slightly more likely than females to say that they feel very safe (38% compared to 32% of females) at school, travelling to and from school (36% compared to 25% of females) and in their neighbourhood (39% compared to 29% of females).

Ethnicity

Those from an 'other' ethnic group were significantly more likely than the other ethnic groups to say that they feel unsafe at school (18% compared to 6-8% of the other groups) and in their neighbourhood (21% compared to 8-15% of other ethnic groups).

Disability

Those with a disability were significantly less likely to feel safe than those without a disability. The graph below shows their feelings of safety in their school, travelling to and from school and in the neighbourhood compared to their non-disabled counterparts.

Feelings of safety amongst those that do and those that do not have a disability
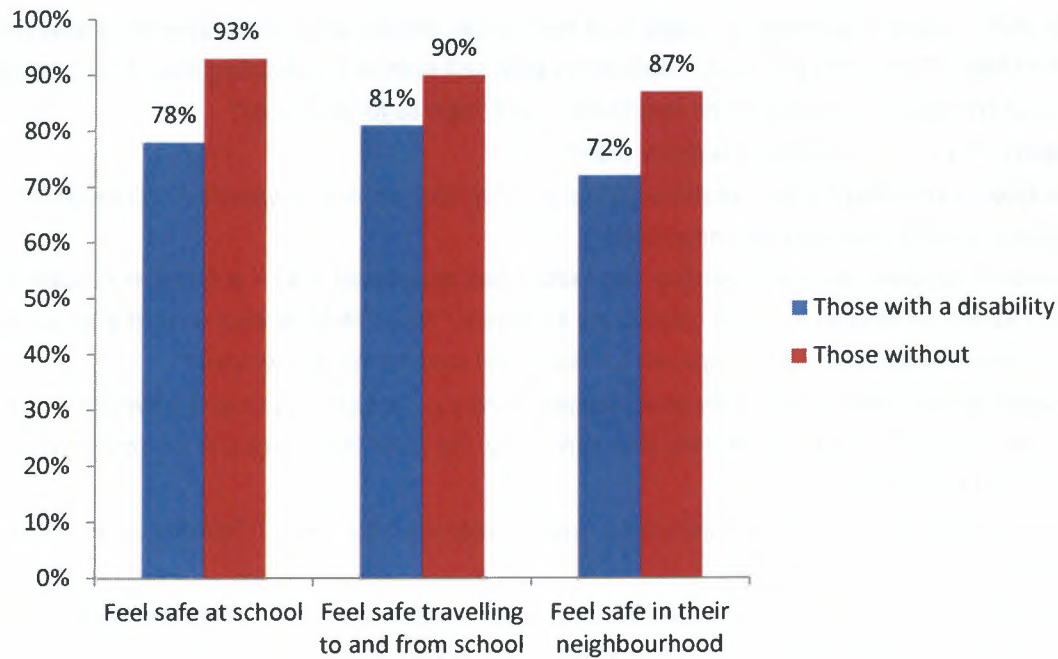
6. SUPPORTING YOUNG PEOPLE WHO ARE VICTIMS AND WITNESSES OF CRIME

Young people were asked what 'do you think young victims and witnesses might want or need' from a service specifically tailored to them. Common responses were:

