

BRIGHTON & HOVE CITY COUNCIL

**ENVIRONMENT AND COMMUNITY SAFETY OVERVIEW AND SCRUTINY COMMITTEE
AD HOC PANEL - SUPPORT SERVICES FOR VICTIMS OF SEXUAL VIOLENCE**

10.00am 15 MARCH 2010

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Watkins (Chair); Councillors Older and Phillips

Also in attendance: Ruth Mason, Lucy Bryson, Martin Farrelly, Libby Young

Apologies: Councillor McCaffery

PART ONE

1. PROCEDURAL BUSINESS

1a Declaration of substitutes

1.1 Substitutes are not allowed on scrutiny panels.

1b Declaration of interest

1.2 There were no declarations of interest.

1c Declaration of party whip

1.3 There were no declarations of party whip.

1d Exclusion of press and public

1.4 In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained on the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if the members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I of the said Act.

1.5 **Resolved** – That the press and public are not excluded from the meeting.

1.6 It was also noted that should there be a requirement or preference for any evidence to be given in private, either at this meeting or any future meetings of the panel, then members of the panel would support witnesses in this and enter into a Part Two

situation. Additionally, if there were a need for members of the panel to leave the room then there was a female deputy chair who would be able to take over the proceedings. Lastly, if there were any members of the public who wished to share their experiences of the services provided in the city but would not wish to do this in a public meeting then one to one sessions could be arranged at a time and location preferable to the witness.

2. CHAIRMAN'S COMMUNICATIONS

- 2.1 The chairman welcomed all the speakers and thanked them for taking the time to come and speak to the panel and for being involved in the panel's evidence gathering process.
- 2.2 It was noted as to how important the scrutiny into support services for victims of sexual violence was, and that it was a timely investigation which was taking place alongside recent national reports which have been released on this topic, such as the Stern Review which announced its findings today.
- 2.3 The scrutiny panel will be focusing on what support services are already available in the city and whether they are operating as they should be, as well as identifying where there are gaps in the provision of local services.
- 2.4 It was noted that there were three speakers present at the meeting and that the speakers would have approximately 10 minutes to present their information to the panel, followed by some questions from members of the panel. It was agreed that the format of the meeting would be kept informal so as to enable the speakers to ask questions of each other and for all present to be able to engage in the issues being discussed.

3. EVIDENCE-GATHERING SESSION

- 3.1 The panel heard evidence from a number of witnesses.
- 3.2a **Evidence from Ruth Mason, Project Manager, Survivors' Network**

The Survivors' Network is a local agency which supports women who have been affected by sexual violence. Historically, the Survivors' Network has supported victims of long-term abuse and about 70% of their clients continue to be women who have been victims of child abuse. However, since November 2009 the Survivors' Network has offered a rape crisis service, the only one of its kind for women within the city. The Survivors' Network provides a number of services, and these include: a telephone service which is open two nights a week, an email service, one to one support, a limited advocacy programme, a drop-in once a week for childhood sexual abuse survivors, and a quarterly newsletter. The Survivors' Network did run a dedicated service for young women aged 16 – 25 who had been affected by sexual violence, known as Space Two. However, this service was funded only in the short-term (2007/08) by the Equalities and Human Rights Commission and as new funding could not be found the programme is currently suspended. The Survivors' Network supports women aged 16+ who have experienced any form of sexual abuse, harassment, rape or assault.

The women who the Survivors' Network support are often isolated, suffering with depression, experiencing anxiety, Post-traumatic stress disorder, flash backs and nightmares, have high levels of panic and anxiety, and often have mental health issues caused by their trauma which could include the inclination to self-harm or self-injure, embark on substance misuse or eating disorders and there is a high level of suicide idolisation amongst the Survivors' Network client group. The women who seek support from Survivors' Network are extremely traumatised. Dissociative Identity Disorder (D.I.D) affects less than 0.01% of the population, but over 90% of D.I.D people are survivors of childhood sexual abuse. There are also links between domestic violence and sexual violence.

The Survivors' Network logged 400 calls to its helpline in 2008/09 and of these only 88 were able to be answered. This is a very clear indication of the high demand for the services offered by the Survivors' Networks which due to capacity issues can not currently be fulfilled. In 2009/10 the Survivors' Network has been receiving an average of 10 referrals a week from various agencies as well as self-referrals. In 2008/09 there were 59 referrals in total. There is currently a six month waiting list to accessing the support services provided by the Survivors' Network. There has been a big jump in the demand for the Survivors' Network services in the last year. The majority of referrals to the Survivors' Network from statutory agencies are from mental health agencies, and these may come via substance misuse workers, Mill view hospital, midwives, health visitors, GPs, Accident and Emergency services as well as some referrals from other voluntary organisations and some self-referrals.

