

**Report for:** Environment and Community Safety Scrutiny Panel - 1 March 2016

**Item number:**

**Title:** Violence Against Women and Girls Update

**Report authorised by :** Jeanelle De Gruchy – Director Public Health

**Lead Officer:** Victoria Hill (interim) Strategic Lead Violence Against Women and Girls victoria.hill@haringey.gov.uk ext 1501

**Ward(s) affected:** N/A

**Report for Key/ Non Key Decision:** N/A

## 1. Describe the issue under consideration

The Environment and Community Safety Scrutiny Panel examined the council and partners' role in the identification, prevention and reduction of domestic violence and abuse in Haringey. Their resultant report was considered by the Overview & Scrutiny Committee at their meeting in March 2015 when a range of recommendations presenting workable solutions designed to build on the already good work being undertaken by the council and partners were agreed.

An update has been requested on:

- the development of the violence against women and girls strategy
- current performance issues
- progress to date with the implementation of the recommendations of last year's scrutiny review.

Appendix 1, lists the recommendations and presents the Cabinet Member's response to them and an update from the violence against women and girls strategic group.

Appendix 2 outlines quarter1 - 3 2015/16 performance data.

## 2. Cabinet Member introduction

As deputy leader of the council and the Cabinet Member of Communities, I have welcomed the work of the Environment and Community Safety Scrutiny Panel on this important issue and endorse the recommendations they have made. In the last two years we have made significant progress in improving our response to all forms of violence against women. I am pleased that a violence against women and girls strategy is now being developed and it is evident that much progress has been made towards the panel's recommendations. This current momentum has to be maintained in order to help deliver lasting changes to this crucial issue.

It is acknowledged by all partner agencies that we all need to step up our commitment to responding to violence against women and girls. The violence against women and girls commissioning group is a positive development in helping to develop and support a partnership approach to resourcing a coordinated community response to violence against women and girls.

### **3. Recommendations**

Note the progress on the recommendations as set out in Appendix 1 and current performance issues.

### **4. Reasons for decision**

A violence against women and girls strategy steering group has been formed to help progress the work on the strategy. This comprises a representative from national Women's Aid who are looking at how they can support the development of Haringey's strategy whilst they pilot Change That Lasts<sup>1</sup>.

A presentation outlining the proposed focus of the strategy has been prepared and initial consultations have been conducted with the Violence Against Women and Girls Strategic Group, Advisory Group and the Community Safety Partnership. A project plan has been finalised.

The Haringey MARAC is currently at 80% of recommended volume of referrals. In 2015/16 (year to date) the MARAC has received 244 referrals. SafeLives recommend that the Haringey MARAC should receive 410 referrals by 2017. To reach target 410 by 2017 we need to reach 383 referrals in 2015/16.

### **5. Background information**

The target of 410 MARAC referrals by 2017 is a stretch target and to date no area nationally has met the 100% target. MARAC referrals for Haringey are higher than the Met Police area average. Haringey's Police Community Safety Unit are actively working on a flagging mechanism to identify repeat MARAC cases so that these can be referred back to the MARAC. It is hoped that this system will help to gradually increase referral numbers to the MARAC and move us closer to achieving the SafeLives recommended volume target of 410 referrals a year by 2017.

The violence against women and girls strategy will be a 10 year vision statement. It is scheduled to take 12 months to complete this work as we will be undertaking a programme of engagement with the community to establish their resources and what help they need to be able to contribute to the coordinated community response to violence against women and girls.

The violence against women and girls performance data which we are currently able to collect focuses on the criminal justice system's response to domestic violence. A violence against women and girls data product is currently being

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<sup>1</sup> *Change that Lasts is a new strengths-based, needs-led approach that supports domestic abuse survivors and their children to build resilience, and leads to independence.*  
<https://www.womensaid.org.uk/our-approach-change-that-lasts/>

discussed by the strategic group. There are inherent difficulties in capturing this data and we are identifying what information currently available in the system, and how this can be systematically coordinated, analysed and presented in a format that can inform the partnership. This work will be added to the violence against women and girls annual delivery plan for 2016/17.

**6. Contribution to strategic outcomes**

Priority Board 3 – prevent and reduce violence against women and girls.

**7. Use of Appendices**

Appendix 1: Updates concerning the Scrutiny Panel's recommendations

Appendix 2: Violence against women and girls performance indicators

**8. Local Government (Access to Information) Act 1985**

N/A.

