

**Violence Against Women and Girls (formerly domestic and gender based violence) - Performance Q1 July 2014**

Description	Owner	Baseline	Quarter 1		Quarter 2		Quarter 3		Quarter 4		Comments
			Target	Actual	Target	Actual	Target	Actual	Target	Actual	
IDVA - % of closed cases where there was an increase in the victim's safety level	Victoria Hill	80%	80%	85%							50 referrals. 38 cases had 1, 2+ safety outcomes on case closure.
% of victim-survivors who do not withdraw from the CJ process	Victoria Hill	80%	80%	54%							
Uptake of accredited perpetrator programmes	Victoria Hill	50% uptake	50% uptake	80% 10 assessed 8 suitable							Waiting list now in place. Discussion needed to secure additional funds to re-commission the service.
Increase in referral numbers to MARAC	Victoria Hill	299	410 by March 2017	85							
Audited MARAC cases to meet at least two of agreed outcomes	Victoria Hill	80%	80%	80%							10 cases reviewed in Dec 2013. 4 outcomes in total. 80% of cases had 2 or more outcomes, 100% had at least 1. Next audit to take place 29 July 2014.
MARAC repeat victimisation rate	Victoria Hill		11-15%	20%							Description of the rationale is available on request

Performance Overview

All indicators were close to target or exceeded target.

Key Improvers and Success

CAADA consider that the Haringey MARAC should hear 410 cases per year (40 cases per 10,000 of the adult female population). In the 12-month period from 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014, the Haringey MARAC heard 299 cases, around 73% of CAADA's recommended volume. CAADA data analysis over the same period has indicated MARACs in the London Metropolitan area were seeing on average 64.5% of the expected volume, with a national average of 71%%, so the Haringey MARAC is improving its performance on volume.

DVIP perpetrator high rate of engagement and take up of the service. Since January 2014: 16 referrals, 10 assessed – of the 10 8 suitable, 2 in denial. Of the 8 suitable – 2 men are on group, 1 about to start 1:1 work, 3 coming on group in July, 2 in august). 4 did not attend (1 was arrested).

### Key Challenges

To work with IDVA provider to improve data included in the monitoring reports to demonstrate effectiveness of the service more accurately. Agree with Hearthstone an appropriate performance indicator.

Understanding of the repeat victimisation rate, so that performance is correctly interpreted (briefing available on request).

DVIP contract is now on hold and a waiting list of men to be assessed for the programme is in place whilst a sustainable approach to commissioning perpetrators work is explored. CYPS, public health to be approached to match fund the MOPAC money available as only sufficient funds to commission 6 months further work.

### Decision Required by CSP

None