



Haven Evaluation - April 2001

Draft Report

April 2001



Working for a safer London

MANAGEMENT SUMMARY

The MPS Consultancy Group (MPSCG) have been asked to prepare an evaluation report of the sexual assault referral centre in Camberwell (known as 'the Haven'), to help inform a business case for possible future centres in London. .

This evaluation was based on results from four sources: the Haven's own questionnaires and data, questionnaires designed by the MPSCG, a focus group of SOIT (Sexual Offence Investigation Trained) managers, and some recent anecdotal comments made by SOITs regarding both the Haven and VESs, which were sent directly to the project sponsor, Supt. Jim Webster.

The focus group analysis showed that SOIT managers felt that the Haven outperformed victim examination suites (VESs) on all of the issues which they considered to be important.

Results from the Haven's own questionnaires showed that there was a very high level of satisfaction with the centre.

Results from the MPSCG questionnaires showed that the Haven was considered to provide an excellent service, and that although there were many positive responses to specific questions in the control site questionnaires, there were more negative 'freetext' comments associated with the control site VESs than the Haven.

Finally, the sponsor of this work has recently asked SOIT's to pass comment on both the Haven and VESs. All of the comments relating to the Haven were positive, and all comments relating to the VESs were negative. Additionally, most of the negative comments made about the VESs were concerning issues which are fully addressed by the Haven.

CONTENTS

1.	INTRODUCTION/BACKGROUND	2
2.	DATA COLLECTED BY THE HAVEN	3
2.1	DEMOGRAPHIC DATA	3
2.2	QUESTIONNAIRE DATA	3
3.	MPSCG QUESTIONNAIRE DATA:	5
3.1	STRUCTURED QUESTIONS	6
3.2	FREETEXT QUESTIONS	6
4.	ANECDOTAL EVIDENCE	7
4.1	HAVEN	7
4.2	VESS	7
5.	SOIT MANAGERS - FOCUS GROUP	8
5.1	RESULTS	8
5.2	SUMMARY OF SOIT WORKSHOP	11
6.	CONCLUSION	11

INTRODUCTION/BACKGROUND

MPS Consultancy Group has been asked to evaluate the sexual assault referral centre at King's College Hospital, London (also known as 'The Haven').

For comparison purposes 8 'control' site boroughs have been selected, on the basis of similarities in socio-economic status and social deprivation between them and the Haven boroughs. Where possible, all data items used for the evaluation have been collected from the Haven boroughs and the control site boroughs. However this was not possible for certain data items (for example, opinions and assessments by crisis workers which are only available from the Haven).

Two sets of questionnaires were sent out to the control sites and the Haven. These were quarterly questionnaires, which are being sent out every once every three months and continuous questionnaires which are being constantly returned throughout the course of the evaluation.

This report includes data from 4 data sources, namely:

- Haven data (counts of referrals and self-referrals, ethnicity breakdowns from the Havens' own proformas and data from their own questionnaires);
- MPSCG questionnaires ('opinion' results from Doctors, chaperones, victims, etc.);
- Anecdotal evidence supplied directly to the project sponsor.
- A workshop of SOIT (sexual offences investigation trained) managers conducted by MPSCG in order to find out their views on the current pilot Haven sexual assault referral centre, and

It is important to note here that for a reliable evaluation, the same data must be collected from the Haven and the control sites. Returns of MPSCG

questionnaires from the control sites has been very low. However, it is the opinion of MPSCG that the consistency shown in the comments about the control site VESSs, and the consistency shown in the comments regarding the Haven is very important. That is, although the number of returns from the control sites is much lower than that of the Haven, the type of responses from each can be considered to be quite indicative of the service provided.

Data collected by the Haven

(N.B. this data covers the period May 2000 until March 2001)

Demographic data

The Haven has designed a set of proformas that enable staff to keep detailed records of clients using the Haven. The data is stored on a database that allows staff to monitor relationships and trends of gender, age, ethnicity, whether a client was self-referred or police referred, etc

A breakdown of all clients attending the Haven from May 2000 can be seen in Appendix A.

The results show that of 545 clients who used the Haven in the last 11 months, 432 were referred by the Police and 113 self-referred (without any initial Police involvement). Clients who initially reported as a self-referral but later contacted the Police were recorded as a Police referral.

The results show a fair distribution of Police referrals over the 11 months but self-referrals show a fluctuation over the 11 month period.

In graphs 1 and 2 (Appendix A) it can be seen that for Police referrals, the age of clients is more evenly distributed than self-referrals who tend to be within the age group of 20-35. The graphs also show a breakdown of ethnicity vs. gender for self-referrals and the numbers of Police vs. Self Referrals over the 11 months.

In graphs 3 and 4 (Appendix A) it can be seen that in the ethnic minority groups, there is a low number of both male and female self-referrals. This maybe due to a number of different factors including awareness within certain ethnic areas or a reluctance to come forward as a result of a stigma which may be present within some ethnic groups.

The number of police referrals and self referrals over the last 11 months has not altered drastically but there is evidence that clients who are coming forward initially as self-referrals are then involving the Police. This may explain the steady increase in Police referrals from November 2000 - February 2001 (any client who initially self refers and then subsequently involves the Police is then recorded as a Police referral.

Questionnaire data

Questionnaires were designed and distributed by Haven staff to SOITs and Service Users to gauge their opinions of the service the Haven provides and are a useful indicator for determining areas of success and where improvements need to be made. The questionnaires were given to SOIT officers on their attendance at the Haven when accompanying their client.

SOIT questionnaires: results summary

134 SOIT officers completed an evaluation questionnaire between August and December 2000. The following is a summary revealing some of the more relevant questions taken from the survey and although qualitative, show an overall extremely positive attitude towards the Haven, its staff and the service it provides.

Every SOIT responded that they felt the client was given a clear, full explanation of the procedure and only one felt there had been a problem during the visit (no further details were available).

A further question was left as a free-text response asking SOIT officers if they felt there was anything the Haven could do better to improve the service; no suggestions were given.