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**Appendix 1: Response to the recommendations of Environment and Community Safety Scrutiny Panel Violence Against Women and Girls update Feb 2016**

No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
1	<i>That information be shared with the Panel by the Violence Against Women and Girls Strategic Group for their plans on how the views of service users will be obtained and responded to. (Paragraph 3.15) (Strategic Group)</i>	Partially agreed	Approximately £4 000 required to support survivor consultation, along with additional officer capacity to be identified to progress this work	A position paper on service user consultation has been agreed by the Strategy and Advisory Group  Service user consultation will be used to help inform the development of this agenda, including an awareness campaign to coincide with the launch of the new IDVA service	If budget and support agreed, by March 2016 Advisory Group	Service user views will be sought as part of the development of the strategy
2	<i>That a clear timeframe be set by the Violence Against Women and Girls Strategic Group for the approval of a referral pathway. (3.17) (Strategic Group)</i>	Agreed	None	A timetable for redesign and approval of the new domestic violence referral/care pathway is now agreed to commission the new Independent Domestic Violence Advocacy Service		Complete
3	<i>That work to develop the referral pathway focus upon simplifying the process and establishing a single point of entry. (3.17) (Strategic Group)</i>	Agreed	Note that the pathway would require one additional IDVA: £49 000	*Pathway has been consulted on and final options have been agreed. Additional IDVA resource will come on line once existing resources within the current DV pathway are reviewed and realigned as part of the longer term work on the violence against	By July 2015  VAWG Commissioning Group	Complete

No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
				women and girls strategy		
4	<b><i>That the Strategic Group develop proposals for publicising domestic violence and abuse services and, as part of this, consideration be given to joint commissioning. (3.20) (Strategic Group)</i></b>	Partially agreed	Partnership communications and publicity campaign budget to be identified and agreed – approximately £10 000 for year one  Bid made for this to the joint police and community safety team Performance Related Grant	A violence against women and girls service directory for professionals and practitioners is produced and circulated across the partnership. This is updated on a quarterly basis.  A borough publicity campaign that will be developed and launched to coincide with the new IDVA service and referral pathway	By 1 <sup>st</sup> April 2016  VAWG Strategy Group, VAWG Advisory Group, VAWG Commissioning Group and LBH Comms	Scope of a partnership comms campaign is currently being developed, this is to be discussed at March 2016 Strategic Group
5	<b><i>That the Strategic Group, working together with the Local Safeguarding Children's Board (LSCB), develop proposals for multi agency training on Female Genital Mutilation (FGM) for health and social care professionals and that Members also be included in relevant training on the issue. (3.25) (Strategic Group)</i></b>	Partially agreed	A budget to commission training would be required – approximately £5000 for 5 multi agency sessions,  Officer capacity to coordinate the courses would also need to be identified	A Harmful Practices Working Group looking at free training offer via Ascent. Government FGM E learning course circulated by LSCB and VAWG partnership (and to members). Other free training opportunities will be identified and circulated to the partnership (and members)  Twilight violence against women and girls trainings session for members to be delivered to coincide with the UN Day for the eradication of violence	By March 2016. Co Chairs of Harmful Practices Working Group – with support of VAWG Strategic Lead, VAWG Coordinator and LSCB SAB joint business manager	No budget is available for this training. FGM conferences and mandatory reporting duty info widely circulated. Forward delivered training to practice nurses as part of the HPWG. To discuss with FOWARD holding a Practice Network event on FGM in 2016/17

No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
6	<i>That consideration be given by the Strategic Group to developing multi agency and multi disciplinary training on domestic violence and abuse. (3.25) (Strategic Group)</i>	Partially agreed	<p>A budget to commission training would be required – approximately £20 000 for a range of knowledge awareness raising and skills/practice based sessions.</p> <p>In addition a new officer role would be necessary to coordinate all aspects of the training</p>	<p>against women (25 Nov 2015 and the accompanying 16 days of activism)</p> <p>A training needs assessment has been conducted with support of the LSCB Training Subgroup and SAB training Subgroup. There was a very low response rate. The LSCB Training Sub Group will undertake an agency audit of DV training delivered in partner agencies</p> <p>The LSCB deliver 2 training sessions a year on safeguarding children and domestic violence</p> <p>Minimum standards for violence against women and girls training is being drafted, and will be presented to the two training sub groups and the VAWG (advisory and strategy group) for endorsement</p>	By September 2015 Chair of Strategic Group in conjunction with SAB and LSCB and training sub groups and joint business manager	VAWG Coordinator post being recruited and the job description includes delivery of training
No	Scrutiny Panel Recommendation	Agreed Partially agreed	Budget implications	Response	Timescale and lead	Update