- **Someone to talk to** (125) e.g. *"I think the most important is to speak to somebody about these things", "People to talk to about the situation".*
- **Help** (88) – many respondents simply said help while others were more specific about the type of help. Comments included: *"Help them with self-help and rebuilding their lives", "Help to catch criminals or replace items lost/stolen" and "help to fix problems"*
- **Support** (75) e.g. *"Someone to support them".*
- **Therapy/ counselling/ 1 to 1 sessions** (68) e.g. *"Psychiatrist or a counsellor", "Counselling", "Therapy, to talk through what happened".*
- **Emotional support and help getting over what has happened** (64) – a lot of respondents talked about emotional support comments included: *"Help! Help to deal with the situation help them get over what has happened", "Emotional support for the incident".*
- **Be made to feel safe or in a safe environment** (45) e.g. *"a safe and secure environment to help them speak", "make sure they feel safe" and "to hear that they will be safe and will never happen again"*
- **Advice and guidance** (44) e.g. *"Advice on how to deal with the issue", "Advise on what they should do".*
- **Protection** (42) e.g. *"Extra protection for the victims and witnesses", "Protection program", "They might need more protection depending on the crime"*
- **Someone to listen** (36) e.g. *"Need someone who is willing to listen and not intimidating. Someone they can trust", "want to be listened to"*
- **Comfort** (33) – respondents listed *"comfort"* or *"comforting"*
- **Care, attention and looked after** (28) e.g. *"lots of love and care, not feel like they are bothering people", "Care and support because they won't want to be interviewed"*
- **Support groups or contact with people that have been in a similar situation** (27) e.g. *"Support groups were other people have experienced the same thing", "people who do/been through the same"*
- **Youth groups/ activities** (27) e.g. *"Activities to do like boxing and fishing as it helps them" , "…clubs or events to help get their confidence back", "*
- **Importance of support from family and friends** *(24)* e.g. *"Family and friend support", "Support within the family"*
- **Somewhere they can go to talk about and deal with bullying** (24) e.g. *"Bullying, support on thoughts of suicide", "Help for bullying, gangs"*
- **Resolution or solutions** (21) e.g. *"Advice and someone to help and actually resolve the problem", "Proper solutions to the problem and help if they need it mentally and physically"*
- **1 to 1 sessions** (20) e.g. *"1-2-1 sessions"*
- **Someone that believes them, takes them seriously and does not make them feel like it is their fault** (19) e.g. *"A friendly face and someone to believe what you say", "listened to and have their say taken seriously" and "People to tell them they weren't in the wrong"*

- **A youth worker/ key worker** (18) e.g. *"A key worker or contact to phone"*, *"youth workers after the incident to help them to understand the court"*, *"A person they can always speak to on the phone"*
- **Respect and consideration** (16) e.g. *"I think the police just need to respect us more"*, *Spoken to better"*, *"To be treated with respect like adults"*
- **Phone line** (14) *e.g. "a phone service like the Samaritans to speak to someone anytime"*, *"support line"*, *"Childline"*.
- **Someone they can trust** (13) e.g. *"Someone they can trust"*
- **Reassurance** (13) e.g. *"Reassurance and a sense of support"*
- **Anonymity/ confidentiality** (10) e.g. *"Anonymous support by people who understand"*, *"Privacy and being anonymous"*
- **Build self-esteem and confidence** (10) e.g. *"To get their confidence back"*, *"they need someone to help their confidence"*
- **Justice** (10) e.g. *"Compassion and justice to those that are wrong"*
- **Being kept informed** (9) e.g. *"Being told what is going on with a crime and being kept up to date"*
- **Aftercare/ ongoing support** (9) e.g. *"Long term support"*, *"The guarantee of continued support not just every now and then"*

Respondents were asked what the best way to tell young people about the new service, the most common suggestions were:

- **Via school or college** (349) e.g. *"Tell everybody in the school"*, *"go to "coming to schools and talking to children"*, *"Get school to talk to them about it"*. A particularly common suggestion was using school assemblies.
- **Social media** (230) e.g. *"Share on social media and advertisement"*, *"through the internet, social media"*. Other respondents mentioned specific social media, by far the most common being Facebook (130). Others mentioned included Twitter, Instagram and You tube.
- **Posters** (137) e.g. *"Put colourful posters up with info on or set up a kid friendly website"*, *"Put posters up on the wall"*.
- **Internet** (115) e.g. *"Online (a teen website)"*, *"Advertise it online we are always on technology"*
- **TV** (92) e.g. *"A TV advert or program"*,
- **Leaflets** (87) e.g. *"Leaflets, information guides in public places"*, *"leaflets through letter box"*, *"come round to schools and give out letters and leaflets"*

Other less common suggestions (mentioned by less than 25 but more than 10) were have an Activity day or workshop, phone people, use Apps, visit or advertise at youth clubs or places were kids hang out (e.g. skate park), letters, text or radio.

Respondents were then asked if they needed a service like this how would they contact them, overwhelmingly the most common response was by phone (875). Other common responses were technology based: Email (126), Online (119), Social Media (102) and Text (88). Some respondents said that they would visit the police station or office where it is (27) or contact it via school (25) or parents (8).

7. CONCLUSION

The survey shows that there is a high level of agreement from young people with Northamptonshire's policing priorities. In addition, some of the areas that young people said the police should be focusing on (but are not listed as a priority), have featured heavily on the agenda of Northamptonshire Police and the Police and Crime Commissioner over the past year, such as child exploitation and cyber bullying.