The next question asked whether, as a SOIT, they preferred coming to the Haven rather than going to their own VSE (victim examination suite); 96% answered yes, with the remaining 4% being indifferent.

Every SOIT responded that they felt the service the client received was either excellent (82%), very good or good.

Lastly, SOIT officers that had attended a follow-up service were asked to rate the service, and every officer who had attended rated the service as excellent (although SOIT officers attending follow-up services is not generally common).

Another section was left for free-text comments and again SOIT officers rated the Haven very highly, with comments like "an exceptional overall service" and "a brilliant service a long time coming".

The results from this questionnaire rate the Haven very highly. It is particularly interesting that 96% of SOITs prefer to use the Haven than a VES. The fact that calls are answered quickly and an FME is available within a very short period of time, combined with the efficiency and equipment provided by the Haven, enable a client to be treated quickly, professionally and with dedication and care.

Service-user Questionnaire

The questionnaire was given to service users/clients on their attendance at the Haven during the period October 2000 to the end of December 2000. 155 Clients were seen at the Haven during this period. 56 Clients attended between 9-5 Monday to Friday. The remaining 99 were seen after 17.00 or during the weekend. 50 clients completed a satisfaction questionnaire. This corresponds to an approximate 33% return rate and although this may seem relatively low, the difficulty remains in asking a service user to respond to a questionnaire during a traumatic and confusing time.

A series of questions asked whether the client had attended the Haven through the Police or had referred him or herself. All participants were Police referrals. The feedback from service users was that the longest time that they had to wait to be seen was 30 minutes, the shortest being 2 minutes.

88% of service users stated that they were happy with the explanation given to them by staff at the Haven.

88% responded that they were happy with the physical examination.

Of all service users asked, all 50 stated they had seen a female crisis worker.

When asked whether the gender of the crisis worker mattered, 88% stated that it did not.

The last question concentrated on the follow-up after the event and addressed the clients main concerns and physical/emotional needs. A high proportion were very concerned about the transmission of viral and other infections (e.g. HIV and STI) and also pregnancy as a result of rape. The Haven has all of the necessary facilities for addressing these needs by having an onsite dispensary (within the hospital) which is able to provide prophylactics and 'morning after' contraceptives immediately depending on the needs of the client.

Free text responses showed that service users were pleased with the service; one commented that 'people at the Haven made them feel they were back in control again'.

MPSCG Questionnaire Data:

The following analysis was conducted on questionnaires returned between December 2000 and March 2001.

The MPS Consultancy Group devised and designed their own set of questionnaires to capture qualitative information regarding feelings and opinions of users of the Haven. These users are broken down into: service users, SOIT officers, Investigating officers, crisis workers (exclusive to the Haven), and victims.

Continuous questionnaires were designed to be completed at each visit by either chaperones, crisis workers (Haven only), and victims at either the Haven or a control site VES. They are generally shorter than quarterly questionnaires.

Quarterly questionnaires were designed to be sent to crisis workers, doctors, investigating officers, and SOIT officers. They are generally more in-depth than continuous questionnaires.

Document No. (Ver. 0.1 - DRAFT) 5

Prepared by Symon Strick

4 April 2001

All questionnaires contained two types of questions. *Structured* questions asked for a specific type of response, generally in the form of 'tick boxes'. 'freetext' questions allowed respondents space to comment generally.

The following is a breakdown of the MPSCG questionnaire returns :

	Haven		Control sites	
	Continuou s	Quarterl y	Continuou s	Quarterly
SOIT officers	57	10	0	2
Victims	19	N/A	3	N/A
Crisis workers	27	0	N/A	N/A
Doctors	N/A	7	N/A	8
Investigating Officers	N/A	5	N/A	7
TOTAL	103	22	3	17

(N.B. The service user questionnaires replaced the Haven's own service user questionnaires from December 2000.)

The following analysis is based on those questions in the questionnaires which were considered to be most pertinent to the business case.

Due to the small number of respondents, actual numbers will be used as opposed to percentages.

Structured questions

All respondents were either fairly or very satisfied with the general level of care the victim received at the Haven. Most respondents were also satisfied at the control sites, although 2 doctors had 'mixed feelings', and one doctor was 'very dissatisfied'.

A series of questions asked whether the Haven and the control sites were fully equipped, forensically clean, and had clothes and refreshments available. Almost all of the Haven respondents responded positively to these questions, although one chaperone didn't know if it was forensically clean or fully equipped, and three chaperones didn't know if clothes were available. Results were similar for the control sites, although one doctor stated that the control site suite was never fully equipped, and three doctors stated that clothes were never available.

All respondents at both the Haven and the control sites rated the level of comfort as either medium or high; one doctor at the Haven and one doctor at the control sites rated the level of comfort as low.

8 crisis workers and 6 doctors stated that there was more than one victim at the Haven at a time; 4 investigating officers and one doctor reported the same at the control sites.

Freetext questions

All of the responses given in the questionnaires from the Haven were extremely positive. Unfortunately, the overall number of questionnaire responses from the control sites is too small to give any real comparisons between the Haven and the control sites. A full list of each of the comments made in the questions can be found in Appendix B.

Anecdotal evidence

The project sponsor asked for anecdotal evidence to be sent regarding peoples experiences and thoughts of both the Haven and the VESs.

Haven

“I only have 2 active SOIT officers so the comments re the above are a bit short. They state that The Haven is brilliant, that it takes a lot of pressure off already overworked SOIT officers. That victims receive proper counselling from an early stage and get a good standard of after care.”