		Not agreed				
7	<b><i>That consideration be given by the Violence Against Women and Girls Strategic Group on how best to secure the regular engagement of local NHS acute trusts and the Mental Health Trust on a basis that is achievable and sustainable. (4.2) (Strategic Group)</i></b>	Agreed	None	Key health representatives have been written to by the chair to request their attendance and engagement  The new Vice-Chair of the Strategic Group has had a specific focus on engaging health partners		Complete
8	<b><i>That the options of providing hospital based IDVAs by joint commissioning between boroughs whose residents use the same hospitals and/or the re-location of one or more of the boroughs IDVAs to local hospitals be considered by the Community Safety Partnership, in consultation with the CCG. (4.40) (Community Safety Partnership)</i></b>	Not agreed	Additional resources will need to be identified by all boroughs and agreed to fund IDVA provision  A hospital based IDVA Service working across 3 boroughs would require approximately additional funding of £250 000 to be secured across the boroughs for 4 FTE IDVAs and a service manager	This is a complex issue as further discussion and agreement is required with various Community Safety Partnerships and various CCGs and project development and coordination.	To be part of the discussions by the Violence Against Women and Girls Commissioning Group	To be added to the Violence Against Women and Girls Commissioning Group forward plan once the IDVA/IRIS and DV perp service commissioning is completed
9	<b><i>That the Violence Against Women and Girls Strategic Group work together with partners to ensure that all relevant professionals understand and receive training on completing the referral form for domestic violence and abuse (the CAADA DASH RIC) in order to promote its wider use. (4.44) (Strategic Group)</i></b>	Agreed	None	As part of the coordination arrangements for the Multi Agency Risk Assessment Conference, training and briefing sessions are delivered every quarter by the MARAC Coordinator on the use of the CAADA DASH RIC (and the MARAC process) to professionals and practitioners	Ongoing (business as usual) Chair of MARAC, Chair of MARAC Steering Group and MARAC Coordinator	Ongoing. High numbers of partner agency referrals demonstrating wide use of DASH. Since August 2015 7 MARAC briefings delivered to 76 staff – not specific DASH training but held 3 quarterly MARAC workshops delivered to 48 individuals. The session includes DASH and has a role play exercise. EH DV worker will also deliver DASH training.



No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
10	<i>That, in view of the strong evidence of the effectiveness of the IRIS scheme in facilitating the detection of domestic violence and abuse, the Haringey CCG reconsider its decision not to commission it. (4.18) (Haringey CCG)</i>	Agreed	None for the council	CCG has recently agreed to commission IRIS for 25 practices in the borough	CCG and VAWG Commissioning Group	IRIS service currently being commissioned – anticipated contract start date 1 <sup>st</sup> May 2016
11	<i>That the CCG explore further the potential of joint commissioning of IRIS with neighbouring boroughs in north central London. (4.18) (Haringey CCG)</i>	Agreed	To be identified and confirmed	To be discussed further with the CCG	CCG and VAWG Commissioning Group	The CCG is currently in process of implementing the IRIS project in 25 practices in Haringey with a go-live date of 1 <sup>st</sup> May 2016. The outcomes of the project will be closely monitored with a view to roll out across all GP practices in Haringey if demonstrable improvement. Joint commissioning with neighbouring boroughs will be considered at that point.
12	<i>That staff training provision on domestic violence and abuse be reviewed by Whittington Health to ensure that sufficient time is allocated and that it is delivered in an appropriate and interactive format, with the use of e-learning avoided (4.26) (Whittington Health)</i>	Agreed		Changes have been implemented since the report was published: Level 1 to level 3 training provided either face to face or via e-learning depending on role and priority groups. I.e. Maternity, Health visitors, school nursing. Training to cover basic awareness, recognising and responding to domestic abuse and referring on to	Whittington Health NHS Trust	<b>Level 1 DA Training – Basic Awareness</b> (Face-to-face or e-learning) for all Whittington Health staff at corporate induction day. The E-learning module is in the process of being revised and up-dated for those already employed  <b>Level 2 DA Training – Recognising, Responding and Referring.</b> Face-to-face training for priority groups:

				<p>specialist agencies, (DASH risk assessment / MARAC) – domestic abuse champions to be trained from the priority groups as above</p>		<p>Emergency Department, Maternity, Health Visiting. Level 2 DA training (1/2 hr) is also delivered alongside mandatory Safeguarding Adults training for all WH staff. From this requests are made from other teams/departments for further training. Reference is made during this training to the DASH risk assessment/MARAC and hand-outs sent electronically so all staff are made aware. On-going with positive feedback, seeing an increase in the number of referrals onto specialist services.</p> <p><b>Level 3 DA Training -</b> <i>Domestic abuse champions</i> to be trained across the priority groups in DASH-RIC and MARAC referrals. Six to Ten people from each of the priority areas. 12 people across priority groups interested in becoming DA champions. Local free training in DASH/MARAC delivered by 'Standing Together' in Haringey.</p>
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No	Scrutiny Panel Recommendation	Agreed Partially agreed	Budget implications	Response	Timescale and lead	Update
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		<b>Not agreed</b>				
13	<b>That the business case currently under development by NMUH for the establishment of a post of hospital based IDVA be supported and recommended for approval by the CCG and that consideration also be given to establishing a similar post at the Whittington hospital. (4.39) (Haringey CCG)</b>	Partially agreed	To be confirmed	The CCG recognises and acknowledges the benefits of having a hospital-based IDVA and will consider the NMUH business case. Whilst not the lead commissioner for the Whittington Hospital, the CCG will also be discussing their plans	NMUH with VAWG Commissioning Group	No update received. It is suggested that North Mid are invited to a VAWG commissioning meeting to specifically discuss this.

## Appendix 2: Violence Against Women and Girls performance indicators

Description	Baseline	Quarter 1		Quarter 2		Quarter 3		Comments
		Target	Actual	Target	Actual	Target	Actual	
IDVA - % of closed cases where there was an increase in the victim's safety level	80%	80%	66% Red	80%	64.2% Red	80%	60% Red	45 new cases in Q3. 50 cases were closed. IDVAs are now based in the Police CSU 3 sessions a week to pick up referrals direct to help reduce delays in victims accessing help.
% of victim-survivors who do not withdraw from the Criminal Justice process	80%	80%	15% Red	80%	64.7% Red	80%	73% Red	This is a percentage of the total number of clients <i>involved in CJS</i> as opposed to the number of clients <i>in total</i> .
Increase in referral numbers to MARAC  <b>To reach target 410 by 2017 we need to reach: 383 referrals in 2015/16 396 referrals in 2016/17 410 referrals in 2017/18.</b>	299	96 per quarter	84 Amber	96 per quarter	65 Red	96 per quarter	95 Amber	Jan 2015 – Dec 2015) the Haringey MARAC heard 332 cases ( <b>81%</b> of the expected volume). The most recent Safelives data indicated MARACs in the London Metropolitan area are seeing on average <b>72.5%</b> of the expected volume, with a national average of <b>82.5%</b> . SafeLives consider good practice for a local area to see between 80-100% of its expected volume, therefore Haringey MARAC is performing within good practice for volume of referrals.
Audited MARAC cases to meet at least two of agreed outcomes	80%	80%	N/A	80%	80% Green			Feb 2015 8 cases out of 10 had 2+ positive outcomes.

Description	Baseline	Quarter 1		Quarter 2		Quarter 3		Comments
		Target	Actual	Target	Actual	Target	Actual	
MARAC repeat victimisation rate - (see separate rationale) <b>HIGH IS GOOD</b>	11%	Year 2 15 – 21%	29% Green	Year 2 15 – 21%	31% Green	Year 2 15 – 21%	27% Green	There were 26 (27%) repeat cases this quarter. The repeat victimisation rate for the last 12 months was 26% which is a little below SafeLives's expected level of repeat referrals which is the 28-40% range.

