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Evidence and Practice Review of support for victims and outcome measurement

**Meg Callanan, Ashley Brown, Caroline Turley,
Tom Kenny and Professor Julian Roberts**
NatCen Social Research

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Summary

Introduction

There has been an increased focus on outcome measurement and outcome-focused commissioning across public services, reflected in the payment by results pilot programme to reduce re-offending in adult prisoners (Ministry of Justice, 2010) and the NHS Outcomes Framework (Department of Health, 2011). The Government has stated its intention to develop an outcome-focused commissioning framework specifically for victim services, with the aim of supporting victims to achieve two outcomes: to cope with the immediate impacts of a crime and to recover from the harm they have experienced. This is intended to increase the accountability of service providers and service commissioners to victims and the wider public (Ministry of Justice, 2012b).

To support this, an Evidence and Practice Review was conducted by NatCen Social Research, in collaboration with Professor Julian Roberts (University of Oxford). The overarching aims of the research were to review the existing evidence and practice surrounding victims' support needs, outcome measurement and quality assurance in the victim support sector, to assess:

- the support needs of victims;
- the effectiveness of interventions to support victims;
- how to develop victim outcome measures or indicators;
- how to measure victim outcomes; and
- how to measure and assess quality in support service provision.

Methods

The review had four components:

- A literature review of current research evidence in relation to victim needs and outcome measurement.
- Ten in-depth interviews with leading academics and experts in the victim sector.
- Eight case studies of third sector victim support service providers, involving an in-depth interview with a senior member of staff, and a focus group with frontline practitioners.
- A findings workshop attended by 12 victim support service providers.

Key findings

Identifying victims' needs

Victims' support needs are wide ranging and dynamic. Six broad categories of need were identified from the literature and by review participants:¹

- information;
- safety and protection from re-victimisation;
- practical support;
- emotional support;
- support navigating the Criminal Justice System (CJS); and
- respect and fair treatment.

The review also identified needs associated with particular types of crime or victim characteristics, indicating the need for service providers to tailor their services to the individual.

Effective assessment is critical to meeting the needs of crime victims, and service providers used a range of tools in order to assess the needs of victims. Standardised tools were valued by some providers because they were seen to be robust and evidence-based. Bespoke tools were used where they were felt to better reflect the needs of a particular client group, and were developed by adapting existing tools or generated from the expertise of the organisation concerned.

There is currently a lack of evidence about the effectiveness of the different needs assessment tools used by victim support services. However, five factors were identified as impacting on the effectiveness of needs assessment:

- the **expertise and knowledge** of the practitioner;
- assessment processes that were **victim-led and responsive** to individual circumstances;
- **appropriate timing** to ensure that immediate needs in the aftermath of a crime as well as longer-term needs were captured;
- balancing the need for a comprehensive needs assessment with **minimising burden** on the victim, both in terms of time required and the emotional impact of the process; and

¹ This term refers to academics/expert stakeholders, case study service providers and workshop attendees.

- ensuring a **good fit between the assessment tool and the needs of different groups**.

The review found a lack of robust evidence about the effectiveness of support interventions; therefore it is not possible to say whether the interventions being used by support providers are successful in meeting victims' needs. Further research in this area is needed.

Identifying and measuring outcomes

The review identified five broad outcome areas that service providers aimed to achieve:

1. improved health and wellbeing
2. increased safety and perceptions of safety
3. re-integration
4. feeling informed
5. improved experience of the CJS.

Outcome measurement was felt to contribute to service development by: providing a way of tracking progress and outcomes for individual service users; enabling services to monitor their effectiveness and improve service delivery; and by helping to evidence impact to funders and the wider community.

Four approaches to measuring victim outcomes were identified:

- **Victim-reported outcomes:** Self-report psychometric scales and service user questionnaires were used to capture victim-reported outcomes.
- **Staff-reported outcomes:** This approach relied on the expertise and knowledge of practitioners to capture and record their assessment of outcomes for the victims they supported.
- **'Hard' outcome measures:** These measures were considered easily observable and therefore less likely to be affected by subjective viewpoints. Examples include whether or not a victim receives financial compensation, returns to work, or suffers any further victimisation.
- **Qualitative outcome measures:** Outcomes that are less tangible and more qualitative in nature can be captured through methods such as focus groups and reported via illustrative case studies. Examples of qualitative outcomes include changes in attitude, improved coping mechanisms, and steps towards reintegration such as increased social interaction.

Outcome measurement in victim support services raised a number of issues for service providers, including:

- **Audience:** An effective outcome monitoring approach should identify at the outset which audience(s) the data are intended for. Consideration should be given to how the audience will affect what outcomes are monitored, how data are collected, and how they are used.
- **Tailoring outcome measurement to service aims and objectives:** Dialogue between service commissioners and providers is vital to ensure that outcomes built into contracts are appropriate for the service.
- **Capacity and infrastructure:** Outcome monitoring approaches should be in proportion to the size of the service and its resources. Training in outcome measurement for service commissioners and providers is essential for successful outcome monitoring.
- **Capturing change over time:** Capturing baseline data and long-term follow-up presents practical and ethical challenges. It is crucial to measure qualitative outcomes and distance travelled, to ensure that the work of services supporting victims is not underestimated.

Quality assurance

The extent to which service providers will achieve or improve outcomes for victims will be affected by the quality of the service provided. Indicators of quality in service provision that were identified fell into five broad areas:

1. governance and management
2. staff/volunteer recruitment, training and support
3. victim-focused delivery
4. partnership working
5. monitoring and evaluation.

Service providers described three broad approaches to quality assurance:

- **Standardised quality frameworks for organisations:** Frameworks used by service providers included Practical Quality Assurance System for Small Organisations (PQASSO), Supporting People, Investors in People, Investors in Diversity and ISO9001. Some organisations used more than one framework in order to address the specific needs and activities of their service.
- **Standardised quality frameworks for individuals:** Accreditation was sometimes at the individual level to regulatory bodies such as the British

Psychological Society (BPS), British Association for Counselling and Psychotherapy (BACP) and Health Professions Council (HPC). This was used to demonstrate quality in individual practice, and to gain access to the support that accreditation to these bodies provides.

- **Bespoke, in-house frameworks:** Some service providers had developed their own in-house frameworks as they felt formalised frameworks were too generic or inappropriate for their clients.

Some service providers felt there was a need for a quality framework tailored specifically to the victim support sector, to ensure that support organisations were aiming for similar standards of delivery. Other providers thought that supplying guidance on approved quality frameworks would be a good compromise.

Conclusion

The finding that the needs of victims are complex, dynamic and wide ranging, as well as the diversity of the sector, have implications for adopting an outcome-focused approach in that the outcomes selected and approaches to measurement must accommodate this diversity.

Current practice in outcome measurement varied considerably across the organisations that took part in the review. Some providers had invested a lot of time and resources in developing and implementing outcome-focused approaches, while others were in the early planning stages, or had not considered this in detail. This has implications for the ease with which some service providers will be able to measure outcomes in the future.

Implications

The review identified a number of factors affecting measurement of outcomes that have implications for outcome-focused commissioning:

- **Identifying appropriate outcomes** for the service in question is vital. Selecting unrealistic or inappropriate outcomes risk setting a service up to fail. Collaboration and dialogue between service commissioners and providers is needed to ensure appropriate measures are identified.
- **Capacity and infrastructure:** It is critical that the outcome measurement approach adopted by a service and/or written into service commissioners' specifications is proportionate to the size and capacity of the organisation involved. Requirements for significant outcome measurement should be factored into funding arrangements.

- **Training in outcome-focused approaches:** Outcome measurement poses challenges that require both providers and commissioners to grasp a range of research and evaluation techniques. Service providers emphasised that training and support was needed to ensure an understanding of the issues involved.
- **Recognising limitations** of outcome measurement approaches, such as attributing causality, capturing change over time, and validity challenges, mean that while outcomes data are valuable, they are not sufficient on their own to measure service performance. It is important that there are other ways in which providers can demonstrate quality in service delivery, but limited funding and resources were barriers to implementing quality systems, particularly for smaller organisations.
- The findings of the review suggest that there may be a need to increase capacity in outcome measurement for services supporting victims. Consequently, a resource has been developed to provide support and information to service providers, commissioners and stakeholders in adopting an outcome-focused approach. The resource performs three practical functions: it discusses the key issues to take into consideration when designing such an approach; presents case studies of current practice; and signposts to additional sources of support. Factors that were taken into consideration when developing the resource included:
 - **No ‘one size fits all’:** The resource reflects the diversity of the sector and recognises that outcome measurement approaches will vary across providers.
 - **The need to build on existing evidence and guidance:** The increasing focus on outcome measurement across a range of policy areas means valuable lessons can be learnt from other sectors.
 - **Audience:** A range of stakeholders are involved in identifying and monitoring outcomes. While service providers are a key audience, the resource will be useful to other stakeholders, including service commissioners.
 - **Content:** Drawing on the evidence from this review, the resource explores issues relating to outcome measurement from design through to dissemination of findings.

1. Introduction

1.1 Policy background

Current provision of services for victims of crime is complex; there are a wide range of statutory and voluntary organisations responsible for providing different types of support to victims and witnesses of crime. Recent decades have seen significant growth in third sector provision of support for victims of crime and the Government has played an important role in funding this, with current funding estimated to be at least £151 million per year (Ministry of Justice, 2012a). Victim Support, one of the largest providers of support to victims of crime, received £38 million in 2011/12, and 184 third sector organisations were supported through three funds² set up by the Ministry of Justice (MoJ) in 2011. In this context, and at a time of austerity, it is crucial that resources are allocated where they will be most effective.

The MoJ consultation, *Getting it Right for Victims and Witnesses* (Ministry of Justice, 2012a), highlighted the need for a more coherent approach to Government funding of victim services. Victims can have a wide range of emotional and practical needs following an offence and at various stages of the criminal justice process, yet research indicates that the majority of victims (80%)³ do not want support from the state or other sources (Ministry of Justice, publication forthcoming). The consultation emphasised the importance of focusing support on those who need it most, such as victims of serious crimes (including sexual violence or terrorism), victims considered particularly vulnerable, and repeat victims. It also proposed moving towards local commissioning, to ensure that local services are able to meet the different and changing needs of their community.

Recent years have seen an increased focus on outcome measurement and outcome-focused commissioning across public services, reflected in the payment by results pilot programme to reduce re-offending in adult prisoners (Ministry of Justice, 2010) and the NHS Outcomes Framework (Department of Health, 2011). In response to the victims and witnesses consultation, the Government has set out its intention to develop an outcome-focused commissioning framework specifically for victim services, with the aim of supporting

² The General Fund, for organisations offering frontline support to victims and witnesses; the Homicide Fund, for organisations offering support to those bereaved by murder or manslaughter; and the Rape Support Fund, for organisations supporting victims of rape or sexual violence.

³ This figure is from the 2008/09 British Crime Survey (BCS). The BCS is now known as the Crime Survey for England and Wales to better reflect its geographical coverage. While the survey did previously cover the whole of Great Britain it ceased to include Scotland in its sample in the late 1980s. The Crime Survey for England and Wales is a face-to-face victimisation survey in which people residing in England and Wales are asked about their experiences of a range of household and personal crimes. It excludes a number of types of crime, such as fraud, crimes against commercial premises, and homicide. The data presented here exclude children under 16 and victims of sexual violence.

victims to achieve two outcomes: to cope with the immediate impacts of a crime and to recover from the harm they have experienced (Ministry of Justice, 2012b).

1.2 Aims and objectives

It is within this context that NatCen Social Research, in collaboration with Professor Julian Roberts (University of Oxford), carried out a review of existing evidence and current practice surrounding victims' support needs, outcome measurement and quality assurance in the victim support sector to assess:

- the support needs of victims;
- the effectiveness of interventions to support victims;
- how to develop victim outcome measures or indicators;
- how to measure victim outcomes; and
- how to measure and assess quality in support service provision.

1.3 Study design

To meet these aims, this project, an 'Evidence and Practice Review', had four components: a review of existing evidence; interviews with academic experts; qualitative case studies with support service providers; and a findings workshop attended by support service providers. The key features of each component are outlined below.

Literature review

The literature review focused on victim needs and outcome measurement. The review encompassed published and web-based materials over the period 1995 to 2011 including government reports, journal articles, book chapters and research monographs. Indicators of quality such as robust sampling, peer review and number of citations were taken into account to ensure a focus on the most relevant and rigorous literature⁴. The diverse and heterogeneous nature of publications in the field of victims and support service provision did not allow for a systematic review.⁵

⁴ Further details of the literature review are provided in Appendix A1.

⁵ A systematic review "identifies and synthesises all relevant research on a research topic. Often a systematic review appraises one hypothesis or links together a series of related hypotheses" (Ebeling and Gibbs, 2008).

Academic/expert interviews

Ten in-depth interviews were carried out with leading academics and experts in the victim field. Participants were selected to ensure diversity of expertise, including victimisation by different crime types and international perspectives. Eight of these interviews were carried out over the phone, and two were face-to-face. In addition, ten email inquiries were made to leading researchers in four other common law jurisdictions – Australia, New Zealand, Canada and the United States.

Qualitative case studies

This component of the research involved eight case studies of third sector victim support service providers. The aim was to elicit rich, detailed data from frontline agencies about victims' needs and the ways in which they were identified, as well as approaches to outcome measurement and quality assurance used by service providers.

Support service providers were purposively sampled⁶ from those that received funding in 2011 from three MoJ funding streams for victims' services: the General Fund, the Homicide Fund and the Rape Support Fund. Cases were selected to ensure diversity of the type of victim supported; the size of the organisation and whether it had a national or local remit; the nature and extent of monitoring and evaluation; and geographic region.⁷

Each case study comprised an in-depth interview with a senior member of strategic staff, and a focus group with between four and eight frontline practitioners. Additional in-depth interviews and focus groups were carried out for some of the case studies, due to the size and remit of the organisations. Ten in-depth interviews and nine focus groups were carried out in total. Each site was also asked to complete a questionnaire, to provide important contextual information about tools used in relation to needs assessment, outcome measurement and quality assurance.

Conduct and analysis

The academic/expert interviews took place between November 2011 and January 2012 and lasted between 30 and 90 minutes each. The case studies took place between December 2011 and February 2012, with interviews lasting between 30 and 105 minutes and the focus groups between 60 and 120 minutes.

⁶ Sampling in this way involves selection based on dimensions that reflect key differences in the study population that are relevant to the study's objectives (Ritchie and Lewis, 2003).

⁷ Further detail about the case study sampling is provided in Appendix A2.

All research encounters were based on topic guides, digitally recorded and transcribed verbatim. Transcripts and the case study questionnaires were analysed using the Framework approach (Ritchie and Lewis, 2003).⁸

The findings in this report give a good sense of the range and diversity of views and experiences among those interviewed. However, as this is a qualitative study, the prevalence of particular views and experiences cannot be estimated.