“Speaking from a Borough perspective, we are lucky enough to have a brand new state of the art sex offences suite at GN. However a presentation was made at the NE Chaperones Training Day a short while ago. The returned comments regarding the Haven suites was well received. From officers on the SOIT staff here, they are very much in favour. The fact that the forensic exam is completed quickly by staff familiar with procedures, and the fact that other agencies are on site to assist makes the initial stages for the SOIT officer easier. It is also less traumatic for the patient. A DCI at Chingford facilitated the training day with over 150 present. The main question asked by officers was 'When are we going to get more centres'. “

“As a fairly recently trained SOIT, (1 year) I have only had the good fortune to deal with the Haven. I have nothing but praise for the scheme and have found them to be extremely helpful. I have heard horror stories of the old system, and am very glad that it has now changed. When attending the Haven I find it takes the pressure off me , (if only whilst I am there with the victim) to have the staff take over for a while and give the necessary advice. I have taken about 12 victims to the Haven in the space of a 10 months”.

VESs

“An FME being called, agreeing to attend, the officers waiting for two hours at the suite, only to find a sleepy voice on the end of the phone when they rang again to check an ETA. The FME then took another hour to get to them, 3 hours in total.”

“Our Male Chaperone PC Pullen waited with a female victim at a suite only to find that when the male FME arrived he refused to examine the victim unless a female chaperone was present. (the victim had no objections). Another FME had to be called and the examination delayed.”

“Most of the messages I have received base problems around the arrival time of FME's distance having to be travelled as directed by FME's.”

“First problem is where to park, back yard or surrounding streets with lots of restrictions and wardens!
Leading a victim through the back yard, back door.
Alerting the busy station officer you need the key
Leading a victim up a busy main staircase past offices staffed by Police Officers.”

“Because of the lack of resources in the borough main office CIPP teams, in the past chaperones have often found themselves accompanying victims alone which of course magnifies the problems.”

“Problems with the old system, SOIT exam suite at VW is described as unpleasant and often dirty. It is isolated and some officers feel vulnerable.
Occassions when a female Dr from North London has been identified to do the exam and refuses to travel. Victims endure a long journey and often some wait. Waits to get available Dr identified and Health Call often do not see it as any form of priority”.

“Given our proximity to KCH, it has to be said they already do a lot of our examinations. (and appear willing to if not busy with their own catchment area)”

“On Thursday 1st March 2001 at about 0715 hours a Rape victim met Wimbledon Officers. Contact made with a Wimbledon SOIT

officer who, for a variety of reasons was unable to take the case aboard. A CAD message sent Force wide for a SOIT. At 0930 hours I contacted Wimbledon but stated that I would have to find a replacement for my current Security post and then receive authority to travel. At 1030 hours I telephoned VW. No other response for a Soit Met wide!!! At 1130 I arranged for cover. The CID at VW were desperate for my services. I attended at 1230 hours and spent the next 12 1/2 hours dealing with the victim and associated matters”.

“Problems with using VES on division are as follows,

Doctors refusing to travel to available suites.

Dirty suites, the need to clean the suite prior to use. This has a negative effect on the victim.

Looking for suites that they are unfamiliar with, i.e. the victim has had to read the map in the past.

The need to stop for petrol with the victim on board when travelling any great distance to various suites.”

“Doctors only like going to Hendon therefore if the victim is not close by they can have an unnecessarily long journey to the suite.

It is very hard to get paediatricians out of hours. With a dedicated venue and staff this would be negated. I feel it would show a more professional and victim orientated procedure as there would be a set booking in policy rather than whatever the local system is.

With a designated site it would be easier to collate any data required which could help improve the way we deal with victims.

I feel the doctors would be in favour of it and we would receive a better more efficient service from them as a result”.

SOIT Managers - Focus Group

MPS Consultancy Group (MPSCG) have recently conducted a workshop of SOIT (sexual offences investigation trained) managers in order to find out their views on the current pilot Haven sexual assault referral centre. The results of this workshop are intended to be used in the long term for the final evaluation report, and in the short term to support a business case for funding possible future Havens.

The group consisted of 8 SOIT managers, as well as DC Bev MacAuley (CO41) and Supt. Jim Webster (TPHQ). Most managers had had experience of both the Haven and victim examination suites (VES). The first session asked the participants to discuss the observed differences between the Haven and VESs. These differences were condensed and summarised into ‘elements’ of examination suites. It was then attempted to determine whether it was possible to prioritise any of these elements. The second session discussed whether the Haven or VESs were better at delivering those elements, and why.

Results

Session 1 – ‘what are the observed differences between the Haven and the VESs’?

From the general discussion regarding the differences between the Haven and VESs, the following areas / elements seemed to be of the most importance:

- Cleanliness (for evidence / forensic purposes)
- Staff (and their availability)
- Location
- Equipment
- Attitude to victim
- Ability for victims to self –refer
- Safety
- Time
- After - care.

It was generally agreed that the elements in this list could not be prioritised.

Session 2 – Haven vs. VESs – which is better at providing the above-mentioned elements, and why?

Cleanliness

Haven

- All key areas are cleaned by crisis workers after each visit using FSS approved material and methodology.
- Protocols exist for cleaning, and are rigidly adhered to.

VES

- Cleaning is irregular.
- No protocols for cleaning.

It was mentioned that having an examination area, which is cleaned properly, would greatly assist in securing better forensic evidence if a case goes to court. The protocols in place at the Haven were considered to be more suitable than the arrangements currently at VESs.

Staff

Haven

- All staff at the Haven are under contractual agreements with penalties for non-adherence.
- The Haven staff have the ability to formalise appointments.
- There are more staff at Haven
- Staff gender requests can be accommodated
- There are staff who are specific to the Haven (doctors and crisis workers)

VES

- The FMEs at VESs also have a contract, but it is not enforced, and there are no penalties if it is not adhered to.
- There are no 'formal' appointments possible
- There are usually only 2 staff available at a VES
- There is no gender availability

It was generally felt that because the Haven is specifically for the examination of victims of sexual offences, its staff are also specifically employed for that purpose. This means that they are more available, have better training, and over time will develop invaluable experience which would probably not be gained by those who help out in a VES.