The Survivors' Network does not generally refer their clients on to other support services although may on occasion make referrals to other voluntary agencies and may recommend that their clients should seek medical assistance from their GP. The Survivors' Network is able to refer clients onto the sexual health clinic on Queens Road and is able to fast track clients through this clinic. The Survivors' Network would like to expand this referral pathway and be able to fast track their clients into other sexual health services in the city.

The majority of the services which the Survivors' Network offers to its clients involves providing emotional support, counselling and group work. The Survivors' Network has put in a bid to the Home Office for funding for two Independent Sexual Violence Advisors (ISVAs). It is hoped that one of these advisors will work with adults, and one will work with those aged 16 – 25. The ISVAs will provide support to victims of sexual violence in a number of ways; through on going case reviews, signposting on to emotional support services, enabling clients to access counselling, offering holistic support, enabling access to sexual health services and other services such as housing, as well as offering one point of contact for the client through the criminal proceedings. If the client decides to prosecute then the ISVA will be their point of contact through the police proceedings, the crown prosecution service proceedings as well as when the case gets to court. There are currently three ISVAs which cover the whole of Sussex, but no dedicated ISVA within Brighton & Hove. This is a gap which needs to be addressed. If the bid into the Home Office comes through then there may be an ISVA in place in Brighton & Hove by the summer.

3.2b Members of the panel asked how many full-time employees the Survivors' Network has.

- 3.2c The panel heard that there are no full-time employees. Ruth as the project manager for the Network works the most hours (25 hours per week). Between the project manager, the administrative support, the counselling co-ordinator and helpline co-ordinator there is the equivalent of 2.6 full-time members of staff. The support staff, the book keeper and clinical supervisors are not employed directly by Survivors' Network. The Network also has 21 volunteers which take on a variety of tasks such as maintaining the helpline.
- 3.2d The panel heard that victims of sexual violence will need access to both a rape crisis support service and a Sexual Assault Referral Centre (SARC) and that one service is not more preferable than the other. The 'Not either/or but both/and' report from Rape Crisis England and Wales, the co-ordinator of the national network of rape crisis centres, also echoes the same sentiments. Victims of sexual violence need access to a SARC to receive some preliminary emotional support, early medical attention as well as to facilitate the collection of forensic information. Victims should then be referred from the SARC on to a rape crisis support service within the city which will provide the required ongoing long-term support. The Survivors' Network does not currently take referrals directly from the SARC in Crawley but is hoping that this will start happening in the next three months. A representative from the Survivors' Network does now sit on the operational board of the SARC.
- 3.2e Members of the panel asked which statutory agencies the Survivors' Network received most of their referrals from.
- 3.2f The panel heard that the majority of referrals were received from health agencies in the city. Many of those affected by sexual violence will not choose to access support from the police, but many will go to various health agencies to access medical support. However, despite the number of referrals from health agencies, the Survivors' Network does not receive any funding from the health agencies in the city.
- 3.2g Members of the panel asked as to how many other organisations in the city worked with similar client groups to the Survivors' Network.
- 3.2h The panel heard that RISE works with victims of domestic violence and that the support networks for victims of domestic violence were very strong in the city. However, in terms of sexual violence, the Survivors' Network offers the only specialised services aimed at victims of sexual violence. There are other services within the city which work with women, some of whom would have experienced sexual violence. However the Survivors' Network is the only locally delivered specialised support service.
- 3.2i Members of the panel commented that it was the panel's role to understand whether there was sufficient funding available for support services for victims of sexual violence, as well as if the funding was being spent in the right places. Members of the panel asked since the expansion of the Survivors' Network services to include rape crisis services within its remit, how had the Network changed how it undertook its outreach work.
- 3.2j The panel heard that the organisation had not expanded its services so much as just added to their current client group. The Survivors' Network capacity to undertake outreach work is very limited, but their helpline is certainly taking more calls from women in the immediate aftermath of experiencing sexual violence. Women who access the

Network's services on average do so for up to eight years. The support provided by the Network is long-term, yet the longest funding stream that the Network has is for three years.