The survey highlighted some significant differences between groups in the likelihood of being victimised. Particularly notable was the increased likelihood of disabled young people to say that they had been victimised and to say that they had had contact with the police in the last 12 months. In addition they were less likely to feel safe at school, travelling to and from school and in their neighbourhood. Also notable was black respondents and those from an 'other' ethnic group were most likely to have experienced discrimination or had something taken from them. In addition, those from an 'other' ethnic group were most likely to say that they feel unsafe in school and in their neighbourhood and to say that they had been threatened.

The survey does highlight that there seems to be a high proportion of young people particularly in the mid-teens that do not feel that the police have a good relationship with young people or can be relied upon. In terms of relationships this largely seems to be because they feel that the police do not seek out positive interactions with young people or they have a negative opinion or stereotype of young people. In terms of reliability the most common concern of young people was response time, amongst both those that did believe the police could be relied upon and those that did not.

In terms of the provision of a service for victims and witnesses young people see the priority as ensuring that emotional support is provided in a tangible way e.g. through counselling, a key contact and through support groups etc. The importance of the involvement of schools and colleges is highlighted as the best way to communicate with young people about the service, followed by social media. Young people also make clear that they would prefer to contact the service by telephone if they needed to use it.

APPENDIX A: DEMOGRAPHICS

Age	Number	Per cent
Under 13	284	16%
13	386	21%
14	420	23%
15	280	15%
16	86	5%
Over 16	79	4%
Not stated	284	16%
Total	1819	100%

Gender	Number	Per cent
Male	787	43%
Female	879	48%
Other	3	0%
Not stated	150	8%
Total	1819	100%

Ethnicity	Number	Per cent
Asian or Asian British	95	5%
Black or black British	71	4%
Chinese	21	1%
Mixed Background	107	6%
Other ethnic group	86	5%
White	1203	66%
Not stated	236	13%
Total	1819	100%

Disability	Number	Per cent
No	1371	75%
Yes	133	7%
Not stated	315	17%
Total	1819	100%

COMMUNITY JUSTICE SECURITY

Initial Equality Impact Assessment

Title of Initiative	Victim and Witness Service- Children and Young People
Date	25/09/2015

The Equality Act 2010 places duties on all public sector organizations, including the Office of the Police and Crime Commissioner, to have 'Due Regard' to:

- The elimination of discrimination, harassment and victimisation
- The advancement of equality of opportunity between and for different groups of protected characteristics
- The fostering of good relations between and for different groups of protected characteristics

This EqIA is essential to enable you to analyse impacts of equality for any police, practice or function, whether new or altered. In addition it enables consideration of opportunities to advance equality.

The 'Protected characteristics' we must consider in terms of the above duties are referred to in the Equality Act 2010 'Public Sector Equality Duty' and are:

- Sex
- Gender reassignment (i.e. transgender individuals),
- Age (young and old),
- Disability (mental, and physical)
- Race and ethnicity,

- Sexual orientation (heterosexuality, homosexuality, etc)
- Religion or belief (including no belief)
- Pregnancy and Maternity
- Marriage and Civil Partnership *Only applies to the first aim of the Public Sector Equality Duty above*

1. Who is responsible for equality analysis?

Is this a new or existing policy, practice, service or function?	New project of work
Assessment produced by:	Vicki Ross

2. Details of policy, practice, service or function

What are the aims and objectives of the policy, practice or function? *If this EqIA is assessing the impact of a proposed change please describe the aims of the proposed change.*	The project will provide further, enhanced, specialist and independent support services to complement, build-on and link with 'Voice' the victim and witness service in Northamptonshire and statutory provision, recognising that the needs of young people can be different to those of adults.
	The service will assess and broker access to services to enable children and young people to cope, recover and thrive after being the victim or witness of crime or reported or unreported crime.
	It will ensure that all children and young people receive support with particular emphasis being placed on ensuring protected EqIA measures such as age, disability, sexual orientation and religion are not disproportionately affected.
	The successful provider will be required to undertake a full EqIA assessment once the contract is awarded to ensure mitigations are taken to ensure equality is in place across all protected EqIA factors prior to the commencement of delivery to children and young people.
	It will link to the nationally commissioned Witness Services in the courts and to the victim liaison service provided by