Location

Haven

- Easy to get to (trains, buses, and road travel)
- A single location helps to breed familiarity, which means that better information (about the centre) can be given to the victim prior to examination.
- As a hospital location it includes all other departments (e.g. A + E) which may be necessary.
- Includes a parking facility
- A more private facility, with less queuing
- The general facilities (phones, tea making equipment, etc) in the Haven are easy to find

VES

- Some VESs were considered to be difficult to access.
- More than one VES introduces randomness and unfamiliarity, leading to potential confusion for both SOIT's and victims
- They are only used for examinations, and therefore only opened when an examination is needed. This leads to some VESs being cold and unkempt.
- Some VESs have no parking near them
- Much more public presence; sometimes have to queue at the front counter.
- At unfamiliar VESs the SOITs don't know where to find some facilities; some VESs

don't have basic facilities.

It was generally thought that the actual location of the Haven was useful for travel. It was also felt that having all facilities under one roof, where everything that could be needed was always to be found in the same place, was advantageous.

Attitude to victims

Haven

- Willingness to travel to victim if required – this is contractual (doctors and crisis workers)
- Immediate handover of victim from SOIT to Haven
- Presence of crisis workers means that SOIT can concentrate on their own roles. Crisis workers can act as a 'buffer' between the police and the doctor.
- Because the doctors are specifically employed, it was felt they had more respect and gave a better level of service

VES

- Staff will not travel particularly FMEs who generally will treat a victim like any other patient
- No handover possible
- No crisis workers – SOITs take on many roles
- The FMEs are more 'random' – could be good or bad

The role of the crisis worker was mentioned here. Their presence was seen as extremely useful, as they could provide support and information to the victim, which allows SOITs to concentrate more on their own role. There was a general feeling that because the staff at the Haven were 'full time' referral centre staff, they have a more consistent, professional, and supportive approach.

Self referrals

At the Haven, victims can self refer, with no pressure to report to the police, and a guarantee of anonymity. This capability cannot be provided at a VES.

This was seen as not only important for victims comfort and state of mind, but also for police information, i.e. to help in obtaining a truer picture of the volume of sexual offences.

Safety / Security

The Haven was considered to be a less threatening environment for victims, as well as a 'more honest' place. It was also considered to be a 'known' place to travel to, thereby making travel arrangements intrinsically more secure for both SOITs and victims.

Time

Haven

- Less time involved for SOITs (with an impact for overtime payments) – helps to free up their time for other duties
- It provides a more efficient service
- The doctors are already there.
- The centre is usually always ready within 1 hour of being contacted
- There is generally less travel time involved
- For cases of drug rape, the time of examination is very important (i.e. the sooner the better)
- Time is a key factor for distress to victims

VES

- The process at VESs was estimated to take around twice as long
- Less efficient
- Waiting time for FMEs arrival
- Not always ready
- Can be very long travel time (if across London)
- Time delays can hamper evidence
- Victims will feel more distressed by the longer process time at VESs

As there is less time spent at the Haven, this was seen as advantageous to SOITs as it means that they can carry out other duties. It also makes the idea of assisting in a rape case more appealing for SOITs; in some cases the presence of a SOIT is not always necessary. There was a general agreement that the time taken to deal with a victim at a VES was around twice that of the Haven.

Equipment

The basic difference outlined here was the presence of SOIT kits. It was noted that these kits are kept at the Haven, whereas the SOIT has to provide their own at VESs.

After – care

Haven

- Any required prescription medication can be dispensed on site (especially prophylactics and the ‘morning after pill’)
- There is immediate counselling from the crisis workers
- The long term after – care is based at the Haven, which is of benefit to the victim (familiarity with the Haven)
- The victim is already ‘in the system’ at the Haven, making treatment of injuries and the arrangement of after-care and counselling much easier.
- If a victim has to return, they will never be seen by the same team (important for judicial matters)

VES

- All prescription medication has to be obtained privately (and at the initial expense of the SOIT); late night chemists must be found at night.
- No professional counselling is available immediately
- The victim will have to use another facility for any after - care
- The victim has to ‘enter’ the system first in order to be able to obtain medicine, after – care, counselling, etc. This takes police time and resources.
- This may not always be the case if a victim is seen at a VES.

It was generally felt that the level and timing of after – care for the victim was far better at the Haven than at VESs.

Summary of SOIT workshop

All of the necessary aspects and elements of post-incident examination of victims were considered to be better at the Haven than victim examination suites. The Haven was generally viewed as being cleaner (forensically), with more available staff (with a better level of knowledge and care), in an easier to access and more familiar location, with the ability to self-refer. It was also seen as being a safer and more secure environment, which required less of the SOITs time and which could process cases much more quickly. The Haven was also considered to have better facilities and equipment, and was able to provide a much better level of after - care.

It should also be noted here that the ACPO white paper entitled ‘Speaking Up For Justice’ will recommend a policy whereby sexual assault referral centres should be used. Recommendation 53 states that there is a need for ‘better facilities’, and recommendation 54 states that victims should have a choice of gender of the doctor who examines them. Haven-style centres provide both of these. Finally, ACPO recommend ‘... a high quality examination in a suitable place....i.e. sexual assault referral centres’.

conclusion

The results presented here seem to indicate a high degree of support for the Haven. Unfortunately, very low return rates for questionnaires from the control sites has made a direct comparison between VESs and the Haven impossible. However, there is very strong anecdotal evidence from both questionnaires and reports made directly to the sponsor that the Haven seems to out perform VESs on all of the issues which are considered to be important by SOIT managers. This is further supported by the results of the SOIT managers workshop.

