



London Borough of Hammersmith & Fulham | The Royal Borough of Kensington and Chelsea | Westminster City Council

Violence Against Women and Girls Strategic Partnership Annual Report 2016-17

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1. Introduction

The Violence Against Women and Girls (VAWG) Strategy

In April 2015, the VAWG Strategic Partnership for the London Borough of Hammersmith & Fulham (LBHF), the Royal Borough of Kensington and Chelsea (RBKC) and the City of Westminster (WCC) launched a three-year Strategy¹. The Strategy was written after considerable consultation with survivors, service users, stakeholders from a range of statutory and voluntary organisations as well as elected members across the three councils. The Strategy details how the Partnership will deliver a Coordinated Community Response (CCR) to VAWG; it keeps survivors and children at the centre of its aims and objectives, whilst also holding perpetrators accountable for their actions. The Strategy is focussed around the following seven strategic priorities:

1. Access
2. Response
3. Community
4. Practitioners
5. Children and Young People
6. Perpetrators
7. Justice and Protection

It includes a 43-point action plan which provides the framework for the VAWG Partnership to deliver against its agreed objectives. This report provides a summary of progress against those actions in 2016-17.

The VAWG Strategic Partnership and Governance Structure

The VAWG Strategy is subject to regular review and consideration by the VAWG Strategic Board, which was established in 2014 with senior representation from voluntary, statutory and community organisations working to tackle VAWG across the three boroughs. The Board is tasked:

- To ensure the voices and experiences of survivors of VAWG are reflected throughout the Strategy and Action Plan via regular consultation and feedback;
- To monitor progress of targets and objectives against the Shared VAWG Action Plan and assess whether actions and activities, including of the 6 VAWG Operational Groups, are achieving the required outcomes;
- To establish the overall impact of the strategy via quality assurance and performance monitoring frameworks;
- To promote effective links with the work other Strategic Partnerships including the Adult and Children's Safeguarding Boards and Health and Well-Being Boards;
- To incorporate new legislation, policy and guidance alongside ongoing understanding and assessment of local need and recommendations from Domestic Homicide Reviews and serious case reviews; and

¹¹¹ www.lbhf.gov.uk/sites/default/files/section_attachments/vawg_strategy_2015-18_final.pdf

- To report regularly on the progress of the Strategy to each of the three sovereign borough Crime and Disorder Reduction Partnerships, for which VAWG is a priority area of business.

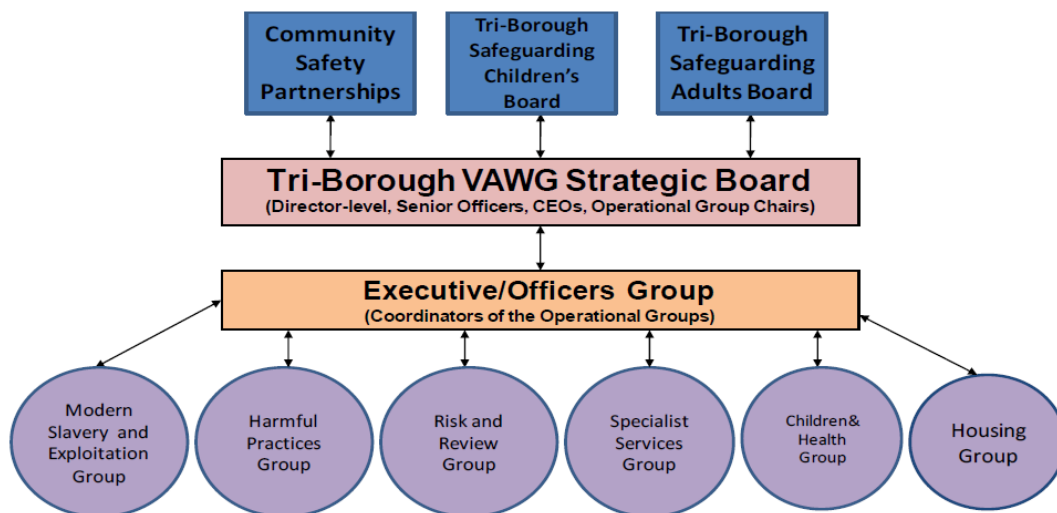
The Board is chaired by a local authority Executive Director and includes senior officers from the police, children’s services, public health, adult services, community safety, housing, chairs of 6 operational groups, specialist VAWG services and additional voluntary organisations.