Findings workshop

The final phase of the research was a findings workshop. It was attended by 13 victim support service providers from 12 different organisations, including some that had taken part in the case studies.⁹ Participants were selected using the same criteria as for the case studies to ensure diversity in the types of organisations attending. Preliminary findings were presented for feedback and discussion, and followed by three breakout group discussions focusing on key issues arising from the case studies:

- monitoring long-term outcomes and the use of victim-reported outcomes;
- the use of outcome data to inform policy and practice; and
- the use of quality assurance frameworks and preferred quality indicators.

The data collected at this event were used to further develop and refine the review findings. The workshop took place in March 2012 and lasted approximately four hours.

Methodological challenges

While the research approach adopted for this review aimed to be as robust as possible, it is important to highlight the challenges faced and potential limitations of the findings.

- **Scope of the review:** Fifteen support services were involved in the review (either as case studies or as workshop attendees) and were selected to ensure diversity across support provision as far as possible. However, given the large number of victim support services¹⁰ and variation in their size and scope, it is unlikely that the case studies and workshop attendees fully reflected the diversity of practice among victim support service providers. Also, the scope of the review did not extend to speaking to victims directly. While this is a potential limitation of the research, some of the evidence arising from the literature review resulted from

⁸ See Appendix A5 for further detail.

⁹ See Appendix A3 for achieved sample.

¹⁰ Over 250 victim support organisations applied for MoJ funding for 2011/12 (MoJ, 2012a).

direct contact with victims, and the practitioners interviewed worked directly with victims and assessed their needs on a daily basis.

- **Development of monitoring approaches:** Some support services involved in the review were only at the early stages of developing outcome-focused approaches to service delivery, which limited the extent to which they could discuss current practice in this area.
- **Commercial sensitivity of monitoring tools:** Third sector victim support service providers work within a competitive tendering environment. This, compounded by the current economic climate, meant that some were reluctant to share information about monitoring tools that they had invested significant time and money to develop.

1.4 Report coverage

The overarching aim of the research was to review the existing evidence and practice surrounding victims' support needs, outcome measurement and quality assurance in the victim support sector. The findings are presented as follows:

- Chapter 2: Identifying victims' needs
- Chapter 3: Identifying and measuring outcomes
- Chapter 4: Quality assurance
- Chapter 5: Conclusions and implications

2. Identifying victims' needs

Victims can have a wide range of emotional and practical needs following an offence and at various stages of their contact with the criminal justice system (CJS). This chapter explores victims' needs and how support services go about identifying these needs, drawing on findings from the literature review, academic consultation and qualitative case studies of service providers.

2.1 The needs of victims

The needs of victims of crime, and how to classify them, have been the subject of much discussion in research and literature spanning a number of decades (Walklate, 2007; Maguire, 1985). It is now acknowledged that victims' needs are wide ranging, dynamic and influenced by a complex range of factors (Dunn, 2007; Williams, 1999). This was echoed by review participants,¹¹ and as a result they were reluctant to make generalisations about victims' needs. Despite this, review participants felt that there were broad categories of needs that were largely shared across victims. Particular categories of victim were also thought to have some specific needs in common. However, there is limited evidence on the needs of victims who do not report the crime to the police or others and are therefore not known to statutory organisations or third sector agencies (Dunn 2007; Walklate, 2007; Davies et al, 1999). It is therefore difficult to assess how far the needs identified in the literature and by review participants reflect the needs of these 'hidden' and 'invisible' victims.

In addressing these complex issues, previous research has made a distinction between the match between victim need and support available – i.e. whether the support available is successfully targeting the victims most in need, and, second, whether once support has been accessed, it successfully meets the needs of the victims concerned. The following sections, which explore the range of needs identified in the review, reflect this complex picture. It is helpful to keep this distinction in mind.

¹¹ Throughout the report, this term is used to refer to academics/expert stakeholders, case studies and workshop attendees.

Cross-cutting categories of need

Six broad categories of need were identified from the literature and by review participants, and were felt to be largely experienced across different groups of victims.¹² These were:

- information;
- safety and protection from re-victimisation;
- practical needs;
- emotional needs;
- support navigating the CJS; and
- fair treatment, respect and acknowledging harm.

An overview of each of these categories is provided below.

Information

The literature has long identified the need for information as a priority for victims of crime (Ringham and Salisbury, 2004; Rock, 1998; Maguire, 1985). Review participants confirmed this, and highlighted the importance of victims receiving accessible, timely and accurate information about the support services available to them and in relation to the progress of their case through the CJS. Ensuring information was accurate was considered important in order to manage victims' expectations, and reduce the risk of disappointment about processes or outcomes. It was also considered crucial that information was tailored to the communication needs of the individual. Strategies for improving accessibility included using a combination of oral and written information (in a range of languages), and the use of clear, non-technical language. It was also considered important to strike a balance in terms of the amount of information provided; a perceived risk associated with providing too much information was that it may overwhelm victims and impair their understanding.

Safety and protection from re-victimisation

Safety and protection from re-victimisation has been identified in the literature as a primary concern for victims (Ringham and Salisbury, 2004; Maguire, 1985). Review participants discussed a range of practical measures designed to enhance feelings of safety among victims, such as enhanced home security for victims of burglary or hate crime (Mawby, 2001), and refuges for victims of domestic violence. These measures could also reduce the likelihood of repeat victimisation.

¹² This refers to victims of different crimes as well as different circumstances or demographics.

Practical needs

A wide range of practical needs were identified in the literature and by review participants.

They included:

- financial support for accessing compensation (including Criminal Injuries Compensation)¹³ or welfare;
- advocacy to participate in the CJS, or to access or communicate with a range of services and organisations such as local councils regarding housing issues or employers relating to time off work;
- healthcare, to meet physical or mental health needs;
- housing, to meet safety needs; and
- childcare, to enable victims with caring responsibilities to engage with service providers.

When the impacts of crime were particularly far-reaching, such as in the case of domestic or sexual violence, other practical needs surrounding employment, education or training were also identified as important in helping victims rebuild their lives.

Emotional needs

The emotional needs of victims were also identified in the literature and by review participants to be wide ranging and included lack of confidence, anxiety, depression and post-traumatic stress. Review participants thought that having someone to talk to and feeling listened to were important emotional needs for some victims, while some victims also required ongoing therapeutic or psychological support.

Support navigating the CJS

Where a crime had been reported to the police, support for victims in navigating the CJS was considered crucial in the literature and by review participants. Victims required support to participate in the CJS, for example when attending court, giving evidence and/or writing a Victim Personal Statement (VPS). Review participants also noted that victims had a need for general information about how the CJS works, as well as more specific information about the progress of their case as victims may not have understood the decisions taken by prosecutors to amend or drop charges, or the rationale behind a sentencing decision

¹³ Criminal Injuries Compensation can be awarded to people who have been physically or mentally injured or bereaved as a result of a violent crime. The Criminal Injuries Compensation Authority offers a free service, processing applications and making awards. More information is available here: <http://www.justice.gov.uk/guidance/compensation-schemes/cica/>

(Shapland and Hall, 2010; Victim Support, 2010; Erez and Roberts, 2009; Shapland et al, 2007).

Fair treatment, respect and acknowledging harm

The need for victims to be treated fairly and with respect was discussed in the literature (Lovett et al, 2004 and Skinner and Taylor, 2004) and by review participants. Review participants noted that support services respond to this need by being non-judgemental and not questioning the validity of victims' accounts. Another need was for society to acknowledge the harm caused to victims of crime. Some academics/expert stakeholders said that service providers had a role in meeting this need by engaging proactively with victims. This need is particularly important in view of the potential for secondary victimisation or re-victimisation by the CJS, such as the police and the courts (Davies, 2004; Victim Support, 1995).

Needs by crime type and victim characteristic

The previous section provided an overview of the categories of needs felt to be broadly shared across victims of crime. This section summarises the key needs associated with particular types of crime or victim characteristics, as described in the literature and by review participants. Ultimately, however, the victim experience was felt to be unique to the individual and so review participants expected there to be variation in the nature and extent of needs for victims of a particular crime or for victims with specific characteristics.

Sexual violence

Review participants and the literature identified a range of needs for victims/survivors¹⁴ of sexual violence. Immediate needs included those related to physical and sexual health, and safety and protection from further harm, particularly if the perpetrator was known to the victim. Longer-term emotional or therapeutic support was also highlighted, and considered particularly important due to the wide range of emotional responses arising from sexual violence. These include (but are not limited to) disbelief, isolation, anxiety, flashbacks, stress, low self-esteem, self-blame and self-harm (Skinner and Taylor, 2004).

A wide range of practical needs such as access to healthcare, housing, education and welfare were also identified. Victims/survivors who reported the crime to the police were also thought to have particular needs in relation to navigating the CJS. These included support

¹⁴ Those who have experienced sexual or domestic violence may prefer to describe themselves as 'survivors' (see McNaughton Nicholls et al, 2012). The term 'victim/survivor' has therefore been used throughout the report in relation to these offences.

through any medical examinations, and a need for information to help them understand decisions made in relation to their case. Such needs were felt to be particularly important if a case was dropped by the Crown Prosecution Service (CPS) or had not resulted in a conviction. Review participants thought it was essential that victims/survivors of sexual violence were respected, listened to and believed, particularly given the potential for self-blame among this group:

We find that the main issue for a victim of sexual violence is belief. So, that's what we provide. We're non-judgemental and at no time do we ever question the validity of their witness statement, their perception of the events. Sexual violence ... brings a lot of guilt with it because ... at some point the victim ... consider[s] did they play a role in that? Was it their behaviour? (*Case study 7, strategic staff interview*)

There is a limited, but increasing, amount of research on male victims/survivors of sexual violence. Research into the psychological impact on men has identified issues including anger, fear, helplessness, isolation, problems surrounding sexuality, self-blame and shame, among others (Lisak, 1994). Echoing this, review participants felt that male victims/survivors have particular needs. For example, they might be reluctant to involve the police or to access support due to feelings of shame, or the perception that they are expected to be physically and emotionally resilient. This was felt to create a need for service providers and statutory agencies to help victims/survivors overcome barriers to reporting the crime and accessing support, and for those working with this group to be attuned to this need.

Domestic violence

Victims/survivors of domestic violence were similarly felt to have wide-ranging needs, particularly considering that domestic violence victims/survivors can be subject to repeated victimisation over long periods of time. Needs identified included safety needs such as relocation and access to adequate housing (both temporary and in the longer term). This need appears to be particularly acute for victims/survivors of domestic violence, as previous research has established a link between domestic violence and the onset and continuation of homelessness (Newburn and Rock, 2005). Review participants also identified important safety needs around ensuring that victims/survivors who had reported to the police were informed if the perpetrator was released from custody.

Needs relating to social integration and the creation of new support networks were also identified by review participants. This was particularly significant for victims/survivors who

were recent migrants to the UK. Similar needs were also thought to have been experienced by victims/survivors who were required to break ties with existing kinship groups or communities to prevent further victimisation. Examples discussed by review participants included victims/survivors who experienced abuse by multiple family members or where individuals in the community might share information about the victim's whereabouts with the perpetrator. In such circumstances, victims/survivors have required a new identity to enable them to integrate safely into a community:

When the woman leaves her family, she's leaving the community as well, so she's extremely isolated, and to be integrating back into the community, she has to have a new identity. She's always fearful [for example] 'What can I say if I go to my place of worship?' ... So, it's changing absolutely everything. *(Case study 4, practitioner focus group)*

Victims/survivors of domestic violence were also thought to have a range of practical needs. For example, financial needs may have arisen through separation from the perpetrator or where the victim's financial independence was curtailed by the perpetrator through financial abuse. Examples discussed by review participants included perpetrators preventing victims/survivors from accessing their bank accounts or claiming benefits to which they were entitled.

Emotional needs, such as lack of confidence, fear and anxiety were also said to be significant for victims/survivors of domestic abuse. Research has shown that some victims/survivors are in conflict about reporting incidents to the police, and that victimisation can continue for some time before a report is made, if at all. Reasons for this include fear of retaliation, a desire to continue a relationship with the perpetrator, or apprehension about the consequences for their children or other dependants (Mullender, 2004; Hotaling and Buzawa, 2003; Hoyle and Sanders, 2000; Mirrlees-Black, 1999; Cretney and Davis, 1997). Such victims/survivors, and their children or dependants, require particular support if they are to participate in a prosecution. For example, victims/survivors need to be reassured that concerns for their safety, and the safety of their dependants, will be addressed, and that their dependants will not experience any negative consequences of reporting such as children being taken into care.

Hate crime

Hate crime is defined as any criminal offence which is perceived, by the victim or any other person, to be motivated by a hostility or prejudice based on a person's actual or perceived

characteristic.¹⁵ The following characteristics are protected by law: race, religion, sexual orientation, disability and transgender. Similar types of needs were mentioned by review participants specialising in various forms of hate crime, including information needs arising from lower levels of awareness of hate crime and safety needs such as enhanced home security or relocation. In view of the risk of repeat victimisation, there was a need to empower victims to feel confident in reporting any future episodes of hate crime and, where required, to access support. Review participants also believed that the very personal nature of hate crime could give rise to enhanced emotional needs which may require therapeutic support:

It is an issue which a lot of people keep to themselves; partly because they don't want to admit it and partly because it's been with them all their lives. (*Case study 2, practitioner focus group*)

The emotional impact of hate crime was also identified in the literature. For example, research found that victims targeted because of their race, ethnicity or religion reported heightened post-victimisation stress and longer-lasting impacts of the crime (Walters, 2012; Herek et al, 1997, 1999, 2002; McDevitt et al, 2001). Review participants also identified needs in relation to the CJS, including the need for support to gather evidence of hate crime by equipping victims with audio recording equipment in order to facilitate the prosecution of perpetrators.

Homicide

The literature and review participants identified a wide range of needs for people bereaved by homicide (Turley and Tompkins, 2012; Casey, 2011; Paterson et al, 2006 and Rock, 1998). These included immediate practical support, such as in relation to the release of the victim's body, organising the funeral and dealing with the media, as well as practical assistance in the longer term, for example where their loss leaves the individual unable to manage their finances, in debt, or unable to work. Another need was for information, both about the circumstances surrounding the victim's death and in relation to the CJS (Roberts and Young, 2001).¹⁶

People bereaved by homicide often experience long-lasting and intense grief, as well as post-traumatic stress disorder, and thus have a need for therapeutic intervention and/or

¹⁵ See http://www.report-it.org.uk/files/hate_crime_shared_definitions.pdf

¹⁶ Due to the nature of their loss these victims often have very high expectations about the level of service offered or the degree to which their harm will result in punishment for the offender. Therefore it is particularly important that efforts are made to help victims understand their role in the CJS, and the limits on their input at bail, sentencing or parole.

emotional support. The significance of this need was illustrated by a study of Victim Support's Homicide Service which found that informal emotional support is the most provided aspect of the service, while individuals are referred to counselling more often than any other externally commissioned service (Turley and Tompkins, 2012).