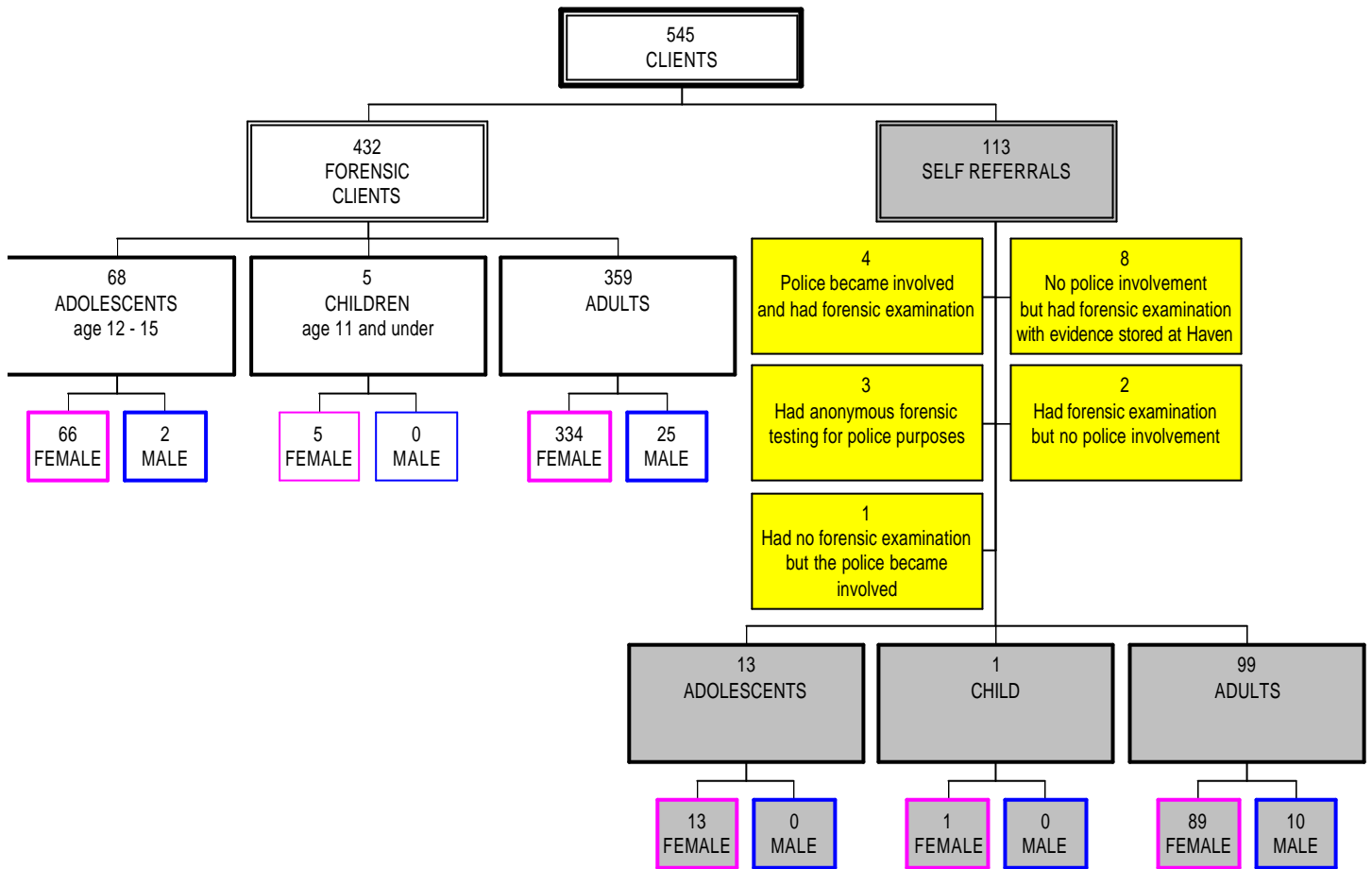
Some of the strongest evidence can be found in the general tone of the freetext responses to the questionnaires (Appendix B), and also the anecdotal evidence detailed in section 4.

Although no statistical or scientific validity could reasonably be expected to be associated with the analysis presented here, the qualitative nature of responses from all key knowledge holders (i.e. chaperones, crisis workers, doctors, investigating officers, and victims themselves) seems to indicate strong support for the

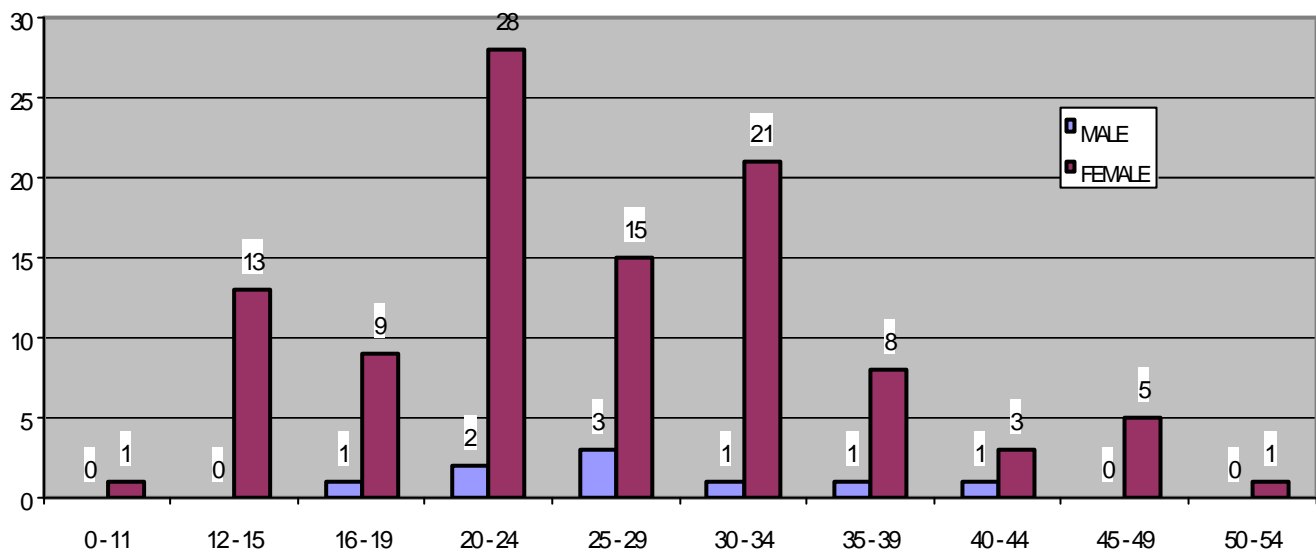
Haven in both the service it provides to the victim, and it's general usefulness for assisting the process of sexual assault investigation.

