

Q&A

Sexual Assault Referral Centres (SARCs)

The Home Secretary has announced £1.6million to fund new and existing SARCs, across the country to support victims of rape and sexual violence. We want to see a SARC in every area.

Sexual Assault Referral Centres (SARCs) provide victims with immediate medical help, counselling, forensic examinations and the opportunity to give evidence anonymously all under one site.

The Home Secretary also announced an additional £100,000 to create a team of experts to provide advice to areas without a SARC or where there are no plans to set one up, and contribute to the development of a SARC strategy. The expert team will include representatives from the Police, Crown Prosecution Service, the Forensic Service and an experienced SARC manager.

This new funding is part of the government's commitment in the Tackling Violence Action Plan to double the number of SARCs from 19 to 38 by 2011. Progress has already been made since this announcement and there are now 22 SARCs in England and Wales with more currently under development.

Part 1 General Briefing and Background

1. What is a SARC?

A SARC is a one-stop location where victims of rape and serious sexual assault can receive medical care (including access to emergency contraception or testing for sexually transmitted infections) and counselling, and have the opportunity to assist the police investigation, including undergoing a forensic examination.

Many centres are located in hospitals, as this allows access to medical staff and equipment. Victims can be referred by the police or self-refer.

Most SARCs are joint ventures between the police and Primary Care Trusts (PCTs) with close involvement of the voluntary sector.

2. What are the benefits of a SARC?

SARCs are an important and effective tool in delivering enhanced victim care to those who have experienced rape and serious sexual assault. Victims who receive good immediate care and counselling are found to recover more steadily, and are less likely to need ongoing counselling and long-term mental health care.

A SARC can also contribute to enhanced investigation. SARCs have been highlighted as good practice in several reports, including the Report on the

Joint Inspection into the Investigation and Prosecution of Cases involving Allegations of Rape (HMCPSP/HMIC, 2002); and Home Office Research Study 285, Sexual Assault Referral Centres: developing good practice and maximising potentials (Lovett et al., 2004).

SARCs offer benefits for the victim, the health service and the criminal justice process. For example they offer:

- a high standard of victim care, and report high levels of victim satisfaction;
- an improved standard of forensic evidence;
- the provision of mental and sexual health services in the SARC increases the likelihood that the client will access the treatment they need and reduces the immediate and future burden on the health service;
- specialist staff, trained in caring for victims of sexual violence;
- the opportunity for victims, if they wish, to access these services as self-referrals, without any involvement from the police;
- the potential to bring more offenders to justice on the basis of better evidence, fewer withdrawals because of better victim care, increased reporting and access to intelligence from self-referrals;
- the development of a centre of excellence and expertise, providing advice, training, and support to local health practitioners, police and CPS involved in this work and relieving pressure on police;
- strong links with the voluntary sector, enabling a seamless provision of care for victims and the sharing of information and good practice.

3. How many are there?

There are currently 22 SARCs in operation with a further 12 in development. A list is attached at Annex A.

The first SARC in England and Wales was established in 1986 at the St. Mary's Hospital, Manchester, by the local Health Authority in collaboration with the Greater Manchester Police (GMP). It was set up in response to long term problems with the criminal justice and medical response to victims of sexual violence.

4. Which areas are developing a SARC? Does that mean we have given them funding?

See Annex A for a list of SARCs under development

SARCs under development have had funding but are now having to get the SARC ready for operation. This could involve getting the building ready (renovated or built), buying equipment, staffing, working out a referral protocol between the police or hospitals or voluntary sector.

5. Which areas do not have a SARC?

See Annex A.

6. How are SARCs funded?

Because Central Government devolves health and policing budgets to local areas, SARCs are resourced primarily at a local level. Sources of funding for SARCs include police forces and PCTs, Police Authorities, hospitals, local authorities, local CDRPs/Community Safety Partnerships, Local Criminal Justice Boards and donations from businesses and private benefactors.

However, the Home Office has provided start-up funding for SARCs every year since 2003-04 as well as smaller grants for existing SARCs to help further develop good practice. This year £750k is available for grants to new SARCs with an additional £850k available to existing SARCs. We are also making available £1.6M for 2009/10.

