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# **Pan-London Haven Performance Information**

## **Final Report**

**March 2005**

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***Suitable for publication - No FOIA Exemptions***



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| <b>Author(s)</b>                      | Ashton McGregor C079288 ICG – DCC2(3)<br>Yasmin Pethania C088509 ICG - DCC2(3)  |
| <b>Creating Branch / Command Unit</b> | Internal Consultancy  |
| <b>Owning Branch / Command Unit</b>   | Project Sapphire  |
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## **1. BACKGROUND AND METHODOLOGY**

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### **1.1 Background**

The Haven – Camberwell (a sexual assault referral centre) opened in May 2000 as part of the Department of Sexual Health at King's College Hospital, to cover 12 boroughs in South London. Its aim is to provide victims of sexual assault with both excellent holistic care and gold standard evidence collection to assist in convicting those guilty.

It was also set up because of the lack of appropriately trained female doctors to provide forensic examinations locally.

In order to collect DNA and other evidence, an examination should be carried out as soon as possible after sexual assault, and ideally the victim should not wash until afterwards. Unacceptable delays of many hours were usual.

In addition victims found it difficult to have other needs met, such as emergency contraception, prevention of infections including HIV, and psychosocial support. The service is comprehensive with on-going treatment, advice, counselling and follow up specialist and forensically trained doctors and nurses. It aims to provide a one-stop-shop service to victims of rape

The Haven – Camberwell was evaluated favourably by Her Majesty's Inspectorate of Constabulary and by the Metropolitan Police Authority. Matched police and health funding was agreed to open two further Havens for North London (Whitechapel and Paddington).

In January 2003 ICG was asked to assist with constructing a management information / performance information framework as these Havens were rolled out across London. Initial proposals were brought to the Pan-London Board in January 2004, with revisions made during the summer of 2004 immediately prior to the full rollout. (The Haven Paddington opened in March 2004 and the Haven Whitechapel in June 2004).

### **1.2 Methodology**

The primary research questions were to explore the contribution of Havens to the experience of victims of sexual assault and / or dealing with its immediate aftermath.

Data were collected from the three Havens in London (Whitechapel, Paddington and Camberwell). The primary comparisons were between Havens.

A multi-methodological strategy was used, collecting quantitative and qualitative data. The four methods used were as follows:

- User questionnaires
- SOIT officer questionnaires
- Measures of performance against the Pan-London Haven Service Level Agreement
- Data collection regarding age, ethnicity, gender of users of the service, referrals to and from the service, and offence details

## **2. INTRODUCTION**

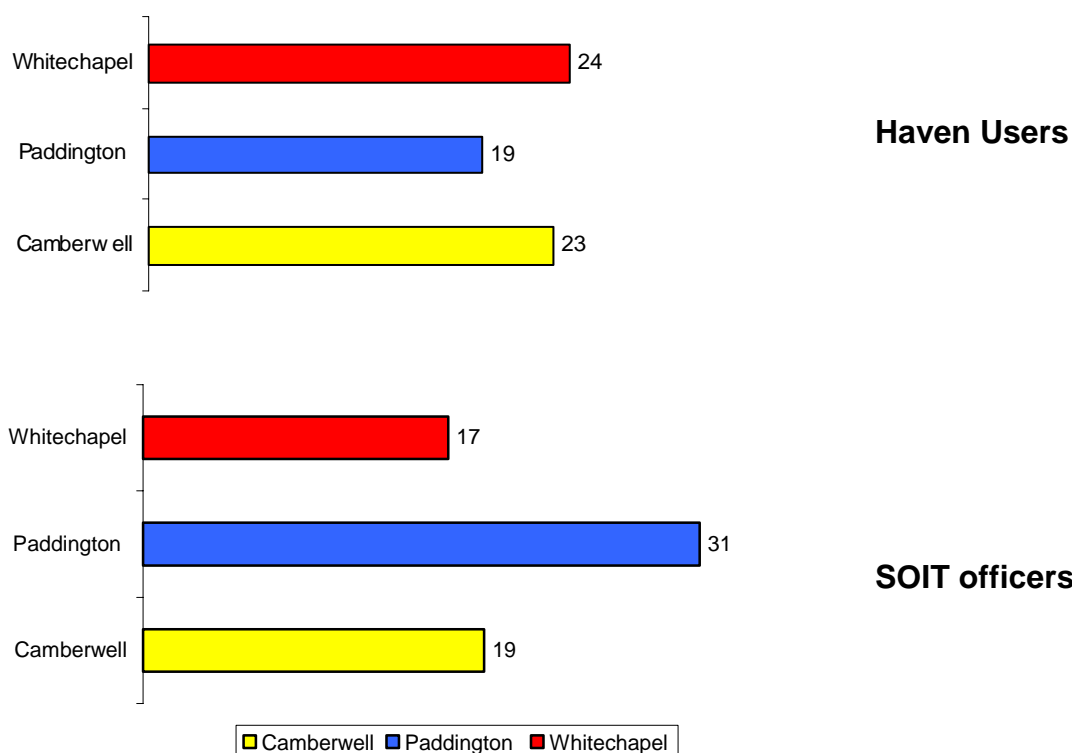
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This is an evaluation of the three Haven sites over a period of 6 months. All user respondents had contact with the pilot sites between August 2004 and January 2005.

During the pilot, the Pan-London Haven Board had also received an interim Haven Statistical Report (reported for period July to September 04) as well as a summary of Haven user questionnaire results for period July to October 2004. (It should be noted that full 24/7 cover was not available for the whole of the period of the pilot at Whitechapel and Paddington).

The total number of users of the pan-London Haven service was 1011 during the period August 2004 to January 2005.