ANNEX 1
Table 1:

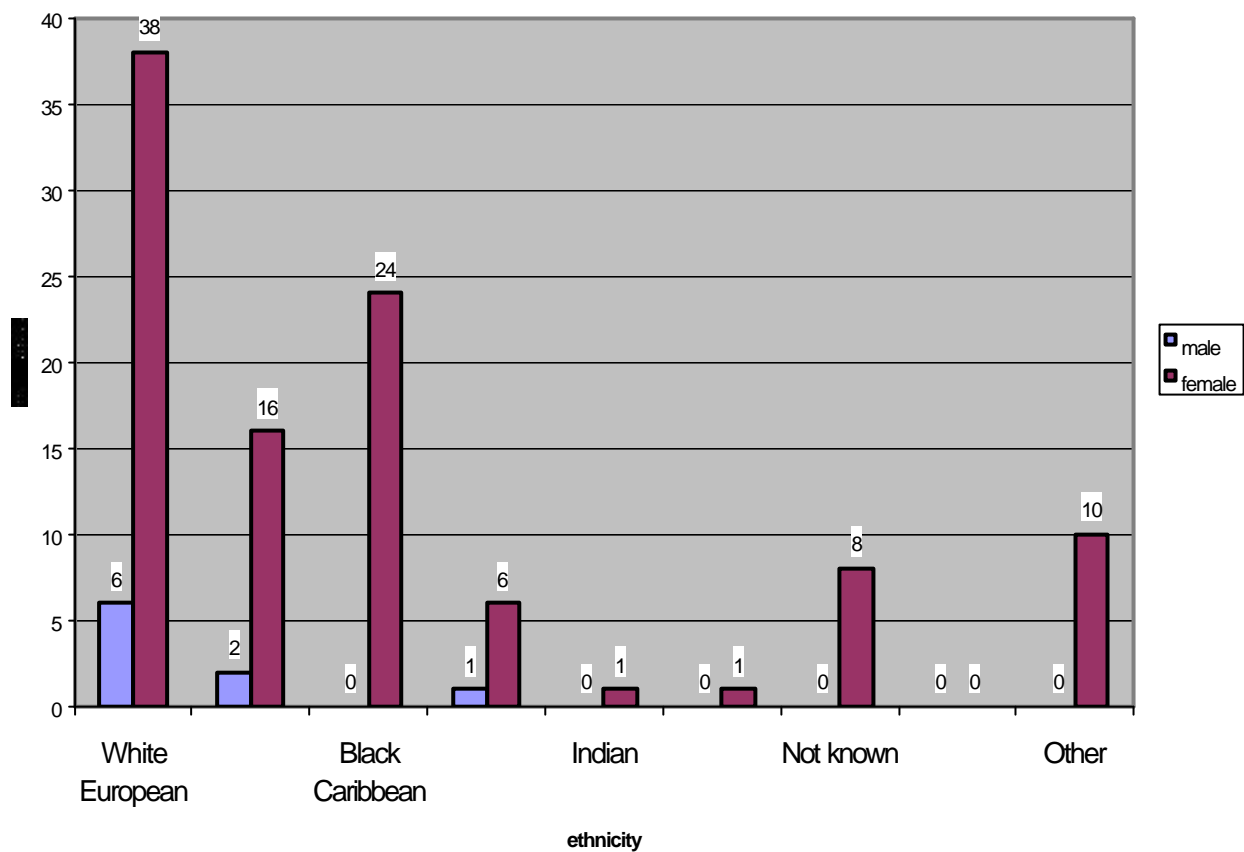
HAVEN CLIENTS SEEN FROM MAY 2000 TO MARCH 14TH 2001



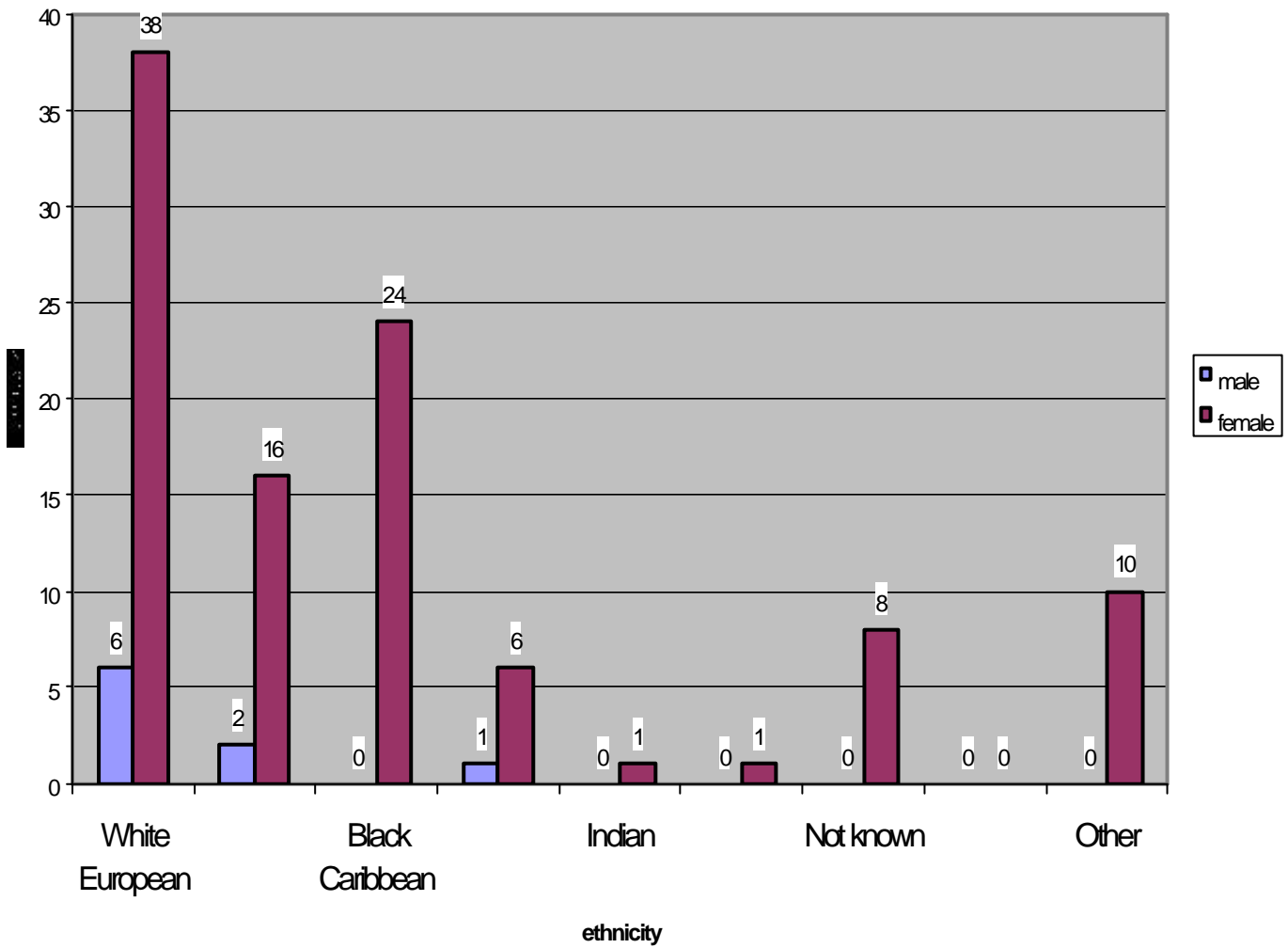
Graph 1: Self referrals Age and Gender May 2000 to 14th March 2001