	Probation.
	It will also provide a named point of contact for victims and witness's liaison and advocates and liaise with specialist victim services as well as liaise with criminal justice agencies to ensure the needs of victims and witnesses are met.
	In addition to these, the project will provide regular feedback on progress through the investigation and criminal justice process; provide an access point and manage the implementation of restorative practices and provide training for front line practitioners.
Who is intended to benefit from this proposal policy, practice or function?	Victims, witnesses, casualties and their families; all those affected by crime in Northamptonshire.
Who are the main stakeholders in relation to the proposed policy/service/function? *(Partners, Community Groups, Commissioned Services etc)*	Police Service, Victim and Witness support services, Courts, Crown Prosecution Service, Fire and Rescue service, Probation Service, local authorities, all partner agencies linked to work with victims, witnesses and their families.
Who implements the proposed Policy/Service/Function and is responsible for it?	Project Manager

3. Data, Consultation, Feedback and Analysis

Source *e.g. surveys, performance information, consultation etc*	Reasons for using
Victim's Voice Report: large scale consultation with victims, witnesses and stakeholders, organisations, providers and specialists across victim and witness services and across a range of crime types and experiences.	This consultation highlighted recommendations for a new Victim and Witness Service that provides a quality, single point of contact to the entire criminal justice process; a service that is designed around victims and witnesses needs; is accessible to all; offers information and updates on case progression and court processes; provides liaison and care for witnesses going through court and provides support services for as long as needed.
Best practice review of services provided to victims, assessing evaluations nationally and internationally of service delivery and satisfaction/views from victims.	Provides evaluation and evidence from other areas describing some of the positive and negative impacts of support service provision to victims.
Consultation with Children and young people	The voices of children and young people are instrumental in establishing the needs and model of delivery for the service to children

Consultation with providers	Providers currently delivering in Northamptonshire are able to provide information on what works well, not so well, where gaps are and what they think the model should contain for delivery of services to children and young people.
Consultation and visits to other service provision outside of the county currently being delivered to children and young people	Enable a look at other areas of best practise and gain insight form service deliverers outside of Northamptonshire to inform how the service specification is constructed.

In response to the information above, please state whether there are concerns or evidence that the policy/ procedure/ function could have a specific impact on people from the following groups?

	Based on the above information, what impact will this proposal have on the following groups?				Can the policy/procedure/function be altered to help mitigate or alleviate a negative impact?			Can the policy/procedure/function be altered to help meet our Public Sector Equality Duty to advance equality?
	Positive	**Negative**	**Neutral**	**Unsure**	**Yes**	**No**	**Unsure**	**Yes No Unsure**
Sex	☒	☐	☐	☐	☐	☐	☐	This project is designed to meet and exceed our equality duty.
Gender Reassignment	☒	☐	☐	☐	☐	☐	☐	
Age	☒	☐	☐	☐	☐	☐	☐	
Disability	☒	☐	☐	☐	☐	☐	☐	
Race & Ethnicity	☒	☐	☐	☐	☐	☐	☐	
Sexual Orientation	☒	☐	☐	☐	☐	☐	☐	
Religion or Belief (or No Belief)	☒	☐	☐	☐	☐	☐	☐	
Pregnancy & Maternity	☒	☐	☐	☐	☐	☐	☐	
Human Rights	☒	☐	☐	☐	☐	☐	☐	
Other Groups	☒	☐	☐	☐	☐	☐	☐	

Are there any gaps in information and understanding of your policy and services? *If yes please include how you intend to fill these gaps in the Action Planning section.*

Gaps in data/ understanding	Gaps exist in knowledge around unreported incidents to the Police.

4. **Action Planning**

Analysing equalities should be a continuous process. Where a full assessment is not required, but minor changes or amendments to the planned proposal can be made, please use the action plan template below.

Planned Actions	Responsibility	Timeframe	Success Measure
Children and Young People Victim and Witness Service user group to be set up to ensure the proposed service fits with their needs and continue to assess equalities impact.	New Service Provider	March 2016	EqIA measures
Stakeholders will be involved in on-going dialogue about the development of the Victim and Witness Service and will assess equalities impact.	New Service Provider	March–October 2016	EqIA measures
Further needs assessment on unreported crimes to be undertaken by the Institute of Public Safety Crime and Justice.	Project Manager	Autumn 2015-Spring 2016	EqIA measures

Do stakeholders agree with your findings and proposed response?

Stakeholders were involved prior to the creation of a specification for the service and their views were represented. The results of this consultation form a consultation and research report which is part of the tender package for bidders and feedback have been given to all who attended the session on the content of this report. No stakeholders have disagreed with the findings or the programme of work that has developed from the recommendations. Stakeholder engagement will be a continuous process.