- 3.2k Members of the panel asked whether the Survivors' Network would benefit from national ring-fenced core-funding.
- 3.2l The panel heard that not everything comes down to funding, however, for a small organisation in terms of capacity and development the Survivors' Network is limited in the number of calls that they can take. The Survivors' Network had previously received funding from the Victims Fund and the GEO Special fund and this had been ring-fenced for sexual violence support services. This funding was, therefore, only available locally for the Survivors' Network and Mankind UK to apply for. However, the funds have recently been reduced and widened so that any organisation working with victims of sexual violence can apply for the funding. This means more organisations can access the funds than before. Additionally, this funding is now only for one year.
- 3.2m Members of the panel asked whether there was a need for a SARC facility to be located within Brighton and Hove rather than in Crawley.
- 3.2n The panel heard that the SARC at Crawley is fantastic, although it does have a few teething problems what it is doing is very useful. Rather than duplicating resources by putting money into a local SARC it would be better to use the money for other things. For example, at the moment the SARC can only accept self-referrals between 9.00am and 5.00pm, so unless a victim of sexual violence goes to the police, outside of these hours they can not access the SARC. If money was to be made available then it could be used to enable wider and more supported access to the SARC. For example a victim of sexual violence could call the Survivors' Network and then a representative from the Network could take the client up to the SARC. Alternatively, individuals should be able to self-refer themselves 24 hours a day. In the short-term these kinds of arrangements would be more beneficial than a local SARC.
- 3.2o Members of the panel commented that Crawley is 40 minutes away and that the likelihood of a female police officer being available to take a victim to the SARC is remote. Therefore in the long-term having a SARC available in Brighton & Hove would surely be more beneficial for victims of sexual violence.
- 3.2p The panel heard that certainly making victims journeys to Crawley smoother and more supported would be beneficial. However, if there was money available to set up an additional SARC rather than duplicating services, it would be better to spend more on local services than on a local SARC. It was acknowledged that there will always be issues with the SARC being located in Crawley, such as access to the centre and child care issues. However in the short-term it would be better to make more female support workers available to accompany a victim to the centre and to increase wider support services for victims of sexual violence. It should also be noted that a victim's engagement in the SARC is limited. A client will attend the SARC for initial emotional support, forensic examination, undertaking a police interview should they wish to, and they can access medical support at the SARC. However, after this, a victim will access counselling services locally, have an ISVA based locally and use other local support services. So after an initial visit to a SARC a client will be referred back to the city to

access the services and agencies available to them. It is important therefore to ensure that there are sufficient agencies in place locally. In Brighton & Hove there are the agencies in place; however, they do not have the capacity to cope with all the demands for their services.

- 3.2q Members of the panel asked if the Survivors' Network had effective working relationships with other third sector organisations in the city.
- 3.2r The panel heard that the specialised women's services in the city do work together and that they have formed a group known as the Women's Strategic Services Network (WSSN). This network brings the women's organisations in the city together to bid for money; and the recent success of the Inspire project bid is an example of this co-ordinated working. Additionally, the Survivors' Network has a close relationship with Mankind UK. The WSSN has a shared vision of where it wants to go and the Survivors' Network and Mankind UK have similar service ideas. What should also be noted is the lack of knowledge about sexual violence support services in the city, for example when statutory agencies are tendering for or commissioning services. Additionally, this scrutiny panel was also called for with no reference to the Survivors' Network or the work that the Network does. There are lots of comments to suggest that nothing is being done to support victims in the city, but it is, although there are some capacity issues for the agencies.
- 3.2s Members of the panel asked whether the Survivors' Network was ever contacted by men seeking help and support.
- 3.2t The panel heard that if men do contact the Survivors' Network they will refer the individual on to Mankind UK.
- 3.2u Members of the panel commented that one reason that the scrutiny panel was formed was to enable members to find out what work is going on in the city. There are clearly lots of dedicated officers working on this issue, however, it is not known by members as to what progress is being made.
- 3.2v The panel heard that there is a holistic and coordinated response to domestic violence in the city and that representatives from domestic violence support services are strategically placed to influence decisions as they sit on the Senior Officers Forum and the Domestic Violence Working Groups and Domestic Violence Forum. There is not however, the same structures set up for the organisations which provide support services for victims of sexual violence. The city is not reporting to the national indicator on sexual violence, yet. Records on those accessing housing options because they may be fleeing sexual violence do not exist. There isn't a mechanism through which support agencies working with those affected by sexual violence can bring issues to the table, and there isn't a forum for all the agencies working to support victims of sexual violence to get together. To have such a group or forum would be a very useful and low cost way to help start co-ordinating sexual violence services across the city, raising the profile of this issue and linking services into the strategic decisions taken in the city.
- 3.2w Members of the panel commented that people tend to be comfortable talking about domestic violence; however the same level of discussion about sexual violence in the public arena is not there yet, particularly around childhood sexual abuse. Members of

the panel asked if a woman raped in the early hours of the morning did not wish to access support through the police through what other avenues could support be directly accessed.

