

Report for:	Environment and Community Safety Scrutiny Panel, - 09.03.17
Item number:	
Title:	Violence Against Women and Girls Update 2017
Report authorised by :	Jeanelle De Gruchy – Director Public Health
Lead Officer:	Fiona Dwyer Strategic Lead Violence Against Women and Girls fiona.dwyer@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 of recommendations was provided in March 2016.

A further update has been requested on:

- Progress with Implementation of Recommendations of Scrutiny Review;
- Progress with Implementation of the Iris Scheme by Haringey CCG;
- Details of where referrals come from

Appendix 1 lists the recommendations and provides an update from the Violence against Women and Girls Strategic Group.

Appendix 2 highlights the progress of the implementation of the IRIS scheme.

Appendix 3 outlines where the referrals to the Multi-Agency Risk Assessment Conference have come from in Q1-Q3 2016/2017.

2. Cabinet Member introduction

Addressing violence against women and girls (VAWG) forms part of our local partnership approach to improving health, safety and wellbeing in the borough. Tackling VAWG is a priority within the 2015-2018 Corporate Plan's *Clean and Safe* objective. Under Priority 3, Haringey has made a clear commitment to prevent and reduce violence against women and girls. As Cabinet Member for Communities, I welcome the development of the 10 year Strategy which supports our aim of reducing

the disproportionate impact of abuse on women and girls and which supports the implementation of the recommendations of the Committee.

The Violence Against Women and Girls Strategy (2016-2026) is a partnership strategy and is reflective of the concerns of local residents, professionals and statutory and voluntary agencies across the borough. The 3 year action plan to deliver the strategy currently under development makes clear that a coordinated community response is the key way of ensuring that our strategic approach will be achieved.

3. Recommendations

Note the progress on the recommendations as set out in Appendix 1, the IRIS update and current referral routes.

4. Reasons for decision

The 10 year Violence Against Women and Girls Strategy is a clear driver for the work on ending VAWG in Haringey. The Strategy is a clear, partnership approach. The first 3 year action plan is currently being drafted and the recommendations of the Committee have been included within it where progress still needs to be made.

5. Background information

The 10 year Violence against Women and Girls Strategy (2016-2026) was launched in November 2016. The Strategy sets out our 10 year ambitions (2016-2026) for addressing and preventing violence against women and girls in Haringey.

The Strategy covers four key priorities: developing a coordinated community response; prevention; support for victim/survivors and holding perpetrators accountable.

The Strategy has been developed in partnership with a wide range of statutory, voluntary and community organisations from across Haringey. We have utilised existing evidence around 'what works' in addressing and preventing violence against women and girls. We will ensure that we co-produce all of our action plans with communities and survivors to ensure that we deliver meaningful change.

6. Contribution to strategic outcomes

The Violence Against Women and Girls Strategic Group reports to the Community Safety Partnership and focusing on domestic and gender based violence is a specific workstream within the 2013-2017 Community Safety Strategy.

The Violence Against Women and Girls strategy also contributes to Haringey's *Health and Wellbeing Strategy 2015-2018*, especially Priority 3: Improving Mental Health and Wellbeing.

Addressing and preventing violence against women and girls is a priority within the 2015-2018 Corporate Plan's *Clean and Safe* objective under which there is a specific objective around preventing violence against women and girls.

The Violence Against Women and Girls Strategy also contributes to delivering the Corporate Plan's *Outstanding for all* objective, Priority 1: *Enabling every child and young person to have the best start in life, with high quality education* and Priority 2: *Enable all adults to live healthy, long and fulfilling lives.*

7. Use of Appendices

Appendix 1: Updates concerning the Scrutiny Panel's recommendations

Appendix 2: Updates on the progress of the IRIS project

Appendix 3: Details of referring agencies to MARAC Q1-Q3 2016/2017

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 March 2017

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	A 12 week consultation was held from 1 st August 2016 – 10 th August 2016. 37 survivors took part in 6 focus groups across the borough. A consultation report has been published online: http://www.haringey.gov.uk/sites/haringeygovuk/files/consultation_report_2016.pdf
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	By July 2015 VAWG Commissioning Group	Complete

No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
4	<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>	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 st April 2016 VAWG Strategy Group, VAWG Advisory Group, VAWG Commissioning Group and LBH Comms	A strategy for a partnership communications' campaign is currently being developed. Funding should be identified for a campaign by end March 2017. We have publicised the new IDVA service within our networks and it has featured in In Haringey. A larger communications campaign is planned for 2017/2018.
5	<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>	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	By March 2016. Co Chairs of Harmful Practices Working Group – with support of VAWG Strategic Lead, VAWG Coordinator and LSCB SAB joint business manager	Complete Twilight sessions have been offered to members on wider VAWG issues. Sessions can be organised with members on FGM specifically now that the VAWG Coordinator is in post.