7. Why doesn't the government fund SARCs centrally?

The government has supported the establishment and development of the SARC network since 2003-04, and £1.6M has been allocated to continue this work in 2008-09, with a further £1.6M available in 2009/10. However, because health and police budgets are devolved, it is important to stress that SARCs must be resourced primarily at a local level if they are to be sustainable. National Service Guidelines on developing SARCs have been produced jointly by the Home Office and Department of Health which strongly encourage those who commission health and police services to invest in SARCs in line with local assessments of need. In addition the new Home Office expert team will assist in ensuring local partners are engaged in areas that do not have plans for a SARC.

8. Local areas report difficulties in engaging PCTs. Why is this and what can the Government do to help that engagement?

We are aware that there have been problems in some areas, engaging local health services in plans for a SARC. Because the commissioning of health services is devolved to local PCTs, it is difficult to enforce investment in particular services from the centre. The National Service Guidelines on developing SARCs that we have produced jointly with the Department of Health will help local health services to understand the benefits that SARCs offer, and encourage them to develop SARCs in their area.

In addition, this year the Home Office is funding a team of experts, which will include representatives from the police, CPS, health, forensics and a SARC manager to assist areas that do not currently have a SARC to engage the relevant people at a local level, including PCTs.

9. What can a victim expect from a SARC?

- A dedicated, forensically secure facility integrated with hospital services.
- Availability of forensic examination 24 hours a day, within 4 hours in cases of immediate need.
- Facilities for self-referrals, including the opportunity to have a forensic examination and for the results to be stored or to be used anonymously.
- Choice of gender of doctor/forensic medical examiner/appropriately trained Sexual Assault Nurse Examiner.
- Crisis workers to support the victim, the examiner and the police prior to, during and immediately after the forensic examination.
- Immediate on-site access to emergency contraception and drugs to prevent sexually transmitted infections including HIV.
- Integral follow-up services including psycho-social support / counselling, sexual health, and support throughout the criminal justice process.
- Infrastructure to ensure ongoing client care, DNA decontamination, staffing, training and maintenance including stocking of medication.
- A quality assured service, including the use of data collection and monitoring systems.

Part 2- Bidding round

10. Who applies for the money and how?

Partnerships of police, health and the voluntary sector are being invited to apply for start-up costs of up to £75k towards a new SARC using a detailed application form and guidance. The applications will be assessed by a panel made up of officials from the Home Office, Government Offices in the Region, Department of Health, the Association of Chief Police Officers and the National SARC Steering Group. Existing SARCs are also able to apply for grants to extend their services.

11. How will you decide which areas get the money?

Applications will be assessed by a panel made up of officials from the Home Office, Government Offices in the Region, Department of Health, the Association of Chief Police Officers and the National SARC Steering Group. Priority for funding will be given to areas that do not currently have access to a SARC.

12. When is the deadline for bids to be made?

7 November

13. When will you announce which areas have been awarded the funding?

We intend to announce successful bids in December.

14. Doesn't this mean successful bidders will have to spend all the money by March 2009?

No. The funding round will operate more flexibly this time. Bids received in November 2008 from existing SARCs or areas that wish to develop a SARC can request funding in both 2008/9 and 2009/10. Bids will need to be clear when the money will be spent. For example, X partnership submits a bid in November 2008 for £75K to start up a SARC. X partnership knows that they will not be able to spend the entire £75K before March 2009. As such, X partnership bids for £25K to be received (and spent) in financial year 2008/9 and a further £50K to be received (and spent) in financial year 2009/10 (totalling £75K).

15. How does the funding over two years work, can you carry funding over?

Areas bidding in November to develop a SARC can bid for up to £75K. However money cannot be carried over from one financial year to another. In order to avoid a situation where new SARCs would have to spend all money given by March 2009 and return any unspent grant, we will ask those bidding for money to set out when they expect to spend it. For example, X partnership submits a bid in November 2008 for £75K to start up a SARC. X partnership knows that they will not be able to spend the entire £75K before March 2009. As such, X bids for £25K to be received (and spent) in financial year 2008/9 and a further £50K to be received (and spent) in financial year 2009/10. This means that there would be no need to carry funding over the end of the financial year.

For those not ready to bid in November 2008, there will be further opportunity to apply for 2009/10 funding in 2009 to spend the remainder of the budget in 2009/10, subject to the availability of unallocated funding.