70 individuals responded to the Haven user questionnaire and 67 responded to the SOIT officer questionnaire. The following graph shows the breakdown of respondents, i.e. which Haven site users attended and SOIT officers indicate they use the most:



Biographical details of the respondents for the Haven user questionnaire are shown at Appendix C.

### **3. HAVEN STATISTICAL DATA**

---

#### **3.1 Who reports to the police and accesses Havens?**

The total number of users of the pan-London Haven service was 1011 during the period August 2004 to January 2005.

The vast majority of those using the Havens are female (94.5%).

The majority of Haven users (male and female) are aged under 35 (81.2%).

4% of users are children (aged 12 and under) and 22.3% are adolescents (aged 13 to 17).

The majority of Haven referrals were from the police (84.9%).

109 non-police referrals were recorded by Camberwell during the period, compared to 16 at Whitechapel and 17 at Paddington. It is thought that that this is largely due to differences in recording practice across the sites, though there may also be differences in the public's and partners' knowledge of the different sites. The number of self referrals to North London Havens is expected to increase over the next years, based on experience in Haven Camberwell.

If we assume that 'other ethnicity' can be wholly classified as being of a black or minority ethnic (BME) background, the percentage of service users of a BME background accessing the Havens (28.9%) reflects what might be expected from the 2001 Census figures for London. The census showed that 29 per cent of London's population belonged to a BME group.

38.6% (n=91) of Whitechapel users did not have their ethnicity recorded, or did not provide their ethnicity. This compares to 1.3% (n=4) at Paddington and 4.3% (n=18) at Camberwell.

A significant minority of those accessing the Havens (Whitechapel and Paddington) had experienced domestic violence (10.9%), had learning difficulties (9.9%), had self-harmed (29.2%) and/or had psychiatric needs (27.8%). These may indicate vulnerability to sexual assault, lack of ability to protection self from harm and / or the targeting vulnerable victims by perpetrators.

#### **3.2 Referrals**

*N.B: The findings for sections 3.2 and 3.3 are for Whitechapel and Paddington only.*

3.9% of Haven users at Whitechapel and Paddington are self-referrals, with 92.9% of referrals coming from the police (SOITs and CID). 3.2% of referrals come from other sources, e.g. GUM, A&E, FPC, non-police other, not stated, GP, school, family.



There were 541 referrals from Sapphire Units to Whitechapel and Paddington. The residence of Haven users by local authority was recorded in 464 of the referrals. The SOITs are allocated according to where the offence is reported to have occurred or where Haven user report to the police.

Excluding users from outside of the MPS area, from the City of London and where there was no postcode match, 21.5% of the users attending Whitechapel or Paddington were from outside of the Havens' respective catchment areas of North East and North West London respectively (by local authority residence = 24.8%, by Sapphire Unit = 19.4%).

4.8% of children received by the Havens came from another catchment area (by local authority residence = 5%, by Sapphire Unit = 4.8%)

19.3% of adolescents received by the Havens came from another catchment area (by local authority residence = 22.8%, by Sapphire Unit = 16.8%).

These results indicate that offences occur or are reported in areas other than where Haven users' areas reside (by local authority). There is increasing incidence of this 'out of catchment area' presentation as users get older, reflecting their increased mobility.

One result of note was that at Paddington 36.7% of the adolescents resided outside of its catchment area in the MPS (compared to 10.4% at Whitechapel).

Between the two sites, a high proportion (80.1%) of clients seen at the Haven obtained further referrals (back to the Haven or onwards to other areas of the health service or other agencies). Much of this result is likely to be due to Paddington and Whitechapel cross-covering on nights when they are closed (3 nights per week per site). Once both sites provide a 24/7 service these referrals will decrease.

### **3.3 Offences**

Of the offences as recorded by the Havens (n=700 excluding unknown), 51.9% of perpetrators were strangers to the victim, and 48.1% of perpetrators were known to the victim.

The majority of offences involved a single perpetrator (87.9%).

## 4. HAVEN USER QUESTIONNAIRE

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The Haven User questionnaire sought to determine users' perceptions of the police, crisis workers, doctors, and Haven service overall. The questionnaires were agreed by both the Board and the Ethics Committees of each respective Trust.

This was conducted over the period August 2004 to February 2005, using a 'one month rule' whereby questionnaires would be accepted up to a month after the month that a visit was made by the user to the Haven.

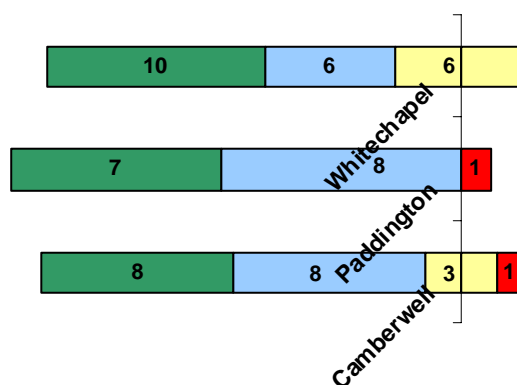
Questionnaires were included in the victim packs provided by the Havens. Respondents were given the option of completing the questionnaire by hand and depositing it in the Havens directly or by returning it by post.

The Havens at Paddington and Whitechapel also displayed the questionnaires in the follow-up waiting area.

