



Coventry City Council

Resources Directorate

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To all Members of the Scrutiny Co-ordination Committee

27th March 2015

Our ref: C/EMK

Dear Member,

Supplementary Agenda – Meeting of the Scrutiny Co-ordination Committee - Wednesday, 1st April, 2015

The papers for the above meeting were circulated on 24th March. At the time of publication, there were a number of documents which were not available. These documents have now been received and are attached to this letter. Please include them with your papers for the meeting.

- **Agenda Item 4. REVIEW OF THE POLICE AND CRIME BOARD/COMMUNITY SAFETY PARTNERSHIP (10.05AM - 11.35AM) (Pages 3 - 32)**

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Liz Knight
Governance Services Officer

Membership: Councillors J Blundell, J Clifford (Deputy Chair), G Duggins, J Innes, R Sandy, B Singh, T Skipper (Chair), K Taylor and S Thomas



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Coventry City Council

Briefing note

To: Scrutiny Co-ordination Committee

Date: 1st April 2015

Subject: 12 month progress update on work of Coventry Community Safety Partnership via Coventry Police, Crime & Community Safety Board.

1 Purpose of the Note

- 1.1 To provide an annual update on the work of the Coventry Community Safety Partnership and the Police, Crime and Community Safety Board in addressing matters of Community Safety and an overview of year to date performance in relation to crime and nuisance levels in the City between 1st April 2014 and 28th February 2014.
- 1.2 To update members on the priorities for the Partnership and Board for the next financial year and how the partnership will work to address those priorities through their joint working and delivery against their annual Police Crime & Community Safety Plan.

2 Recommendations

Scrutiny Coordination Committee is recommended to:

- 2.1 Note the work of the Partnership directed through the Board which is based on evidence of need through assessment findings and performance in relation to crime and nuisance levels year to date.
- 2.2 Make any further recommendations about how agencies can work together better on matters of risk and harm including violence, exploitation, substance misuse, poor mental health and lifestyle

3 Information/Background

- 3.1 Responding to issues affecting the safety of the City and its communities is a statutory requirement of a number of agencies including the Local Authority. These agencies have responsible authority status with which they must do everything they reasonably can individually and collectively to prevent and detect crime and disorder and prevent re-offending. This requirement is achieved through the infrastructure of the Community Safety Partnership which is governed by the Coventry Police & Crime and Community Safety Board.
- 3.2 The Board was established a little over a year ago in response to the introduction of Police and Crime Commissioners and has continued to operate to the statutory requirements including the need to plan partnership activity to address any threat and risk to the City in terms of Crime, nuisance and disorder. An analytical assessment provided the evidence of which issues to prioritise in terms of severity and volume of incidents and crimes together with trends and patterns that they could then consider in predicting harm and respond to it.

3.3 Each Partnership Board across the West Midlands receives community safety funding from the West Midlands Police and Crime Commissioner. Coventry received £546k for the financial year 1st April 2014 – 31st March 2015. The Board were able to fund work that fulfils statutory responsibilities and also support the delivery of action/initiatives to address the City’s priority issues. The breakdown of this spending can be found attached as Appendix 1. Details of some of the initiatives monitored and/or supported by the Board financially are outlined later in the report.

4 Police & Partnership Crime & Nuisance Levels

4.1 Coventry Recorded Crime Performance 2014/2015

Below is a summary of Police recorded crime between 01 April 2014 and 22nd March 2015; Compared with the same period 2013/2014

	2013/14	2014/15	Diff	%
TRC	21,209	21097	-112	-0.5%
BDH	1,868	1,654	-214	-11.5%
VWI	2,226	2,402	176	7.9%
ASB	8526	8171	-355	-4.2%
DV(Crime)	1930	2100	170	8.8%
DV (Non Crime)	3470	3935	465	13.4%

TRC – Total Recorded Crime

BDH – Burglary dwelling

VWI - Violence with Injury

ASB – Anti-Social Behaviour

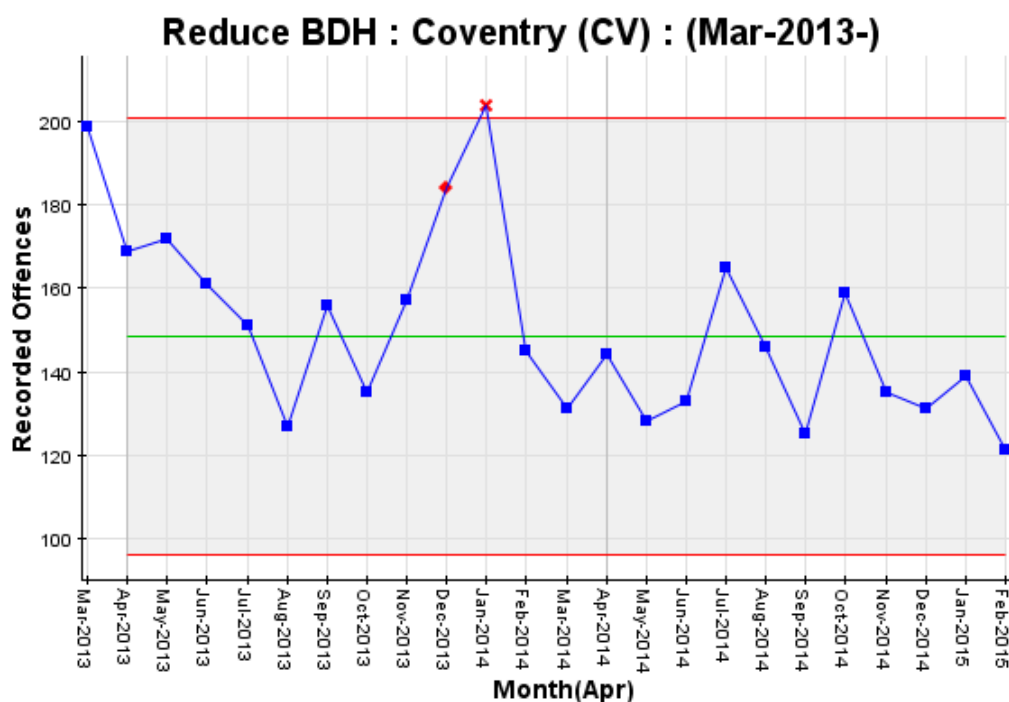
DV (crime) – Domestic Violence –recorded crime

DV (non crime) – Domestic Violence incident

4.1.1 This year has seen further reductions in Total Crime (despite 2013/14 being the lowest year for TRC ever). Burglary Dwelling and general ASB have also seen significant decreases.

4.1.2 There are increases noted in violence with injury. Part of this is due to a drive to encourage victims of Domestic Violence to report the matter to the police. This has resulted in increases of both DV Crime & Non Crime. However, the broader increase in violence (including public place violence) requires concerted focus over the next 12 months and will be one of the priorities for the LPU.

Reduce Burglary Dwellings



4.1.3 December & January saw the usual seasonal highs for this type of offence. Since then levels have fallen steadily contributing to an overall significant reduction of -11.5% (214 less burglaries) which continues on from the large scale reductions achieved last year.

4.1.4 Reducing Burglary has again been a priority for Coventry this year and a number of initiatives, introduced last year, have been further developed and incorporated into business as usual.

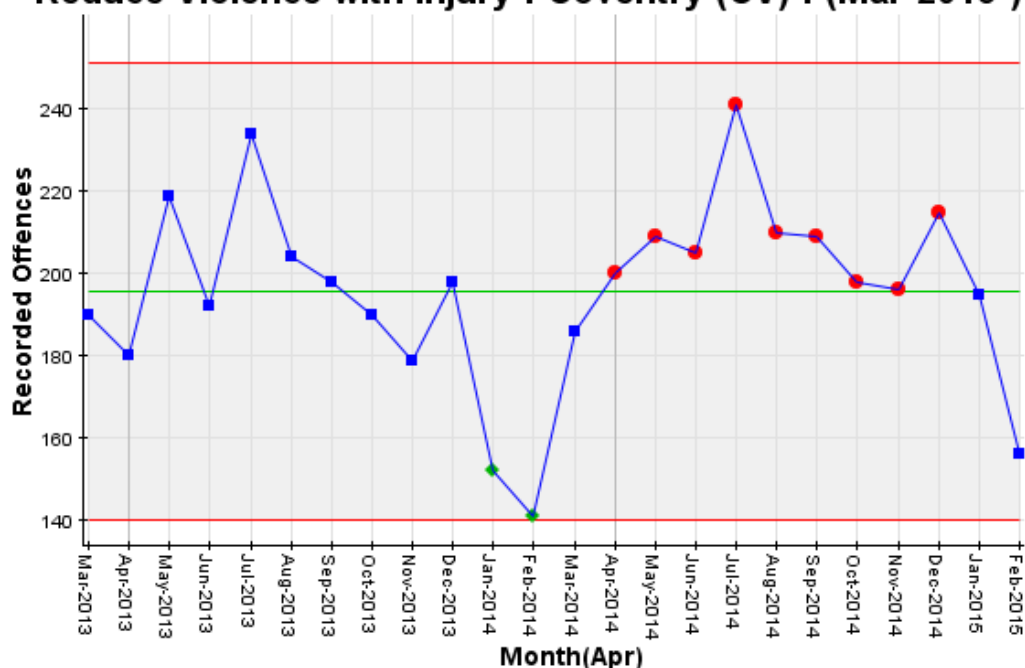
Operation Magpie – Dedicated team developing intelligence and activity in relation to outlets for stolen goods. Criminals are finding it more difficult to dispose of stolen property.