- 3.2x The panel heard that in theory victims can access medical care from Accident and Emergency departments and A&E can refer victims on to other services. Otherwise a victim would have to wait until the SARC opens at 9.00am to self-refer, or contact a voluntary agency when they open.
- 3.2y Members of the panel wondered whether A&E units were legally obliged to report sexual violence to the police and how this information was recorded. Members of the panel asked how an individual can self-refer to the SARC.
- 3.2z The panel heard that there are two ways to access the SARC either through the police or by self-referring between the hours of 9.00am to 5.00pm. This involves telephoning the centre to arrange an appointment to access the forensic and medical attention an individual may need and some immediate support (a victim can not just turn up on their own without an appointment). Whilst at the centre a victim can either report an incident to the police or store the forensic information so that they have the future option of reporting an incident. Reporting can also be done confidentially.
- 3.2aa Members of the panel noted that there appeared to be gaps in when victims can access support, particularly if they do not wish to contact the police or attend A&E.
- 3.2bb The panel heard that there is no dedicated national helpline for victims of sexual violence, so if victims do not wish to report to statutory agencies then they will have to wait until organisations such as the Survivors' Network open, and even then, there is a limited number of calls which the Network can take, so victims may still not get the support they so desperately need. More funding would enable organisations such as the Survivors' Network to have more capacity to answer calls. The Network is aiming to be able to provide a 24 hour crisis line to enable victims to access immediate emotional support, as well as have a crisis worker available to take victims up to the SARC. If the Network was to have more funding, then these are the extra services which they could provide.
- 3.2cc Members of the panel asked how people hear about Survivors' Network and the services which the Network provides.
- 3.2dd The panel heard that 90% of the Network's clients find out about them through the internet. The Survivors' Network is trying to get its name out there but is limited in its capacity to do this. The Network is not listed on the posters put up in toilets and in clubs containing the list of sexual health services in the city. The poster is produced by the PCT. The services provided by the Survivors' Network are not considered a health service as such, although many health agencies are making referrals to the Network. The PCT gives the Survivors' Network no funding at all. There is a gap in the strategic delivery of support services in the city. For example the police lead a Rape and Sexual Assault Steering Group but no representative from Brighton and Hove based voluntary agencies sits on this group. This means that the group does not hear the voice of those representing victims, and the voluntary organisations do not hear what the police have to say and are doing on the issue. There was talk of the Survivors' Network and

Mankind UK sharing a position on the group, but this has not happened. The voluntary organisations supporting victims of sexual violence do not have a strategic voice neither in the police or the health authority. The Survivors' Network is part of the Sexual Health Promotion Group, but they can not get higher than that and therefore sexual violence from the perspective of the victims is not considered at a higher level and in particular when commissioning services.

- 3.2ee Members of the panel noted their concern that those aged 16 – 25 were the most likely to become victims of sexual violence and yet the Network's project, Space 2, aimed at supporting this age group was currently suspended. This means that there is no dedicated support services aimed at those most at risk of sexual violence in the city.
- 3.2ff The panel heard that the 16 – 25 age group were most represented in those being referred to the SARC as a result of the night-time economy and the number of universities in the city. There are lots of young women affected by sexual violence in the city.
- 3.2gg The panel thanked Ruth Mason for her evidence.
- 3.3a **Evidence from Lucy Bryson, Community Safety Manager – Refugees and Migrants, BHCC**

The Community Safety Manager for Refugees and Migrants reports to the Head of Community Safety and has a council-wide remit for working with other agencies in the city around refugees, asylum seekers and other vulnerable migrants in the city. The work undertaken does not involve direct service provision, but is work undertaken in the background to ensure that the city's services are accessible and available to refugees and migrants.

There is a Refugee Forum chaired by the Community Safety Manager. The forum has 180 email contacts and the meetings are attended regularly by 30-40 people, mostly representatives from the third sector. Whilst the Community Safety Manager can't formally represent the forum, she did speak to a number of the key agencies who are members of this forum. To support the evidence given today, the panel were asked to refer to a number of documents: a Fact Sheet on Migrants in the city, Refugee Action – Dealing with Definitions, and a Refugee Council Briefing: Rape and Sexual Violence the experience of Refugee women in the UK.