5. Should the policy proceed to a full impact assessment?

Is there is evidence of a disproportionate adverse or positive impact on any groups of protected characteristic?
Are there concerns that there may be an impact that cannot be easily mitigated or alleviated through minor alterations?
Is there an opportunity to significantly alter your proposal to meet the positive duties?
If yes to any of the above then you must answer YES unless you can provide strong justification below.

Yes	No	x

Explain your reasons for your answer:
This project aims to significantly improve the service that children and young people who are victims, witnesses, causalities and all those affected by crime in the county receive, from the moment they report an incident until long after their case has gone through the court system. It is therefore not disproportionate to one group over another, but designed to deliver services to meet individual needs.

6. Review

| Review Date | March 2016 |

Full Equality Impact Assessment

This is a Full Equality Impact Assessment. It is intended to expand and build upon the material within the initial assessment.

7. **Based on your analysis in the initial form, please explain in more detail the impact**

	Impact Identified through initial assessment	Does the impact disproportionately affect any of the listed groups?	How can the policy be changed for certain groups to help meet our positive duties, or mitigate adverse impacts?	What consultation/ Involvement is planned to fully investigate the impact and solutions for mitigation?
Sex				
Gender Reassignment				
Age				
Disability				
Race & Ethnicity				
Sexual Orientation				
Religion or Belief (or No Belief)				
Pregnancy & Maternity				
Human Rights				
Other Groups				

8. Full Assessment Action Plan

Please outline how you will respond to the challenges and opportunities that you have identified above

Action Plan

Challenge/Opportunity	Actions	Responsibility	Timeframe	Evidence and success measures

9. Full Assessment Authorisation

All Equality Impact Assessments must be signed off by the Police and Crime Commission's Monitoring Officer before publication. Signing off means that the Monitoring Officer will need to satisfy themselves that:

- You have consulted and involved stakeholders from each group
- You have gathered all relevant evidence
- You have an action plan

Full EqIA completed by:	Vicki Ross
Signature of PCC's Monitoring Officer:	Paul Bullen
Date	12/10/15
Review Date	12/1/16

Northamptonshire Police and Crime Commission

Supporting Report to the Police and Crime Commissioner

Date of Report	17ᵗʰ December 2015
Subject	**Award of Victim and Witness Services to Children and Young People in Northamptonshire**
Report Author	Vicki Ross, Head of Prevention and Community Impact

1. Purpose of Report

To set out advice and make a recommendation the Commissioner to award Phase 1 of Victim and Witness Services for Children and Young People to ASSIST Trauma Care for a period of three years.

2. Decision Recommended:

2.1 That the Police and Crime Commissioner for Northamptonshire formally agrees the decision to:

a) Approve the award of Phase 1 Victim and Witness Service for Children and Young People at a cost of £296,009.00 per annum to ASSIST Trauma Care year for a period of 3 years.

b) Approve the option for a further two years to be contained within the contract as plus one plus one options.

3. Consultation:

3.1 Consultation was undertaken with 50 children and young people aged 10-19 years old to obtain their views on the design and requirements for services prior to the tender launch. The information gained was included in a report used as appendices in the tendering process. (See Appendixes A)

3.2 Consultation with 36 invited stakeholders took place in 3 facilitated workshops throughout July and August 2015 prior to the tender launch. The information gained from the workshops was included in a report used as appendices in the tendering process. (See Appendix A)

3.3 Further consultation was undertaken with 1,818 children and young people aged 10-10 years old in the county during 2015 which enabled the identification of views on victimisation experienced by children and young people. This reports finding have also been used as part of the process for the commissioning of services to children and young people. (See Appendix B)

3.4 A panel of young people aged 14-16 were presented to by ASSIST Trauma Care as part of the evaluation of tender. The views of the young people were capture and used to inform the decision making on whether to award to ASSIST Trauma Care.

3.5 Consultation has also been undertaken internally within partners such as the Police Force, NHS England and Northamptonshire County Council (NCC) to enable the new service to be shaped around the existing safeguarding pathways in the county. NCC's Children's Commissioner has also assisted in helping us to evaluate tenders as part of the tender award panel.

4. Compliance Issues:

4.1 Is this a decision of 'significant public interest?'

To complete the award of Phase 1 Victim and Witness services for Children and Young People at a cost of £296,009.00 per annum from the PCC's Commisioning Budget. As such this decision does constitute a 'significant public interest' decision under the terms of the PCC's Decision Making Policy.

4.2 Is the recommended decision consistent with the priorities set out in the Northamptonshire Police and Crime Plan 2014/17?