Partnership Working – Strong partnership working with key stakeholders, particularly Coventry & Warwick Universities. They have the ability to influence activity and advice offered to students. This has led to positive results around student victimisation.

Target Hardening – Identification of vulnerable areas and repeat addresses (generally student households), subsequent visits - security advice and alarms supplied. Seasonal leaflets (insecurity, leaving items on show, etc.).

Reduce Violence with Injury

Reduce Violence with Injury : Coventry (CV) : (Mar-2013-)



4.1.5 There has been an increase overall in recorded violence with injury offences this year of 7.9% (176 offences).

4.1.6 Efforts to encourage domestic violence victims to come forward have contributed to this rise as both categories of DV (crime and Non Crime) have seen significant increases (8.8% & 13.4% respectively).

4.1.7 Public place violence is an area that we need to direct our attention to over the coming 12 months. We have a focused plan to address various aspects, including the contribution of the night-time economy. We will also be focusing on the various drivers of violence including substance misuse. The locations where violence occurs will be tackled in a problem solving manner alongside a wide range of partners. Victims and offenders will be subject of additional efforts over the next 12 months.

4.1.8 In terms of the work that has been undertaken:

Continued work to monitor licensing issues on a daily / weekly basis; this has led to the closure or restrictions placed on a number of venues over the course of the past year.

Working with the RA meeting and working with a wide range of partners.

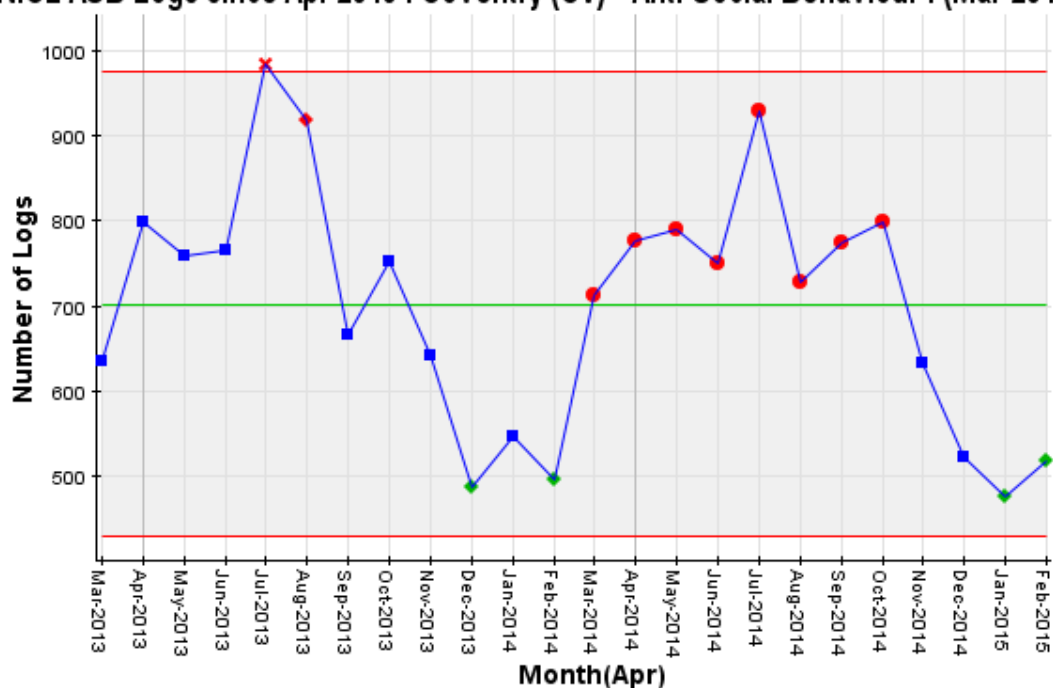
Links between the council noise team and police continue to be strengthened to improve the response to wider noise issues (household drinking / parties).

Use of new ASB Act 'Place Based' civil interventions. The act has provided us with a range of new powers to use alongside City Council colleagues.

Work with Health professionals to obtain better information about offending across the city and address route causes such as alcohol or drug use.

National Incident Category List

NICL ASB Logs since Apr 2010 : Coventry (CV) * Anti-Social Behaviour : (Mar-2013-)



- 4.1.9 This demonstrates a continuation of reductions around ASB (which is itself a strongly seasonal issue - warm weather = increased ASB). In terms of the work being undertaken there is a dedicated officer who looks specifically at ASB calls and works to identify vulnerabilities through either the type of incident or through repeat calls.
- 4.1.10 Where appropriate **ASB Non Crime** numbers are assigned to specific individuals or locations where issues are ongoing. Partner agencies and organisations work closely together to problem solve. This approach coincides with a general reduction within ASB.
- 4.1.11 Priority Locations has also focused considerable amounts of work in **'hotspots'** in an attempt to improve the environment, address root causes and discourage this type of behaviour from manifesting itself.
- 4.1.12 This has been further developed with smaller hot spot areas being subjected to intensive and academically proven **'15 minute patrolling'** on a regular basis.
- 4.1.13 **Restorative Justice** is being used successfully more frequently across the city to address minor disputes by bringing together all parties involved to try and solve the issues as opposed to repeatedly responding to the symptoms.

4.2 Other agency reported incidents of Nuisance / Anti-social Behaviour

4.3 When looking at the performance of the Partnership, it is important to consider data collected by Partner agencies as well as the police.

Being a victim of nuisance/antisocial behaviour may not necessarily be based on specific actions targeted at the victim (though repeat victimisation is prioritised where this occurs), but more often as a result of their being in the location where the incident occurs or proximity to an affected location and the witnessing of an incident. Perceptions of acceptable behaviour also differ according to location and age range of those reporting incidents. Issues which are of major concern in one particular area may not be considered a problem in another area, similarly different people or a general age grouping may not consider the actions of another person as being as being problematic.

4.4 The table below shows some of the key issues (mainly public place crime and nuisance) reported during April 2014 to February 2015.

Local Authority Environmental & Public Place nuisance incidents	Local issues raised at various Community Forums	Whitefriars Housing (12 month period Open Cases (April 14 to February 15))
<p>Top issues:</p> <ul style="list-style-type: none"> • Fly Tipping (45%) • Noise ASB (14%) • Pollution and Nuisance (10%) • Abandon Vehicles (7%) • Emergency Cleaning (5%) • Litter (4%) • Animal Welfare (4%) <p>Smaller numbers of reports were received for the following issues</p> <ul style="list-style-type: none"> • Dog Fouling • Nuisance Car Sales • Vandalism • Unsightly Properties • Street Drinking • Drug Taking/Dealing • Begging • Hate • Prostitution • Vehicle misuse 	<p>Top issues:</p> <ul style="list-style-type: none"> • Parking • Speeding • Fly Tipping, Rubbish & Littering • Hanging round on street and behaviour of Young People (<i>this can be perception based fear / concerns</i>) <p>Others issues raised in smaller numbers included:</p> <ul style="list-style-type: none"> • Concerns/complains re: New housing developments • Changes to local community (area and people) 	<p>Top issues:</p> <ul style="list-style-type: none"> • Noise (20%) • Threatening Behaviour (13%) • Vandalism/ Damage to property (10%) <p>Others include:</p> <ul style="list-style-type: none"> • Other Criminal Damage (9%) • Pets / Animal Nuisance (9%) • Drugs/ Substance Misuse/ Dealing (7%) • Misuse Communal area/ public space loitering (6%) • Litter / Rubbish / Fly Tipping (5%) • Domestic Abuse (5%) * Resident and tenant associated issues in residential dwellings include noise, neighbour disputes, domestic violence & abuse

- 4.5 Coventry City Council has recorded 14,058 incidents of Environmental and nuisance / anti-social behaviour reported to them between the months of April 2014 to February 2015 (11 month period). A reduction of around 6% in reported incidents when compared with the same period last year (*please note datasets have changed over time therefore a direct comparison is not made*), therefore reported incidents are considered a downward trend, although Fly Tipping (45%) and residential Noise nuisance/ ASB (14%) account for the largest proportions.
- 4.6 The data demonstrates small increases for some of the categories of nuisance including animal welfare, begging, gang related nuisance behaviour, pollution & environmental nuisance, street drinking and unsightly properties compared to the same period last year, although these increases are, in most instances, in very small numbers they suggest that more people are seeing this behaviour and reporting it to agencies.
- 4.7 Police and Council Data collated for the period of April to December 2014, suggests that crime and nuisance incidents reported in Priority Locations has reduced by approximately 10% compared with the same period last year. This equates to an estimated reduction of 1200 incidents across priority locations.
- 4.8 The City Centre case management meeting was set up in recognition that the City Centre has a unique set of issues that usually aren't reflected elsewhere in the City. Those issues also tend to play out in full view of the public and as such have a high profile and impact. The issues that this forum seeks to problem solve includes; street drinking, begging, rough sleeping, retail crime and problematic individuals in the Night Time Economy.
- 4.9 There are a number of operational officers, representing a range of agencies who work in the City Centre that meet to discuss problematic individuals and public space/place based issues affecting the area. These officers apply a balance of challenge and enforcement alongside support to change behaviour by ensuring that the individuals are referred into appropriate treatment and support programmes.