16. Last year (Sept 2007) you said that the funding announcement will bring the total number of SARCs to 36 across England and Wales by the end of 2008/09. This seems unlikely, why?

There are currently 22 SARCs with a further 12 under development. We hope that 34 SARCs will be in operation in 2009 - This has been superseded by the Tackling Violence Action Plan (February 2008) which sets the date for delivery of 38 SARCs by 2011.

17. Isn't last year's target the same as the one you announced in TVAP?

No, the target in TVAP is to ensure that 38 SARCs are open by 2011. We are well on track to meet that target; currently 22 SARCs are open and a further 12 are in development.

18. When you say you want to see a SARC in every area, how are you defining area?

We would like to ensure that each region has access to a SARC. In order to achieve this we expect that all police forces should either have a SARC or have arrangements in place for victims to access a SARC by 2011.

19. How does this year's funding compare to previous years?

Funding for SARCs has increased every year. Last year the Government awarded £805K in total to new and existing SARCs.

New expert team

20. How many people will be on it?

The details of who will be on the team are being finalised. There will be representatives from health, the CPS, the police and forensic experts.

21. Who will they be?

We have yet to finalise who will be part of the team.

22. Can we nominate people, do they apply or will you just approach people?

The Home Office works closely with experts in the field and is discussing the make-up of the team with relevant parties. The team requires specific skills- those with experience in setting up or working in SARCs. This will ensure that areas that have yet to develop a SARC have experienced professionals to assist them.

23. What will they do?

The team will offer support to new and existing SARCs. The team will work with areas that do not have a SARC to assist in developing plans. They will be able to tailor their advice in order to deal with the problems experienced by that area; whether that is engaging the right people locally, identifying a model on which to operate, identifying a location etc. They are also likely to conduct visits to new SARCs before they open and can advise existing SARCs who may be experiencing problems.

Part 3-Other issues

24. Why don't you have a dedicated 24-hour helpline for victims to ensure they are given the best support by specially trained advisors?

We are considering the development of a national helpline in the longer term but it would be unwise to establish a national helpline without ensuring that the support services are in place to which victims can be referred, which is why we are focusing on building SARCs and making sure that front line support charities have all they need to help those who have been victim to any kind of sexual assault. There are already a

number of help-lines in place across the country which have been supported by Home Office funding.

25. Why aren't SARCs based in healthcare facilities instead of police stations to encourage more victims of rape and sexual assault to come forward?

SARCs are never based in police stations because this would affect the willingness of self-referrals to access the service. SARCs are either based in healthcare facilities or stand alone properties such as voluntary sector services or converted houses. Where a SARC is not based in a health care facility, there will be close links with hospital facilities.

26. How is the Government going to help drive-up conviction rates?

Reporting of rape has increased since 1997, with the number of rapes reported to the police rising from 6,628 to 13,780 in 2006-07. We believe this is because victims have had more confidence to come forward and report as a result of the way in which cases are investigated and prosecuted. However currently less than 6% of reported rapes result in a conviction and we recognise that more needs to be done.

- In April 2007, the Government published a Cross-Government Action Plan on Sexual Violence and Abuse, which includes an objective to improve the criminal justice response to sexual violence and abuse in order to increase reporting and conviction rates.

Achievements so far include:

- Every police force has developed an action plan on rape and implementation of the plan in each police force area is being monitored by a HO/ACPO expert team;
- Specially trained police officers and specialist rape prosecutors operate in every police force/CPS area;
- Performance on rape by every police force and CPS area is monitored by a cross Government Rape Performance Group. Any data giving cause for concern is raised with the Chief Constable and/or the Chief Crown Prosecutor of an area and support provided by a HO/police expert team;
- Training and guidance for the police, the Crown Prosecution Service and barristers has been improved;
- The Crown Prosecution Service have established a specialist Rape Prosecutions Delivery Unit;

- Several police forces have introduced a dedicated team approach to rape investigations and the Home Office are funding a pilot of this approach in Portsmouth;
- £3M funding has been given to supplement local funding to support victims of sexual violence and abuse.
- Funding has been provided for Independent Sexual Violence Advisors to provide advocacy and support for victims of sexual violence and abuse particularly those going through the cj process.
- Funding has been provided to start up 22 SARCs to provide improved health care and support services and expertise in evidence gathering;
- An additional £1M emergency fund to prevent the closure of at-risk rape crisis centres to provide support for victims of sexual violence.