### SafeLives MARAC Performance Analysis

Below is SafeLive's analysis of the Haringey MARAC's performance over the last 12 months, between 1<sup>st</sup> October 2014 and 30<sup>th</sup> September 2015:

Indicator	National figure	Most similar force group	SafeLives recommends	Police force	Haringey
Number of MARACs	284	60	-	31	1
Cases discussed	80,151	20,397	410*	9,511	345
Recommended cases	98,510	25,550	N/A	13,020	410
Cases per 10,000 population	33	32	40	29	33
Children in household	102,884	24,200	N/A	10,360	266
Year on year change in cases	8%	5%	N/A	7%	-4%
Repeat cases	25%	26%	28% - 40%	19%	25%
Police referrals	64%	52%	60% - 75%	32%	33%
Referrals from partner agencies	36%	48%	25% - 40%	68%	67%
B & ME referrals	15.00%	33.30%	65.3%*	50.00%	66.00%
LGBT referrals	0.90%	1.20%	5%+	1.60%	3.20%
Referrals where the victim has a disability	3.70%	5.90%	17%	8.70%	13.30%
Referrals with a male	4.70%	4.30%	4% - 10%	4.60%	3.80%

victim					
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# Priority 3

### Objective 4:

To prevent and reduce violence against women and girls (VAWG)



### Outcome Indicator:

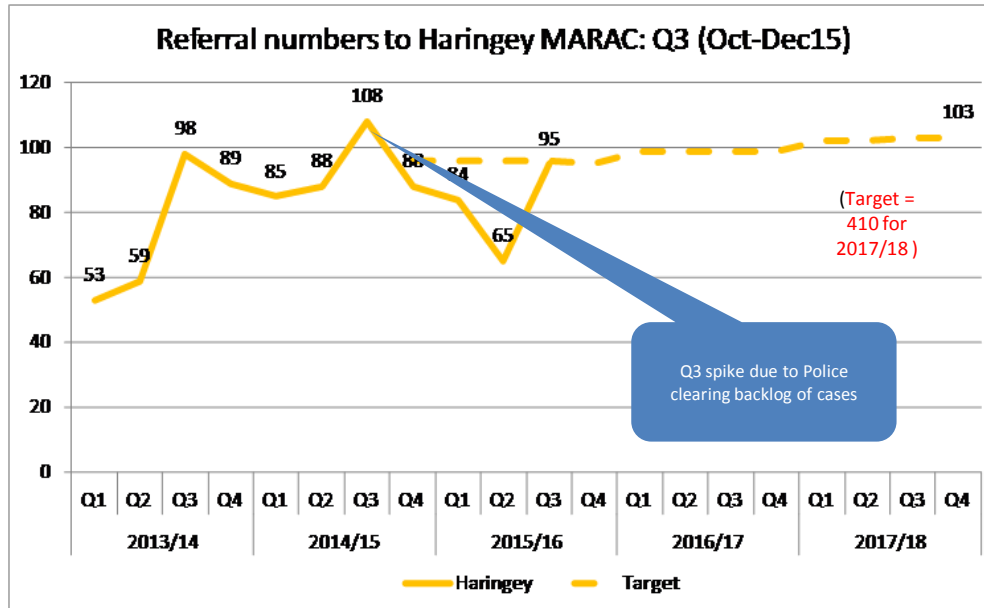
Numbers of referrals to MARAC (multi agency risk assessment conference) where high risk cases of domestic violence are discussed.\*



### Target:

To increase to 410 a year by 2017/18

### What does the data say?



Between July and September 2015 the number of referrals reduced to 65. Some degree of fluctuation is expected from quarter to quarter. Our long-term trend is increasing, albeit Haringey remains below the target level.

SafeLives consider that by 2017/18 Haringey should hear 410 cases per year, this is intended to be an ambitious target. Between July 2014 to June 2015 Haringey was achieving 90% of SafeLives recommended level for that period, compared to 80% for national and 73% for London MARACS. This indicates that Haringey is performing relatively well for referrals.

Nevertheless, Haringey is committed to achieving the target and increasing the number of repeat referrals from the Police should contribute towards achieving target.

\* A MARAC discusses how to help victims at high risk of murder or serious harm. A domestic abuse specialist (IDVA), police, children’s social services, health and other relevant agencies come together and share information to help manage the risk identified in the case. The meeting is confidential. MARAC members agree an action plan for each case. For more info visit [www.safelives.org.uk](http://www.safelives.org.uk) [haringey.gov.uk](http://haringey.gov.uk)

Last Updated: December 2015