4.10 Residential crime and nuisance

- 4.11 Noise nuisance occurring at/from residential properties includes loud music, animal noise (barking dog), banging, DIY noise, alarms. Raised voices and/or screaming have been identified in around 96 (5%) of incidents reported; it is not possible to establish the proportion of these which may be linked to domestic incidents, vulnerability issues or where mental health is a factor. Also the trend towards drinking / partying / socialising within the home setting is also likely to be a factor within noise complaints. Further work is required to establish the percentage of these that are deemed as statutory noise nuisance as opposed to lower volume nuisance behaviour. The approach to each will differ in terms of the types of interventions applied to address them and the approach taken in doing so.
- 4.12 Nuisance / anti-social behaviour incidents associated with residential households and their occupants often have underlying drivers and can be complex in nature requiring a multi-agency approach and response. This is done through a number of different multi-agency case management forums for the partnership. These include 4 local case management forums that discuss the behaviour of individuals and families/problematic households in order to apply early intervention measures with which to prevent an escalation of nuisance and harmful behaviour.

The information shared about each case is done so between statutory agencies which have responsibility for doing so as requirement of Section 115 of the Crime & Disorder Act

in order to prevent and detect crime, nuisance and disorder and prevent re-offending. Additionally there are a number of specialist case management forums that monitor and manage perpetrators of domestic violence, abuse, gangs/organised crime groups and troubled/problematic families.

4.13 Example Snapshot: Summary of Local Case Management Forums (LCMFs) – September to November 2014:

- Average of 50 open cases per month across the LCMFs
- The number of cases varies across each LCMF, with City Centre currently showing the largest number
- 80% of all the perpetrators are male
- 5 families currently open on LCMFs
- As at November 2014 58% of cases involve drugs and/or alcohol, this compares to 94% on City Centre only
- Heroin, Cannabis and alcohol are the main drugs mentioned
- Mental health (only) features in 3 separate cases
- 8 tools and powers instigated across the 3 month period
- 17 referrals to treatment and support, as expected a high proportion of these are on City Centre LCMF (due to concentration of beggars/drinkers)
- 12 individuals failed to engage with support / services
- Proportion of cases show perpetrators engaging with some services but then not with others and/or dipping in and out of services
- Around 13% of perpetrators are engaging with some form of treatment or support

4.14 Hate Crime

Hate Crime Incidents – Calendar Years 2013 & 2014 - Incidents reported to Reporting Centres and to Coventry Police

Type of Hate	2013		2014	
	Total	%	Total	%
Disablist	16	5%	17	4%
Gypsy/Traveller	<5	0%	<5	0%
Homophobic	0	0%	<5	1%
Racist	276	84%	320	84%
Religious	7	2%	13	3%
Sexist	19	6%	23	6%
Transphobic	7	2%	<5	1%
Blank	<5	0%	<5	0%
Grand Total	327	-	379	-

*Please note figures are currently **DRAFT***

4.15 From 2013 to 2014 there has been an increase in the recording of hate crimes, overall incidents (Police & Reporting Centres) totalled 379 in 2014, which compares to 327 in 2013, an increase of 52 reported incidents, an increase of 16%. This may be due to increased victim confidence in reporting supported by partnership encouragement and campaigns to do so.

4.16 The majority of incidents across both years are Racist in nature, accounting for 84% per year. There has been an increase seen in Religious incidents, from 7 in 2013 to 13 in 2014, proportionally accounting for 2% (2013) and 3% (2014) of total hate crime. Religious incidents are predominately reported to the Police. Sexiest incidents recorded

show an increase of 5 reports. Other types of hate are low in number showing less than 5 incidents per grouping (Gypsy/Traveller, Homophobic and Transphobic).

4.17 Harm Reduction & Vulnerable Victims Forum – SNAPSHOT – Part 1: Hate Crime

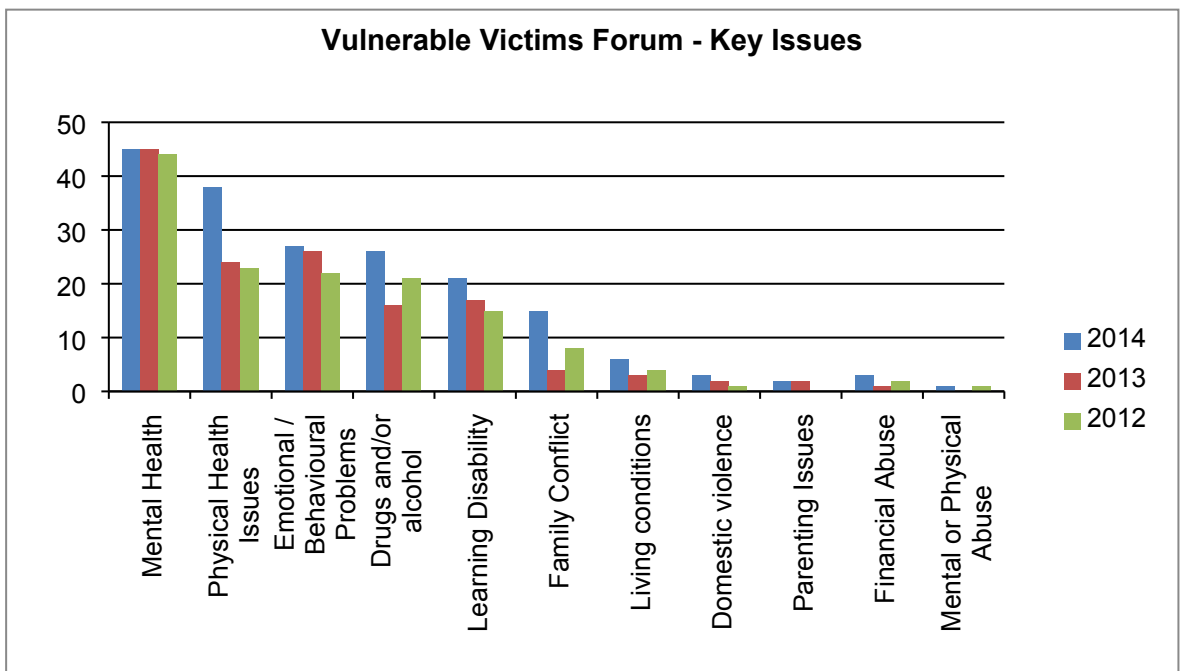
4.18 A snapshot 46 Open Cases from the minutes on 17/02/201 shows that 85% of cases were racist. Ethnic groupings most affected by hate crime were African 13 (28%) and Asian 12 (26%).

4.19 These open cases were mainly verbal in nature, 42 of the 46 incidents included verbal abuse. The verbal abuse was often alongside other behaviours i.e offensive gestures and damage to property

4.20 Harm Reduction & Vulnerable Victims Forum – SNAPSHOT – Part 2: Vulnerable Victims

4.21 The Vulnerable Victim Case Management Forum was established in 2011, 54 vulnerable victims were initially referred in the first year. 66 referrals were made in 2012 and 2013; 2014 has seen an increase in referrals to 75. Key issues for victims are complex and often involve multiple issues. The key issues are mental health, health (physical & emotional), drugs and alcohol, learning disability and family conflict.

4.22 Table – Vulnerable Victims Forum



4.23 In 2014, 60% of cases involved issues of mental health, 51% physical health issues, 36% emotional/behavioural problems, 35% drugs and/or alcohol, 28% learning disability, 20% family conflict and 8% living conditions. Other factors involved in cases include: domestic violence, parenting issues, financial abuse, and mental or physical abuse, although these are much smaller in number.

4.24 A broad range of agencies continue to make referrals to the forum including Police, Registered Providers (RPs, previously RSLs), Community Safety Team, Community Mental Health Teams, Coventry & Warwickshire Partnership Trust, UHCW, Mental Health Services, City Council Services and voluntary organisations/agencies.

4.25 Sex Workers Case Management Forum – *A snapshot of the recorded minutes of these meetings taken during January 2015 provides the following summary overview of cases*

4.26 Sex -workers are a complex group of individuals that are both vulnerable and often victims as well as being involved /perpetrating crime and nuisance. They are often exploited and subject of violence whilst causing concerns for the wider communities they live and work in by the very nature of the issue.

4.27 25 live cases being managed show that:-

- all are all female with an average age range of between 20 and 44 years, with the majority being in their mid 20s to early 30s.
- Accommodation appears to be a particular problem with a proportion of clients shown as living in B&B, friends/family, partner's family and NFA. Housing arrears (past and current) also feature
- around half of the sex workers have issues with drugs, alcohol and/or mental health. High vulnerability is highlighted in 2 cases.

4.28 20% of sex workers are shown as accessing treatment services (including rehab/detox), although overall engagement with services in general is patchy, engaging and de-engaging with the various services.

4.29 In addition, health issues identified include; miscarriages; Chest problems; Underweight; Taking medication for fits, high blood pressure; Self-harming; Substance misuse; Poor mental health and well-being and Anger & aggression.