The Board is influenced by six Operational Groups that each have a coordinator and a chair and work to detailed action plans based on the seven strategic commitments. The groups are:

- Housing
- Specialist Services
- Children and Health
- Risk and Review
- Harmful Practices
- Modern Slavery and Exploitation

These groups provide detailed feedback via coordinators to an Executive group, which meets regularly to monitor the action plans, share information across the Partnership and raise issues and trends to the Strategic Board which have developed in the three boroughs.

Fig 1: VAWG Partnership Governance Structure



2. Progress against the VAWG Strategy in 2016-17

Methodology of the Annual Review

In total, the VAWG Strategy lists 43 actions under the seven strategic priorities. From March-April 2017, each of the Operational Groups was asked to assess their progress against the actions in the strategy and a special strategic review meeting with the coordinators and chairs of the Operational Groups was held in April 2017. Each of the 43 actions has been given a **RAG** rating consistent with progress achieved via the Operational Groups.

In the first year of delivery, the Partnership made considerable progress against 24 out of 43 (56%) actions, achieving **GREEN** status. For 15 of the 43 actions, the Partnership made some progress against the actions, but issues and challenges arising and/or resourcing issue may have delayed progress and thus 35% of actions achieved **AMBER** status. Finally, for 4 out of 43 actions, the Partnership has not made any progress or has encountered considerable challenges; those actions were given **RED** status.

In year two of delivery, the Partnership made considerable progress against 31 out of 43 (72%) actions, achieving **GREEN** status. This represents an increase of 16% from last year. For 9 of the 43 actions, the Partnership made some progress against the actions and 21% of actions achieved **AMBER** status (decrease of 14%). Finally, for 3 out of 43 actions, the Partnership has not made any progress or has encountered considerable challenges; those actions have given **RED** status and actions will need to be taken in the final of the strategy to achieve against those outcomes. Please see **Appendix 1** for list of actions that were coded as either amber or red, and the majority of which are addressed in Section 4, the Annual Action Plan for 2017-18.

Fig 2: Summary of RAG ratings against actions by Strategic Priority

Priority	GREEN	AMBER	RED	Total Actions
Access	7	1 (1.8 on Action Plan)	0	8
Response	6	2 (2.3, 2.9)	1 (2.8)	9
Community	3	0	0	3
Practitioners	3	0	0	3
Children & YP	9	3 (5.1, 5.2.4, 5.4.4)	2 (5.2.5, 5.3)	14
Perpetrators	1	1 (6.1)	0	2
Justice&Protection	2	2 (7.3, 7.4)	0	4
Total	31	9	3	43

It is important to note that although some actions have achieved a **GREEN** status, this does not mean that they are completed; Delivery against them will need to continue to be monitored in the final year of the strategy to ensure that the response remains consistent and robust.

Achievements and Outcomes by Strategic Priority

PRIORITY 1: ACCESS

The Tri-borough VAWG Partnership is committed to providing high quality services which are accessible, flexible and available in a timely way to a wide range of survivors. The Partnership will ensure that access to services is Easy, Early and Quick.