Victims with a learning disability

Review participants noted that victims with a learning disability had particular information and communication needs. These included access to clear and understandable information and the help of an advocate to enable the victim to understand the options available to them in relation to accessing support and reporting to the police. This was thought to be particularly important when victims were distrustful of the authorities due to previous negative experiences and so faced barriers to reporting crime and engaging with the CJS. Disabilities also have an 'amplification' effect, meaning that crimes often have greater and longer-lasting effects (Dixon et al, 2006).

Another need identified for victims with a learning disability was having someone to talk to about the crime and its impact. This was particularly important for victims who were socially isolated:

A lot of my clients are very alone, they don't have family or friends to turn to, so ... that's my role ... to just go through something with them, even if it doesn't come out as they want it, at least they haven't gone through it on their own.

(Case study 2, practitioner focus group)

Older victims

While older victims have been identified in the literature as less likely to be victims of certain types of crime, such as those occurring in public spaces (Dixon et al, 2006; Nicholas et al, 2005; Walby and Allen, 2004), they are often the targets of others; for example consumer fraud targeting isolated individuals, and certain types of burglary (Mawby, 2001). Where older people are isolated they are more likely to be victimised (Kalaga and Kingston, 2007; Brown, 2003). Some review participants identified victims of fraud as having a range of needs, including feelings of guilt or self-blame about the crime and practical needs related to coping with the financial consequences. The literature suggests that these needs may be particularly acute for older victims, who have been found to experience more negative and long-lasting impacts of crime (Donaldson, 2003). Fear of victimisation was also identified by review participants as particularly high amongst older people; practical support to alleviate fear of crime and around crime prevention was therefore considered important. However, older

people are not a homogenous group, and do not all share the same risk of crime or experience the same response or harm (Pain, 2004).

Younger victims

Younger males were identified by review participants, and in the literature, as representing a disproportionate percentage of all crime victims, particularly crime committed by strangers (Green, 2007; Dixon et al, 2006). This suggests that information and practical support relating to crime prevention strategies is important for younger victims. The literature also indicates that child victims are more likely to experience longer-term consequences of crime, such as psychological distress (Morgan and Zedner, 1992). Review participants associated particular types of emotional harm with younger victims. For example, young victims of sexual violence were thought to experience feelings of betrayal and confusion to a greater degree than adult victims. Another need for younger victims was for support in reporting the crime, participating in the CJS, and accessing support services.

Ethnic minority victims

Review participants identified ethnic minority victims as needing help to access support services and to participate in the CJS. It was felt that challenges in relation to both could be overcome through the provision of translation services and by professionals working with victims of crime having a good understanding of diversity and being able to accommodate culturally specific needs (Wolhuter et al, 2009; Dunn, 2007; Bowling and Phillips, 2002).

Repeat victims

Review participants associated repeat victimisation particularly with hate crime, and sexual and domestic violence. However, other crimes types are also prone to repeat victimisation, such as anti-social behaviour (ASB) and criminal damage. These review participants believed that the cumulative effects of repeat victimisation were profound, including leading to enhanced feelings of vulnerability and difficulties with day-to-day tasks. This created a need for emotional support and practical assistance to help victims undertake tasks such as claiming insurance and improving home security. Another need for repeat victims was for information about CJS responses to the crime and for support, to ensure their case was taken seriously by the authorities (Bottoms and Costello, 2010; Pease, 2008). A further need for repeat victims, identified by review participants, was for effective partnership working between agencies to reduce the risks of repeated episodes of victimisation. An example of this could be joint working between the police and support services to improve the safety of repeat victims of hate crime.

2.2 Identifying needs and risks

Having identified the broad categories of need shared across victims of crime and the needs common to particular groups of victim, this section explores how the service providers involved in the review identified the needs of individual victims and assessed the risk of further victimisation or harm. The section also explores the process of designing a tailored package of support to meet the victim's specific and unique needs. This provides useful context to Chapter 3, which explores how services monitor the extent to which the needs of victims are met.

Approaches to needs assessment

Support organisations described conducting needs assessments to help them identify the particular issues facing their clients. A common approach to needs assessment across service providers was for victims to have a central role in identifying their own needs, with the literature also highlighting the importance of services responding to the expressed needs of victims (Williams, 2005). Practitioners' professional judgements also informed assessments. For example, therapists would have a role in identifying the emotional needs of victims accessing psychological support.

Service providers used standardised tools, bespoke tools or a combination of the two to assess needs. Where standardised tools were favoured they were perceived to be robust, evidence-based and responsive to the needs of their clients. Examples included:

- **Trauma Symptoms Checklist for Children (TSCC):** The TSCC is an assessment tool designed to capture symptoms in relation to anxiety, depression, post-traumatic stress, dissociation,¹⁷ sexual concerns and anger in young people (8–16 years) who have experienced traumatic events.
- **Becks Depression Inventory:** This is a self-report tool which measures symptoms of depression including weight loss, difficulty sleeping and energy loss.
- **Framework for the assessment of children in need and their families:** This framework was issued by the Department of Health (DH), the Department for Education and the Home Office, and measures needs in three areas: child development, parenting capacity and family and environmental factors.¹⁸

¹⁷ Dissociation is a psychological term used in relation to conditions where patients feel detached from their surroundings, emotions and body, sometimes as a result of trauma.

¹⁸ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

Other service providers championed bespoke tools because they were felt to better reflect the needs of their client group. An example used by a support organisation specialising in hate crime was a checklist of six key areas of need¹⁹ which were explored with all victims accessing the service. Bespoke assessment tools were developed either by adapting standardised tools or generating a tool from scratch. This latter process was informed by organisational expertise and, in some cases, validated by input from service users.

The assessment tool(s) selected depended upon the victim's needs. For example, a service provider providing therapy for trauma selected specific needs assessment tools to fit the circumstances of the victim. When symptoms of depression were exhibited, needs assessment was carried out using scales such as the Becks Depression Inventory. However, where people had been bereaved by homicide the PHQ-9 depression scale²⁰ was used. This tool was felt to better reflect the needs of this group by not covering areas such as weight loss and sexual wellbeing, which while associated with long-term depression, were not considered relevant in the immediate aftermath of bereavement by homicide.

Other sources of information were sometimes used to inform needs assessment. These included the victim's family, the police and social services. These sources were seen as particularly valuable when assessing victims who found it challenging to communicate their experiences, such as children and people with learning disabilities.

Service providers identified three key benefits of needs assessment tools:

- They introduced a degree of consistency to the assessment process, by ensuring that core areas of need were explored with each victim, and that these areas were raised consistently across different members of staff, where relevant.
- They enabled 'hidden' needs to be identified by helping victims to consider their needs in a range of areas that might not have occurred to them initially, such as body confidence issues experienced by victims/survivors of sexual violence.
- Finally, service providers felt that some victims were reassured by discovering that their needs were similar to other victims of crime, through the inclusion of a particular need on an assessment tool.

Whilst acknowledging the benefits of needs assessment tools, service providers cautioned against an over-reliance on them, and described using them to enable rather than replace

¹⁹ Housing, police/Community Safety Partnership, security, emotional and health, welfare and financial, other.

²⁰ The Patient Health Questionnaire (PHQ-9) is a depression scale, covering nine items, used to assist the diagnosis of depression.

discussion with victims. Financial cost was also a factor restricting use of some tools. For example, a service provider specialising in victims experiencing trauma restricted the use of the Becks Depression Inventory due to its cost.

Effectiveness of needs assessments

The literature review did not identify any formal evaluations of the effectiveness of needs assessment for victims of crime. However, the service providers mentioned a range of factors thought to increase the effectiveness of needs assessment. These were: expertise; victim-led and discursive; appropriate timing; minimising burden to the victim; and fit between assessment tool and the victim. The range of factors discussed by service providers suggests that effective needs assessments are influenced not only by the assessment tool, but by a broader range of factors.

Expertise

An effective needs assessment was perceived by participants to depend upon sufficient practitioner knowledge and expertise on the needs of victims. This was particularly important for identifying complex needs such as psychological needs. When service providers felt they were not qualified to identify a particular type of need they referred victims to an appropriate organisation for assessment and support. For example, a service specialising in sexual violence referred victims who they considered to be experiencing psychological distress to their GP for diagnosis and treatment.

Victim-led and discursive

As discussed, service providers thought it was important for victims to identify their own needs. This helped 'humanise' the assessment process, and so increased victim engagement in support provision. By contrast, when the needs assessment process was overly process-orientated or a 'tick box' exercise, rapport was undermined and it was more difficult to create an accurate picture of need. To avoid this, service providers used unstructured tools which did not contain a predefined set of questions, or used structured tools flexibly in order to be responsive to the victim, alongside discussion with the victim, and informed by professional judgement. As discussed, this suggests that effective needs assessment is influenced not only by the assessment tool, but how it is used.

Timing

For needs assessment to be effective it must be done at an appropriate time. Participants described how a priority at the point of initial contact with the victim was to identify any immediate needs related to safety, physical or emotional wellbeing or reporting to the police.

A more comprehensive needs assessment was also considered important, but there were circumstances where it was felt necessary to carry this out at a later date, for example when a victim has an immediate need for healthcare or emotional support. This was discussed particularly in relation to crimes such as sexual violence and for services acting as the first point of contact for victims.

It was also considered important that needs assessment was viewed as an ongoing process. This is because of the dynamic nature of needs and the requirement to track changes in needs over time. Another reason for conducting needs assessments on an ongoing basis was that victims may require time to identify their own needs, and for trust to develop to enable them to feel confident to articulate their needs to support service practitioners.

Minimising burden to the victim

Service providers thought it was important to balance conducting a comprehensive needs assessment with minimising burden to the victim. Service providers were careful to avoid causing emotional harm to victims by discussing issues which were not perceived by the victim as relevant. Despite this, there were practitioners who felt the bespoke tool they used was 'intrusive', while other practitioners had a different view of the same assessment tool.

Service providers were also mindful that the needs assessment process itself could cause anxiety. For example, service providers described how some victims were worried about whether they had answered questions 'correctly' or whether their problems were 'bad enough' to warrant staff time. The potential for unintended emotional harm was emphasised by service providers working with particularly vulnerable victims such as children and victims/survivors of sexual violence. It was also felt to be important not to overburden victims in terms of the time spent on needs assessment and to ensure sufficient time was dedicated to actually addressing the victim's needs.

Fit between assessment tool and the victim

Service providers had mixed opinions on whether the assessment tools they used were well matched to the needs of crime victims. Examples of standardised assessment tools which were seen to address the needs of particular victims included the PHQ-9 depression scale, which was used by one service provider to assess mental health needs of victims bereaved by homicide. Additionally, some service providers were using bespoke tools developed in-house. They were confident that these covered the key needs of the victim group they supported.

However, some service providers felt there was a lack of appropriate tools available for some victim groups. For example, some mentioned that while the *Framework for the assessment of children in need and their families* was helpful in identifying some needs of younger victims/survivors of sexual violence, it did not cover safety needs which were considered particularly relevant for this group. Current assessment tools were also felt to be less well suited to the needs of people bereaved by homicide, as some service providers felt less was known about their needs. Lack of fit between the needs of victims and assessment tools was also an issue for organisations using bespoke tools in some instances, as the needs of victims were so wide-ranging that it was challenging to develop a tool that reflected all potential needs. Service providers sought to address this through the inclusion of an ‘other’ category.

Risk assessment

Service providers said that risk assessments were carried out alongside needs assessments, either formally or informally, to determine any risks to the victim and identify any needs in relation to safety and protection from further victimisation. Risk assessment was discussed particularly in relation to victims of crimes such as sexual or domestic violence and hate crime, as well as vulnerable victims such as young people or victims with a learning disability. Again, service providers used standardised or bespoke tools or a combination of the two to inform risk assessment. An example of a standardised tool used by services was the ‘Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model’.²¹ This was used to identify risks to adult victims of domestic violence and covered areas such as the victim’s current circumstances, any children or dependants, and information about the abuser(s) such as their criminal history and use of drugs and alcohol.

While some service providers were satisfied with the risk assessment tools available, others felt there was a lack of appropriate tools. For example, the DASH 2009 tool was felt to fit the needs of some sexual violence victims/survivors better than others. It was considered most suited to those who were in a relationship with the perpetrator as it had been developed to risk-assess victims of domestic violence. While bespoke risk assessment tools were also available for sexual violence, there were service providers who had reservations about determining risk level on the basis of these alone as bespoke tools were not nationally recognised and validated. A combination of standardised and bespoke tools was therefore used to safeguard victims and to reduce any risk to the reputation of the service:

²¹ <http://www.dashriskchecklist.co.uk/>

We've been doing DASH for domestics but we've only recently started to adopt it for all sexual violent cases now, principally because if [name of case study] was called to court or was in a coroner's court as a result of a client of ours [who] committed suicide, it's defensible in so far as we use a nationally recognised risk assessment [tool]. *(Case study 7, practitioner focus group)*

However, a preference remained for a standardised risk assessment tool designed specifically for victims of sexual violence.

Support planning

Once the assessment process had been carried out, service providers said that a package of support would be drawn up to meet the victim's needs and mitigate any risk of further victimisation as far as possible. This package was reviewed and updated regularly to reflect any changes in the victim's circumstances identified through ongoing needs assessments. For example, a victim of hate crime may initially consider that their safety needs are best addressed by moving home and so require support in relation to re-housing. Over time, however, the victim may decide they would prefer to continue living in their current home, therefore creating a new need for support in liaising with housing services and enhanced home security. Victims had a central role in selecting the package of support and interventions to address their needs. However, three other factors were also identified as influencing the support provided:

- **Victim characteristics**, such as age and cognitive ability. For example, play-related therapeutic intervention was seen to be appropriate for children, whereas talking therapies were perceived by case study participants to benefit adults.
- The **nature of victimisation**. An example of this was that different therapeutic approaches were adopted depending upon whether victims of traumatic crime had experienced single or complex trauma.
- **Environmental factors**. For example, the selection of home security measures, such as the installation of CCTV, was influenced by the type of property the victim lived in.

Effectiveness of interventions to meet needs

The review found a lack of robust evidence about the effectiveness of support interventions; therefore it is not possible to say whether the interventions being used by support providers were meeting victims' needs. Further research in this area is needed.

2.3 Unmet needs

While the service providers participating in the review were dedicated to meeting the needs of their clients, it was acknowledged that there were instances where victims' needs could not be met. Review participants identified three key reasons for unmet needs, relating to resources (expertise and funding), partnership working, and disclosure.