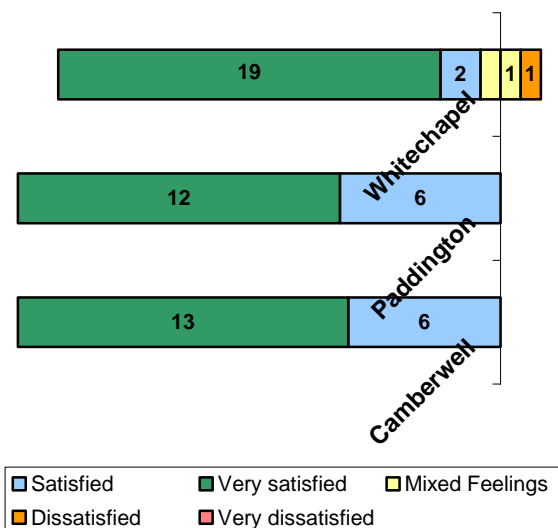
### 4.1 'The Police'

The majority of users (87%) indicated they were referred to the Haven by the police. Most users indicated they (or someone on their behalf) dialled 999 to make contact with the police or they visited their police station to report the assault. The following graphs show the reported level of satisfaction amongst users for waiting time to see a SOIT officer and the overall service provided by the SOIT officer that attended to them:

**Q6b: How satisfied were you with the length of the wait for the SOIT officer?**



Q7c: How satisfied were you with the service given by the SOIT officer?



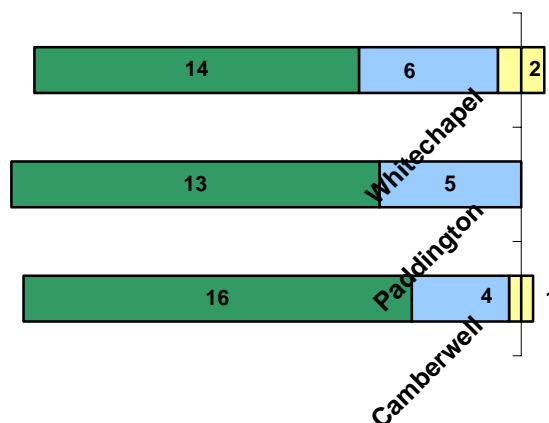
Generally, a high level of satisfaction is reported (82%), most users reported a waiting time of 30 minutes or less to initially see the SOIT officer (59%). However, those that used the Haven at Camberwell reported slightly higher waiting times in comparison to the other two sites, 39% reported a waiting time of 31 minutes to more than 1 hour. This could explain why there is slightly more dissatisfaction with the length of wait at the Camberwell site.

The vast majority of users of all three Haven sites felt that the SOIT officer that attended to them was easy to understand, professional and concerned for the individuals well being.

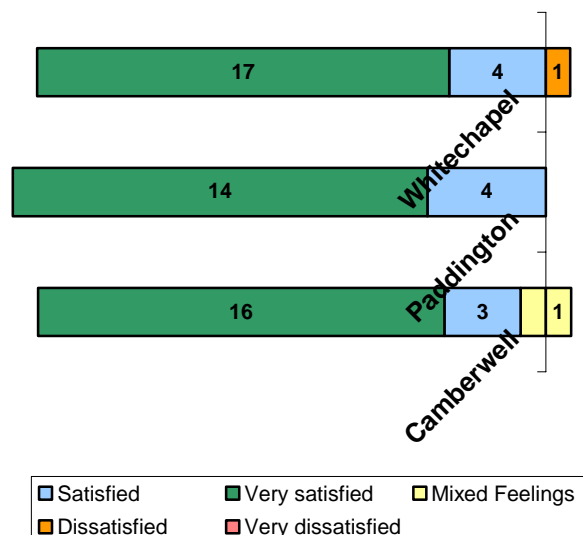
#### 4.2 'The Crisis Worker'

The following graphs show the reported level of satisfaction amongst users for waiting time to see a crisis worker once at the Haven and the overall service provided by the crisis worker that attended to them:

Q8: How satisfied were you with the length of time you waited to be seen by a CRISIS WORKER?



Q9c: How satisfied were you with the service given by the CRISIS WORKER?

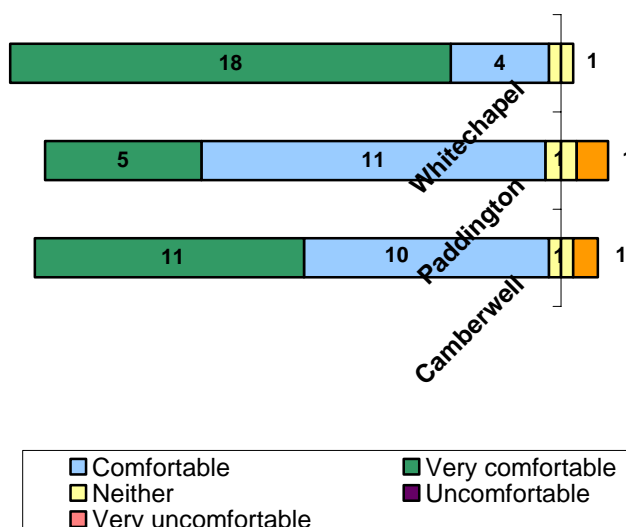


The majority, 95%, of users indicated they were 'Very satisfied' or 'satisfied' with the overall service provided by the crisis worker at the Haven and the length of time they had to wait to be seen by them. Whitechapel has one report of dissatisfaction with overall service provided by the crisis worker. The vast majority felt the crisis worker that attended to them was easy to understand, professional and concerned for their well-being.