4.30 A significant proportion of cases show domestic / sexual violence being involved as a result of the following circumstances:-

- Partner unpredictable and/or controlling and forces her to work
- Partner very aggressive and uses this to force out onto streets
- Working to fund partners drug habit
- Would like to end the relationship but too scared
- Behaviour out of control and the breakdown of relationships exacerbated by alcohol

4.31 Emergency marker(s) are put against addresses for cases of high risk DV as well as referrals to the Multi Agency Risk Assessment Conference (MARAC). Services make every effort to engage with victims safely and discreetly. However approximately a third of cases show sex workers often leave an area or serve a custodial therefore there are frequent breaks in the engagement and work we do with them .

5. The Partnership has supported a number of initiatives/projects using funding provided by the PCC to address their priorities. Information on the following initiatives can be found in Appendix 2 of this report. The percentage of funding allocated to each is determined by costs associated with the delivery of the initiative/service.

- 1) Mental Health Triage
- 2) Coventry Criminal Justice Liaison and Diversion Trial Scheme (June 2014 – December 2014)
- 3) Work with female offenders and their families to prevent reoffending
- 4) Youth Offending out of court disposals, early intervention, substance misuse for young people and parenting services
- 5) Victim Support services for victims of serious crimes and harms

6. The Partnership's 2015-16 Priorities and Approach

- 6.1 The partnership plan for next year will continue to have a significant focus on the causes and drivers of the various crime and nuisance types. This then enables the Community Safety Partnership to link in with other partnerships in the City to achieve greater reductions in other areas of work that are also affected by the same causes, i.e. high unemployment, dependency on benefits, low education attainment, poor health and well-being and safeguarding.
- 6.2 The priorities for the forthcoming year have been identified in previous strategic assessments and therefore reinforces the need to continue to focus on such including: **harmful behaviour including Domestic and Sexual Violence, abuse & exploitation, Anti-social behaviour including public place environmental issues, crime and nuisance, Hate Crime, Robbery and Burglary**. Vulnerability that increases the risk of people becoming victims of these crimes is of particular importance to a partnership approach that seeks to minimise the risk of harm and protect those vulnerable people.
- 6.3 The West Midlands Police and Crime Commissioner's (PCC) policing plan supports our local priorities and are many are indeed in a priority for the region and the West Midlands Police force also. However, the PCC has further identified the need to address **business and economic crime and speeding**. These will also be reflected in our local police, crime and community plan currently being developed for the new financial year. Additionally the local Partnership priorities and focus has and will continue to be influenced by what local people tell us is happening in their community. This is done in a number of different ways to maximise opportunities to capture their concerns and subsequently the partnership is looking to work smarter and in a more cost effective way to achieve this and provide services, resources and coordinated activity in doing so.
- 6.4 The challenge for the partnership is to ensure a healthy balance of action to prevent and address serious crimes with that of lower level issues that impact on a community's health and well-being. The role of the Board in achieving this healthy balance through their strategic decision making and scrutiny of the work of partnership sub groups is significant. The partnership also needs to develop better mechanisms for partnership deployment of resources and with less capacity to do so, requires less meetings but more focused and targeted action. The process for this is currently being developed with the involvement of Board members, community representatives and partnership agencies.
- 6.5 There are some challenges and opportunities on the horizon with diminishing resources in public services which makes it more important now than ever to work together to maximise collective resources, tools and powers, whilst empowering individuals to keep themselves, their families and communities safe. Community engagement and the mobilisation of community assets are fundamental to this new way of working. Additionally significant changes to organisations including West Midlands Police and National Probation Service and establishment of the Community Rehabilitation Service will require the partnership to adapt to new ways of working together. The use of social media and new technology will provide opportunities and support new ways of engaging and working with communities and one another.

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Police & Crime Commissioner - Spending Allocation/Reconciliations - 2014/15

Appendix 1

Allocated Initiatives / Project Description	Allocated Budget	Revised Budget	Qtr 1 Spend	Qtr 2 Spend	Qtr 3 Spend	Qtr 4 Spend	Total Spend YTD	Carry over to 2015	Budget Remaining
Admin & Partnership Support	40,000.00	40,000.00	40,000.00				40,000.00	0.00	0.00
Partnership Analyst	38,500.00	38,500.00	8,985.15		8,985.15		17,970.30	0.00	20,529.70
Domestic Homicide Reviews	30,000.00	30,000.00					0.00	30,000.00	
Substance Misuse and Mental Health - Young People	31,845.00	31,845.00	31,845.00				31,845.00	0.00	0.00
Provision of Domestic Security in homes	45,415.00	45,415.00	17,708.00	10,530.70			28,238.70	0.00	17,176.30
Youth Offending - Community Resolution Service	75,186.00	75,186.00	75,186.00				75,186.00	0.00	0.00
Domestic Violence and Abuse mentoring programme	53,000.00	53,000.00	13,250.00	13,250.00	13,250.00	13,250.00	53,000.00	0.00	0.00
Bootcamp	14,130.00	14,130.00	3,532.50	3,532.50	3,532.50	3,532.50	14,130.00	0.00	0.00
Positive Futures youth diversion programme	51,040.00	51,040.00			2,598.84	76,411.16	79,010.00	0.00	-27,970.00
Mediation & alternative dispute resolution services	5,000.00	5,000.00	446.83	232.65	930.00	1,974.50	3,583.98	0.00	1,416.02
Deployable CCTV	32,000.00	32,000.00	1,960.00		24,330.00	1,594.37	27,884.37	0.00	4,115.63
Target Hardening Initiatives including community payback	10,000.00	10,000.00			5,000.00	4,166.67	9,166.67	0.00	833.33
Civil tools and powers - Mental Health CWPT	20,000.00	20,000.00			20,000.00		20,000.00	0.00	0.00
Local initiatives - Springboard female offenders programme	25,000.00	25,000.00	25,000.00				25,000.00	0.00	0.00
Youth reparation	25,000.00	25,000.00			10,000.00		10,000.00	0.00	15,000.00
CAADA research re DVA practice and procedures	20,000.00	20,000.00		16,000.00			16,000.00	0.00	4,000.00
Night time economy	0.00	0.00				5,000.00	5,000.00	0.00	-5,000.00
One off allocation to CRASAC to support services demand increase	0.00	0.00				20,000.00	20,000.00	0.00	-20,000.00
local contingency - contribution towards mental health triage implementation	30,188.00	30,188.00		3,000.00	30,000.00		33,000.00	0.00	-2,812.00
Communications internal transfer						6,000.00	6,000.00	0.00	-6,000.00
TOTAL Revenue	546,304.00	546,304.00	217,913.48	46,545.85	118,626.49	125,929.20	509,015.02	30,000.00	1,288.98

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Appendix 2 – Partnership Initiatives undertaken with funding from the Police and Crime Commissioner

1. Mental Health Triage

- 1.1 The Mental Health Triage began operating on 1st December 2014 and is made up of a multi-agency team of police and mental health workers that operate between the hours of 5pm-2am, 7 days a week to provide a mental health triage assessment for members of the public coming into contact with the police where mental health issues are considered a factor in incidents. The team is based at Coventry Central Police Station and use a marked police vehicle to operate out of. Each response shift they operate to also has an identified sergeant acting as Single Point of Contact (SPOC). Out of hours clinical support is also provided via the crisis team, bleep holder and on call co-ordinator.
- 1.2 Calls are allocated to the service via police telephone operatives, however, calls for this service can also come via all police officers based in Coventry. The local Police Inspectors and Sergeants continue to maintain an awareness of incidents to ensure the service does not operate in isolation of neighbourhood policing duties. The Mental Health Team can offer advice on incidents and share relevant information whilst they are committed to attending other incidents.
- 1.3 The criteria for mental health used includes mild-moderate mental health issues, severe mental illness, personality disorder, dementia, substance misuse, learning disability, acquired brain injury, autistic spectrum disorders and emotional/behavioural difficulties.
- 1.4 The service is an all-age service and will attend incidents relating to children and young people, older adults as well as adults of working age. The service will prioritise incidents where s136 of the Mental Health Act is being considered, other priorities include incidents involving self-harm, suicide (including victims of crime) and where mental health is felt to be central to risk to others, crime and unusual behaviour.
- 1.5 The service is also reviewing areas of high demand from individuals and location to ensure multi-agency work is targeted to those who need it most.
- 1.6 All key clinical and police staff were identified through a volunteering process and resulted in a high level of interest with some 25 volunteers across 5 response teams being nominated. Initially 15 of the police officers, one sergeant (SPOC) from each response team and all of the mental health practitioners were trained and the remaining officers will be trained over the next 2 months which will allow cover for personnel changes, annual leave, training etc. The training provided incorporated mental health act, powers, hidden harm, physical health, roles and responsibilities, clinical assessment, mental health awareness, risk assessment/decision making, working together and safety. In addition, all response officers will have received bespoke mental health awareness by the end of March 2015.
- 1.7 An overview of performance to date, shows that a total of 225 incidents were responded to between 1st December 2014 and 28th February 2015. These incidents were broken down into the following categories:-

Demographics

- 54% were male
- The largest ethnic origin of individuals seen was White British (79%)
- 35% had previous convictions