				session for members to be delivered to coincide with the UN Day for the eradication of violence against women (25 Nov 2015 and the accompanying 16 days of activism)		
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>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</p>	By September 2015 Chair of Strategic Group in conjunction with SAB and LSCB and training sub groups and joint business manager	<p>A training task and finish subgroup of the VAWG Strategic Group has been established. This multi-agency and multi-disciplinary group will develop minimum training standards, training packages and a ‘train the trainers’ programme.</p> <p>Members of the VAWG Advisory Group, LSCB and SAB are on the Training and Development task and finish group and once the standards have been drafted they will be presented to LSCB, SAB, VAWG Advisory Group and VAWG Strategic Group. This will be in Q1 2017/8</p>

No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	endorsement Response	Timescale and lead	Update
7	<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>	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	<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>	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	This will be added to the VAWG Commissioning Group forward plan for 2017/2018 and consideration being given to re-location of high risk services under the referral model
9	<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>	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	Ongoing (business as usual) Chair of MARAC, Chair of MARAC Steering Group and MARAC	Ongoing. High numbers of partner agency referrals demonstrating wide use of DASH. MARAC Domestic Abuse training is held at least once per quarter. Uptake has been high with additional training sessions

				DASH RIC (and the MARAC process) to professionals and practitioners	Coordinator	provided.
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	The IRIS service has been commissioned for 3 years to work across 25 GP practices with the IDVA service and is operational (see Appendix 2)
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	This will be explored once we have data from the IRIS project. Improved links across boroughs on joint projects has enhanced working.
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 specialist agencies, (DASH risk assessment / MARAC) –	Whittington Health NHS Trust	Completed

				domestic abuse champions to be trained from the priority groups as above		
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No	Scrutiny Panel Recommendation	Agreed Partially agreed Not agreed	Budget implications	Response	Timescale and lead	Update
13	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)	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	Hospital based support is on the forward plan for the VAWG Commissioning Group for 2017/2018.

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Appendix 2: Progress on the IRIS Implementation

The IRIS (Identification and Referral to Improve safety) project, which was delivered initially in Hackney and Bristol, aims to improve the identification and response to patients who are affected by domestic abuse in General Practices in Haringey and ensure that GP practices are integrated into the Haringey referral pathway.

The Clinical Commissioning Group (CCG) agreed to fund the IRIS in 25 GP Practices for 3 years from June 2016. The Commissioning was conducted jointly with the Council and the CCG and IRIS forms part of the larger IDVA contract (under a Section 75 agreement), which is managed by Public Health. A multi-agency steering group has been established to ensure that it is a partnership contract.

The IRIS has been in place since mobilisation in September 2016. An Advocate Educator has been recruited to support the project and 2 clinical leads have also been appointed.

As of the 12th December, 10 practices had confirmed their interest in receiving training, with the first training sessions booked for 19th January. An additional 5 practices indicated early interest and meetings have been set with each.

Appendix 3: Referral routes to MARAC

Date Held	Cases Discussed			Referring Agency														Diversity				Young People	
	Number of Cases Discussed	Number of Repeat cases	Number of children in the household	Police	IDVA	Children's Social Care	Primary Care Service	Secondary Care/ Acute trust	Education	Housing	Mental Health	Probation	Voluntary Sector	Substance Abuse	Adult Social Care	MASH	Other	Number of cases from black and minority ethnic community	Number of LGBT cases	Number of cases where victim has a disability	Number of male victims	Number of victims aged 16-17	Number harming others aged 17 or below
05/04/2016	16	1	9	6.5	3.5	0.5	0.84	0	0	0	0.5	0	1.66	1.5	0	0	1	8	2	4	2	0	0
26/04/2016	14	2	11	3	5	0	1	0	0	2	0	0	2	1	0	0	0	9	1	3	0	1	1
17/05/2016	12	3	13	7	2	0	1	1	0	0	0	0	1	0	0	0	0	5	0	3	1	0	0
07/06/2016	18	4	7	4	2	0	3	1	0	0	0	0	1	3	1	0	3	15	1	3	2	0	0
28/06/2016	28	6	12	14.5	3.5	0	1	0	0	1	1	2	4	0	0	0	1	18	0	4	0	1	1
19/07/2016	19	6	18	8	5	0	0	0	0	0	0	1	2	0	0	0	3	13	0	2	1	1	2
09/08/2016	17	5	12	9	1	0	1	0	0	1	1	1	2	0	0	0	1	8	2	4	3	0	0
30/08/2016	34	5	41	10	6	0	4	0	0	2	1	2	9	0	0	0	0	23	1	3	4	2	2
20/09/2016	16	1	25	10	0	3	2	0	0	0	0	0	0	0	0	0	1	11	0	2	2	2	1
11/10/2016	21	5	12	7.5	2	3	1	1	0	0	0	0	5.5	0	0	0	1	14	2	4	2	0	2
01/11/2016	26	6	18	15	1	2	3	0	0	0	0	0	2	1	0	0	2	15	1	3	2	0	1
22/11/2016	23	4	11	15	4	0	1.5	1	0	0	0	0	0.5	0	0	0	1	17	1	4	1	0	0
13/12/2016	20	3	18	10.5	0	0	2	1.5	0	1	0	0	1.5	1	0	0	2.5	13	1	3	0	0	0
TOTALS	264	51	219	120	35	8.5	21.34	5.5	0	7	3.5	6	32.16	7.5	1	0	16.5	169	12	42	20	7	10