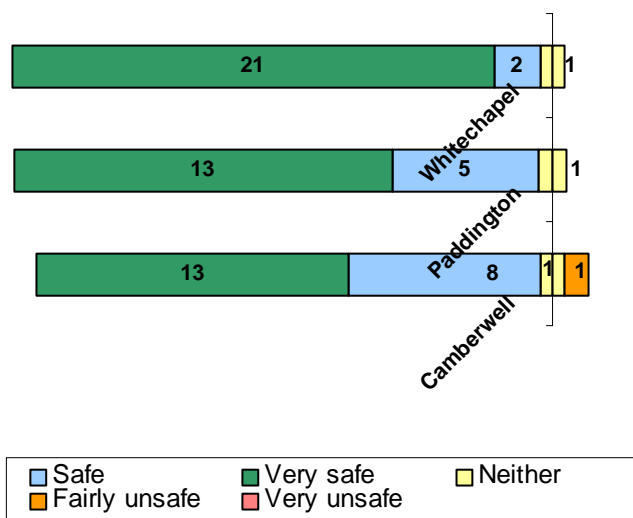
### 4.3 'The Haven'

Users were asked to rate the comfort of the surroundings of the Haven they attended and how safe they felt inside the Haven. The following graphs provide more detail:

Q11: How did you find the surroundings inside the Haven?



Q12: How safe did you feel at the Haven?



High levels of satisfaction were reported for comfort and safety of all three Havens. Slight dissatisfaction with safety and comfort was reported for the Camberwell site.

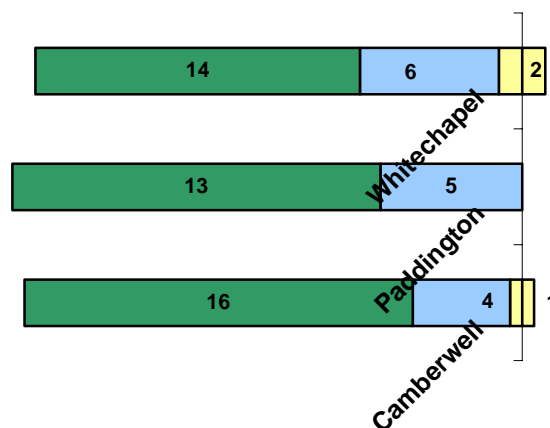
#### 4.4 The Doctor

The majority of respondents felt they had the choice about whether or not to have a forensic examination (88%). 98% of respondent's felt the doctor provided them with enough information about what would happen during the examination

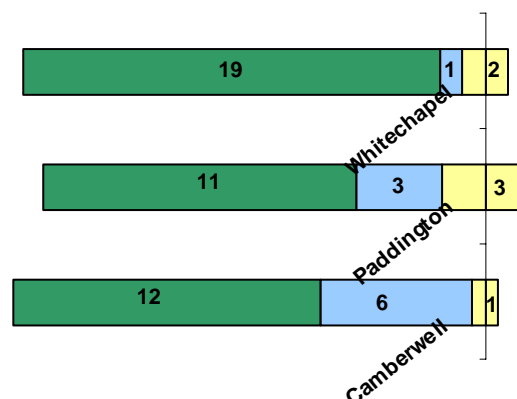
Most respondents did not request the gender of the doctor. However, for those that did request the gender of the doctor: all requests were met at the Whitechapel and Paddington Havens however two requests were not met at the Camberwell Haven.

The following graphs show the reported level of satisfaction amongst users for the general service received by the doctor, the way the doctor performed the forensic examination and generally the overall satisfaction of the service received at the Haven:

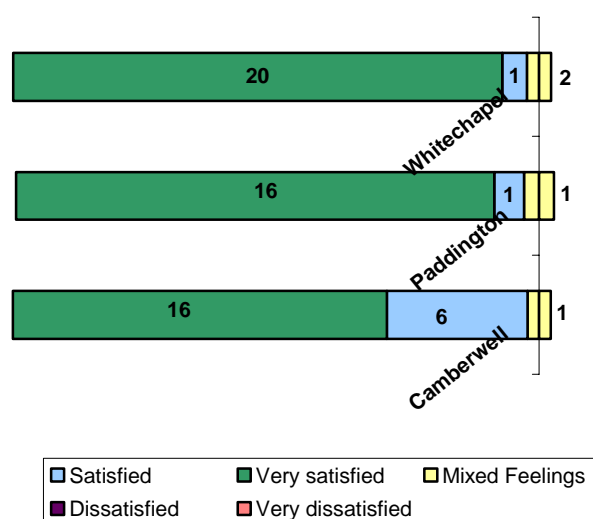
Q15c: How satisfied were you with the service given by the doctor?



Q15d: How satisfied were you with the way the doctor conducted the forensic examination



Q16: Overall how satisfied were you with the service you received at the Haven?



The results indicate that doctors at the three sites are providing a good service to the service; high levels of satisfaction are reported and no dissatisfaction is indicated at any of the Haven sites.

The majority of individuals that had a forensic examination felt the doctor that conducted it was easy to understand (100%), professional (96%) and concerned for the individuals well being (94%).

Almost all (95%) of Havens users indicated they were either 'very satisfied' or 'satisfied' with the overall service provided by the Haven site they attended.

#### 4.5 Additional Comments

Respondents were given the opportunity to make further comment on any of the issues raised in the questionnaire. The following table summarises the comments made:

| Positive Comments  | Frequency (n) |
|--|---------------|
| I would like to thank everyone at the Haven site   | 9             |
| The team was helpful, supportive and caring  | 8             |
| The staff at the Haven were understanding, sensitive and comforting.                                   | 6             |
| Everyone showed concern for my welfare and treatment   | 3             |
| I felt comfortable speaking to my SOIT officer   | 2             |
| Haven staff made me feel safe  | 2             |
| My SOIT officer was very supportive  | 1             |
| The doctor made me feel at ease  | 1             |
| I feared the examination the most but it went ok   | 1             |
| Haven staff were welcoming   | 1             |
| Negative Comments  | Frequency (n) |
| I was dissatisfied that I was referred to different sites.   | 2             |
| I was very nervous and scared  | 1             |
| It takes a long time for both for follow up and forensic testing                                       | 1             |
| I cannot come to terms with what happened  | 1             |
| I wish there was somewhere to sit whilst waiting, such as a small room for privacy                     | 1             |
| It was difficult to find the Haven site, it should be clearly sign posted and a map should be provided | 1             |
| I'm still frightened when I go out   | 1             |