- 46% were currently open to mental health services
- 30% had an active care plan (64% of those open to mental health services)
- 22% were previously known to mental health services
- 23% were known to substance misuse services

Reason for referral

- 8% were referred as missing persons
- 60% were referred due to risks to self
- 10% were referred due to risk to others
- 12% were referred due to intoxication
- 4% were referred due to violence
- 11% were referred due to other aggression
- 25% were referred due to unusual behaviour

Referrals

- 48% of incidents were attended by the triage service as the first/only unit to attend
- 66% of incidents were in a public place
- 79% were seen for a face to face assessment
- 29% of incidents were also attended by ambulance
- 76% of incidents was the first contact with triage car
- 21% of incidents the use of s136¹ was considered
 - considered in 62% of incidents attended in public place

1.8 Key Performance Indicators and Outcomes can be seen on the table below

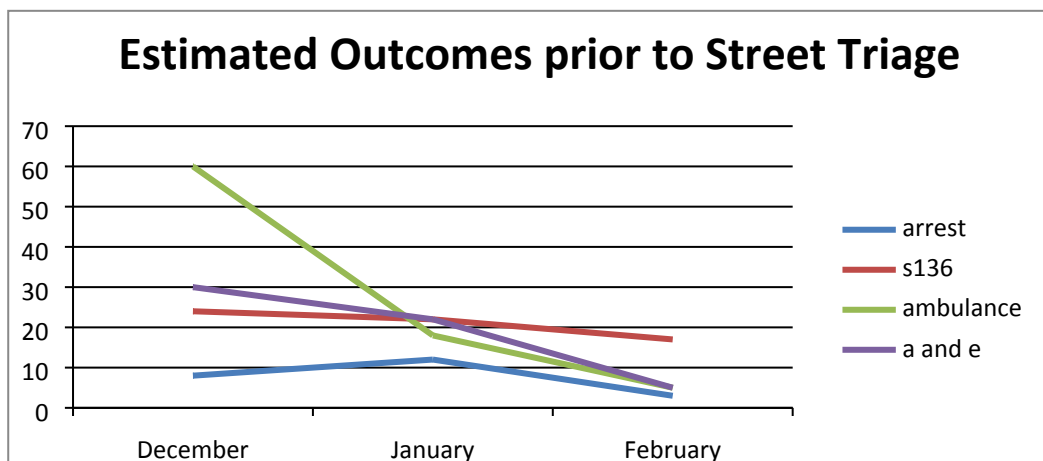
	Target	Number Seen	Number Applicable	Number Offered	% Achieved
Percentage of individuals with a mental health issue who were not known to MH services and who want a referral, receive a referral	100%	225	63	63	100%
Percentage of individuals with a substance misuse issue who were not known to drug / alcohol treatment and who want a referral, receive a referral	100%	225	16	16	100%
	Target	Number Seen	Number Applicable	Number Diverted	% Achieved
Number of s136 detentions prevented and / or diverted (where s136 occurred within operational hours of the Street Triage service)	15%	225	81	48	59%

¹ s136 powers can only be utilised in a place that the public has access to

	Target	Number Seen	Number Prevented
Number of A&E conveyances / attendances prevented (NB Number prevented excludes incidents where conveyance to A &E was not appropriate or where Ambulance was already in attendance)	Baseline	220	73

Conveyance

- 1.9 The Police and crime plan states that those experiencing mental health crisis should be conveyed in an appropriate vehicle not a police vehicle
- 35% of all incidents required some form of conveyance to a variety of locations (home, alternative accommodation, hospital)
 - An ambulance was utilised in 53% of incidents requiring conveyance
 - A police vehicle was utilised in 42% of incidents requiring conveyance e.g. conveyance to alternative accommodation
 - A police vehicle was used to convey to a health facility on 10 occasions
- 1.10 It is interesting to note that the use of Police vehicles to convey has reduced and use of ambulance has increased. This is in line with the multi-agency policy on conveyance. This may reflect an increased understanding of the issues through training emphasising parity of esteem, dignity and conveyance policy.
- **Outcomes of Referrals** 15% were detained on s136
 - 8% were subsequently detained under the mental health act
 - 4% were informally admitted to a mental health unit
 - Police officers estimated that a total of 391 hours (approx. 44 shifts) were saved by providing a service closer to home and using alternative pathways
 - Police officers reported that prior to the introduction of the triage car they would have used alternative outcomes in specific incidents
 - In 8% of incidents they would have arrested for an offence
 - In 21% of incidents they would have detained under s136
 - In 28% of incidents they would have requested an ambulance to attend
 - In 19% of incidents they believed admission to A and E was appropriate



- 1.11 The reductions in estimated use of ambulance and A and E may reflect that police officers are beginning to become more familiar with alternative pathways.

Case Examples

There were many examples where the triage team intervened when s136 was being considered in situations of self-harm, suicide or risk to others where the input of the triage team has diverted from s136, contributed to assessment of mental health and risk assessment and provided options for on-going pathways.

1. Joint work with Ambulance

Female reporting threats to self-harm and harm to others.. Originally ambulance were called, they were planning to take to ED or considering s136 with involvement of police. Following joint assessment of mental health and risk it was decided not to take to ED. Liaison with accommodation, support/strategies with managing difficult behaviour from both police and mental health.

2. Victim

Support was given to a victim of domestic violence, where police were concerned about her mental health. This intervention led to the victim receiving immediate support and access to other specialist support services.

3. Incident at private residential premises

Police call out to report of fire. Fire Officers confirmed that it was a small fire, female tenant confirmed fire was set in attempt to end her life. Joint approach from police, ambulance and mental health prevented situation from escalating, would have placed considerable demand on resources given suspected level of self-harm and aggression this may have caused. Underlying trigger was found to be fear of further domestic violence, referrals made through single point of contact for domestic violence safety, assistance from support worker given to attend and engage with referrals and to attend review with GP.

- 1.12 Future Developments include:

- Reviewing the operational model to ensure that the triage service is being utilised for all appropriate incidents and during the hours when it can be most effective.
- Review the pathway between mental health street triage and West Midlands Ambulance Service/NHS 111.
- Engaging with those individuals and locations that are using wider services and supporting services to understand the needs and meet these as appropriate.
- Monitoring delivery of Key Performance Indicators and Clinical Outcomes
- Building on existing working arrangements with third sector, Secondary Care Mental Health Services e.g. Community Integrated Police Units, Crisis Team, Place of Safety and Children and Adolescent Mental; Health Services (CAMHS) to focus on pathways.
- Establishing Service User feedback, experience and satisfaction measures.
- Mapping local training needs for Coventry and Warwickshire Partnership Trust, local Police and other key stakeholders.

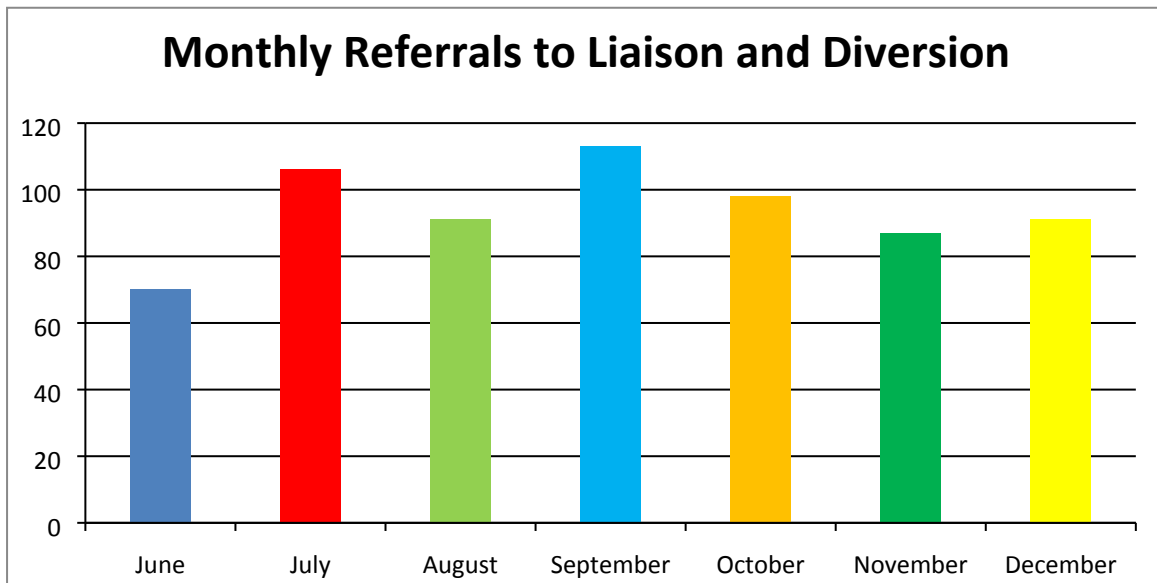
2. Coventry Criminal Justice Liaison and Diversion Trial Scheme (June 2014-December 2014)