It was cautioned that there is no clear picture as to the numbers of refugees and migrants affected by sexual violence in the city, however sexual violence is likely to fit into the experience of refugees and migrants. Migrants in the city can be categorised as belonging to two different groups, forced migrants and economic migrants. Brighton and Hove is not a dispersal area for the Border Agency who are responsible for housing asylum seekers if they are destitute so there is no accommodation in the city which has been contracted by the Border Agency to house asylum seekers. However, this does not mean that there are not vulnerable migrants in the city who have chosen to come to Brighton and Hove as they either have a contact here, or because they simply end up in the city. Some unaccompanied asylum seeking children and young people may be brought here but don't know what city there are being brought to. Brighton & Hove is close to Gatwick and Newhaven and therefore there are people that will enter the

country and find their way down to Brighton & Hove. There are also migrants living in the city who have been recognised as refugees, some of them decades ago.

In terms of sexual violence there are various stages at which victimisation can occur. Women from countries of civil conflict where rape is being used as a weapon of war, such as the Eastern Congo, are highly likely to have been subjected to sexual violence and rape prior to their arrival in the UK. Additionally those migrants that make it into the country will have had long and complex journeys where they may have had to exchange sex for safe passage or have been affected by sexual violence on route. Once in the country these women will fall into the categories of those most at risk of being affected by sexual violence, they are likely to be poor, vulnerable, and living on their own in rented accommodation.

If a migrant is unaccompanied by an adult and under 18 when they enter the country, then they will most likely become the responsibility of the Young People's Asylum Service under the umbrella of the 16 Plus Team within the Children and Young Peoples Trust (CYPT). A young woman arriving in the country who is pregnant as a result of sexual violence presents a number of issues. Accommodation and support for adult asylum seekers is the responsibility of the National Asylum Support system (part of the UK Border Agency) and as there is no UKBA accommodation in Brighton & Hove, they will be taken elsewhere. The Refugee Council has just produced a briefing on sexual violence and its affects on refugees. One point mentioned in the report which has been echoed by agencies locally is the impact of destitution on refused asylum seekers and those unlawfully present in the UK who do not have access to public funds.

It is useful to consider a case study to highlight a number of issues facing migrants and refugees.

'Joanna' (not her real name) a young Congolese woman who was raped and sexually assaulted whilst in the Congo has had a complex journey to the UK. Whilst in the UK, Joanna meets other Congolese people and receives about £5 a day from the UK Border Agency to live on whilst her claim for asylum is being assessed. Joanna hears that her claim for asylum has been rejected and after an appeal it is turned down again. Joanna has not included information about her sexual violence experiences in the asylum claim, and has not received the legal advice required nor managed to build the trust with and confidence in her solicitor to enable her to do this. Not only are the physical, mental and emotional effects of the trauma not being dealt with, but Joanna has not been supported to include this information in her asylum claim, which if she was able to would help support her claim for asylum. Joanna's claim for asylum has been rejected and yet she can not go back to the Congo due to ongoing violence there. Joanna may have to make the decision to stay illegally in the country. It is likely that Joanna will fall into destitution; she will not be entitled to work, nor will she be entitled to receive benefits. She will only be entitled to accommodation and support from the local authority if her physical or mental ill health reaches a critical state and she can prove that her Human Rights would be contravened if she was not accommodated. The threshold for this assessment is very high. As a result of her experiences of sexual violence Joanna is likely to be suffering from Post-traumatic stress disorder as well as living in fear that she may have to return to the Congo. Joanna will not be entitled to secondary health care services and may not be able to gain access to such services as the SARC. If Joanna was, because of her vulnerable situation to experience further sexual violence in the UK she will be

unlikely to seek support from the police due to her illegal immigration status, she will not be entitled to psychological support services as she has no access to public funds. Joanna will be living in a situation of extreme vulnerability.

It is not known how many women like Joanna are in this position in Brighton & Hove. The very nature of their vulnerability makes them a hidden population. What is known is that there are women like Joanna across the UK. Whilst there are no services specifically for refugee women who have experienced sexual violence in Brighton & Hove, there are some services working with these individuals in other contexts. Sussex Partnership Trust does employ a specialist counsellor to work with Black and Minority Ethnic (BME) groups. This specialist doesn't ask questions about an individual's immigration status as he feels very strongly that unless these people are cared for, the impact of their trauma can make them a risk to themselves and to others. This counsellor has had contact not only with victims of sexual violence but those that have been subjected to torture. The specialist has had contact with both men and women who have been affected by sexual violence both whilst in Brighton & Hove and in the countries where they have come from.