Resources

Unmet needs were perceived to exist due to gaps in knowledge about the needs of victims of particular types of crime. In general, there was perceived to be limited evidence on categories of crime such as parents abused by children (either physically or financially) and indirect victims of crime such as witnesses to road traffic accidents. Participants specialising in victims of trauma also felt that the impact of homicide on victims' families was under-researched. Gaps in expertise also existed at the organisational level, and involved needs which were beyond the organisation's remit such as mental health needs.

Lack of funding to work with particular victim groups in specific geographic areas was also perceived to be a reason for unmet needs. Some case study organisations described instances where this had meant that victims of ASB, hate crime and domestic violence living in specific areas did not have access to appropriate support services. Local commissioning of victim services could reduce, or indeed exacerbate, gaps in services at the local level, depending on the extent to which commissioning is informed by an understanding of existing local provision and the needs of victims living in the area.

Partnership working practices

Participants felt that a multi-agency approach was required to meet victims' needs, particularly those with the most complex needs such as repeat victims, victims of hate crime, and sexual and domestic violence victims/survivors. If partnership working was less effective it could result in victims' needs going unmet, as no single agency was felt to have the expertise to adequately address all victims' needs (Berry et al, 2011). For example, one service provider was concerned that the safety needs of some victims of hate crime and ASB were going unmet due to a lack of clarity over the roles and responsibilities of the different agencies involved.

Barriers to disclosure

Individuals may be reluctant to disclose that they are a victim of a particular type of crime, such as sexual violence, due to fear of stigmatisation (McNaughton Nicholls et al, 2012). This

fear can be particularly acute for male victims/survivors of sexual violence (Sullivan, 2012), as the crime goes against the 'rules' of masculinity (David and Brannon, 1976). Similarly, victims may not disclose particular needs to services, such as mental health needs, due to perceived social stigma. The impact of this is that some victims may not report to the police or engage with support agencies, and those who do engage may fail to disclose the full range and extent of their needs. This means that support services and other agencies must work to overcome barriers to engagement and to be mindful of these difficulties when conducting needs assessments.

Previous research has made a distinction between whether the support available successfully targets the victims most in need, and whether the support accessed successfully meets victims' needs (Mawby, 2001). It is clear that both points are relevant to the issues raised here in relation to unmet need and the factors contributing to it, particularly resources and disclosure. For example, limited resources impact on geographical access to support, as well as the ability to address gaps in knowledge to ensure needs are being met once services have been accessed. Similarly, a reluctance to disclose can impact on initial access to support provision, as well as the type of support offered once it has been accessed. In approaching these issues, therefore, it may be helpful to distinguish between approaches that will tackle unmet need in relation to access as well as intervention effectiveness.

3. Identifying and measuring outcomes

There has been an increased emphasis on outcome measurement and outcome-focused commissioning across public services in recent years, demonstrated by the payment by results pilot programme to reduce re-offending in adult prisoners (Ministry of Justice, 2010) and the NHS Outcomes Framework (Department of Health, 2011). The Government has stated its intention to develop an outcome-focused commissioning framework for victim services, with the aim of supporting victims to achieve two outcomes: to cope with the immediate impacts of a crime and recover from the harm they have experienced (Ministry of Justice, 2012b).

This chapter explores how the service providers that participated in this review are currently tracking and monitoring victim outcomes. It first identifies the key outcomes that services are aiming to achieve, before exploring the different approaches used and their strengths and weaknesses. The chapter concludes by examining the key issues that services working with victims need to consider when measuring outcomes. The chapter draws on evidence from the case studies and findings workshop, as well as evidence from existing research literature and the academic consultation.

3.1 Victim outcomes

The Charity Evaluation Service (CES)²² defines outcomes as ‘the changes, benefits, learning or other effects that happen as a result of your work’ (Cupitt and Ellis, 2007). This definition distinguishes between outcomes that result from the work of an organisation and other measures used to monitor service performance. Historically these measures have focused on inputs and outputs; capturing levels of funding and staffing (inputs) and the *amount* of service activity (outputs) achieved as a result (for example, the number of victims engaging with the service or the number of victims contacted within 48 hours of referral), rather than the *outcomes* resulting from service provision.

The review found a range of approaches to outcome monitoring and measurement amongst service providers. Some had invested considerable time and resources in developing and implementing outcome-focused approaches, while others were either in the early planning stages or had not considered these in any detail. At the time of the review, these

²² CES is a charity that supports the voluntary sector, with a particular focus on establishing self-evaluation and quality systems.

organisations instead focused on measures that captured activities and outputs. These measures were favoured for three reasons:

- They were considered relatively simple and straightforward to collect; for example, counting the number of calls made to a helpline, or the number of counselling sessions received.
- They were felt to be valuable in informing service delivery. For example, a process measure capturing the number of calls made to a helpline alongside demographic information about the individuals calling, provided valuable insight into how far the service was reaching its target population as well as an indication of the degree to which the service is accessed. Similarly, a measure capturing whether referrals were picked up within 48 hours could provide a useful indication of responsiveness.
- Finally, the collection of process measures had been driven by service commissioners who had built requirements for data of this kind into service contracts.

The variation in the extent to which services had implemented an outcome-focused approach has implications for how far this review can draw on current good practice. As discussed in Chapter 1, there were also challenges in relation to service providers' reluctance to share their specific approaches due to commercial confidentiality and the competitive tendering environment they work in. Consequently, this chapter explores current practice within the victim sector, where possible, as well as drawing on evidence from the literature.

Identifying outcomes

Review participants recognised the value of outcome measurement, and identified three ways in which it contributed to service development:

- providing a means to track progress and evidence outcomes for individual service users;
- enabling services to monitor service effectiveness and improve service delivery at an organisational level; and
- helping to evidence impact of outcomes to funders and the wider community.

Five broad categories of outcomes were identified as those that victim support services were, or should be, aiming to achieve for victims. They emerged directly from the review participants and reflect the range of needs discussed in Chapter 2. The categories are not mutually exclusive and within them the selection of outcomes that service providers were

aiming to achieve depended on the individual needs of the victim and the remit of the service provided. The categories of outcomes identified are set out here and discussed in detail below:

1. improved health and wellbeing;
2. increased safety and perceptions of safety;
3. re-integration;
4. feeling informed; and
5. improved experience of the CJS.

Improved health and wellbeing

This category captured a broad range of health and wellbeing-related outcomes that services might seek to achieve, depending on the individual circumstances and needs of the victim being supported. Key outcomes relating to mental health and wellbeing including coping with trauma (such as a bereavement through homicide); reducing stress, anxiety and depression; and increasing confidence, self-esteem, independence and resilience.

As discussed in relation to victims' needs in Chapter 2, practitioners also described how listening to victims' experiences and acknowledging the impacts of a crime were important aspects of their role and critical to improving victim wellbeing. While raised as important by all review participants, these outcomes were of particular relevance to services offering therapeutic support. In relation to physical health, outcomes identified included improved access to healthcare services, reduced substance misuse, access to emergency healthcare for victims of violence and abuse, and the detection and treatment of sexually transmitted infections for victims of sexual violence.

Increased safety and perceptions of safety

Reducing the risk of re-victimisation and increasing victim perceptions of their own safety were viewed as important outcomes for services providing support to victims. While these outcomes were felt to be applicable across all crime types, they were considered particularly relevant for victims of violent crime. Reduced risk assessment scores, enhancing victims' feelings of their own safety, and re-housing victims away from perpetrators were all viewed as potential measures to increase safety.

Re-integration

This category captured a wide range of outcomes related to victims leading fulfilled lives and, as far as possible, returning to the lives they had before their victim experience. Service providers spoke of helping victims to 'move on' or get 'back on track' in relation to this group

of outcomes. Outcomes included returning to work or education, finding housing, and receiving financial support, such as a successful compensation claim or reduced debt as a result of education in financial management. Other outcomes included reducing social isolation, and improving family relationships and social networks.

Again, service providers stressed the importance of ensuring that the outcomes services sought to achieve in relation to re-integration were client-led and appropriate to the individual concerned. For example, a practitioner working with victims of domestic violence described how they may not be able to return to work because of safety considerations in the short to medium term. Victims who worked with the perpetrator or whose safety would be jeopardised by returning to a workplace known to the perpetrator were two examples where individual circumstances had to be taken into careful consideration when identifying appropriate outcomes to work towards.

Feeling informed

The research literature has long identified the need for information as a priority for victims of crime, both in terms of what support is available to them and in relation to progress through the CJS (Ringham and Salisbury, 2004; Rock, 1998; Maguire, 1985). The importance of providing information also emerged from the academic and service provider consultations. Consequently, an important outcome for services working with victims is that victims feel more informed about the support available to them, as well as developments in CJS processes, where relevant:

I think providing that service of information, and keeping them informed about the progress of their case [is important] ... Victims often feel like they're in the dark following an arrest. They don't know what's happened or where the perpetrator is, or, if he is in jail when he might be released and what are the conditions of his bail. And so feeding all that kind of information back to victims to keep them informed about what's happening can really reduce a lot of the anxiety associated with the process. (*Academic stakeholder*)

In working to achieve this outcome, service providers placed particular emphasis on ensuring that information provided was accessible, timely and accurate.

Improved experience of the CJS

Service providers highlighted that it was beyond their remit to affect CJS outcomes. However, they still felt they had an important role to play in supporting victims through the

CJS and, in doing so, improving victims' experiences and impressions of it; a view supported by previous research on the role of support provision in this area (Turley and Tompkins, 2012; Bradford, 2011). Outcomes identified included victims feeling supported and informed about developments in their individual case, as discussed above.

However, support services were cautious about some outcome measurements falling under this category, such as increased reporting to the police or victims remaining engaged in the CJS. As well as such outcomes being largely outside their remit, service providers took a client-led approach and did not want to encourage victims to engage with the CJS if they were reluctant to do so. Providers were clear that service user choice was paramount and introducing incentives that took this away could jeopardise outcomes in relation to independence and empowerment:

People have choice, and the last thing we're here to do is to make people do things. We can offer support ..., we will equip them with the information they will need, but it's their decision ... I always say to clients ... we're not here to make you do anything ... but we're here to support you in whatever you choose to do.
(Case study 7, practitioner focus group)

Wider outcomes

This review focuses primarily on identifying and measuring outcomes for victims. Beyond this, however, service providers identified a range of wider outcomes they were seeking to achieve, which should not be overlooked in an outcome-focused approach:

- **Societal change:** Service providers had goals related to influencing government policy, by raising public awareness and campaigning on behalf of the victims of crime they worked with to effect change. It was considered crucial that learning from outcomes at the individual level should support change on a larger scale.
- **Meeting the needs of partner agencies:** How far service providers were meeting the needs of referring agencies, for example Children's Services and the police force, was identified as an important outcome for effective services. This was closely linked to ensuring value for money and avoiding duplication of assessment and provision.
- **Community outcomes:** Service providers also aimed to effect change within the wider community. Outcomes included improving community cohesion, raising awareness of services available to the community and crime prevention, for

example through working with schools to tackle intolerance and raise awareness of hate crime.

3.2 Approaches to measuring outcomes

This section explores how services track and monitor outcomes in relation to the broad categories of outcomes that they were seeking to achieve. Four approaches were identified:

1. Victim-reported outcomes
 - a. Psychometric scales
 - b. Service user questionnaires
2. Staff-reported outcomes
3. 'Hard' outcome measures
4. Qualitative outcome measures

Victim-reported outcomes

A key approach to measuring outcomes across service providers involved in this review was the use of victim-reported outcomes. Two broad approaches were used: self-report psychometric scales and service user questionnaires.

Psychometric scales

One approach to measuring outcomes, particularly in relation to health and wellbeing and re-integration, was the use of established psychometric scales designed to measure psychological distress. This was adopted particularly by service providers offering therapeutic interventions. The following case illustrations show how these tools were used.

Case illustration 1

A service specialising in counselling for victims of violent crime worked with victims to help them overcome trauma. The service used the Horowitz Impact of Event Scale to measure trauma symptoms. This scale uses self-assessment by the service user to track change across 15 symptoms of trauma, including questions related to avoidance (e.g. not talking about the experience) and intrusion (e.g. sleep disruption). The service used this scale at the start of the intervention, and at repeated intervals throughout (after six weeks, at the end of the intervention and three months post-intervention) to capture change over time. In addition, the service also used other psychometric scales where appropriate; for example, the Beck Depression Inventory was used in cases where victims were thought to be suffering depression as a result of their experiences, to capture changes in symptoms.

Case illustration 2

One service specialised in providing counselling for child victims of sexual abuse. An outcome the service was seeking to achieve was supporting children to overcome the trauma they had experienced. To monitor this, the service used the Trauma Symptom Checklist for Children (TSCC), designed specifically for use with children to capture symptoms in relation to anxiety, depression, post-traumatic stress, dissociation, sexual concerns and anger. The tool was used at the start of the intervention and then every three months to capture change over time.

Using scales of this kind was felt to have a number of advantages. The extensive scrutiny that such scales have undergone, including validity and reliability checks, and their credibility amongst practitioners working in the field were viewed as particular benefits. In addition, the use of validated scales allows comparisons to be made across diverse service provision for single providers and potentially across multiple providers. However, while staff using these tools spoke positively of their value, the raw psychometric scores on their own were felt to be insufficient in capturing victim outcomes and the complexity of cases. Practitioners stressed the importance of including additional information on individual cases, based on their own knowledge, to contextualise the scores. Examples were given of cases where individuals were experiencing significant physical symptoms including fainting and abnormal ECG readings, which were thought to be related to their trauma but not picked up by the psychometric scales used. Practitioners also expressed the view that recovery from trauma was not a linear process and scores on psychometric scales could be expected to go up as well as down during therapy:

Sometimes you can have increased scores in the course of a year ... to do with other things ... that are impacting [like] the perpetrator being released from prison ... external factors which are not to do with their therapy but are impacting on that. But you would hope by the end, when you're thinking the piece of work is complete, that you've seen a reduction, but in the journey you might have seen some ups and downs along the way. (*Case study 3, practitioner focus group*)

Completing scales of this kind was also felt to increase anxiety among victims if the results were perceived as indicating they needed a high level of support, or if they felt the scales indicated their symptoms were getting worse rather than improving. Practitioners spoke of needing to use tools sensitively to avoid raising anxieties of this kind.

Some concerns were also raised that self-report tools were too prescriptive and did not provide enough scope for victims to identify the outcomes they wanted to achieve. To address this, practitioners used tailor-made measures whereby victims were asked to identify needs they wanted to address during the intervention and to score where they currently felt they were on a scale of 0–10. These scores were then revisited at the end of the intervention to track whether improvements had been made. While practitioners acknowledged that it would be difficult to aggregate scores of this kind to get an overall measure of service effectiveness, they were felt to have value in so far as they provided a measure of individual progress against client-led outcomes. Other considerations in the use of psychometric scales, supported by existing literature, included the need to ensure staff were appropriately trained in scoring and interpreting the data (McNaughton Nicholls et al, 2010). There were also cost implications in the use of some psychometric scales which could be prohibitive for small organisations. For example, some copyrighted psychometric scales (including the TSCC and the Becks Depression Inventory) incurred costs for their use. There were also costs associated with ensuring staff were adequately trained to use the tools. In one case a service provider worked with a consultant with expertise in the interpretation and analysis of the scores to support their use of a tool.