- 1.1 The scheme began operating in June 2014 with the overall aim being to improve the appropriateness and timeliness of information sharing across agencies and for lawful purposes in preventing and minimising risk of harm crime and nuisance through:
 - Information that assists with decisions in relation to charging and sentencing within the criminal justice system.
 - Assessment which are undertaken and fed back to custody and/or investigating officers with consent from the individual with which to inform decisions in respect of charging.
 - Decisions regarding sentencing are mainly being informed by contributing to pre-sentence reports. Support, supervision, consultancy and training
 - Informal advice and support provided in respect of the nature of health and social vulnerabilities is facilitated by being co-located in the youth offending, police and probation services.
 - To inform additional training needs
 - Improved risk management
 - Joint agency professional meetings are attended to discuss risk management and attendances at Multi-Agency Public Protection Arrangements, Multi-Agency Risk Assessment Conference to discuss the health and social care needs of those who have offended or who are likely to reoffend.
- 1.2 The service operates during the hours of 0730-2000, 7 days a week with flexibility to work beyond the extended hours where a planned need arises. The scheme has integrated well within Police and Probation and is further developing integration with Youth Offending Service.
- 1.3 Briefing sessions were held for magistrates and the service started working within the magistrates and crown court on 1st October, court work is also being identified through liaison with Probation Court Team and Pre-Sentence Report Writers.
- 1.4 Early Identification is key to providing services and interventions to support individuals with health and social care vulnerabilities at the earliest opportunity and so a rolling programme of briefings to all Neighbourhood Team Sergeants, Adult and Child Public Protection Unit teams, Police Force CID and Response Team Sergeants is being scheduled. Within this programme of briefings there will be a focus on identifying young people coming into contact with the criminal justice system including those suspected of offences, or attending voluntary interviews and community resolutions. This will ensure that young people attending for voluntary interviews will receive the same level of access to services as those detained in police custody currently do.
- 1.5 The age of individuals benefiting from the scheme varies considerably with the youngest being 10 years old and the oldest being 76. The average age is 35.
- 1.6 Physical health needs were identified in 14% of individuals referred, Mental Health needs in 61%, Learning Disability needs in 6%, Social and Communication needs in 6%, Alcohol related needs in 35%, Substance Misuse related needs in 33%, Accommodation needs in 17% and Financial needs in 8%.

- 1.7 The physical needs of Children and Young People were identified in 0% of individuals referred, Mental Health needs in 65%, Learning Disability needs in 6%, Social and Communication needs in 15%, Speech and Language needs 6%, Alcohol related needs in 18%, Substance Misuse related needs in 24%, Accommodation needs in 12%, Financial needs in 3%, Employment, Education and training needs 26%, Gang related Involvement 6%, CSE, 9% and Bullying 6%

Referrals

- 1.8 Assessments undertaken between June and December 2014 resulted in 656 referrals, an average of 94 referrals per month.



- 82% of referrals came from police and 13% from probation.
- For urgent referrals 79% were seen within 30 minutes, 90% within one hour, 96% within 2 hours, 98% within 3 hours. The longest wait was 6.75 hours.
- Non-urgent referrals were seen within 2-31 days, average 7.6 days, lengthier delays were usually at the request of the professional involved.

On-going Engagement of individuals

- 1.9 The operational model highlights the importance of following up referrals to other agencies and providing brief interventions. 1,186 were offered follow up support, 93 (14%) of these however did not take this up/attend follow up appointments (On average 2.2 contacts were offered per referral), however all non-attendances were followed up by officers making contact with the individual or the services working with the individual.
- 1.10 During the months of October-December 2014, 44% of the adults referred were previously known to Mental Health services (this includes referrals with no further action), 16% were previously known to Substance Misuse services, 4% to Learning Disability services, 2% to Autism services and 8% to Social Services.
- 1.11 20% of the individuals referred were currently open to Mental Health Services, 11% open to Substance Misuse Services, 3% to Learning Disability Services, 3% to Autism Services and 8% to Social Services.

- 1.12 For all individuals where a Mental Health, Learning Disability, Social/Communication, Alcohol related, Substance Misuse and Financial needs were identified and a referral was agreed to, this was followed up with intervention (e.g. advice, brief intervention, liaison with current service, referral) with the exception of Physical 4% and Accommodation needs where 10% did not receive an intervention when a current need had been identified.
- 1.13 During July-December 2014, 41% of the children and young people referred had also been previously known to Mental Health services (this includes referrals with no further action), 3% were previously known to Substance Misuse services, 3% to Learning Disability services, 0% to Autism services, 0% to Speech and Language Services and 0% to Social Services.
- 1.14 12% of the individuals referred were currently known to Mental Health services (this includes referrals with no further action), 12% were previously known to Substance Misuse services, 0% to Learning Disability services, 0% to Autism services, 0% to Speech and Language Services and 30% to Social Services.
- 1.15 A total of 803 contacts were made with other professionals in order to share information of which on average 1.3 contacts/sharing of information took place for each referral.
- 1.16 Future Developments:
- The scheme now needs prioritise the focus on the needs of children and young people and those individuals that present to the scheme voluntarily.
 - On-going training to police and provision of training and awareness to key partners is being considered.
 - Further work to obtain service user feedback on their experience and satisfaction of the service provided through this initiative is being progressed and work to strengthen links with the Mental Health Street Triage Team, CAMHS and voluntary sector to ensure that clear pathways exist between all services and between CWPT and the police.
 - The Liaison and Diversion Service has grown considerably since April 2014 and is well established and integrated within police, probation and youth offending services. It has assisted in developing our understanding of mental health for those who are suspected, charged or convicted of an offence in order to ensure the most appropriate treatment and outcome is achieved and significant improvements to information sharing and joint working of agencies to support the individuals with most need

3. Work with female offenders and their families to prevent reoffending

- 1.1 The Springboard initiative is the Community Rehabilitation Company's (CRC's) partnership with Fry Housing Trust to provide a bespoke intervention for women, which incorporates Surestart to address the priorities of empowering female offenders, reducing their reoffending whilst working with their children to assist with a more stable, supportive start for them.
- 1.2 Springboard carry out group sessions in community based venues such as Hillfields Community Hub and Tesco (Ricoh) Community Space. The location is extremely important to the women involved as they can see us in their community and that they see Springboard as part of their wider community also. Being community based empowers the women to access our services in an environment where they feel safe and comfortable. Additionally, the women often access other services and support that are also being run from the community venues. Since using the Hillfields Community Hub the number of women attending our group sessions has shown a dramatic increase, this proves that working in the communities has a positive impact on the women we work with and improves their support network.
- 1.3 Current and planned work with Springboard clients includes:-
 - **Women in Theatre** - W&T offer women the opportunity to express themselves in a variety of creative ways. The workshops they provide have presented many of our women with the opportunity to enhance their learning experiences building upon their emotional, social, physical and cognitive development. The effect their work has had on our women's self-confidence and ability to work successfully within teams is profound. W&T embrace all levels of talent regardless of ability.
 - **Power to Change** - Delivered by Valley House - The support groups are based on the Power to Change programme which was devised by Women's Aid. The Power to Change is an educational self-help programme that provides education and support to women in a group setting who have experienced domestic abuse. Many women who have experienced domestic abuse suffer with low self-esteem and loss of confidence, the Power to Change programme is based on the two key principles of building self-esteem and empowerment. The support group aims to:
 - Help the women to develop their awareness of DVA
 - Promote positive change in their lives
 - Prevent them from returning to DVA relationships
 - Understand the impact of DVA on their children
 - Build on confidence, self-esteem and empowerment
 - **Sorted Project** – This project supports women with financial assistance and debt advice, focussing on managing your bills at home.
 - **CRISIS Skylight** - Offer a variety of programmes to improve the women's skills in a range of areas including: IT, DIY and repairs around the home, as well as this they will be doing cooking and arts and crafts groups. Many of the women that have accessed support via Springboard have gone on to access CRISIS Skylight timetable which offers a range of courses at various locations across the city, including sustaining tenancies/accommodation, criminal convictions and disclosure and improving health, confidence and self-esteem.
 - **Changing Lives** - Changing Lives run group sessions for Springboard clients, focussing on self- esteem and confidence building.
 - **1st Aid Training** - First Aid training delivered by The British Red Cross to support women with skills in basic first aid and preservation of life.

- **Planned 121 Support and drop in sessions weekly**-Much of our support is carried out on a 121 basis this can be pre-planned appointments at either of our community centres and home visits. We also offer a weekly drop in for women to attend without an appointment.
- 1.4 Since the scheme started in July 2012 it has had 109 women referred in total. To date 86 have been provided with a support package and of which over 40 have been also been supported through Social Care interventions.
- 1.5 Due to its success, Springboard is considered a reputable and robust sentencing option to the courts and by the very least is always considered as an option for female offenders in Coventry.

Case Study

C was referred to Springboard in April 2014. She has 4 children who live with her. C has suffered Domestic Violence previously and spent some time living in a women's refuge with them.

As C started Springboard the family moved into rented accommodation and used this as a fresh start with which to change her lifestyle and social circle. She had realised that her friendships were not always genuine as they often asked for money and to stay at her house. In doing so her life became less stressful and she was able to manage her money more effectively and she had more time for her children.

With this new positive outlook on life and her future she engaged really well with Springboard attending group and one to one sessions with her children. During these sessions she recognised how happy her children became through play and the importance of this in their lives. This had been difficult for her previously as two of her 4 children are much older and so it is challenging for her to divide her time and arranging suitable activities that cater for all her children's ages.

C learnt to interact with her children through play which helped with parenting back in the family home. C really benefited from the sessions herself and enjoyed meeting with the other Mums also attending.