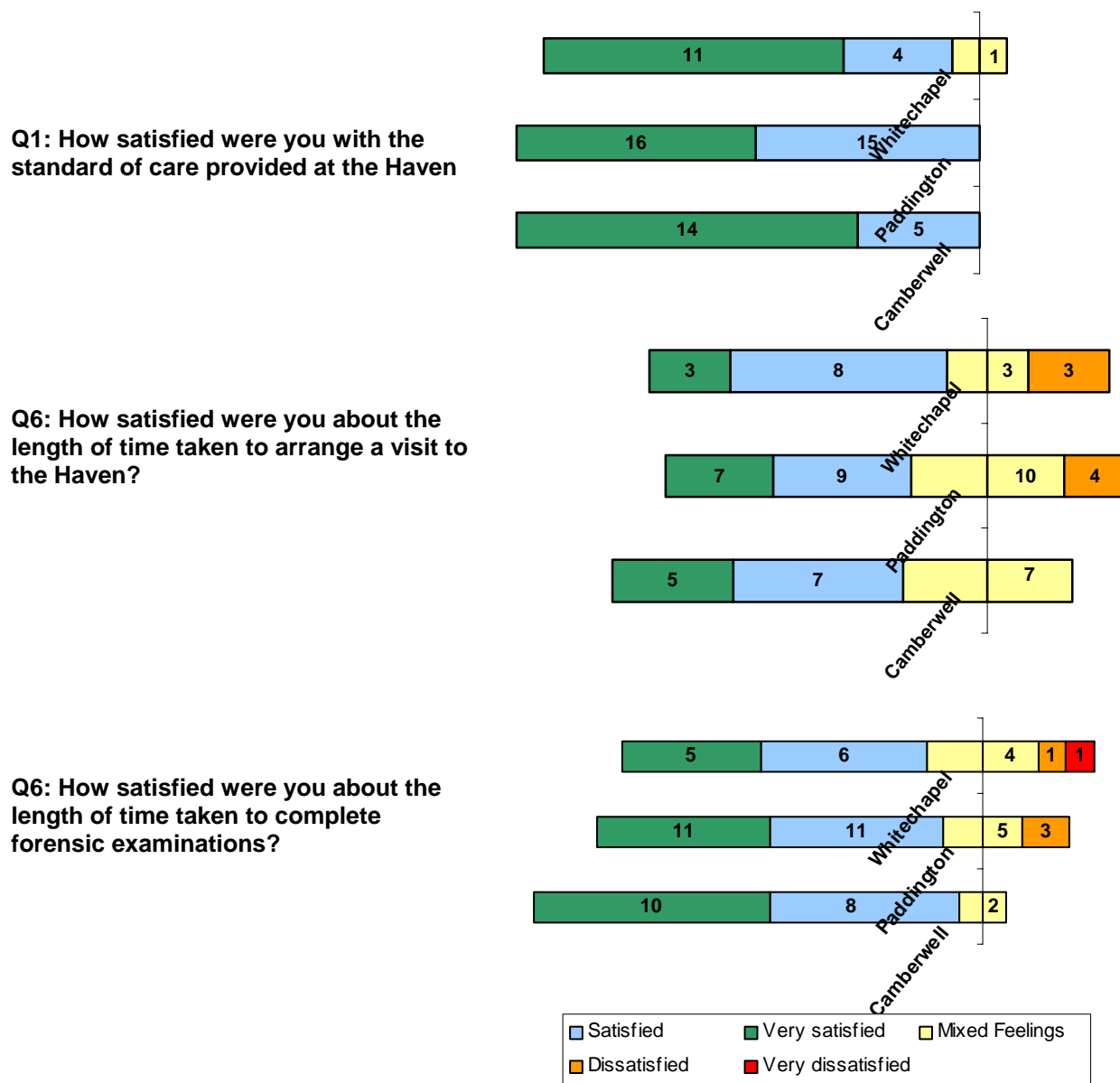
The majority of comments were positive. Many respondents used this section of the questionnaire to express their gratitude and praise the Haven site they attended. It was frequently commented that the Haven sites were supportive, caring, helpful and sensitive. The main negative comment was the dissatisfaction of being referred to different sites. Once both Paddington and Whitechapel move to 24/7 provision, this is less likely to be an issue.

## 5. SOIT OFFICER QUESTIONNAIRE

The professional group that benefits most directly from the Havens are the police. In February 2005, SOIT officers were asked to complete a questionnaire regarding their views of the service provided by Havens over the previous 6 months. 66 responses were received.

### 5.1 'The Haven'

SOIT officers were asked to rate their level of satisfaction with the standard of care provided at the Haven sites they attend and the waiting times for various tasks to be completed:





The vast majority of SOIT officers (97%) were either ‘very satisfied’ or ‘satisfied’ with the standard of care provided at the Havens as shown in the graph above. Most indicated the Havens are always fully equipped (87%), forensically clean (91%) and have refreshments available (86%). However, a significant number of SOIT officers were unaware that Haven sites had clothing available for victims (26%).