	Action/Deliverable	Outcome
1.1	Online directory of frontline services regularly updated (angelou.org); Angelou contact details regularly included in MARAC briefings, inductions and workshops to practitioners; Information about specialist services is disseminated among health and social care staff across the Shared Services Area	Greater awareness of what is available amongst residents and professionals; Improved access to specialist services; Increase in referrals to Angelou
1.2	Specialist workers continue to be co-located at various settings: - Victim Support IDVA based in Chelsea and Westminster Hospital - Ongoing co-location of Advance/DVIP in Children's services in LBHF - Impact project: colocation of Advance, Victim Support and STADV team in H&F police - Advance IDVA based at LBHF housing - Advance DV worker based with RBKC Families Forwards team - Angelou had 3 workers in WCC children's centres, but this has been de-commissioned	Increased workforce confidence in responding to VAWG and increase in referrals to Angelou
1.3	Specialist services working in partnership with rough sleeping teams and their commissioned services to improve access and response for street homeless victim/survivors; Successful DCLG bids for SafeSpace Model, Housing First and mobile advocacy, BME refuge space via IKWRO and DCLG funding	Increased multi-agency working; Improved outcomes for multiple vulnerabilities; Longer, more focussed support; This will improve access and response to women with multiple needs
1.4	Rahab's Michaela House opened this year	Increased in accommodation and support for women exiting prostitution/trafficking in the tri-borough
1.5	NHS England Sharepoint includes map of all FGM services in the three boroughs; Clinics and hospitals have leaflets on FGM, all info also on LSCB website	Increased awareness of FGM support by practitioners and increase in referrals to services, including FCS by travel clinics and private GP surgeries and hospitals; Increase in professionals

		asking for advice and training; Increase in women receiving support in the three boroughs; Increased awareness of child protection and FGM
1.6	FGM pilot expanding into Chelsea and Westminster Hospital and Brent, Wandsworth and Ealing; These areas now replicate our local response, which has been recognised nationally as good practice; FGM project professionals continue to work together with community members to problem solve and develop more sensitive approach to FGM	More women and families will benefit from an integrated approach to FGM; More vulnerable people getting services across London, including Brent which has highest number of FGM cases; Increase in community confidence in services
1.7	There are 2 Freedom programmes running in the tri-borough area, one of which is delivered by Advance and another by Sharon Bryan, DV consultant at Westminster Children's Services; Advance ran Pattern Changing group work programme, peer support and creative sessions, film club, solicitors' sessions for service users, yoga, focus groups and feedback sessions where access and barriers were discussed and plans actioned to improve the services and access for service users; Angelou had human rights discussions, Zumba for service users, young women's groups, held consent workshops in schools, and attended schools' coffee mornings.	On-going support for women recovering from an abusive relationship; Women can continue to access services after crisis stage; Increase awareness of and access to specialist services; Increase in community confidence in services

PRIORITY 2 – RESPONSE

The Tri-borough VAWG Partnership will ensure that survivors are believed and not judged and that services are consistent, personalised, confidential and lead to survivors feeling and being safer in both the short and long-term. Provision both from specialist and statutory partners will be reviewed and the effectiveness of the Tri-borough VAWG multi-agency response will be measured via sector based data and performance monitoring in both specialist and non-specialist sectors.

	Action/Deliverable	Outcome
2.1	Continued to deliver high quality specialist service provision , despite significant resource challenges; including: <ul style="list-style-type: none"> The Angelou Partnership provides specialist VAWG support 	Survivors are believed and supported; Survivors accessing services are better supported.