4.2.1   The overarching vision of the Police and Crime Plan is for Northamptonshire to become the Safest Place in England. By placing Victims and Witnesses at the heart of this model and commissioning specific and specialist resources for children and young people, victims are treated with compassion and empathy, enabling them to receive the highest standards of care and support whenever and however they need it.

4.3 What are the financial and procurement implications of this decision?

4.3.1   £296,009.00 per annum is required from the PCC to enable the award of Phase 1 Victim and Witness service to Children and Young People.

4.3.2   It is intended that the funding will be sourced from the PCC's Commissioning Budget.

4.3.3   The OPCC has taken legal advice from East Midlands Strategic Commercial Unit (EMSCU) to ensure the service is procured appropriately. The advice from EMSCU has confirmed that the PCC are in a position to award the service to ASSIST Trauma Care.

4.4 Will further decisions be required?

4.4.1   No further decisions are required at this stage.

4.5 Legal Implications

4.5.1   As stated above, the OPCC has taken legal advice to ensure the compliance of the procurement approach.

4.5.2   Contracts for any implementation scheme will require legal advice at that stage.

4.6 Has an Equality Impact Assessment been undertaken?

4.6.1   An initial EQIA has been undertaken by Northamptonshire Police and Crime Commission with a review date of March 2016. (See Appendix C)

4.6.2   ASSIST Trauma Care will be required to undertake a full EQIA and review regularly throughout the life of the contract.

4.7 Does the recommended decision represent the best value for money?

4.7.1   ASSIST Trauma Care are a third sector provider currently delivering part of the National Homicide service and services to the victims of the Tunisia terrorists attack. They are experienced providers in trauma related therapy and advocacy and have provided a through and innovative model to approach working with children and young people within the county.

4.7.2   Value for money is provided with the awarding of both Lot 1 and Lot 2 at a reduction in price of £28, 442.

4.7.3   Value for money is also provided on price in relation to the scoring matrix for the tender with ASSIST Trauma Care's pricing scoring the highest marks.

4.7.4   Value for money is also provided on quality in relation to the scoring matrix for the tender with ASSIST Trauma Care also scoring highest marks.

5.	Relevant background / Chronology of Key Events:

5.1 The Ministry of Justice devolved the commissioning of victim services to local Police and Crime Commissioners from April 2015. Northamptonshire were an 'early adopter' and the new local victim and witness service, Voice, became operational on 1st October 2014.

5.2 It has long been known that young people have higher rates of victimisation for some types of crime and that they are less likely to report that they have become a victim to authorities or carers. In a very real sense crime against children and young people has remained hidden, but the recent scandals relating to the prevalence of child sexual exploitation across the country has thrown a spotlight on the issues and a body of evidence is emerging that provides insight

into how children and young people are victimised and why they chose not to report it (for example, see Suffering in silence: children and unreported crime, Victim Support and University of Bedford for the APPG for Victims and Witnesses of Crime, 9th December 2014).

5.3 Under the Code of Practice for Victims of Crime, any victim under the age of 18 is considered to be vulnerable and therefore automatically entitled to an enhanced service from statutory services covered by the Code.

5.4 Whilst there is a greater focus, support and service provision for children and young people who become victims of crime, particularly where the offence is of a sexual nature, the Office of the Police and Crime Commissioner believes further, enhanced, specialist and independent support services for young victims and witnesses needs to be developed and provided, recognising that the needs of, and means of engaging, children and young people are different to those of adults.

5.5 Commissioning of service to children and young people who are victims and witnesses of crime will be undertaken in two phases to maximise the opportunities to collaborate with statutory bodies within the county.

5.6 This report pertains to the award of phase one Victim and Witness Services to children and young people which includes requirements for needs assessment, advocacy and specialist therapeutic support.

5.7 Voice: For Children and Young People is expected to be live from 1st March 2016.

5.8 Phase two for children and young people will be explored with partners at Northamptonshire County Council and other key stakeholders throughout Winter/Spring 2016.

6. Evaluation of alternative option(s):

6.1 The alternative to awarding is not to award which would result in a lack of specific services being available to support children and young people to cope, recover and thrive after experiences of crime.

7. List of background reports used to compile this report:

7.1 Children and Young People's Victim and Witness Specification

7.2 Consultation and Research report

7.3 EMSCU procurement advice received December 2015

7.4 Tender award report

7.5 ASSIST Trauma Care tender response

8. List of appendices accompanying this report (if any):

8.1 Consultation and Research Report
8.2 Provider Presentation Young People Panel