All SOIT officers indicated they felt safe at the Havens. The following responses were given when they were asked to state what would make them feel safer at the various sites:

**Whitechapel:**

- To attend with another officer and not alone
- Give SOITs the code for back gates to gain access there out of hours
- To provide parking out of hours

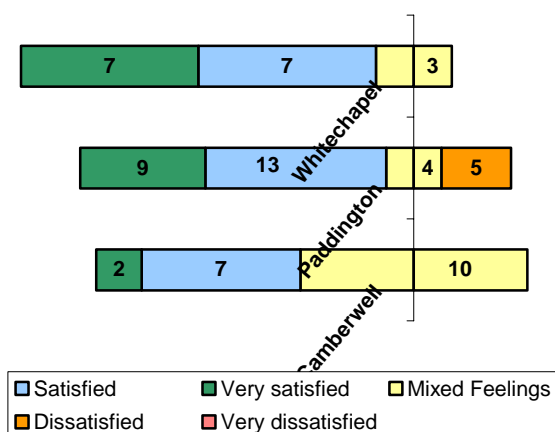
**Camberwell:**

- To provide more secure parking at night

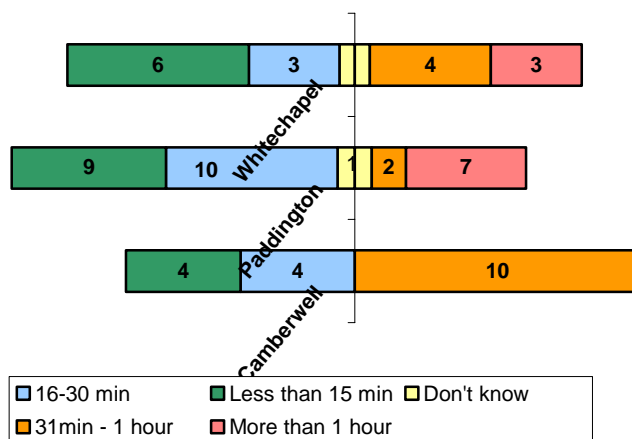
Although most SOIT officers indicated they were satisfied with the length of time it takes to arrange a visit to the Haven and complete forensic examinations, there were some reports of dissatisfaction with the Whitechapel and Paddington sites. This corresponds to a comment made by one of the users of the Whitechapel site that it takes a long time to complete forensic examinations. Officers also reported mixed feelings (21%) or dissatisfaction (3%) with the amount of time taken to travel to the Haven site.

The following graphs show waiting times to be seen at the Haven and the level of satisfaction reported with the waiting times at the three Haven sites:

**Q9: How satisfied are you about the length of time you wait to be seen at the Haven?**



Q8: How long do you generally have to wait before the Haven is able to attend to you?



Most officers (67%) were satisfied with the length of time they had to wait to be seen at the Haven. However a significant proportion of officers reported they had ‘mixed feelings’ or they were ‘very dissatisfied’ with the length of time they had to wait, particularly at the Paddington and Camberwell sites. Reported waiting times (shown above) support this, with many (29%) waiting for over an hour to be seen at the Haven.

The large majority of SOIT officers were satisfied with the layout and comfort of the Haven sights, however there were a few reports of dissatisfaction with the comfort of the Paddington site (3), this would be expected as Paddington is the smallest Haven with restricted space.

The few SOIT officers (13%) indicated that they had to deal with more than victim at a time stated they dealt with this by keeping the victims separate and taking one of them to a different Haven. A couple of officers felt the accommodation for victims was poor when there is an overlap. It should be noted, however, that this is not part of the service specification.

## 5.2 Haven staff

The majority of SOIT officers considered crisis workers and doctors they had contact with to be professional, easy to understand and concerned for the victims welfare. The following table provides more detail:

| Profession     | Professional (%) | Easy to understand (%) | Concerned for victims welfare (%) |
|----------------|------------------|------------------------|-----------------------------------|
| Crisis workers | 84               | 84                     | 84                                |
| Doctors        | 100              | 96                     | 94                                |

Respondents were asked to state if there was anything the above three could do to improve the service provided to victims:

**Crisis workers:**

- Crisis workers could provide an after care service
- Crisis workers could explain what their role is to the SOITs
- Sometimes there is repetition of information victims have already been told by the SOIT officers, maybe crisis workers could have discussions prior to crisis worker meeting victim.
- Crisis worker to suggest counselling agencies

**Doctors:**

- Doctor to be clearer when completing documents
- Doctors to examine exhibits quicker after the examining the victim
- Have doctors compile statement in a set time frame to avoid 'chasing' at a later date
- Doctors to create a more detailed report about their findings

**5.3 Investigating Officers**

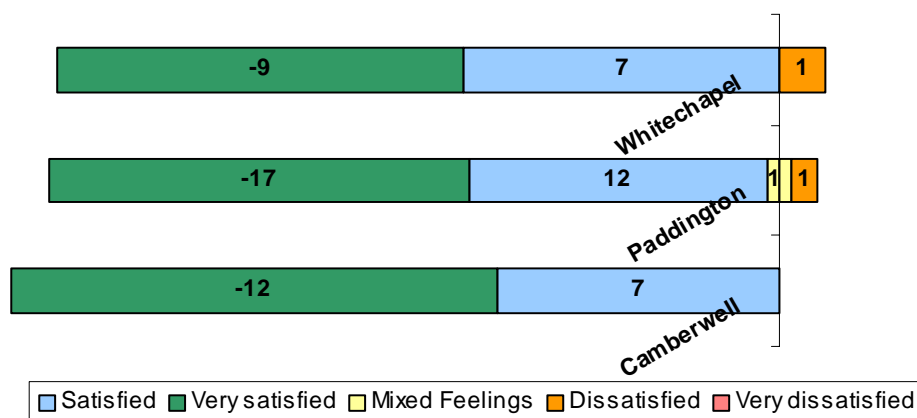
The majority of SOIT officers considered crisis workers, doctors and investigating officers they had contact with to be professional, easy to understand and concerned for the victims welfare. The following table provides more detail:

|                               | Professional (%) | Easy to understand (%) | Concerned for victims welfare (%) |
|-------------------------------|------------------|------------------------|-----------------------------------|
| <b>Investigating officers</b> | 100              | 96                     | 88                                |

Comments from SOIT officers included:

- Be more sensitive to the victim
- Introduce themselves to the victim early on in the investigation rather than at court
- Understand the role of the SOIT officer better

## 5.4 Overall



The majority of SOIT officers (96%) were satisfied with the overall service they received from the Haven site they attended. There were a couple of reports of dissatisfaction at the Paddington and Whitechapel Havens.