As C came to the end of her sessions with Springboard she had a clear vision about what she wanted to gain in the future and how she wanted to achieve this including some voluntary work when her youngest child starts nursery. She has a particular passion to help women who are in or have experienced Domestic Violence & Abuse relationships and so Springboard are supporting this to take up volunteering with a provider of such services.

4. Youth Offending out of court disposals, early intervention, substance misuse for young people and parenting services

- 1.1 Out of Court Disposals (OOCs) are a range of pre court interventions that were introduced by The Legal Aid Sentencing and Punishment of Offenders Act in April 2013. There are three statutory options which are, on the first occasion, Police only decisions. Subsequent disposals are agreed with CYOS. The options are Community Resolution which is a Police only decision for low gravity offences, Youth Cautions and Youth Conditional Cautions (offences with a final gravity score of 2 or 3).
- 1.2 The Coventry Youth Offending Service (CYOS) delivers interventions for Enhanced Community Resolution (ECR) with support from our local Police and Crime Board. An ECR is a local good practice disposal which means that young people are assessed and receive an intervention from CYOS. This includes a health screening and mental health assessment (if appropriate), substance and alcohol misuse assessment, causal links specific to offending which includes parenting assessments and their victim is contacted and offered restorative services. This is an early intervention which routinely means the young person does not receive a criminal record but relevant services can be accessed to prevent further offending and to meet identified welfare needs. Working with this cohort of young people has identified mental health needs both in the young people and their parents, triggered child protection referrals and identified domestic violence and abuse issues. It is a service that would not be offered without PCC Board support.
- 1.3 In the first 12 months April 2013 to March 2014 a total of 107 OOCs were delivered. This was 60 in the first six months (April to September) and 47 in the second six months October to March.
- 1.4 In the first six months of 2014 (April to September) there have been 79 OOCs, an increase of 19 cases or 32% compared to the same period of 2013.
- 1.5 Looking at the 9 month period April to December 2014 there were 114 OOCs compared to 81 in the same period of 2013. This is an increase of 33 cases or 41%. Given this continued increase it is anticipated that the number for twelve months will be about 150.
- 1.6 The number of out of court disposals in that 9 month period is broken down as follows.
 - Enhanced Community Resolution (ECR) x 80
 - Youth Cautions (YC) x 19
 - Youth Conditional Cautions (YCC) x 5
 - Joint Decisions (JD) x 10
- 1.7 Parenting activities are also provided by YOS using this funding and is delivered by 2 support officers for all out of court cases. This includes a parenting assessment, and interventions are determined by need identified in the assessment. The types of interventions include referrals to Social Care, Youth Service Vulnerable person team, Triple P parenting Programmes, one to one work on boundaries and relationships, addressing anti-social behaviour and support for parents with mental health issues.
- 1.8 The partnership funding has also contributed to having a dedicated worker from COMPASS working in YOS one day per week, to undertake substance use assessments for any young person who scores 2 or more on an overall assessment. Following assessment, interventions are provided including treatment services. Provision of a Compass worker, ensures that YOS staff can arrange assessment slots in line with the young person's statutory appointments and therefore significantly increases the likelihood of attendance. The case worker can support/introduce the young person, and prevents the need for them to go to another service

site to be seen. The Compass worker also contributes to training YOS staff, and provides support to any member of YOS staff working with a family where there are substance issues.

Case study 1:

A is a 16 year old boy currently on an out of court disposal due to damage he caused within the family home. He was referred to the health specialist for a health assessment and initially engaged well and began to disclose what he described as strange thoughts that he was experiencing. Further officer exploration of this discovered that he had become increasingly more paranoid feeling that he was being controlled by people through both his laptop and phone and this was confirmed by his mother who advised that her son had become increasingly agitated at home. A described how over recent months given distress within his family relationships he has increasingly used cannabis alongside peers.

The health specialist with A's consent undertook a subsequent joint session him and his mother to obtain an in-depth developmental history which through this process established a significant mental health history within the family. A further joint assessment with psychiatric services took place to determine medication required that would compliment Cognitive Behaviour Therapy. A joint support plan to include this and substance misuse was agreed with all agencies involved with A which over subsequent weeks has shown an improvement in his thinking and behaviour and he is now looking to reunify his relationship with his father

Case Study 2 – demonstrating complexity of cases

J is a 17 year old female who is also subject to an Out of Court Disposal. During a routine health screening appointment she disclosed a long-standing history of misusing various illicit substances and admitted to current, frequent heroin use. Already open to COMPASS, J had met with her Substance Misuse Worker two days prior and denied any current drug use.

During the health screening, it became apparent that there were also outstanding issues relating to J's mental and emotional wellbeing and so the opportunity was taken to conduct a more thorough mental health assessment there and then, with J's consent. A traumatic event in the previous year had triggered deterioration in J's mental state and she was displaying objective symptoms of depression. There was a previous referral to adult mental health services which she was pending an appointment for an initial assessment with them. A clinical nurse specialist remained engaged with her in the interim. However during that time J's drug use increased, her mental state deteriorated further and her engagement with professional services reduced significantly. J was also known to social services as a "Child in Need" due to issues of domestic violence at home. The clinical nurse continued to attend professional meetings, shared information, supported family in a collaborative approach with J's COMPASS worker and continued to reschedule missed appointments with J despite her reluctance. This then led to conducting outreach appointments and has included accompanying her to health appointments, following-up referrals on her behalf, visiting her at neutral locations within the community and making frequent 'safe and well' contact in various ways.

J is a socially isolated young woman with unmet health needs. She has limited support – both personally and professionally – and is at risk of harm in the sense that she is vulnerable to being exploited by others, due to her drug-taking behaviour. Additionally, she has a history of suicidal ideation and along with her risk-taking behaviour; she is at risk of accidental harm.

J's mood and mental state continues to be monitored and assessed currently by the Clinical Nurse Specialist, in conjunction with the COMPASS worker, until such a time that adult mental health services can provide the initial assessment that J is still awaiting.

Case Study 3: Health Specialist role in detecting undiagnosed mental health issues in parents of young offenders (hidden harms)

G is a 12 year old boy also currently on an Out of Court Disposal and was initially referred to the Health Specialist due to concerns regarding obesity and increasing behavioural difficulties at school. As a result of the initial assessment and liaison with an allocated social worker, it was as he and his siblings were also subject to child protection plan. Of great concern from social care was the non-compliance of parents to the plan and the parents' hostility towards social care staff, especially when home visits were undertaken.

From the Health Specialist's perspective, although there were concerns in relation to G, the main concern was the impact of the previously undetected mental health difficulties to the mother's persona and engagement. Following a joint home visit with the YOS case manager, it became apparent the priority was the need to address this, in order to progress any meaningful intervention. As well as meeting with G, the Health Specialist has undertaken individual meeting with mother to understand her personal mental health issues. With consent, a referral has now been submitted to adult mental health services (via SPE) and she is now receiving specialist adult mental health support.

5. Victim Support services for victims of serious crimes and harms

- 1.1 Additional funding was provided by the Police & Crime Commissioner with which to enable local victim support services to build capacity in their organisation with which to support increasing numbers of victims.
- 1.2 With the support of Voluntary Action Council the Partnership Board were able to identify local victim services that support our most vulnerable victims and survivors domestic and sexual violence.
- 1.3 The local services undertook extensive work to achieve the additional capacity required. A summary of this can be found on Appendix 3:

VICTIMS SERVICES CAPACITY FUND

Coventry 2014/2015



west midlands
police and crime
commissioner

Coventry Police & Crime Board was allocated just over £75,000 by the West Midlands Police & Crime Commissioner as a victim services capacity fund. The funding was provided to local Boards in order that they could work locally with their victim support services in order to build capacity and capability in the voluntary sector to deliver services to victims of crime.

Coventry City Council received the funding on behalf of the Board and Voluntary Action Coventry (VAC) put in place an application process with a panel drawn from the Board. The funding was allocated by the Board to five voluntary sector projects from CRASAC, Coventry Haven, Kairos WWT, Coventry Law Centre and Valley House, with a small residual amount to be used for hate crime training together with a project showcasing event on 11 November and this summary leaflet.

This leaflet therefore gives a brief introduction to the five projects and their host organisations. On the back page we've also included some other information on other services and initiatives including contact details for the hate crime training. VAC runs a quarterly Community Safety Forum to link our voluntary and community groups with the voluntary and community sector representatives (including VAC) on the Coventry Police & Crime Board. To join the mailing for these, please e-mail Rob Allison at VAC at r.allison@vacocoventry.org.uk

kairos^w
women working together

Kairos Women Working Together (WWT) is a charity based in the Hillfields area of Coventry, and we believe in the value and dignity of all women. We aim to support, empower, and give a voice to women at risk of or subject to sexual exploitation, including those caught up in sex work, and those aspiring to leave it. We provide safe spaces, a listening ear and opportunities for change and growth.

Through previous pilot projects and feedback from existing service users, we identified a need for a service for 18-24 year old women, aimed at reducing the risk of sexual exploitation.