Court measures

In order to improve the victim experience once a case reaches court we have:

- Introduced a range of special measures in court to assist victims in giving evidence:
- For example we have extended the use of video recorded evidence-in-chief which means that a victim does not have to give evidence to a prosecutor at trial. When used in combination with another special measure, for example live video links for defence cross-examination, the victim will not have to give evidence in court facing a defendant;
- We have also rolled out the use of intermediaries to help vulnerable witnesses with communication or understanding needs.
- We have ensured that all Crown Courts and 96% of all Magistrates Courts have separate waiting facilities to offer victims and witnesses.
- We have ensured that Witness Liaison Officers provide victims and witnesses with a single point of contact within the court;
- We are providing training in relation to new rules on questioning victims about previous sexual history;
- We are looking at ways in which general expert material could be presented in a controlled and consistent way to juries with a view to dispelling myths as to how rape victims behave.

27. Why are you focussing on SARCs when the voluntary sector is in crisis and rape crisis centres are closing?

The Government's aim is to improve access to health and support services for victims. The Government believes that effective support for victims is not just a matter for the voluntary sector and that statutory agencies also have a responsibility to provide support. As such the Government is channelling funding into Sexual Assault Referral Centres but also provide support for the sexual violence voluntary sector.

The Government has invested around £10m over the last 4 years in specialist services for victims of sexual violence; this is in addition to funding provided locally. We have also provided £150K core funding to umbrella organisations, Rape Crisis England and Wales and The Survivors' Trust to help build the stability of the sector. Most of this funding has come from the Victims' Fund.

However the Government recognises that Rape Crisis Centres and other support services continue to face significant challenges and we are working closely with them to identify what more can be done to assist in increasing their capacity and stability. A stakeholder working group (which includes members of Rape Crisis) has been set up to look specifically at this issue and will report to Ministers shortly. We have already implemented some of their earlier recommendations.

In addition, the Minister for Women Harriet Harman, announced in March 2008 an emergency fund of £1M to assist rape crisis centres at risk of closure. Eight centres have received funding so far and the remainder of the money will be distributed over the next few months.

SARCs in England and Wales

Open

No.	Police Force Area	Name of SARC
1	Cleveland	Helen Britton House
2	Derbyshire	Millfield House
3	Durham	Meadowfield Suite
4	Dyfed Powys	Elm Tree House
5	Greater Manchester	St Mary's SARC
6	Gwent	Laburnum House
7	Hampshire	The Treetops Centre
8	Kent	The Renton Clinic
9	Lancashire	The SAFE Centre
10	Leicestershire	Juniper Lodge
11	Merseyside	SAFE place Merseyside
12	Met London	Haven Paddington
13	Met London	Haven Camberwell
14	Met London	Haven Whitechapel
15	Northumbria	REACH Rhona Cross Centre
16	Northumbria	REACH Ellis Fraser Centre
17	Nottinghamshire	The Topaz Centre
18	South Wales	Willow House, (Merthyr Tydfil)
19	South Wales	Emily Phipps House (Swansea)
20	South Wales	SAFE island (Cardiff)
21	West Midlands	Rowan Centre
22	Wiltshire	New Swindon Sanctuary

SARCs offering services for children only

1	South Yorkshire	Sheffield Children's SARC
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Developing

1	Avon & Somerset	
2	Cheshire	
3	Dorset	
4	Devon and Cornwall	
5	Gloucestershire	
6	Hertfordshire	
7	Humberside	
8	Norfolk	
9	North Wales	
10	Staffordshire	
11	Thames Valley	

12	West Yorkshire	
13	South Yorkshire Adults Sarc	
14	Sussex	

Areas without a SARC at present

1	Bedfordshire	
2	Cambridgeshire	
3	Cumbria	
4	Essex	
5	Lincolnshire	
6	Northamptonshire	
7	North Yorkshire	
8	Staffordshire	
9	Suffolk	
10	Surrey	
11	Warwickshire	
12	West Mercia	