## 5.5 Additional comments

Respondents were given the opportunity to make further comment on any of the issues raised in the questionnaire. The following table summarises the comments made.

| Positive Comments   | Frequency (n) |
|---|---------------|
| I feel the staff at the Haven are very professional                               | 4             |
| The staff at the Haven are friendly, helpful and appear to care about the victims | 3             |
| Fantastic service, all credit should go to Haven staff                            | 1             |
| Service at the Camberwell sight has been excellent, staff were kind and patient   | 1             |
| I am satisfied with the work Havens do  | 1             |
| Whitechapel service are excellent   | 1             |
| The doctors are helpful, friendly and caring                                      | 1             |

| Negative Comments   | Frequency (n) |
|---|---------------|
| Concern over time delay in getting appointments, especially out of hours  | 9             |
| I do not think the waiting area at Paddington is very comfortable for victims and their families – it is not friendly and welcoming           | 4             |
| Due to the heavy workload of Camberwell site, perhaps consideration could be given to the provision of a second Haven site south of the river | 3             |
| Have AWARE and CRIS terminals available at Haven sites to access and update reports   | 2             |
| Haven examination take a long time  | 2             |
| The 24/7 coverage is poor   | 2             |
| Some doctors could be more tactful in dealing with victims and their exhibits   | 1             |
| Due to the delay in getting appointments I have sometimes had to use other avenues for examination such as the local hospital                 | 1             |
| Information about crisis workers and what they do would be useful   | 1             |
| I believe the Haven should also package the victims clothing to avoid embarrassment to the victim   | 1             |
| It appears there is a staff shortage at the Camberwell and Whitechapel sites. A waiting time 4-6 hours has become common                      | 1             |
| Sometimes we are referred to the Paddington site as Whitechapel is too busy   | 1             |
| Travelling to the Haven can take a long time  | 1             |
| They should have paediatricians at the Haven  | 1             |
| Packaging of samples can take a very long time  | 1             |
| A number of victims have been upset at the length of time taken for examination to be completed.  | 1             |

The main positive comments surrounded the professionalism of the staff at the Haven and their friendly, helpful and caring nature. Many negative comments were made about the large time delay in getting appointments with the Haven leading to using other avenues such as hospitals in some instances. The comments also suggested the waiting area at the Paddington Haven is not very comfortable.

## **6. SERVICE LEVEL AGREEMENT MEASURES**

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The Pan-London Haven Board had previously requested that progress within the Havens be measured against the Service Level Agreement they had signed up to. ICG developed a questionnaire for this purpose, and the Board requested that this questionnaire be completed every six months within the first year to the Pan-London service and annually thereafter.

Each of the Havens completed a Haven 'SLA Measures' questionnaire in December 2004 with respect to the preceding six months. This feedback on the Haven 'SLA Measures' was presented to the Pan-London Board in January 2005 (see Appendix J). The following summarises that main issues identified from the Havens' responses:

- a. Paddington and Whitechapel have not moved to offering a full 24/7 service (due to a lack of doctors)
- b. No formal referral protocol to A&E at Paddington and Camberwell
- c. Choice regarding the gender of the examining doctor is not given to victims at all three sites
- d. There is no protocol for victims arriving at Havens without an appointment (though this should be included in the London Haven operational policy)
- e. As yet, the facilities have not been checked by FSS to maintain DNA decontamination standards – this should be an action during the next six months at all sites. N.B.: Pan-London Board has previously agreed that this check can be done by the MPS instead of FSS though this is not yet reflected in SLA.
- f. As yet a refresher course for Acute Adult Forensic Medical Investigation has not been arranged for clinical staff
- g. As yet a refresher course for Acute Paediatric Forensic Medical Investigation has not been arranged for clinical staff
- h. Problems with database and data entry
- i. The Pan-London operational policy (draft) is in the process of being finalised

## **7. SUMMARY OF KEY FINDINGS**

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### **7.1 Key findings from Haven Statistical Data**

- The vast majority of those using the Havens are female (94.5%).
- The majority of Haven users (male and female) are aged under 35 (81.2%).
- 4% of users are children (aged 12 and under) and 22.3% are adolescents (aged 13 to 17).
- The majority of Haven referrals were from the police (84.9%).
- A large minority (28.9%) of users accessing the Havens were from a black or minority ethnic (BME) background.
- A significant minority of those accessing the Havens (Whitechapel and Paddington) had experienced domestic violence (10.9%), had learning difficulties (9.9%), had self-harmed (29.2%) and/or had psychiatric needs (27.8%).
- Over one fifth of users seen at Whitechapel and Paddington came from outside their respective catchment areas. This may have been partly due to a lack of 24/7 cover at both sites during the pilot period.
- A high proportion (80.1%) of clients seen at the Haven obtained further referrals (back to the Haven or onwards to other areas of the health service or other agencies), suggesting that Havens support take up of further medical care.
- The majority of offences involved a single perpetrator. Approximately half of perpetrators were known to the victim and half were strangers.