The money from the Victims Services Capacity Fund has enabled us to do further research into this and identify options for addressing the need. We have run several pilots aimed at women aged 18-24 years old, who are vulnerable to sexual exploitation, or who have been

victims of it. These have included a women's group - aimed at reducing social isolation, offering peer support, skill development and workshops on protective behaviours; workshops to the service users of other agencies; one-to-one work, and drop in sessions. We have also attended the Henley College fresher's fair, where we handed out safety packs to the students and the Coventry Sports Foundation week where we distributed literature on sexual exploitation.

In addition to the direct work with service users, we have worked in partnership and networked with other agencies, which has opened up referral pathways. We have also developed a resource containing workshop materials and resources to prevent sexual exploitation aimed at enabling facilitators to deliver sessions in their organisations to 18-24 year olds.

Finally, this piece of work has served as a pilot to inform how we will develop our future prevention service.



Coventry Law Centre



Coventry Law Centre provides free legal advice to 6,000 people each year. We're community-based solicitors - serving the community and helping the most vulnerable and marginalised people in Coventry.

The UK's largest law centre, we employ 36 staff, including ten solicitors. We hold the Specialist Quality Mark in:

- Discrimination
- Debt
- Employment
- Family
- Welfare benefits
- Health and community care
- Housing
- Immigration and asylum
- Public law

The issue

Recent cuts to legal aid severely restrict free legal advice for family law and immigration cases and we've seen a significant drop off in the numbers we can help - with many people believing free advice is no longer available.

Our response

Safeplace - a dedicated domestic service so victims can access free legal advice: empowering them to use this knowledge to regain control in their lives. The combination of legal expertise we offer is unique within Coventry and our 'one-stop service' means victims don't have to repeat their story several times.

Our Victims Services Capacity Fund Grant is helping us promote this and we've built new links with other DVA organisations, delivered training to specialist groups and health professionals, and extended our services into local community settings.

We're developing publicity materials and a new secure microsite to provide victims (and professionals) with information about our service. We're also, uniquely, developing a secure space within the site for each service user and their permitted professionals to access correspondence and talk confidentially with a solicitor, eliminating any fear that a perpetrator may trace evidence of contact with us.

Can you help?

We now want to recruit a team of volunteers who we'll train to help us reach victims and build their confidence to seek our help. If you're interested please contact Ravinder Bains on 024 7625 2681 or email Ravinder.bains@covlaw.org.uk

Too much to cope with alone?

Who to trust and confide in?

Nobody to talk to?

Nowhere to turn?

Who will ever understand my situation?

Valley House Power to Change



Established by local volunteers in 1977, and based in North East Coventry, Valley House supports over 2,000 disadvantaged, disenfranchised and

hard-to-reach individuals each year and provides a range of integrated, holistic and person centred services including support for victims of domestic violence and abuse.

Power to Change (developed by Women's Aid) focuses on building self-esteem and empowerment through two programmes - self-help and self-esteem. The self help programme covers: basic rights, definition of abuse, families/children, boundaries, assertiveness skills/techniques, practicing assertiveness/risk assessing, coping with emotions, healthy relationships.

The self esteem programme covers: defining and understanding self esteem, right/needs, legal options,

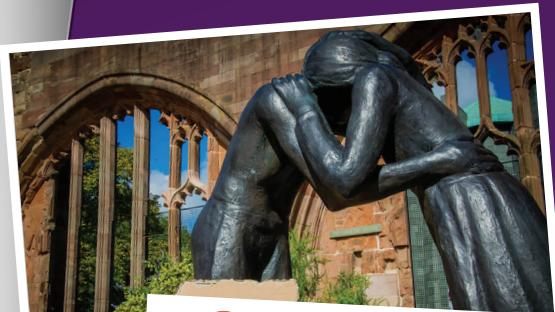
self evaluation of personal needs, needs within a relationship, education and socialization of women, why is it so hard to leave, endings and new beginnings. Each programme runs for six weeks and consists of one two hour support group per week.

The aims of the support group are to:

- Develop awareness regarding domestic abuse
- Understand the impact of domestic abuse on children
- Promote positive change
- Prevention from returning to abusive relationships
- Build on confidence, self-esteem and empowerment

Support from the Victims Services Capacity Fund has enabled Valley House to successfully deliver both self-help and self-esteem programmes for Valley House service users. A self-help programme for BAMER service users, delivered in partnership with Panahghar, is also planned and Valley House is actively developing opportunities to further enhance the current Power to Change programme and develop other support programmes and groups with partners including Coventry City Council and Coventry University.

Page 30
Evaluation has confirmed that 80% of women felt 'significantly better' after attending the programme and that 100% would recommend the course to others'.



CRASAC
COVENTRY RAPE AND SEXUAL ABUSE CENTRE

CRASAC has been established for over 30 years, providing free services to women and girls, men and boys in Coventry, aged 5 years and above who are victims or survivors of sexual violence and abuse either now or in the past.

We provide:

- Helpline
- Counselling (including therapy groups for adults and children and Life skills- psycho-educational programmes)
- Crisis and advocacy (ISVA) for those at the point of crisis or who choose to go through the criminal justice system
- Outreach services
- Training and awareness raising
- Prevention support

We address the well-being, health and mental health effects of sexual violence and abuse in a safe environment. CRASAC supports over 6,000 victims and survivors of rape and abuse through all of our services and the volume increases every year.

The city of Coventry did not have a counselling service for men who are victims or survivors of rape and abuse and CRASAC needed infrastructure support to launch this project and fill the gap in services. In addition, over time CRASAC's waiting list for female counselling had lengthened to over 6 months and we had decided to implement a Volunteer Counselling Project to increase the number of face to face counselling hours and so reduce waiting times.

The Victims Services Capacity Fund has allowed us to upgrade our telephone systems and purchase IT equipment that is essential for us to deliver these services to clients, it will allow us to take clients off our waiting list and provide a much-needed counselling service to men in Coventry.

CRASAC
COVENTRY RAPE AND SEXUAL ABUSE CENTRE

'We believe you'

Support for **any** victim or survivor of sexual violence or abuse & their supporters

Helpline: (024) 7627 7777
Mon-Fri 10am-2pm, Mon & Thurs 6pm-8pm
24 hour answerphone

Email: helpline@crasac.org.uk or Txt: 07936 816 130
For more information visit: www.crasac.org.uk

You can also find us on...
Facebook: CRASAC Twitter: @CRASAC

Coventry Haven

Coventry Haven Women's Aid has been supporting women and children affected by domestic violence and abuse for over 42 years. We are an Independent Women's service who believe that all women and children have the right to live free from violence, abuse and fear.

We provide:

- Helpline advice and support
- Community-based and central drop-in services
- Safe, confidential emergency accommodation through 3 refuges
- Outreach support in the community (supported by volunteers who speak a range of community languages)
- Help with criminal and civil legal proceedings
- VEV – photographic evidence recording of injuries
- Counselling
- Training for professionals
- Awareness Raising work

We are part of a national network of specialist refuge services and work in close partnership with key agencies to ensure the best outcomes for women and their children. Our one-to-one, tailored support services deliver not just crisis intervention but long-term, positive outcomes for women and their children by addressing all of their needs including safety, poverty, debt, homelessness, housing, legal issues, health and wellbeing.

The Victims Services Capacity Fund has enabled our agency to improve our I.T structures and will transform the way we case manage, supporting the work of our new IDVA service and our ability to respond to a notable increase in the number of new referrals in to our services over the last quarter.





Hate Crime Training

The Victims Services Capacity Fund is funding some new training for volunteers representing community and voluntary sector organisations who would like to become hate crime reporting centres. In turn they will cascade the training to colleagues in their respective and partner organisations.

If you are interested in the training, and / or in becoming a hate crime reporting centre, please contact Alison Quigley on 024 7683 2131 or Alison.quigley@coventry.gov.uk

CRASAC Services

CRASAC provides a range of services to victims and survivors of Sexual Violence from the age of 5 including an advocacy support – Independent Sexual Violence Advisor (ISVA) Service. We have a team of 5 full time ISVAs who support over 500 women, men and children from the age of 5 years old.

If you would like to refer someone to CRASAC or you would like more information on our services, please call our helpline on 024 7627 7777 (Mon-Fri 10am- 2pm, Mon & Thurs 6pm-8pm. 24 hour answerphone) or email helpline@crasac.org.uk or text us on 07936 816 130.

16 Days of Activism Against Gender Violence

25 November – 10 December in the Chapel of Christ the Servant at Coventry Cathedral.

Please contact Di Sliwinski at disliwinski@dsl.pipex.com if your group or agency would like to include a display.

Terrence Higgins Trust SWISH Coventry and Warwickshire

THT SWISH offer an established, specialist confidential Independent Sexual Violence Advisor (ISVA) service for women, men and transgender sex workers in Coventry and Warwickshire.

Our specialist ISVA supports those involved in sex work or who are exchanging sex for favours & members of the LGBTQ Communities who have been a victim of rape or sexual assault. Our ISVA can help address their needs and support them through the criminal justice system, if this is the route they wish to take including accessing the Coventry & Warwickshire SARC. The specialist ISVA also co-ordinates The National Ugly Mugs Scheme in Coventry and Warwickshire.

This scheme enables sex workers to report crimes committed against them and also to nationally alert other sex workers of potential dangerous individuals. For more information contact Katrina on 024 7622 9292.



VICTIMS SERVICES CAPACITY FUND