Graph 3: Self referrals ethnicity and gender May 2000 - March 14th 2001

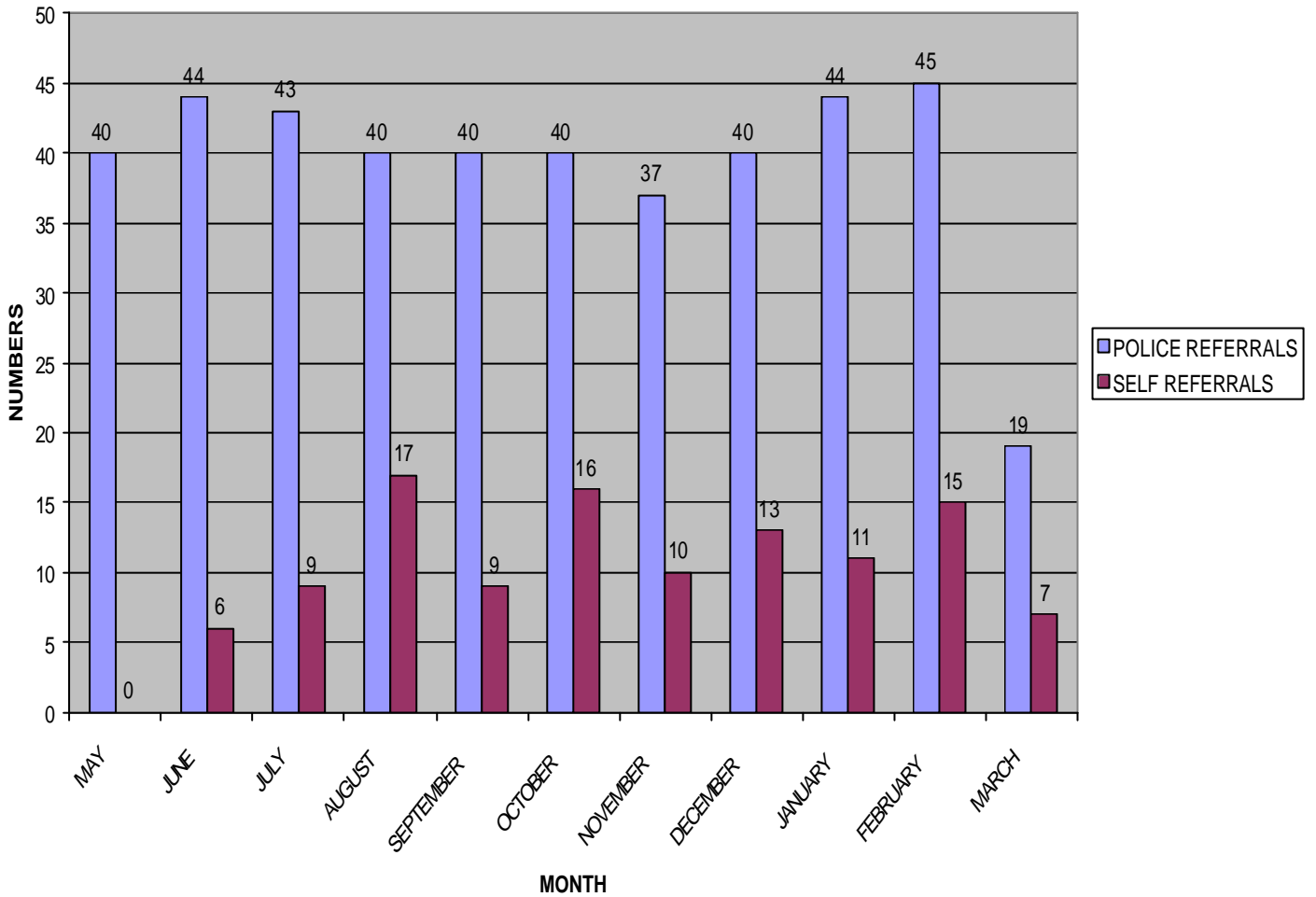


Graph 3: Self referrals ethnicity and gender May 2000 - March 14th 2001



Graph 4:

NUMBERS OF POLICE & SELF REFERRALS MAY 2000 - MARCH 14TH 2001



ANNEX 2

Haven free text responses quarterly and continuous (verbatim)

The next section is a compilation of the actual responses made by Service users, Crisis workers, SOIT officers and Investigating officers.