	<ul style="list-style-type: none"> • Pan-London Services such as Victim Support, Rape Crisis and Ascent • Independently coordinated MARACs • Specialist Domestic Abuse Courts available in each borough • Perpetrator interventions • FGM Project • MSE response • Advance’s Action for Change Project • Advance’s co located projects: social care, housing and impact • Galop’s DAP 																							
2.2	<p>Specialist Services in detail</p> <p>The Angelou Partnership</p> <p>The Angelou Partnership² (angelou.org) is a consortium of 10 specialist VAWG organisations who are funded by the three councils (and through independent grant funding) to provide a holistic and comprehensive VAWG service for residents of the three boroughs. The Partnership adopts an inclusive, intersectional approach and supports people from a variety of backgrounds aged 13+ who have experienced any the following issues, across a range of risk and need:</p> <ul style="list-style-type: none"> • Domestic abuse • Sexual violence, abuse and exploitation • Stalking • Harmful practices including FGM, forced marriage and ‘honour’ based violence • Prostitution • Child sexual exploitation • Modern slavery and human trafficking <p>The full Angelou partnership including Woman’s Trust and the Advance co-located posts had 4101 referrals including new, repeats, duplicate, inappropriate and both short term and long term work referrals. The Angelou Partners reached 667 in group work and awareness raising sessions. The Angelou Partners also indirectly supported 969 children and half of the</p>	<p>Improved operational response that keeps the voices and experiences of survivors at the centre</p> <p>Spotlight on Angelou Partnership Outcomes:</p> <table border="1" data-bbox="1027 981 1407 1841"> <tr> <td>Percentage of women reporting increased safety and feelings of safety</td> <td>Women report a reduction in abuse due to support and advice received from Service</td> </tr> <tr> <td>Baseline 2012/13</td> <td>Baseline 2012/13</td> </tr> <tr> <td>65%</td> <td>67%</td> </tr> <tr> <td>Achieved 2013/14</td> <td>Achieved 2013/14</td> </tr> <tr> <td>87%</td> <td>83%</td> </tr> <tr> <td>Achieved 2014/15</td> <td>Achieved 2014/15</td> </tr> <tr> <td>89%</td> <td>90%</td> </tr> <tr> <td>Achieved 2015/16</td> <td>Achieved 2015/16</td> </tr> <tr> <td>87%</td> <td>89%</td> </tr> <tr> <td>Achieved 2016/17</td> <td></td> </tr> <tr> <td>95%</td> <td></td> </tr> </table>	Percentage of women reporting increased safety and feelings of safety	Women report a reduction in abuse due to support and advice received from Service	Baseline 2012/13	Baseline 2012/13	65%	67%	Achieved 2013/14	Achieved 2013/14	87%	83%	Achieved 2014/15	Achieved 2014/15	89%	90%	Achieved 2015/16	Achieved 2015/16	87%	89%	Achieved 2016/17		95%	
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² The following organisations are the Angelou Partnership: Advance (lead), African Women’s Care, Al-Hasaniya, DVIP, GALOP, Hestia, Solace Women’s Aid, Standing Together Against Domestic Violence, Woman’s Trust, Women and Girls Network

<p>support was for medium and standard risk domestic abuse cases and VAWG that was not domestic abuse. The Angelou Partners also held a range of group work including the Butterfly project in each borough, Pattern Changing, Freedom programme, young women’s groups, coffee mornings, peer support, Zumba, yoga, poetry and flower arranging workshops. Survivor feedback from Advance has enabled each operational group to include service user/survivor feedback as part of its discussions and action planning.</p> <p>The total number of cases referred to all Angelou partners in the last financial year was 4101 (up from 2602 last year). LBHF received the highest number of referrals, with similar referral levels for RBKC and WCC. Most service users were aged 18-55 years and over half of the services users had children. 54% of cases were very high risk, while 25% were medium and 21% standard risk. 18 men and 11 transgender women were supported by Angelou.</p> <p>In this financial year, 34% of the cases were not domestic abuse but are other forms of VAWG, showing that the Partnership is more than a domestic abuse service, and one that supports people experiencing a range of issues from a variety of backgrounds and experiences. The most common required need is support in the criminal justice system, followed by health and well-being support, then housing then solicitors/support with the civil justice system.</p> <p>In this year, more intensive work with clients was delivered: 330 services users with mental health support needs supported; 146 service users had physical and learning disabilities; 80 service users had no recourse to public funds (NRPF). The Angelou website was visited by 2523 visitors from over 26 countries.</p> <p>Woman’s Trust Woman’s Trust is part of the Angelou Partnership and receives independent funding from a variety of sources to provide individual and group counselling and a range of follow on support including workshops and therapies. During the last financial year,</p>	<p>8% increase from last year Average over 4 years: 90%</p>	<p>Achieved 2016/17 96% 7% increase from last year Average over 4 years: 90%</p>
	<p>Percentage of VAWG cases where risk is reduced at case closure following the support of the service. Baseline 2012/13 62% Achieved 2013/14 87% Achieved 2014/15 89% Achieved 2015/16 83% Achieved 2016/17 95% 12% increase from last year Average over 4 years: 89%</p>	<p>Women and girls report their quality of life has improved. Baseline 2012/13 – 55% Achieved 2014/15 78% Achieved 2015/16 81% Achieved 2016/17 78% 3% decrease from last year Average over 4 years: 79%</p>