Service user questionnaires

To capture outcomes across a range of categories, service providers developed bespoke service user questionnaires. Typically these included questions to capture process measures of service activity (for example, whether the victim was contacted by the service within a specified time from referral), as well as questions tailored to capture outcomes (for example, victim perceptions of safety, or the extent to which victims felt informed about the support available to them). A combination of closed questions designed to be easily quantifiable and open-ended questions to capture more qualitative responses tended to be used to gather a range of information. The following case illustration shows how service user questionnaires have been used to capture outcomes:

Case illustration 3

One service specialising in supporting victims of hate crime asked service users to complete a questionnaire at the end of their contact with the service. The questionnaire used satisfaction scales (from 'very satisfied' to 'very dissatisfied') to capture service user satisfaction levels, alongside questions to capture change in outcomes by asking service users to assess whether particular outcomes had 'got better', 'stayed the same' or 'got worse' as a result of support from the service. Outcomes captured in this way included perceptions of personal safety, numbers of hate crime incidents since contact with the service and perceptions of their quality of life. In addition, space was provided to allow for any further comments by the service user on the service they received, including suggestions for improvements.

The advantages of service user questionnaires were that they could be tailored to the service provided and offered an effective way of capturing outcomes directly from the victims themselves. However, a number of challenges were identified. Service providers raised concerns that some particularly vulnerable victim groups, for example those with learning difficulties or low literacy levels, would encounter barriers to reporting outcomes in this way. A further limitation was that where data were collected primarily from service user questionnaires at the end of a service, it was difficult to attribute outcomes to the service specifically because no baseline data had been collected for comparison. The challenges of collecting baseline data are discussed in section 3.3 in relation to capturing change over time.

The burden on victims to provide feedback in this form was also raised as a concern, and low response rates in some instances were felt to reflect this. Where services attempted to capture long-term outcomes through follow-up questionnaires, there were additional concerns that outcomes data were biased because only a sub-sample of service users completed the questionnaires. In addition, further validity issues were raised in relation to victims being able to accurately remember the service provided, particularly where a service had been accessed at a difficult time, during which the victim may have been involved with multiple service providers. An added complication identified was that service users may be reluctant to criticise a service or report honestly on their outcomes because of a reluctance to offend or reflect negatively on the practitioners who had supported them. In addition, service providers felt some service users might think they had 'failed' if they did not report positive outcomes.

Staff-reported outcomes

This approach to outcome measurement relied on the professional expertise and knowledge of practitioners working with victims to capture and record their own assessment of outcomes for the victims they supported. Staff would either capture outcomes in case notes and/or by recording outcomes in electronic case management systems through a combination of quantitative closed questions, and more qualitative summaries of impacts. Outcomes captured by staff in this way covered all five broad categories of outcomes identified in section 3.1. A strength of this kind of approach was felt to be the fact that it utilised the professional expertise of practitioners who were well placed to assess outcomes. It was also regarded as a cost effective way of capturing outcomes, provided the assessment could be incorporated into an existing case management system to minimise any additional burden on staff time.

The main concern with adopting an approach of this kind related to the potential for staff to overstate positive outcomes if future funding was dependent on achieving such outcomes. To reduce this risk, internal audits and case reviews were undertaken. Concerns were also raised that staff-reported outcomes could create an additional burden on staff by increasing the amount of data they needed to collect and record, with the result that their focus was drawn away from their delivery roles. The following case illustration shows how staff-reported outcomes have been used to measure outcomes:

Case illustration 4

This provider specialised in working with victims of domestic abuse. To capture outcomes, it had incorporated a bespoke outcomes framework into its case management system that enabled staff to capture outcomes as part of their routine case management process. Staff could select from a 'menu' of outcomes, thus tailoring the service to the needs of the individual service user. Each outcome was broken down into steps to enable the service to capture distance travelled towards the final outcome, as well as measuring whether the final outcome was achieved. To quality-control the data collected in this system and to provide an internal check on what outcomes had been achieved, cases could only be reviewed and closed by a service manager.

Hard outcome measures

For the purpose of this review, a 'hard' outcome measure is one that is easily observable and therefore less likely to be affected by the subjective viewpoint of the actors involved.²³

Examples of hard outcomes in relation to victim services include whether or not a victim receives financial compensation, returns to work, is re-housed, or suffers any further victimisation.

Because of their observable nature, outcomes of this kind were felt to be relatively straightforward to capture and less subject to interpretation and bias. However, interpreting their meaning was not necessarily straightforward. For example, an objective measure that recorded no further reports of victimisation could be interpreted as a positive outcome, or alternatively it could be an indication that the victim feels intimidated and is reluctant to engage with statutory services. An approach to performance monitoring that relied solely on capturing hard outcomes was also felt to risk failing to capture a wealth of outcomes that were less tangible but equally important in meeting victims' needs. As such, service providers stressed the importance of finding ways of capturing 'distance travelled' towards soft or intermediate outcomes. Any outcome-focused approach also needs to take into account the timescales involved and recognise that hard outcomes may not be observable for a number of years:

When you're dealing with some particularly difficult and intractable problems ... you've got the ultimate aim ... but you're dealing with people with complex needs who do not have a uni-linear journey... there are various, many steps along the way, and they may reverse ... So you can kind of capture those steps along the way, which I think [is] useful. And then they can see the journey and understand it too. *(Case study 2, strategic staff interview)*

The issue of capturing change over time and long-term follow-up is discussed further in section 3.3.

Qualitative outcome measures

In recognition of the issues above, stakeholders emphasised the importance of using qualitative measures to capture soft or intermediate outcomes, defined by previous research as outcomes that are less tangible, more subjective and a matter of degree rather than

²³ For further discussion of definitions of 'hard' and 'soft' outcomes see Joy MacKeith 'Why hard-nosed agencies measure soft outcomes', downloadable from www.outcomesstar.org

absolute (Dewson et al, 2000). Examples of soft outcomes in the context of victim outcomes include changes in attitude, improved coping mechanisms, and steps towards reintegration such as increasing social interaction. Service providers used a range of methods to monitor these kinds of outcomes, including service user focus groups and illustrative case studies, to capture the complexity of cases and the context that could be missed in more quantitative approaches. Some concern was voiced, however, that commissioners of services prioritised quantitative outcomes and were not responsive to qualitative data as a means of illustrating outcomes.

3.3 Considerations in measuring outcomes

This review found that outcome measurement in victim support services raises a number of issues for consideration. This section explores each of the following issues in further detail and identifies key learning:

- audience;
- tailoring outcome measurement to service aims and objectives;
- incorporating client-led outcome approaches;
- establishing causality;
- capacity and infrastructure;
- validity in outcome measurement; and
- capturing change over time.

Audience

A critical consideration when measuring outcomes is the purpose behind their collection, and, in particular, the audience they are intended for. Four audiences were identified: service users, service providers, commissioners and the wider community. Service providers participating in this review found that the audience for outcome data impacted on the selection of outcomes, approaches to data collection and their dissemination.

- **Service users:** Tracking outcomes for individual service users so they could see their progress was identified as a key purpose behind outcome monitoring. At this level, outcome monitoring was used to inform service delivery and provided both the service user (and practitioner) with a sense of progress made and what still needed to be achieved. As they were only concerned with the individual case, outcomes measured could be tailored to the individual and data collected in an informal way without the need to consider comparability of outcome measures across cases or aggregating data to provide a service-level measure of outcomes. Examples of outcome measurement primarily used to give feedback

to the service user included tailor-made measures of client-identified outcomes (where service users identified their own outcomes and tracked progress against them), psychometric scales and detailed case notes.

- **Service providers:** At an organisational level the collection of outcome data was intended to help identify strengths and weaknesses in service delivery, inform improvements, and focus attention on outcomes rather than processes. Outcomes collected to inform service delivery needed to be comparable across cases, to some degree, to provide some measure of overall service outcomes. Establishing a protocol for making use of the data collected and feeding this into service development was critical to successful outcome monitoring at an organisational level. Therefore a more formal process for capturing and recording data was required than at the service user level. One way in which services sought to achieve this was through a case management system that incorporated the capture of outcome data. Another method was the use of standardised service user questionnaires to capture comparable data from across the service. One case study provider used quarterly meetings to reflect on outcome data and how they could inform practice.
- **Commissioners:** Service commissioners were identified as a key audience for outcomes data, as they were often responsible for identifying the outcomes they wanted the service to achieve, and outcome reporting was a requirement they built into contracts. Being able to evidence outcomes to commissioners was viewed as critical by service providers. A particular challenge for providers was meeting the outcome requirements of multiple funders with different priorities, resulting in significant administrative time to capture and collate a range of outcomes in a variety of formats. The development of an outcome-focused commissioning framework for victim services may help to ensure consistency and reduce this burden.
- **Wider community:** Outcome data were felt to play a crucial role in ensuring services remained accountable to the communities they served, as well as building community confidence in the quality of services available and encouraging victims to access provision. Annual reports were one way in which broad outcome data were disseminated to this wider audience.

Key learning for effective outcome measurement

- An effective outcome monitoring approach should identify at the outset which audience(s) the data is intended for.
- In designing an outcome measurement approach, consideration should be given to how the audience impacts on what outcomes are monitored, how data are collected, and how they are used.

Tailoring outcome measurement to service aims and objectives

Ensuring that the outcomes measured are appropriate for the service being monitored is critical to effective outcome monitoring. Review participants stressed the importance of being clear about the aims and objectives of the service and of consulting staff and service users to ensure appropriate outcomes were identified. There are significant risks to identifying and measuring inappropriate outcomes which have been well documented by the research literature (Audit Commission, 2000). Setting unrealistic outcome targets beyond the remit of the service could demoralise and undermine staff. Similarly, poorly considered outcomes may skew service delivery and introduce perverse incentives for staff to behave in ways that contradict the original ethos of the service (Bird et al, 2005). For example, an outcome measure monitoring the proportion of service users reporting to the police may risk incentivising staff to encourage service users to report incidents when they are reluctant to do so, potentially conflicting with an organisational ethos that prioritises service user choice and empowerment.

In light of these risks careful consideration needs to be given to identifying appropriate outcomes for an organisation, and these should be kept under review. The five broad categories of outcomes identified in section 3.1 provide a framework for selecting potential outcomes, but the emphasis a service places on different outcomes will depend on their aims and objectives as well as the needs of the individual victim.

These issues are equally important for commissioners of services who play an important role in setting outcomes measures for the services they commission. There were instances where support organisations felt commissioners had identified outcomes that were either unrealistic or did not adequately reflect the needs of victims. For example, for one service provider an outcome to return victims of domestic violence to work within a set time frame was perceived to be inappropriate in view of the complexity of these cases and the need to prioritise the victim's safety above all other considerations. In another case, the effectiveness of an advocacy service supporting victims during their contact with the CJS was monitored

according to the number of victims who remained engaged in the CJS. This was considered inappropriate as such engagement was largely beyond the service's control; external factors including the actions of statutory agencies and the victim's personal circumstances were felt to play a key part as to whether they remained engaged. Dialogue between commissioners and service providers and a collaborative approach to identifying outcomes was felt to be vital to avoid unrealistic targets of this kind.

Key learning for effective outcome measurement

- Staff and service users should be consulted to ensure that the purpose of outcome measurement is clear and their views are incorporated into the outcome measurement approach adopted.
- Dialogue and a collaborative approach between service commissioners and providers is vital to ensure that outcomes built into contracts are appropriate for the service, and risks of introducing perverse incentives or setting up a service to fail are minimised.
- Outcome measures should be reviewed on an ongoing basis to monitor any unintended consequences and ensure continued relevance to the outcomes the service is seeking to achieve.

Incorporating client-led outcome approaches

A strong theme running throughout the service provider responses to the review was the importance of providing a responsive, client-led service:

We're not trying to get them to a certain place are we? We're responding to where they want to go or they need to go ... It's always individual.

(Case study 2, strategic staff interview)

Consequently a 'one size fits all' approach to outcome monitoring was felt to be inappropriate and services sought ways to accommodate client-led approaches. One example of this, discussed in section 3.2, was the use of bespoke measures which allowed practitioners to support the service user in identifying the outcomes they wanted to work towards at the outset, and then track progress over time. This approach could be used alongside more standardised psychometric measures to ensure that self-identified outcomes were incorporated into the approach service providers took to measuring outcomes. Other case studies described a 'menu' of outcomes which were tailored to the individual at the outset of engagement with the service, enabling the service to disregard outcomes that were considered irrelevant or not prioritised by the service user.

Key learning for effective outcome measurement

- Consideration should be given to accommodating client-led approaches when developing outcome indicators.
- A combination of standardised and bespoke measures may offer greater scope for services to accommodate client-led outcomes.

Establishing causality

Differentiating between outcomes directly related to a service or intervention and outcomes resulting from external factors is a challenge faced by all services seeking to evaluate their impact (Flint, 2010; Cupitt and Ellis, 2007). The case study organisations taking part in this review also faced this challenge:

[Determining impact] is a bit harder because you can say ... maybe it's the therapy that made the difference or maybe it was the fact that the court case is finally over. So, a little bit harder to separate whether it was us that made the difference or whether it was the passage of time and probably it's a bit of both.
(Case study 1, strategic staff interview)

One way in which services can seek to distinguish between the impact of a specific intervention and other, external factors is through the use of an impact evaluation using quasi-experimental or experimental research designs, such as randomised control trials (RCTs). Such designs generally involve one group that receives an intervention and another group, the control group, that does not. The assumption is that the control group offers an insight into the intervention group's outcomes had there been no treatment (Cook and Payne, 2002), and so make it possible to disentangle the effects of the intervention from the effects of other variables that influence outcomes (Farrington, 2003). RCTs, which randomly allocate people into the 'treatment' or 'control' groups, are one of the strongest designs for attributing outcomes and are commonly used in biomedical evaluations, but relatively few have been conducted within the field of criminal justice. A review of RCTs by Farrington and Welsh (2005) concluded that the ethical and practical challenges involved in RCTs remain a barrier to their use.

One service provider in this review was exploring the feasibility of taking forward a quasi-experimental approach that would compare the outcomes of service users receiving an intervention to the outcomes of those on a waiting list for the intervention, as one possible

way of producing 'control group' data. This organisation acknowledged that the costs of such an evaluation may be prohibitive to small service providers.

Key learning for effective outcome measurement

- It is not possible to attribute an outcome solely to a particular service or intervention without a high quality quasi-experimental or experimental research design such as an RCT. It is important to acknowledge such uncertainty when evaluating outcomes data collected by less robust methods.
- Careful consideration should be given to the ethical implications of experimental research designs, such as RCTs, in the context of support services for victims.

