



Haringey Council

Report for:	Health & Wellbeing Board	Item Number:	
Title:	Domestic and Gender Based Violence: HaringeyStat Data and Update		
Report Authorised by:	Jeanelle de Gruchy, Director of Public Health		
Lead Officer:	Althea Cribb, Strategic Domestic and Gender Based Violence Lead		
Ward(s) affected: All	Report for Key/Non Key Decisions: No		

1. Describe the issue under consideration

The purpose of this report is to update the Health and Wellbeing Board on the partnership work progressing in Haringey to address domestic and gender based violence.

2. Chair of the HWB introduction

I welcome this focus on domestic and gender based violence. This violence has such a large negative impact on the health and wellbeing of our children, families and communities. We need to work in partnership, as a Health and Wellbeing Board with the Community Safety Partnership. We also need to work specifically with our health partners, to ensure that we have clear pathways in place to support those who come forward for help.

3. Recommendations

N/A

4. Alternative options considered

N/A

5. Background information

Haringey has a long history of working in partnership to address domestic and gender based violence, which is a pernicious problem that requires ongoing and constant focus from all partner agencies, as well as significant culture change to reduce/remove the acceptability within society.

The partnership response to domestic and gender based violence is led by the Community Safety Partnership. The Community Safety Strategy contains the following outcome: Break



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the cycle of domestic and gender based abuse by working in partnership to promote healthy and safe relationships.

This work is delivered through the Domestic and Gender Based Violence Strategic Group, with the support of the Operational Group. The Strategic Group is chaired by the Director of Public Health, which supports the need for the partnership to link across from Community Safety to Health and Wellbeing.

The domestic and gender based violence actions within the Community Safety Strategy also support the aims of the Health and Wellbeing Strategy, specifically:

Outcome 1 – Every child has the best start in life: through ensuring that all areas of work and responses to domestic and gender based violence recognise and address the needs of children and young people. This includes: children and young people living in a home with a perpetrator; children and young people perpetrating abuse/violence against parents and/or family; young people perpetrating / experiencing domestic and sexual violence who are involved in gangs.

Outcome 3 – Improved mental health and wellbeing: the experience of domestic and gender based violence from a partner/ex-partner/family member has been shown to have significant impacts on the mental health, safety and wellbeing of victims, and the partnership is working to ensure they are identified and offered help as early as possible.

This is the first report to the Health and Wellbeing Board, and the focus of this report is to:

- Inform the Board about the HaringeyStat meeting held 22nd July 2013, and the actions that resulted from it
- Inform the Board of the work of the new Strategic Domestic and Gender Based Violence Lead

HaringeyStat

A 'HaringeyStat' meeting was held in July to look at the available data on domestic and gender based violence, and to identify actions to ensure that as a partnership we are addressing the issues effectively. This is provided in the PowerPoint presentation.

Actions covered the following areas:

- Map and understand existing pathways into specialist services:
 - universal health and local authority services' role in early identification and response
 - address the need for accurate recording and data collection and sharing
- Map and review pathways for specialist services
 - services inclusive and open to all
 - who is being supported and how
 - whether a risk based pathway is required/appropriate
- Consider role of schools in prevention and response
- Consider role of family unit and wider community – encouraging an “open conversation”



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- Police: Develop more sophisticated ways to identify top perpetrators based on risk posed to victims

In response to the focus at the meeting and in some of the actions above, a meeting is being held on 8th October to focus on health and domestic violence. This will look at the data available, where the gaps are, and to identify best practice responses and how these are developing / can be developed for Haringey.

Strategic Domestic and Gender Based Violence Lead

The Strategic Lead started in post at the end of June 2013, with a remit to support the Strategic Group and its Chair in ensuring the delivery of the domestic and gender based violence part of the Community Safety Strategy, and to take a lead on the mapping of services, responses and data, and the commissioning of services.

Many of the actions outlined above from the HaringeyStat link in with the existing work plan of the Strategic Domestic and Gender Based Violence Lead.

Work areas and achievements:

- Mapping:
 - Identify the specialist services that are in place, who accesses them, whether there are any gaps / duplication
 - Identify how statutory services (including health, LA, police) identify, respond and refer, and how they record for data purposes
 - Develop a more complete 'picture' of domestic and gender based violence in Haringey, through an increase in data sources – to support commissioning and future partnership and service delivery plans
- Commissioning:
 - Independent Domestic Violence Advocacy (IDVA) service has expanded, and gone from one IDVA to three, able to work with up to 240 clients per year via the MARAC, as well as servicing of Specialist Domestic Violence Court (SDVC)
 - Multi-Agency Risk Assessment Conference (MARAC) Coordinator is in post, looking into expanding that service if required
 - Public Health domestic and gender based violence primary prevention commissioning is going forward
 - Partnership response to perpetrators through a specialist programme being available – researching options, costs, to result in appropriate commissioning for borough's needs

6. Comments of the Chief Finance Officer and financial implications

There are no financial implications arising directly from this report. Most of the actions identified link in with existing work plans and can be met from existing resources. If new activity is identified then a business case will need to be made as funding will have to come from reductions elsewhere in the service budget.

7. Head of Legal Services and legal implications



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N/A

8. Equalities and Community Cohesion Comments

Domestic and gender based violence fall within the UN definition of violence against women and girls; that is:

Any act of gender-based violence that is directed at a woman because she is a woman or acts of violence which are suffered disproportionately by women.

The greatest risk factor for experiencing domestic and gender based violence is being female. However, men and boys also experience it and responses must address this. Responses must also be sensitive to the additional needs victims/survivors have due to their particular circumstances that can impact on help-seeking, e.g. sexual orientation, ethnicity, disability, religion/faith.

Research shows that there are no causal links between socio-economic position, employment status or poverty and the experience of domestic and gender based violence. There are no additional risk factors relating to ethnicity or religion.

9. Head of Procurement Comments

N/A

10. Policy Implication

N/A

11. Reasons for Decision

N/A

12. Use of Appendices

N/A

13. Local Government (Access to Information) Act 1985

N/A