Woman's Trust received 449 referrals (128 from RBKC, 178 from WCC, 143 from LBHF) for their 1:1 counselling service and delivered 2077 counselling sessions to 221 women. They delivered 12 day groups and 5 evening groups to 67 women and 23 workshops to 100 individual women. (This data is included in the overall Angelou numbers above.)

DA Refuges provided by Hestia

Hestia runs all 9 local authority funded refuges in the three boroughs and in the last financial year, they supported 195 women (52 in RBKC, 35 in LBHF and 108 in WCC).

Pan London Services

Excellent service provision via Pan London funded organisations such as Victim Support, Rape Crisis and Ascent, which work closely with Angelou to ensure clear referrals pathways and an effective response to survivors matching need with specialism.

Rape Crisis

In the North London Rape Crisis Service, Solace Women's Aid supported 105 women from WCC and 60 RBKC clients. At the time of writing, the data for LBHF Rape Crisis Service provided by Women and Girls Network was not available. Rape Crisis is often linked with ISVA support and provides counselling and other methods of longer term

Ascent

Ascent is a projected of the London VAWG Consortium which is funded by London Councils. It offers a range of support and advice to women and girls who are experiencing VAWG. The total number of women supported across three boroughs in this financial year was 949 (LBHF: 373, WCC: 350, RBKC:226). This includes 887 individuals who accessed the Pan London DV helpline.

Victim Support

Via the Pan-London DA contract funded by the Mayor's Office for Policing and Crime, Victim Support provides an IDVA in Chelsea and Westminster Hospital and three DA case workers, who work with medium and standard risk DA cases, repeat cases in RBKC and male victims in all three boroughs. In RBKC

	<p>Victim Support worked with 283 service users (262 women, 21 men); In WCC, they supported 279 service users (254 women, 25 men) and in LBHF, it was 325 total (284 women, 42 men). The total number of people supported by Victim Support in this financial year was 887.</p>	
2.3	<p>FGM Project: The FGM project delivers a multi-agency response to pregnant women and families affected by FGM through a team comprising a specialist social worker, midwives, health advocates and psychological support. In this financial year, the team supported 86 women, whose average age was 31.6 years. 34% of women supported are originally from Somalia, 25% from Eritrea and 14% from Egypt. Other countries of origin include Sudan (6.9%), Ethiopia (5.6%), Saudi Arabia, Nigeria and Malaysia (each 2.8%) and Uganda, Guinea Bisao, Gambia and Angola (each 1.4%). 52% of women supported are living in LBHF, 29% in WCC and 19% in RBKC. 21% of women experienced Type 1 FGM, 21% type 2, 16% type 3, 41% unknown. 18% of women supported were pregnant with a female baby, 48% with boys and 34% unknown at time of writing (due to not yet being born or mother moving out of borough for example); 32 of the women already have daughters. 28 referrals for a Social Work assessment were made, 15 women have agreed to an assessment if they go on to have a girl and 6 women have declined a social work assessment.</p> <p>The project was recognised by Home Office, MOPAC, DCLG, Ofsted as best practice model; FGM project transitioned from MOPAC/DFE funding to short term sustainable funding for 80% of project roles; Current FGM model is based on feedback from community; Providers are engaged in regular dialogue and learn from community member feedback (which impacts response and service design moving forward); Creating toolkit for other areas to use; Evaluation of project has been written (dissemination event in July 2017).</p>	<p>More areas will benefit from this knowledge and experience base; Project will continue in tri-borough in this financial year; More women will be supported</p>
2.4	<p>Westminster Housing Options Service (HOS): Re-introduced 2 DA customer service offices at HOS in Westminster; Continued to train front-line HOS staff in DA awareness and referring to MARAC; New Westminster HOS contract has IDVA post and work</p>	<p>Increase in identification and referrals to specialist services (MARAC and IDVA); Increase in understanding of DA and confidence in identifying and</p>