Capacity and infrastructure considerations

Limited funding for outcome monitoring was raised as a primary barrier to effective outcome measurement, limiting staff time for both data collection and dissemination. Some service providers felt that service commissioners should recognise the value of effective outcome measurement by ensuring adequate funding was available for it, and that outcome measurement was outlined in contract specifications. Review participants also felt that the scale of outcome monitoring should be appropriate to the size of the provider and realistically achievable within the resources available. This view was supported by previous research, which stressed the importance of outcome reporting that is proportionate to the funding available (Institute for Voluntary Action Research, 2011; Aiken and Paton, 2006). The question of infrastructure to support outcome monitoring was also raised, and there was variation across the case studies in the extent to which they had an electronic case management system that would support an outcome-focused approach.

Training for service providers and commissioners was also raised as an issue, with some service providers commenting that support organisations did not always have the research skills and knowledge needed to carry out effective outcome measurement. Similarly, it was felt that service commissioners would benefit from training and awareness-raising about appropriate outcome measures for victim services. Adequate training of providers and service commissioners was therefore felt to be an essential element of an outcome-focused approach.

Key learning for effective outcome measurement

- Commissioners should recognise the importance of outcome monitoring in their funding structures and tailor their outcome requirements to the funding provided.
- Outcome monitoring approaches should be in proportion to the size of the service and the resources it has available.
- Training in outcome measurement is an essential prerequisite to successful outcome monitoring for both service commissioners and providers.

Validity in outcome measurement

Some service providers raised concerns in relation to the validity of the outcome measures they were using and the risk that inaccurate measures would create a false picture of their services. As discussed in section 3.2, concerns related to a range of different measurement approaches, from the need for contextual information to interpret psychometric scales, to concerns that victim-reported outcomes may be affected by memory issues and low response rates. These issues are widely acknowledged in the research literature and are not unique to outcome measurement in victim support services (Aiken and Paton, 2006), and so caution should be taken in the interpretation of outcome measures (Bird et al, 2005).

However, some validity issues can be mitigated, to an extent, by using different approaches to capture outcomes from a range of perspectives to build up a more comprehensive picture of victim outcomes – an approach known in the research literature as methodological triangulation (Jupp, 2006). Service providers regularly captured feedback from service users in the form of questionnaires, but also conducted focus groups or gathered qualitative data from service users and staff to formulate illustrative case studies. Some outcomes can be captured successfully through hard observable indicators, while others are less tangible and will require more subjective forms of measurement. Therefore, a mixed-method approach to outcome measurement can be useful.

Service providers felt that some measures of process could add valuable context to an outcome-focused approach by monitoring service quality. Examples of measures that were felt to be valuable included the number of referrals made to a service, allowing a judgement to be made regarding whether it was reaching its target population, and the volume of visits or phone calls staff made to victims, which provided a measure of productivity and enabled comparisons to be made across sites and localities. Both service providers and commissioners should consider how some measures of activity can usefully be incorporated into an outcome-focused approach:

Another thing is to measure output ... We need to know how much we've done and with how many people but ... we need both [outputs and outcomes] really to be able to assess that we've reached everybody we intended to reach and that the service we delivered was good quality. So, we are continuing to monitor those output measures but we're ... trying to get a closer look at the outcomes as well. *(Case study 8, practitioner focus group)*

Key learning for effective outcome measurement

- Due to uncertainty in outcome measurement, care should be taken when interpreting outcomes data and methodological limitations should be acknowledged.
- A tool box approach, including both quantitative and qualitative approaches and incorporating multiple points of view, is likely to result in a more valid picture of outcomes than use of a single measure that does not capture the complexity of cases.
- Process measures that capture service activity can usefully complement an outcome-focused approach.

Capturing change over time

Service providers recognised the importance of assessing change over time as key to effectively measuring outcomes. However, barriers were identified in relation to capturing baseline data and long-term follow-up.

Capturing baseline information

Collecting baseline information was viewed as an important element of outcome monitoring that enabled services to measure change in outcome indicators using a 'before and after' measure. However, baseline outcome data were not captured by all case studies routinely, and some practitioners felt it was not always appropriate in the early stages of support to gather this information as meeting the immediate needs of the victim was the priority. Capturing a baseline too early was also felt to risk causing additional stress for the victim because of the potentially sensitive nature of the questions:

The real challenge for us is taking the measure at the beginning and involving the service user themselves in that because if people come to you in a traumatised state, for example a secondary victim of homicide, the last thing you want to be doing is asking them how they're feeling in terms of ... their personal relationships. It's very, very difficult to get that beginning measure.

(Findings workshop stakeholder)

As discussed in section 2.2, it was also felt that time was needed for the practitioner and service user to build trust and rapport before an accurate baseline could be captured. As a result, concerns were raised that the full extent of outcomes might not be captured if, by necessity, baseline data were collected some time after the start of the intervention, or indeed not collected at all. This reflects the findings of previous research (Lloyd and O'Sullivan, 2004).

For relatively short and focused interventions, such as telephone helpline advice, the capture of any baseline measure was felt to be inappropriate because of the duration of the contact. Consequently these interventions were felt to be particularly challenging to evaluate using an outcome-focused approach. However, where these interventions provided a gateway to longer-term support, there was more scope to go on to capture outcomes.

Long-term follow-up

As discussed in section 3.2, there may be a considerable lag between an intervention being delivered and its full outcomes becoming apparent. To capture these longer-term outcomes, some form of follow-up would be needed. However, participants identified a number of difficulties in doing this. In particular, concerns were raised that re-contacting service users could risk re-victimisation, although some participants felt that gaining informed consent for follow-up could mitigate this. Safety considerations were another potential barrier, particularly in relation to cases of domestic violence where a victim may be living with the perpetrator. It was felt that considerable caution should be exercised in attempting any form of follow-up in such instances. A practical consideration raised was the additional time and cost involved in re-contacting service users no longer in touch with the service.

Given the challenges related to long-term follow-up, capturing intermediate soft outcomes or distance travelled took on an additional importance for case study organisations (discussed in section 3.2). Service providers stressed the importance of capturing these kinds of measures to ensure that the value of their work was not underestimated, particularly if a final hard outcome had not been achieved, or was not yet visible. Methods used to track interim outcomes included use of psychometric scales to capture attitudinal and emotional changes and the use of staff assessment and service user narratives to capture individual examples.

Key learning for effective outcome measurement

- Service providers should give careful consideration to when it is appropriate to capture baseline data and what implications this may have for interpreting outcomes.
- Long-term follow-up presents practical and ethical challenges that need to be carefully considered. Decisions on whether to gather follow-up data should be made on a case-by-case basis, taking into account safety considerations and resource implications.
- Measuring interim outcomes and distance travelled is crucial to ensure that the work of services supporting victims is not underestimated.

4. Quality assurance

The extent to which support providers will achieve or improve outcomes for victims will be affected by the quality of the service provided. In view of this, and because service commissioners are increasingly seeking evidence of service quality in funding applications (Charity Evaluation Service, 2010), it is important that victim support services manage quality in a systematic and consistent way. Quality assurance is defined as the systematic activities implemented in a quality system so that quality requirements for a service are fulfilled.²⁴ Quality frameworks set out expected standards of delivery that an organisation should meet. These are used by organisations to monitor and evaluate performance, and to ensure practice is consistent across its members (Charity Evaluation Service, 2010).

This chapter explores the characteristics that are believed to indicate quality in victim support provision, the range of quality frameworks used by service providers to assess and monitor service quality, and the perceived advantages and barriers to their use. It draws predominantly on evidence from the case studies and findings workshop. Existing evidence and literature tended to focus on quality assurance in third sector organisations more broadly, rather than victim support services specifically, but this is discussed where relevant.

4.1 Indicators of quality in service provision

Service providers that participated in the review were emphatic that they wanted to provide the best possible service for their users, and there was some awareness that they were expected to demonstrate high standards of delivery to service commissioners. Indicators of quality in service provision were identified and fell into five broad areas, outlined in Table 4.1.

²⁴ See <http://asq.org/learn-about-quality/quality-assurance-quality-control/overview/overview.html> for further information.

Table 4.1 Indicators of quality in victim support service provision

Quality areas	Indicators
Governance and management	<ul style="list-style-type: none"> • Defined organisational aims and objectives • Standardised processes and procedures across the organisation • Service accountable to Board and/or managers, and individual staff/volunteers accountable to an assigned line manager • Monitoring of financial performance, including cost effectiveness
Staff/volunteer recruitment, training and support	<ul style="list-style-type: none"> • Staff/volunteers have the qualifications and/or have received the training necessary to fulfil their role • Staff/volunteers exhibit the necessary personal qualities and attributes to support victims professionally and sensitively • Clinical supervision²⁵ for staff/volunteers providing therapy to victims • Support mechanisms in place for staff/volunteers • Opportunities for learning and development
Victim-focused delivery	<ul style="list-style-type: none"> • Service provision tailored to meet the victim's specific needs • Desired outcomes of support identified by the victim at the outset • Victim involved in decision-making about what aspects of the support or intervention are received, as appropriate • Personal information held in accordance with the Data Protection Act, but with the necessary disclosure protocols in place • Service delivery underpinned by considerations of the victim's safety
Partnership working	<ul style="list-style-type: none"> • Organisations identified that the service needs to work with in order to achieve its aims and objectives • Protocols developed outlining the responsibilities of each organisation, particularly around signposting, referrals and information sharing • Data about effective partnership working gathered e.g. percentage of referrals picked up and actioned within agreed timescales
Monitoring and evaluation	<ul style="list-style-type: none"> • Service delivery reviewed regularly • Measurement of victim outcomes • Victim feedback requested, recorded and acted upon

²⁵ Used in counselling, psychotherapy and other mental health disciplines and involves the practitioner meeting regularly with another professional to discuss casework and other professional issues in a structured way.

It was not possible to explore each of these indicators in detail in the interviews, group discussions and workshop with service providers. However, it was clear that while each of the five areas was considered important, discussion centred on *recruitment, training and support* and *victim-focused delivery* in particular.

Service providers stressed the importance of staff and volunteers having the qualifications or receiving the training necessary to fulfil their role, but also that they needed to have the right personality and approach. It was felt that these latter attributes were more innate and could not necessarily be taught. Therefore, in order to have the 'right people' working for the organisation, processes relating to staff recruitment were considered crucial. For some smaller service providers, these processes were felt to be in need of development.

Which staff do we recruit? How do we recruit them? Do our staff adequately reflect the kind of work we're doing? I know in our agency I feel as though we could do a bit more around that. (*Findings workshop stakeholder*)

Service providers emphasised that the safety and wellbeing of victims was at the forefront of service delivery. Therefore, falling under the *victim-focused delivery* area, the importance of client confidentiality as an indicator of quality was highlighted by service providers, as was having disclosure protocols in place for safeguarding purposes. These issues were emphasised particularly strongly by organisations supporting children and young people, and victims of sexual or domestic violence:

It's important that victims know about data protection before we support them, about confidentiality and when we might have to break that if there are safeguarding issues. It's an important part of our service. (*Case study 8, practitioner focus group*)

Given that the service providers were all working to some form of quality framework (discussed further in section 4.2), it is not surprising that there is considerable similarity between the indicators identified and those defined in the frameworks. The indicators are also consistent with previous research and existing guidance (Charity Commission, 2008; Department of Health, 2007; Centre for Voluntary Action Research (CVAR), 2004). Therefore, the indicators shown in Table 4.1 are not unique to victim support services, but rather can be applied to a range of service types.

4.2 Approaches to quality assurance

Detailed awareness of quality assurance approaches varied considerably across the service providers involved in the review, with frontline practitioners from small support organisations sometimes being less aware of whether their organisation adhered to a particular quality framework or not. It is important that all practitioners in an organisation have an understanding of the framework(s) their organisation adheres to, in order for them to follow the standards to the best of their ability and to ensure a consistent approach across staff.

There were three broad approaches to quality assurance among the service providers involved in the review. These are described below, with a discussion of the perceived advantages and barriers to implementing each approach.

Standardised quality frameworks for organisations

There are a wide range of formalised, 'off the shelf' quality frameworks used by public and third sector organisations (Charity Evaluation Service, 2010), that set out expected standards of delivery and largely involve external audit for accreditation. The frameworks used by service providers in this review included Practical Quality Assurance System for Small Organisations (PQASSO), the Supporting People Quality Assessment Framework, Investors in People, Investors in Diversity and ISO9001.²⁶ Some organisations used more than one framework to address the specific needs and activities of their service.

Practitioners from organisations using these frameworks spoke very highly of them, and their use was felt to have three advantages, discussed below.

- They were perceived to meet the needs of service commissioners, who were considered increasingly likely to ask organisations to describe approaches to quality management to establish eligibility for funding (Charity Evaluation Service, 2010), with some requiring adherence to specific frameworks.
- Working to a quality framework was felt to provide an understanding of which processes were effective, and therefore to consolidate good practice, and highlight where there was room for improvement. This mirrors existing research and guidance on quality systems for the third sector more broadly (Charity Evaluation Service, 2010; Centre for Voluntary Action Research, 2004):

²⁶ Further detail about these frameworks is provided in Appendix B.

[PQASSO has been] really useful because it's brought us a step back, to look at our processes and recognise that while we were already doing things to a very good standard in some areas ... it was a really good reminder of areas that had not been given the attention which perhaps they deserved. (*Findings workshop stakeholder*)

- Their use instilled confidence in practitioners that they were delivering a quality service, particularly in relation to areas that had been in need of development, such as risk assessment and facilitating service user feedback.

While service providers spoke positively of these frameworks, some challenges to their use were highlighted. As with outcome measurement, discussed in Chapter 3, limited funding and resources were barriers to implementing quality systems, particularly for smaller organisations. Use of frameworks and accreditation was considered expensive, while preparing for accreditation and maintaining standards afterwards was felt to be time-consuming, particularly in terms of managing the documentation and evidence required. Concerns were raised that time spent in this way drew practitioners' attention away from their delivery roles:

It's a problem particularly I think for small charities ... You're always going to be caught between the immediate needs of your clients, which are ... in your face now, and the longer-term needs to deliver a good service, which ... tend to be pushed to one side by those immediate needs ... In the longer-term obviously it would be good if you could push yourself through the quality assurance process but finding the time is hard. (*Findings workshop stakeholder*)

As discussed in Chapter 3, in relation to outcome measurement, some participants felt that the scale of quality management should be appropriate to the size of the provider and realistically achievable with the resources available:

[There are] little organisations that have got £10–20,000 a year turnover, and are out there rattling their tins, doing fantastic work but doing it on a shoestring. But for an organisation like us that's taking half a million pounds worth of public money, I think we should be accountable for that ... I think we should take ourselves seriously enough to say ... we value our own service and our own governance and our own management so much we've gone and got ourselves a charter mark. (*Case study 7, strategic staff interview*)

Standardised quality frameworks for individuals

For some of the service providers involved in this review, accreditation was at the individual, rather than organisational level to regulatory bodies such as the British Psychological Society (BPS), British Association for Counselling and Psychotherapy (BACP) and Health Professions Council (HPC).²⁷ Accreditation was achieved by individual practitioners providing counselling or therapy, for groups such as bereaved children, child victims of sexual violence and victims experiencing trauma or post-traumatic stress disorder, following bereavement through homicide for example. While these frameworks are likely to meet the needs of service commissioners, service providers did not explicitly give this as a reason behind gaining accreditation. Rather, the driver was to demonstrate competency and quality in their own individual practice, as well as having access to support and guidance that accreditation to these bodies allowed.