The counsellor employed by Sussex Partnership Trust uses a particular therapeutic model which aims to support clients both with the practical problems of their daily lives as well as with the psychological impact of their traumas. The counsellor tries to be flexible in his approach to his clients and tries to see clients when they want and need to see him, rather than have fixed sessions and appointments. For example a woman in Joanna's situation when she receives a letter from the UK Border Agency telling her that she cannot stay in the UK, will need access to some support at that particular moment. The specialist counsellor tries to be available to her at that time of crisis.

Sussex Partnership Trust has a contract with Sussex Interpreting Services (SIS). SIS has provided 20 different interpreters to work with the specialist counsellor based in Sussex Partnership Trust. SIS offers a good service locally and has a contract with all the local NHS Trusts.

Brighton Voices in Exile are a church-based group funded by charitable trusts. The group says that they quite often have cases of sexual violence disclosed to them and they have volunteer case workers who will offer support to a victim and accompany them to the Claude Nichol Unit, a GP, specialist health providers, and offer other help and support as needed. This group also supports a victim so that they have enough confidence to disclose their experiences to a solicitor who can include this information in their asylum claim.

The Community Safety Manager as part of her day job will brief agencies such as Victim Support about supporting refugees and migrants in their work. The Community Safety Manager also will contact organisations like the Survivors' Network to see what support she can offer them. As a council employee and Chair of the Refugee Forum, the Community Safety Manager has made training available to members of the forum. A recent training event trained 20 different agencies on the Refugee Council's Therapeutic Casework model now used by the counsellor at Sussex Partnership Trust. The training was delivered by the Refugee Council and was kept cost neutral so that voluntary organisations were offered a subsidised rate and council staff charged a bit more – but

still a good deal less than commercial training. Council premises were also used which kept costs down and this model will hopefully be replicated in further training sessions.

Men are also the victims of torture and sexual violence, and for men there may be even further difficulties and barriers to disclosing their experience. There is no evidence or specific known cases within Brighton & Hove at the moment, although Mankind UK may have a perspective on the experiences of male migrants with sexual violence. There is a growing Iranian population in the city, and as Iran currently has the death penalty for homosexuality, there are likely to be a number of young, single, gay men coming into the city to escape persecution. These men may be vulnerable to sexual exploitation.

Another area to consider is the trafficking of women, children and perhaps men into the sex industry in Brighton & Hove. There are organisations such as Oasis and Citylight which work closely with women involved in prostitution and they are most likely to come across instances where people from abroad have been exploited for sexual purposes. From speaking to those agencies and Sussex Police, it appears that refugees and those who enter the UK to seek asylum are not working in the local sex industry. However, many of the women working in the indoor sex industry have come from overseas, many from Eastern European countries. There is a quarterly police operation, Operation Thames, which goes into sex establishments to look for trafficked individuals ie those who have been tricked or coerced into coming to the UK and are now working in the sex industry against their will. Few cases like this have been identified yet. However there are hidden populations within the sex industry. For example Chinese sex workers operate from flats within the city which are known to the police and when these flats are closed down the sex workers may move on elsewhere in the city or elsewhere in the UK. There are problems with returning Chinese nationals to China so there is not much that the UK Border Agency can do with these individuals. The result is that they remain hidden within the population in the UK and are likely to be extremely vulnerable.

It is important to separate out the the issue of EU nationals exercising their legal right to travel to the UK to work and ending up in the sex industry, from the situation of those from outside the EU coming here to seek asylum. The journeys of most asylum seekers will include having recourse to human smugglers at some stage and the line between these people and 'traffickers' is not clear cut. Some of the young people who end up in Brighton & Hove from Africa may have been trafficked here. Within the last couple of years, for example, a number of unaccompanied young women from a particular country in Africa arrived in the latter stages of pregnancy over a period of 2 to 3 weeks. The Young People's Asylum Team increased their capacity to work with these women, at the time and would do so again if the situation arose. West Sussex Social Services pick up more cases like this as they have Gatwick Airport within their boundaries.

- 3.3b Members of the panel summarised that within Brighton & Hove there appear to be a number of young women from places such as the Congo who live in the city but do not have rights or access to services and that there are other people who are likely to be aware of this and so will exploit them. These young women are not able to go to the police as they do not want to be sent home, and their relatives are probably unaware of their situation. Members of the panel noted that there must be something which can be done to enable vulnerable migrants and refugee to access advice.