'If you have any other comments you would like to make regarding the Haven Centre use the space provided':

Crisis workers

One client who had self referred and had a forensic examination commented "*I am so, so glad I came, I felt so much better and thank God there is somewhere like this*".

"Very little refreshment and choice of sizes in clothing. Also no toilet facilities for attending SOIT officers".

Service users

"(name supplied) who dealt with me initially was fantastic, she really made me feel at ease."

"The remit should be made more explicit to referring agencies. The out of hours service should be clearly explained to the referee. There is a contradiction re: the concept of confidentiality & anonymity and whether police choose to pursue action."

"Thank you for comforting me and taking care of me while my time at the Haven centre."

"I felt secure and reassured about what happened to me. Although I still am unstable a little about what happened."

"This is a very good centre."

'Extremely clean and comfortable, everything provided. Much consideration and thought has gone into this centre. As unlike a hospital as it could possible be.'

Investigating officers

"My victim attended in company with a three year old daughter. I am sure that the child would have benefited by the provision of childrens toys, games and books."

"It is an excellent facility. It makes life easier for SOITs and provides a professional relaxed atmosphere for victims preferable to rape suites - service provided is also first class. The Met need more."

'Do you have any comments you would like to make regarding The Haven?'

SOIT officers

'The Haven is brilliant. The police need to get their act together now and provide a service that a victim deserves and not just whatever is available at the time.'

'An excellent facility – makes my role easier. Very professional and caring towards clients. Would be lost without it!'

'Prompt, polite, considerate'

'A fabulous service, very pro victim and very helpful to police.'

'A good service and it was good to be able to make one call and be there within 30 minutes for the examination to proceed.'

'I have not used the Haven enough times to say or relay any bad experiences. It has been good so far.'

'Fantastic/professional/caring. Keep it up. Very helpful place for chaperones eases the "burden".'

A very friendly welcome, made to feel at ease, and focus on client rapidly achieved. Thankyou. Very good, more of these facilities should be made available.

Excellent service

*Very efficient regarding time and exhibiting; friendly staff. Great, keep up the good work!
Once at Haven very good service, both crisis worker and doctor were very polite and helpful
I think the Haven provides an excellent service; staff are helpful and caring.*

Very impressed with the service offered.

Excellent service. Care and professionalism outstanding. About time.

When will this service be available PAN LONODN?

As ever.

Document No. (Ver. 0.1 - DRAFT) 18

Prepared by Symon Strick

4 April 2001

*Wonderful – as always!
Excellent; very helpful.
Very prompt and friendly service.
A great service provided. The only delay was due to a victim already being seen and this delay was a lot shorter than I thought it would be.
Very good and sensitive service. Very helpful.
Very helpful staff. Brilliant service.
Again an excellent service.
Excellent service. Very helpful and approachable staff.
Very friendly. Very efficient.
I am extremely satisfied with the service provided by the Haven,
As usual – excellent all round!
Wonderful invention..
Brilliant service.
Clean waiting room.
Excellent.
A great service, much less stressful for SOIT and victim.
Very polite and caring staff. A massive improvement on past attempts at rape suites.
Excellent staff. Very helpful and efficient.
Excellent service as always.
Staff are highly efficient and friendly. Excellent service for SOITs and victim.
An excellent service as usual.
Very professional and friendly staff.
Very efficient and quick. Very good service provided.
Very thorough and methodical, Saves a lot of time and all staff were kind to the victim and myself (SOIT).
Surroundings also clean and comfortable.
This was a much more relaxed, civilised, and acceptable way to deal with a victim – well done!
Excellent, friendly, professional service.*

Crisis workers

'I strongly feel that this type of service should be made for all of London not just south-east.'

Doctors

'Having done some work directly for the Met in VES settings, I think that there is no doubt that the Haven offers the opportunity to provide better forensic ??? as well as victim care.'

'As one of the Haven doctors it seems odd to answer questions! As being might look as being too impressed with one's own service provision. I do however, think the Haven is an excellent project and very much enjoy working here.'

Control site free text responses quarterly and continuous (verbatim)

Do you have any comments you would like to make regarding the victim suite?

Change of furniture in the interview room, make more user friendly, warmer (At Peel Centre furniture is quite old).

Suites vary – CX has no drug cupboard.

A fax machine within the suite would help to make relevant referrals.

Wimbledon Suite is a disgrace – old fashioned décor, freezing cold, not hot water and limited refreshments.

I am embarrassed to examine victims there. I understand it is being refurbished or ? closed permanently, so my comments may now be irrelevant.

Other additional comments

**The only way most of these problems will be resolved is to make
SOE part of the NHS with fewer suites – this way the suites will be**

clean and well stocked and all doctors properly trained and supervised.

Doctors need clinical governance/audit/research/regular assessment etc. and feedback on the outcome of their court performance and noted etc.

Despite all of this the most depressing aspect remains the appalling conviction rate for sexual offences - what is the point in any of it when offenders get off time and time again.

No matter how nice the suite/doctor/chaperone, I personally would not bother to report a rape with virtually no chance of a conviction at the end of it.

Sorry to be so negative – despite this I still feel dedicated to improving things and would hope to be involved in running an NHS based service one day.

I use JI and GN mainly.

GN suite has teething problems as regards entry and exit at the door. There are insufficient refreshments at present. Usually the standard is high. We need more input as regards the one way mirror room and teaching plans and replenishing the video print paper.

At JI there are inadequate refreshments, levonelle, post coital contraception medication and the door from the corridor swings open unless locked. There is no phone in the medical room.

Important: we need feedback from the FSS concerning the sample provided and feedback from the courts as to our performance.