Bespoke, in-house frameworks

Some support organisations had developed their own in-house quality frameworks that were tailor-made to their particular requirements. Participants described drawing on aspects of the formalised frameworks discussed above, but had decided that they were either too generic or inappropriate for their clients. By contrast, bespoke frameworks were felt to be ‘designed by specialists; for specialists’, and responsive to the needs of the service and its clients. Although developing an in-house quality framework was described as time-consuming, costly and complex, this was felt to be a small price to pay for a tool that was considered so responsive to the organisation’s needs.

However, existing guidance highlights the risk that in-house frameworks might not be recognised by service commissioners (Charity Evaluation Service, 2010). It is therefore understandable that they had generally been developed by the large, well established national service providers taking part in the review. These organisations tend not to have as much difficulty securing funding as smaller, less well known organisations which need to demonstrate adherence to a standardised framework to assure commissioners of their quality management. One service provider described how they were exploring the possibility of having their in-house framework validated by a regulatory body, which might go some way towards mitigating this risk.

²⁷ Further detail about these frameworks is provided in Appendix B.

A quality framework for the victim sector

This review has shown that there are a range of quality frameworks used by organisations providing support to victims and witnesses, and that some are very positively received, despite the barriers identified to their use. Even so, there was a perceived need among some service providers for a quality framework tailored specifically to victim support organisations, as it was felt important for organisations to be aiming for similar standards of delivery. It was envisaged that doing so would mitigate what was perceived to be bad practice sometimes evident across the sector.

I think it is something that the sector should definitely help to develop together, not something that is dropped from on high ... There's a lot of experience and expertise in this organisation and in others. It's something we'd be really interested in developing. (*Case study 8, strategic staff interview*)

However, other service providers were less convinced about the need for a framework tailored to the victim sector, particularly if they were content with the framework they were currently using, and had invested scarce time and resources to develop or implement systems. It was suggested that guidance on approved quality frameworks would be a good compromise. However, this would still not recognise the work of organisations that have developed their own bespoke quality frameworks.

5. Conclusion

This review explores the existing evidence and current practice in relation to identifying and meeting the needs of victims of crime, measuring victim outcomes, and quality assurance practices. This final chapter draws together and summarises the key findings. A resource has been developed from the findings of this review to support service providers, commissioners and stakeholders in adopting an outcome-focused approach to measure the performance of services supporting victims. The implications of the review findings for the resource are considered here.

5.1 The needs of victims

The key message drawn from the existing literature, and supported by review participants, is that victims' needs are complex, dynamic and wide ranging. While broad categories of need were identified (information, safety and protection from re-victimisation, practical support, emotional support, support navigating the CJS, and respect and fair treatment), providers stressed the importance of client-led approaches to identifying and meeting victims' specific needs.

The diversity of victim needs is reflected in the range of support service provision available. Service providers who participated in this review were purposively selected to reflect the diversity of this provision. They ranged from large national providers working with all victim groups, to specialist, local service providers working with specific groups, such as people bereaved by homicide, victims of sexual violence, and victims of hate crime. The range of services and interventions offered by these providers was similarly diverse, and included trauma counselling, helplines, practical advice and support, a 'listening ear' and advocacy services.

The complexity of victim needs and the diversity of the sector have implications for adopting an outcome-focused approach, as the outcomes selected and the approaches to measurement must be responsive to this diversity and tailored to the needs of each service. The type of interventions offered, the size of the organisation, and the needs of the victims they are supporting will all impact on the outcome measurement approach adopted.

5.2 Measuring outcomes

The review found that current practice in relation to outcome measurement varied considerably across the organisations that took part. Some providers had invested a lot of time and resources in developing and implementing outcome-focused approaches, while others were in the early planning stages, or had not considered such approaches in detail. Given this variation in practice, there are limitations in how far the review was able to draw on current best practice. This was further limited by an understandable reluctance to share approaches that had cost a significant amount of time and money to develop in a competitive tendering environment.

Despite these limitations, service providers were engaged with the issue of outcome measurement. Five outcome categories were identified, that were felt to be sufficiently broad to accommodate the diversity of outcomes that services were working to achieve. These categories were: improved health and wellbeing; increased safety; re-integration; feeling informed; and improved experience of the CJS. The exact selection of outcomes for any individual service would vary depending on the type of intervention(s) offered and the individual needs of the service user.

Implications for outcome-focused commissioning

The review identified a number of factors affecting measurement of outcomes in support service provision for victims. These issues should be taken into consideration if outcome-focused commissioning is developed further.

- **Identifying appropriate outcomes:** It is vital to identify outcomes that are appropriate to the service in question. Unrealistic or inappropriate outcomes risk setting a service up to fail. Clarity in the aims and objectives of a service is the critical first step in this process and consultation with service users and staff was felt to ensure the outcomes identified were appropriate. Collaboration and dialogue between service commissioners and providers is also needed to ensure appropriate measures are identified, given that commissioners sometimes specify the outcomes they want the service to achieve when awarding funding.
- **Capacity and infrastructure:** It is critical that the outcome measurement approach adopted by a service and/or written into service commissioners' specifications is proportionate to the size and capacity of the organisation involved. Requirements for significant outcome measurement should be factored into funding arrangements in recognition of the administration and staff costs involved.

- **Training in outcome-focused approaches:** The review revealed that outcome measurement poses a big challenge for service providers and requires both providers and commissioners to grasp a range of research and evaluation techniques. Service providers fed back that more training and support was needed to ensure commissioners and providers understood the issues involved, indicating that a resource exploring issues related to outcome monitoring will prove useful.
- **Recognising limitations:** It is important to be aware of the limitations of outcome measurement approaches. The issues raised in this review in relation to attributing causality, capturing change over time and validity challenges mean that while outcomes data are valuable, they are not sufficient on their own to measure service performance. Over-interpretation of outcomes data poses the risk of inappropriate conclusions being drawn, which in turn may lead to unintended and negative consequences, with services being cut or extended based on a potentially incomplete picture of impact.

5.3 Quality assurance

Given the possible limitations of outcome measurement approaches, it is important that there are other ways in which support agencies can demonstrate quality in service delivery. Service providers that participated in the review were all working to some form of quality framework, whether one of the many standardised frameworks used by public and third sector organisations, or a bespoke framework developed in-house, tailor-made to organisational requirements. Regardless of the approach used, limited funding and resources were barriers to implementing quality systems, particularly for smaller organisations.

Standardised frameworks were felt to meet the needs of service commissioners, who increasingly require evidence of a quality management system for eligibility to funding streams, with some wanting adherence to specific frameworks. In contrast, while very much favoured by the organisations using them, existing guidance highlights that in-house frameworks might not be recognised by commissioners (Charity Evaluation Service, 2010). The potential for having in-house frameworks validated by a regulatory body is worth further exploration by service providers as it might go some way towards mitigating this risk.

While there was some preference among service providers for a quality framework to be adopted across the victim sector, there was also some resistance to a 'one size fits all'

approach, in view of the diversity of the sector already discussed. It was suggested that guidance as to approved quality frameworks would be a good compromise. However, this would still not recognise the work of organisations that have developed their own quality frameworks.

5.4 Implications for an outcome measurement resource

The findings of the review suggest that there may be a need to increase capacity in outcome measurement for services supporting victims. Consequently, a resource has been developed to provide support and information to service providers, commissioners and stakeholders in adopting an outcome-focused approach. Factors that were taken into consideration when developing the resource included:

- no 'one size fits all' approach to outcome measurement;
- the need to build on existing evidence and guidance;
- audience; and
- content.

No 'one size fits all' approach to outcome measurement

The diversity of the sector and the range of interventions and target groups within it means that outcome measurement must accommodate this diversity and recognise that approaches will need to vary.

This finding is supported by previous research that cautioned against imposing a single approach to outcome measurement in a diverse sector (Lloyd and O'Sullivan, 2004). To avoid this pitfall the resource performs three practical functions:

- discusses the key issues to take into consideration when designing such an approach;
- presents examples from case studies of current practice; and
- signposts to additional sources of support and information.

Building on existing evidence and guidance

While there is limited guidance available aimed specifically at services working with victims of crime, there is a range of advice and guidance aimed at supporting third sector organisations to measure their outcomes. Infrastructure bodies, including the National Council for Voluntary Organisations (NCVO) and third sector organisations like the CES, provide valuable resources and materials aimed at building the capacity of the third sector to monitor outcomes. The increasing focus on outcome measurement across a range of policy areas

also means valuable lessons can be learnt from other sectors that may be applicable to outcome measurement in the victim sector. For example, the NHS *Increasing access to psychological therapies* (IAPT) programme²⁸ includes advice and guidance on outcome measurement that may be applicable to services working with victims, particularly those with a therapeutic focus. The resource draws on this existing body of evidence to avoid duplication, and to signpost to other sources of support.

Audience

There are a range of stakeholders who play an important role in identifying and monitoring outcomes. While service providers are a key audience for the resource it needed to be broad enough in scope to be useful to a range of stakeholders including service commissioners, who play a critical role in setting and monitoring outcomes.

Content

Drawing on the evidence from this review, the resource aims to explore issues for consideration in outcome measurement from the design stage through to the dissemination of findings. Key areas covered by the resource include:

- Designing your outcome measurement approach
- Implementing your outcome measurement approach
- Making use of outcome data
- Reviewing your outcome measurement approach
- Quality assurance
- Further information and resources

5.5 Suggestions for further research

In carrying out this review, it has become clear that there may be benefits to further research in the following areas.

Effective victim needs assessment

Matching service provision to the needs of victims is vital, yet there is limited evidence on best practice in relation to needs assessment. Further research exploring the effectiveness of needs assessment approaches in victim support services would facilitate effective practice in this area. While an impact evaluation would be unfeasible, robust qualitative research could

²⁸ For further information visit <http://www.iapt.nhs.uk>

explore practitioners', and potentially victims', views and experiences of different assessment tools.

Effectiveness of interventions

There is a general absence of robust evaluations of interventions for victims of crime, particularly in the voluntary sector and at the local level. A recent review of the literature (Kalaga and Kingston, 2007) notes that 'empirical research regarding the effectiveness of interventions remains limited'. The adoption of outcome-focused approaches by service providers may contribute to the evidence base on the effectiveness of interventions, but this review has shown that service providers will need support in terms of both resources and capacity building to capture outcomes effectively and rigorously. An impact evaluation, using an experimental or quasi-experimental design, would offer a robust way of distinguishing the impact of specific interventions from other, external factors. There are, however, ethical and practical challenges, including cost, that pose a barrier to the use of such methods.

Outcome measurement and quality assurance in victim services

The literature on outcome measurement and quality assurance approaches tends to be at a more general level, with limited literature relating specifically to victim support services. This review found that current practice in relation to these issues was diverse and at an early stage of development in some cases. This limited the extent to which best practice could be identified. As these practices embed in service provision, further research would be beneficial to identify good practice and explore how outcome-focused commissioning impacts on these practices.

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Appendix A

Methodology

This appendix gives further information about the review's methodology.

A1 Literature review

The research literature on crime victims, and the criminal justice response to victims, is now vast. However, few reviews have attempted to cut across all forms of victimisation, or consider lessons learned in terms of best practice. A victim advocate recently noted that 'the array of programmes available [to meet victims' needs] can be confusing and best practice is not considered in the literature' (O'Neill, 2011). While the literature review was not intended to enumerate every victim need or intervention available to meet these needs, it provided an overview of these issues, with a particular focus on victim needs and outcome measurement. The findings were fed into this report.

The literature review encompassed published and web-based materials over the period 1995 to 2011 including government reports, journal articles, book chapters and research monographs. Sources were gathered in a range of ways:

- A key word search of electronic holdings using online library and research databases, as well as a hard copy search of the research libraries of the Faculty of Law and Social Sciences, University of Oxford and the Institute of Criminology, University of Cambridge using key words and author cites. Reference lists of materials gathered in this manner were then searched for additional materials.
- An 'open-net' internet search using key words.
- A review of materials cited or provided by the Ministry of Justice.
- A review of leading texts in the field of victimology, such as the *Handbook of Victims and Victimology* (Walklate, 2007).
- A survey of clearing houses and victim-related websites or websites in common law jurisdictions which contain victim-related material, including the Australian Institute of Criminology; Statistics Canada (Centre for Justice Statistics); Ministry of Justice of New Zealand; and the Australian Domestic and Family Violence Clearinghouse.

Discriminating among studies in this field can be a subjective exercise, as some research projects provide only limited information on which to evaluate their scientific rigour. For this literature review, indicators of quality such as robust sampling, peer review and number of

citations were taken into account to ensure a focus on the most relevant and rigorous literature. The broad focus of this review and the diverse and heterogeneous nature of publications in the field of victims and support service provision did not allow for a systematic review.²⁹

The accumulated research was variable in depth. For example, there was a wealth of information available about victims' needs but much less about local service provision, the effectiveness of third sector victim support interventions, victim outcome measurement and quality assurance specific to the victim sector.

A2 Qualitative case studies

The eight case study service providers were sampled from organisations that received MoJ funding in 2011/12 from three MoJ funding streams for victims' services: the General Fund, the Homicide Fund and the Rape Support Fund. Cases were selected to ensure diversity of the type of victim supported; the size of the organisation and whether it had a national or local remit; the nature and extent of monitoring and evaluation; and geographical region.

Once the case study sites had been selected, emails were sent to a key contact in each organisation, providing information about the study and inviting them to participate. On agreeing to participate, a member of the NatCen research team spoke to the key contact on the phone to discuss the research in more detail and to organise the fieldwork. This involved setting up an in-depth interview with a member of strategic staff, a focus group with practitioners and the completion of a short questionnaire, to provide important contextual information about tools used in relation to needs assessment, outcome measurement and quality assurance (see section A6, below).

The achieved sample of case study organisations is set out in Table A1.

²⁹ A systematic review "identifies and synthesises all relevant research on a research topic. Often a systematic review appraises one hypothesis or links together a series of related hypotheses" (Ebeling and Gibbs, 2008).