- 3.3c The panel heard that this is why the third sector agencies are so important as they can offer the advice and support which statutory agencies are unable to offer.
- 3.3d Members of the panel asked whether the problem is that there is a potential for vulnerable migrants and refugees to be affected by sexual violence or whether vulnerable migrants and refugees are being subjected to sexual violence.
- 3.3e The panel heard that this was difficult to clarify as the people within this category are very hidden within the population. It is important therefore that the links are made between the specialist sexual violence support services and the agencies working to support refugees and migrants in order to ensure that vulnerable individuals can access support from a number of different organisations. For example currently if a woman like Joanna contacted the Survivors' Network for support, the Survivors' Network may not have the knowledge to offer support and advice on asylum claims and to understand a migrant's perspective. Every story is complex and every situation is slightly different. This is why very specialist support services for these individuals will not work well. It should be more about ensuring that those services currently operating in the city speak to the experts in this area to gain the necessary knowledge and visa versa. Threshold offer some specialist support services for women who are refugees and asylum seekers.
- 3.3f The panel thanked Lucy Bryson for her evidence. Members of the panel added that elected members would like to be involved in some way in the Refugee Forum. Refugees and migrants are living within their constituents and it is important for elected members to know what work is being done to support these groups of people.
- 3.4a **Evidence from Martin Farrelly, General Manager, Adult Social Care, BHCC**

Martin has a remit for adults with physical disabilities, older people and just recently adults with learning disabilities (assessment) have returned to the Council managed by Naomi Cox. Within his team are a number of managers, senior social workers, care managers and social workers. It is important for the team to connect within the larger work which is ongoing within the city to protect and support vulnerable people.

The guidance on safeguarding vulnerable adults uses a very tight definition of what vulnerability in adults is considered to be and this is based on current legislation and focuses mostly on an individuals community care needs. A vulnerable adult is any person aged 18+ who uses community care agencies because of various mental health, physical illness or disability issues which may make it difficult for them to access care and to take decisions for themselves. Vulnerability does tend to oscillate. Reference to the different sorts of abuse, and in particular to sexual abuse is not largely discussed within the safeguarding vulnerable adults document (although the document is due to be rewritten shortly).

Statistically over the last year, 2008/09, amongst older people and adults with physical disabilities eight investigations took place into alleged incidents of sexual abuse, and this figure is about the same for previous years. This probably indicates that there is a stigma or difficulties around reporting incidents of sexual violence. In 2007/09 there were 21 reports of incidents involving those with learning disabilities, and 45 reports in the year before (although this higher figure reflects concerns with one particular institution within the city). There are tight procedures in place when concerns are raised about sexual abuse, although claims are not always substantiated. Of the eight

investigations which were made in 2008/09 five took place within the community and three within a hospital setting. The team works with the police to investigate any criminal activity, and supports the victim to return to their normal activities. There are no specialist services for older people although those with physical disabilities do have access to some specialist counselling support, provided by the Disabled Federation. Those with disabilities are likely to not only suffer the trauma associated with sexual abuse, but may also have problems with identity and body image. The support needs for these groups are already provided within section 75 agreements with our Health Partners. Those affected by sexual violence are likely to require culturally appropriate community services as well as access to other support services such as housing and support with carrying out day to day tasks. There is a tight correlation between those experiencing sexual violence as part of domestic violence.

Adult Social Care as part, of the Safe in the City Campaign, have been, as part of its strategic work, trying to move away from just dealing with people's care needs and practical needs to consider people in a more holistic way; for example, ensuring that older people and those with learning difficulties and physical disabilities have smoke alarms fitted in their residencies. By supporting vulnerable adults in a more holistic way then more can be done to ensure that people are living in a safer environment, that they will be a lot less isolated and hopefully less vulnerable to a wide range of forms of violence, including sexual violence. It is those adults living on the periphery of society, who are not connected with their neighbours but may be with some care needs who are most likely to be in a situation where sexual violence may occur.

The team has strong links with the police and many of the social workers are trained to enable the best evidence to be obtained from clients. This is important as it enables the victim's voice to be heard in the police proceedings. The team also works closely with colleagues from the health agencies in the city, which are often best placed to know and identify those that are vulnerable to abuse. There are often concerns however that can not be substantiated over issues of consent amongst those in a relationship who are also classified as being vulnerable adults.

There is always more that can be done to ensure that the council and its partners offer seamless services. In May the Quality Care Commission will be inspecting around safeguarding in the city. The Adult Social Care Directorate is trying to broaden out the definition of what vulnerable is and trying not only to prevent incidents and protect vulnerable adults but enable vulnerable adults to do more to protect themselves. This should hopefully reduced the number of interventions which have to happen at the time of a crisis, as more crisis's will be avoidable; for example raising awareness amongst those with disabilities about sex and sexual behaviour. The team's budget is part of the Community Care budget. The team is able to buy services to assist vulnerable adults with their recovery care plans. In the past commissioning sexual violence support services has not been asked for, however, this wouldn't rule out such commissioning in the future.