### **7.2 Key findings from the Haven User questionnaire**

- 95% of users indicated they were satisfied with the overall service provided by the Haven they attended
- The majority of users (82%) were satisfied with the length of time they had to wait to be seen by a SOIT officer and the service they provided (95%)
- Haven users at the Camberwell site reported higher waiting times (for a SOIT officer) than the users of other sites – 39% reported a waiting time of 31 minutes or more.
- The majority of users were satisfied with the length of time they had to wait to see a crisis worker (85%).

- There was general agreement amongst users that SOIT officers, doctors and crisis workers were easy to understand, professional and concerned for the victims well being.
- 98% of respondents indicated the doctor provided enough information about the forensic examination and 90% were satisfied with the way in which it was carried out.
- Staff at the Havens were viewed as supportive, helpful, caring, sensitive and comforting

### **7.3 Key findings from SOIT officer questionnaire**

- 96% of SOIT officers were satisfied with the overall service provided by the Havens
- 26% of SOIT officers were unaware that clothing is available at the Haven sites
- A significant proportion of SOIT officers reported mixed feelings or dissatisfaction with the length of time taken to arrange a visit to the Haven (40%) and time taken to complete forensic examinations (20%)
- SOIT officers indicated that they would feel safer at the Haven sites if there were provided with secure parking and access codes for doors out of hours.
- Many reported 'mixed feelings' or feeling 'very dissatisfied' with the length of time they had to wait to be seen – 29% indicated they waited for more than 1 hour (41% indicated 31 min or more)
- The majority of SOIT officers considered crisis workers, doctors and investigating officers they had contact with to be professional, easy to understand and concerned for the victims welfare.
- Many officers report a large time delay in getting appointments
- A respondent felt that Camberwell has a high workload and a second Haven site in South London should be given consideration

Please see section 6 (Service Level Agreement Measures) key findings from SLA Measures questionnaire.



## **8. RECOMMENDATIONS**

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We recommend that:

- Performance management be a key sub-group within a revised governance structure for the Pan-London Haven Board

### **8.1 Haven Statistical Data**

We recommend that:

- Continuing problems with the database be resolved as speedily as possible and that IT issues be included in the new governance structures.
- ICG continue to produce quarterly executive summaries on statistical data for the Pan-London Board. As is currently the case, this is only possible with timely supply of information from the Havens to ICG.
- Within the executive summaries ICG continue to give regard to the demographic data within the statistical reports.
- The quarterly reports will be incorporated as summary by ICG each year into the **Annual Report** which will include:
  - Summary and analysis of Quarterly statistical data
  - Outcome from the SLA Measures
  - Feedback from surveys from customer satisfaction questionnaires (all groups)

### **8.2 Haven Customer Satisfaction**

We recommend that:

- User questionnaires include questions on satisfaction with initial contact with police
- User questionnaires include questions on satisfaction with reception staff at Havens
- If possible, user questionnaires include questions on satisfaction with follow-up services
- User questionnaire be used during a maximum of one quarter each year
- A tool be developed akin to quality of service feedback forms which would allow quick-time feedback by users for Haven Managers

- Particular attention be paid to customer satisfaction issues when Paddington moves site
- Data on customer satisfaction be collected for the following groups:
  - Users
  - Police (SOITs)
  - Other voluntary / public sector
- Data from will be collected through a questionnaire, for a maximum of one quarter per year (August – October). Haven Managers will be responsible for distributing and collecting the questionnaires as well as forwarding them on to ICG for analysis.
- For the other groups (SOITs and other voluntary / public sector), it is expected that data collection will be once a year (January / February). The Sapphire office will be responsible for distributing the questionnaires for SOIT officers and the Haven Managers will be responsible for compiling a list of suitable voluntary / public sector agencies to approach as well as distributing the questionnaires.
- There be further exploration of the opportunity to use the Haven internet site to gather user views.

### **8.3 SLA Measures**

We recommend that:

- ICG revise the SLA measures questionnaire in light of revisions to the SLA
- The frequency of reporting continue as agreed previously by Board, i.e. six (November 2004) and then twelve months (May 2005) and annually thereafter.
- The SLA Measure questionnaire will be continue to filled in by the haven Managers and sent to ICG as requested
- ICG will continue to highlight in the report areas of good performance and those that are of concern for the Board
- That length of wait to be seen at Havens be considered when reviewing the SLA. The Pan-London Board consider how 24/7 provision be provided at every Haven site given issues with recruitment
- Havens make the appropriate arrangements for FSS (or MPS) to check their facilities

- The new governance structures should take account of the need to develop training / professional development for Haven staff

#### **8.4 Reporting schedule for 2005 / 06**

We suggest a reporting schedule as follows:

| <b>Method</b>                             | <b>Data Collection</b>                          | <b>ICG Analysis &amp; Report-writing</b>     | <b>Report to Board</b>                                     |
|---|---|--|--|
| Haven Statistical Data                    | May – Jul 05<br>Aug – Oct 05<br>Nov 05 – Jan 06 | Jul – Aug 05<br>Oct – Nov 05<br>Jan – Feb 06 | Aug 05<br>Nov 05<br>Mar 06 (included in Annual Report)     |
| Questionnaire – Haven Users               | Aug – Oct 05                                    | Dec 05                                       | Jan 05   |
| Questionnaire – SOIT Officers             | Feb 06  | Feb- Mar 06                                  | Mar 06 (included in Annual Report)                         |
| Questionnaire – Voluntary / public sector | Jan – Feb 06                                    | Feb- Mar 06                                  | Mar 06 (included in Annual Report)                         |
| SLA Measures (subject to new SLA)         | May 05<br>Nov 05                                | Jun 05<br>Dec 05                             | Aug 05<br>Jan 05   |
| Annual Report                             | Feb 04 – Jan 05                                 | Feb 05                                       | Mar 06 (including Haven Statistical Data for Feb – Apr 05) |

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