Table A1 Achieved sample of case study organisations (n=8)

Victim focus	Domestic violence	1
	Hate crime	2
	Homicide	1
	Non-specialist	1
	Sexual violence	3
Victim characteristics	BME	1
	Disabled victims	1
	Children and young people	1
	Non-specific	5
National / Local	National	4
	Local	4
Outcome tools*	Psychometric scales	4
	Service user questionnaires	8
	Qualitative methodologies	5
	Bespoke outcome tools	3
Quality framework	Standardised	4
	Bespoke	1
	Standardised and bespoke	3

* This totals more than eight as case study organisations could use more than one tool.

Set out here is a brief description of each case study organisation that participated in the review:

- A national charity supporting victims of domestic violence. It offers independent domestic and sexual violence advocacy, refuges, a telephone helpline, sanctuary, floating support, and culturally specific accommodation and outreach for BAMER women and children. It also raises public awareness and advocates to policy makers on behalf of victims of domestic violence.
- A local charity providing support to female victims/survivors of sexual violence. A range of services are provided responding to the individual needs of victims/survivors, including specialised sexual violence counselling and emotional support, practical support, advocacy and information. The organisation has a number of other functions including campaigning and awareness-raising, training and consultancy.
- A local charity supporting victims of race hate crime. A range of services are provided including emotional support, practical support, information provision, advocacy and coordination of multi-agency working. The organisation also

delivers a service in schools for young victims or perpetrators of race hate crime and carries out work to raise awareness of the needs of these victims.

- A local charity providing support to victims of crime with a learning disability. Services provided include practical support, emotional support, peer support, information provision and advocacy. The organisation also undertakes training and awareness-raising with statutory and third sector providers to improve support for this victim group.
- A national charity providing evidence-based therapy to individuals of all ages affected by psychological trauma. The service works with victims of crime who have suffered trauma as a result of their experiences, such as people bereaved by homicide. The therapy aims to address the trauma of the incident to enable the victim to carry on with their lives.
- A national children's charity that focuses on child protection. It works with children's social care, police forces and other agencies across the UK to provide support to young people affected by crime. It also provides therapeutic interventions, runs prevention projects, supports young witnesses, and advocates on behalf of young victims.
- A local charity that supports victims/survivors of sexual violence. Services provided include support during forensic medical examinations, support throughout the criminal justice process, art therapy for young victims/survivors and solution-focused therapy.
- A national charity supporting victims of all crime types. Victims either self-refer or are referred by the police for support. A wide range of services are provided based on individual needs assessment, including a national telephone helpline, a national homicide service and a range of interventions including emotional support, practical support, information provision and advocacy. The charity also delivers a national witness service in every criminal court, offering support to witnesses during the court process.

Interviews with strategic leads

Strategic leads were senior members of the case study organisations and directly involved in quality assurance and outcome measurement strategy. They were selected so they were able to provide important detail in relation to their organisations' experiences of planning and implementing outcome measurement and quality assurance, as well as using the information collected to guide future service delivery.

Generally, key contacts were best placed to take part in the strategic lead interviews. However, in some cases the key contact suggested another senior member of staff who was felt to be the most appropriate person to interview about the issues outlined above. Once this individual confirmed to the key contact that they were willing to participate, a NatCen researcher contacted them to answer any questions, check that they were still willing to participate, and arrange an interview at a time and place that was convenient to them.

Focus groups with frontline practitioners

The key contacts were also asked to recruit groups of up to eight frontline practitioners. Each contact was sent opt-out letters for potential participants, containing information about the study and providing contact details for the research team, should they have any questions. After the end of the opt-out period, the key contact arranged a suitable time and place for the group discussion. The participants in the group discussions varied, but comprised practitioners in direct contact with victims, with responsibility for needs assessments and collection of data.

Participants were selected by the key contact in order to limit impact on service delivery and burden on staff.

A3 Key findings workshop

The selection criteria for the workshop were the same as for the case studies; see Table A2.³⁰ For organisations that had not participated as case studies, key contacts were found using information about the funding streams provided by MoJ. Each was sent an invitation to participate in the research, information about the review, and contact details for the research team. After initial agreement to participate had been received, service providers were sent joining instructions with further details.

³⁰ The outcome measurement and quality framework criteria have not been included because in-depth data were not gathered consistently across the workshop attendees.

Table A2 Achieved sample of workshop attendees (n=13)

Victim focus	ASB	2
	Domestic violence	1
	Hate crime	3
	Homicide	2
	Non-specialist	3
	Road traffic	1
	Sexual violence	1
Victim characteristics	BME groups	2
	Lesbian, gay, bisexual and transgender	2
	Non-specific	9
National / Local	National	8
	Local	5

A4 Topic guides

Tailored topic guides were used in all interviews and group discussions to help ensure a consistent approach across interviews and between interviewers. However, the guides were used flexibly to allow interviewers to respond to the nature and content of each discussion, so the topics covered and their order varied between interviews. Interviewers used open, non-leading questions and answers were fully probed. One of the topic guides is provided below as an example.

Topic guide for case study strategic leads

The main headings and sub-headings of the topic guide used for the interviews with case study strategic leads are provided below. A slightly different version of this guide was used for the interviews with academics/expert stakeholders and group discussions with practitioners.

1. Introduction

- Introduce self and research consortium; NatCen and Julian Roberts
- Explain the aims and objectives of the review
- Explain confidentiality and anonymity, and potential caveats
- Interview practicalities
- Questions

2. Participant background

- Current role in organisation, time in role
- Organisation profile (e.g. history, size, funding, focus)
- Nature of service/intervention provided

3. Victim support needs

- Victims' support needs their organisation seeks to meet
- How needs identified
- Assessment tools used
- How needs are met
- Unmet needs

4. Outcome measurement

- Outcomes their organisation is seeking to achieve
- Explore the rationale behind outcomes seeking to achieve
- Explore the outcome measures currently used by the organisation
 - i. Strengths and weaknesses of these measures
 - ii. Alternative measures and barriers or facilitators to their use
- Other outcomes that could be measured (and why not currently measured)
- Outcome measurement tools
 - i. How effective
 - ii. How robust
 - iii. Ease of implementation
 - iv. Facilitators and barriers to their use
- Awareness of outcome measures used in other sectors
- How outcome data is used to inform practice

5. Quality standards in support service provision

- Quality assurance frameworks/tools they use to assess service quality
- Which aspects of the organisation they apply to
- Effectiveness of these frameworks
- Awareness of other frameworks and reasons for not using
- Explore the factors affecting selection of a quality assurance framework
- Type of quality standards a quality assurance framework should feature
 - i. Relative importance of these factors

- How standards should be measured (indicators of good and bad quality)
- Awareness of quality assurance frameworks/tools in other sectors

6. Reflections and next steps

- Overall reflections (based on their own organisation's experiences) on:
 - i. Victims' support needs
 - ii. The effectiveness of support provision available to victims
 - iii. Measuring and assessing outcomes
 - iv. Measuring and assessing quality standards
- Any other areas of importance to cover
- Any questions for the research team
- Reassure regarding confidentiality
- Thank for their time

A5 Qualitative analysis

All interviews were digitally recorded and transcribed verbatim. The interview data were managed and analysed using the Framework approach developed by NatCen (Ritchie and Lewis, 2003). Key topics which emerged from the interviews were identified through familiarisation with the transcripts. Analytical frameworks were then drawn up (one for academics/expert stakeholders and one for case study organisations) and a series of matrices were set up, each relating to a different thematic issue. The columns in each matrix represented the key sub-themes or topics and the rows represented academics/expert stakeholders, individual strategic leads or case study discussion groups.

Data from each transcript were then summarised into the appropriate cells. The Framework method has recently been embedded into NVivo version 9. This software enabled the summarised data from the research to be linked to the verbatim transcript. This approach meant that each part of every transcript that was relevant to a particular theme was noted, ordered and accessible. The final analytic stage involved working through the charted data, drawing out the range of experiences and views, identifying similarities and differences and interrogating the data to seek to explain emergent patterns and findings. Verbatim interview quotations are provided in this report to highlight themes and findings where appropriate.

A6 Case study pre-visit scoping questionnaire

This questionnaire was sent to case study sites before the interviews to gather information on their outcome measurement and quality assurance practices.

Evidence and practice review of support for victims and measuring outcomes

The Ministry of Justice (MoJ) has commissioned NatCen Social Research (NatCen), and Professor Julian Roberts (University of Oxford) to conduct an evidence and practice review of the support offered to victims of crime and measuring outcomes.

The findings from the review will be used to develop guidance for practitioners about:

- the support needs of victims
- how support services can develop and measure victim outcomes; and
- how to assess and demonstrate quality in service provision.

We would be grateful if you could spare some time to tell us how your organisation currently measures client outcomes by completing this short questionnaire.

Data collected are confidential and the completed questionnaire will not be shared with MoJ. All findings will be anonymised in the written report and practitioner guidance arising from the research. If you have any queries about the questionnaire please contact *[NAME OF RESEARCHER AND CONTACT DETAILS]* who will be happy to help.

1) Please tell us about yourself

Your name		Job title	
Your email		Telephone number	

2) Please specify, what is/are the area(s) of victim support that your organisation specialises in (e.g. victims of hate crime, sexual violence, domestic violence, young victims etc., or a broader victim focus)

3) Does your organisation support victims locally or nationally?

Please mark X (in only one box)

Yes, locally

Yes, nationally

Both

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4) Please list the interventions your organisation uses to support victims? e.g. practical support, outreach services, therapeutic support/counselling, advocacy, drop-in services, befriending etc.

5) What tools does your organisation use to assess client need? e.g. needs assessments, risk assessments, wellbeing scales etc. Please give detail about the assessments and/or scales used.

Now, we would like to ask you about how you measure client outcomes.

6) **What tools does your organisation use to measure client outcomes from the service?** Please complete the table below for each outcome tool your organisation uses. These can be formalised tools or bespoke tools designed specifically for your organisation (an example of a formalised tool is given in the first row). For each tool used, please append a blank copy of the tool to the back of the questionnaire.

Name of tool	Bespoke tool/ generic tool	What outcomes are measured	When is the tool used during an intervention (e.g. at the start, on completion, at set intervals, post treatment?)	Is the tool used to assess the impact of the intervention? If not, please state purpose of tool	Please state if a blank copy of the tool is appended to this questionnaire. Alternatively, list <u>all</u> the data fields collected for each outcome measured
(Example) Outcomes Star	Generic tool	<ul style="list-style-type: none"> • Emotional & mental health • Physical health • Social networks and relationships • Meaningful use of time 	Used at the start and end of intervention	Yes	Copy of the tool appended

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7) **Does your organisation have a case management system (CMS)? (i.e. a computer assisted database to log client details and monitor their case)**

Please mark X (in only one box)

Yes

No

8) If yes, please list the exact information recorded (e.g. gender, age, marital status, risk factors, interventions accessed etc). Alternatively, please append a blank copy of the CMS data fields.

9) Does your organisation collect client feedback information? (e.g. service user satisfaction survey, focus groups etc.)

Please mark X (in only one box)

Yes

No

10) If yes, please list the exact information recorded (i.e. questions asked or alternatively, please append a blank copy of the survey / topic guide and return with this questionnaire). Please also indicate when this information is collected (e.g. at intervals, end of service).

11) Do you follow a quality framework? (e.g. *[insert examples relevant to the case study area specialism]*)

Please mark X (in only one box)

Yes

No

12) If yes, please can you list the name of the framework(s) and particular standard(s) followed?

Thank you very much for completing this questionnaire.

All data will be treated in confidence and only anonymised examples of the types of data collected will be used in the practitioner guidance and written report arising from the research. Please return the completed questionnaire and any appended documents to *[RESEARCHER NAME AND EMAIL ADDRESS]* by *[DATE]*.

Appendix B

Quality frameworks

This appendix gives further information about the quality frameworks discussed in Chapter 4. These are the quality frameworks discussed by service providers, rather than an exhaustive list of all quality frameworks.

Standardised quality frameworks for organisations

Investors in Diversity is an approach to managing equality, diversity and inclusion. It has three stages: a 'health check' for the organisation to understand its current position; support from a dedicated advisor to effect change; and demonstrating excellence in quality, diversity and inclusion.

Investors in People focuses on improving an organisation through the performance of its people. The standard focuses on ensuring that individual, team and organisational training and development assist the organisation in meeting its objectives. The standard is externally assessed through interviews and regularly reviewed, promoting continuous improvement.

ISO9001 is a quality management standard that can be applied to all organisations, including the third sector. A lead assessor is assigned to the organisation, undertakes an assessment of current quality management arrangements, and compiles a report of actions required. An external auditor then carries out the assessment.

Practical Quality Assurance System for Small Organisations (PQASSO) is a self assessment tool developed by the Charities Evaluation Service. It now also has a Quality Mark which depends on independent, external assessment. PQASSO is based on 12 quality areas:

- Planning
- Governance
- Leadership and management
- User-centred service
- Managing people
- Learning and development
- Managing money
- Managing resources

- Communications and promotion
- Working with others
- Monitoring and evaluation
- Results

PQASSO offers a staged approach to implementation through three levels of achievement. Level 1 is the introductory level; Level 3 is the most advanced.

Supporting People Quality Assessment Framework (QAF): The QAF enables providers to demonstrate that they are achieving a consistent minimum standard, as well as making continuous improvement to their services, via a self assessment toolkit. The QAF centers on six core objectives:

- Needs and risk assessment
- Support planning
- Security, health and safety
- Protection from abuse
- Fair access, diversity and inclusion
- Complaints

For each objective there is a set of standards against which providers assess their performance and identify which of four levels they meet (A, excellent; B, good practice; C, minimum standard; D, unacceptable).

Standardised quality frameworks for individuals

British Association for Counselling and Psychotherapy (BACP) is a membership organisation and registered charity that sets and monitors standards for therapeutic practice. It also provides information for therapists, clients of therapy and the general public.

British Psychological Society promotes excellence and ethical practice in psychology. It aims to:

- Support members' careers and professional development
- Provide information to the public
- Increase awareness and influence of psychology in society
- Raise standards of education, training and practice in psychology

Health Professions Council is a regulatory body that keeps a register of health professionals who meet their standards for training, proficiency and professional skills, behaviour and health. The proficiency standards are ones which every health professional must meet in order to become and remain registered.

Ministry of Justice Research Series 19/12

Evidence and Practice Review of support for victims and outcome measurement

This research reviewed current practice and existing evidence on victims' support needs, outcome measurement and quality assurance in the victim support sector. A literature review of current research, interviews with experts in the field, case studies of victim support service providers and a findings workshop provided the results for the review. The research found that the needs of victims are complex, dynamic and wide ranging, and the support service sector is diverse. Current practice in measuring outcomes that providers aim to achieve for victims and approaches to quality assurance within the sector varied considerably; this has implications for outcome-focused commissioning.

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E-mail: research@justice.gsi.gov.uk

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