Sexual violence committed against vulnerable adults is still considered an issue with an element of taboo and stigma surrounding it, and therefore incidents are generally under reported. Eight incidents in a year would appear to be very low, although due to changes in certain factors, eg around licensing, trends for abuse are going down in the city.

- 3.4b Members of the panel asked how much training social workers and staff who work with older and vulnerable adults have to enable them to spot the signs of sexual violence or abuse. Members of the panel also commented on the appropriate terminology which should be used when referring to incidents, noting that some officers use the term sexual abuse, whilst other officers use the terms, sexual violence, rape, or sexual assault.
- 3.4c The panel heard that a lot of the terminology when describing these kinds of incidents does come down to semantic differences, but it should be noted that some words may trivialise some experiences for victims, and that clients themselves may not identify with the terminology being used to describe their experience of sexual violence. For example some victims will prefer to use the term sexually assaulted rather than raped.
- 3.4d The panel heard that all staff who work with vulnerable adults receive training in how to spot signs of a number of forms of abuse. The training involves a two day course and the amount of material that can be covered in this time is limited. It is also a challenge to get people to use the words associated with crimes of a sexual nature with confidence, eg penetration, rape, sexual abuse etc. Ongoing training is critical.
- 3.43 Members of the panel noted that they had received evidence so far that suggested that the police did not have full statistics covering those aged over 59 and affected by sexual violence, and this may be because it is not recorded properly or because reported incident rates are low.
- 3.4f The panel heard that there is a general perception that older people are not affected by sexual abuse or violence, and that there is a difficulty in terms of an older persons voice first being heard and then being believed and considered a credible witness. This is why the Adult Social Care team concentrates on not only protecting people but enabling people to protect themselves.
- 3.4g The panel heard that sexual violence can happen anywhere and at anytime, and if an individual have been subjected to this trauma then an individual has to live with this. This is why ongoing support is necessary for people who have been traumatised in this manner.
- 3.4h The panel heard that this is a very difficult subject matter, and often procedures can be quite restricting. However, the procedures are being rewritten. There is however no particular piece of legislation aimed at safeguarding adults as there is no national political will to put a legislative framework in place. This means that local authorities still have to operate within the criminal and common law.
- 3.4i Members of the panel noted that they were keen to identify where there were gaps in supporting people who have been victims of these crimes, and where there are agencies in place whether there were sufficient funds available to ensure that these agencies are able to operate. This means that if there are links which can be made between agencies such as Adult Social Care and the Survivors' Network to increase the support available to victims then these should be identified.

- 3.4j The panel heard that within Martin's team there is a 'no recourse to public funds officer' which offers support to vulnerable adults.
- 3.4k The panel heard that monitoring and recording across all services in the city was key and that at the moment sexual violence does not tend to be recorded. Therefore it is not known currently if women accessing housing options are fleeing sexual violence. There is excellent reporting around domestic violence in the city but not the same structures and reporting for sexual violence. There is the added difficulty that due to the close links between domestic and sexual violence there may be some cross over and counting of records. For example, if sexual violence is perpetrated by an acquaintance or within the family should this be classified as sexual or domestic violence. The city needs to be clear about the classifications and what it is recording and monitoring.
- 3.4l Members of the panel noted that there was clearly a need for someone to sit down to undertake this work and do the thinking around it as the agencies do not have the time as they are too busy reacting to crises. There is probably a need for someone to coordinate this work.
- 3.4m The panel also heard that there was a need to be clear of the spectrum of behaviour which was considered sexual violence which can vary from inappropriate touching to sexual violation, rape and long-term abuse.
- 3.4n The panel heard that as well as a spectrum existing, the support needs of all victims were very similar. It was also noted that using the term sexual violence can remove some of the lesser crimes which victims still require support for.
- 3.5 All the witnesses were thanked for attending the meeting and for contributing to the discussions and evidence gathered.

4. DATE OF NEXT MEETINGS

- 4.1 1.30 pm – 15.30 pm, 29 March in Committee Room 2, Hove Town Hall
10 am – 12.00, 15 April in Committee Room 2, Hove Town Hall

5. ANY OTHER BUSINESS

- 5.1 There were none.

The meeting concluded at 11.48am

Signed

Chair

Dated this

day of