	<p>towards DAHA accreditation written into it; Westminster HOS had amended interview and call centre scripts to include links to Angelou website for correct signposting; Positive partnership working between housing and LGBT specialist services</p>	<p>supporting cases; Correct and timely identification; Placing someone in area of safety; Liaison with other professionals and appropriate info-sharing; Improved response and coordinated working</p>
2.5	<p>Modern Slavery and Exploitation: Figures obtained from SCO7 (the MET's anti-trafficking and kidnap unit) show a total of 228 crimes have been reported across the three boroughs in the first 6 months of the last financial year. This figure includes reports created from the information provided by the Home Office who, due to a recent change in policy, are now required to notify police of all referrals made to the NRM on the basis of allegations relating to trafficking/ exploitation. This is regardless of whether or not the offences alleged have taken place within the UK or outside, and regardless of whether or not the subject concerned has requested contact with police. In terms of the type of exploitation, 89 cases were sexual exploitation, 70 were labour exploitation, 55 were domestic servitude and 14 were other types of exploitation. These figures include reports of exploitation taken place prior to the arrival in UK. The nature of the exploitation has been taken from the method when possible. Other exploitation includes when victims were forced into begging or other criminal activities. 220 of the cases were in Westminster, 6 in RBKC and 2 in LBHF.</p> <p>These figures indicate that sexual exploitation remains the most prevalent form of exploitation in the area, although figures for labour exploitation and domestic servitude are also high. This may indicate that understandings of sexual exploitation are greater than of other forms of exploitation, therefore it is more likely to be identified. The figures also show a large difference in rates of identification amongst the three boroughs, with the majority of cases picked up by Westminster. The number of the suspects recorded was 21; two were charged for exploitation, controlling prostitution. The number of victims in the crime reports were 76. This figure does not include victims when listed as informant/witness. In the majority of the reports entered as result of NRM and UKVI</p>	<p>More joined up response between partners to MSE with a welfare (not prosecution) focus on survivors Increased identification of potential victims of trafficking (including by rough sleeping services and health professionals); Increased identification and support by non-NRM specialist services; Coordination of the partnership aids the collaborative response to MSE; increased communication and dissemination of material between partners; Having a specific coordinator for the MSE partnership has allowed time and resources to connect and strengthen relationships between partners and allow for strategic growth of the partnership, and to increase awareness of modern slavery and exploitation across the three boroughs and to establish referral pathways in partner organisations; 3 partners who joined in the past quarter reported benefits of collaborative working through increased service referrals and connection</p>

referrals the victims appear to have been recorded as informants/witnesses.

The number of the suspects recorded was 21; two were charged for exploitation, controlling prostitution. The number of victims in the crime reports were 76. This figure does not include victims when listed as informant/witness. In the majority of the reports entered as result of NRM and UKVI referrals the victims appear to have been recorded as informants/witnesses.

Anecdotal evidence from partners would indicate that the figures of exploitation in all three boroughs, especially in RBKC and LBHF, are much higher than those being picked up. Further, according a [report](#) from ECPAT in November 2016, no cases of child trafficking were identified in any of the three boroughs over the 2015/16 period. Again, evidence would suggest, particularly given the overlay of CSE and trafficking, that this is not the case, but that cases were not being identified as trafficking and that certain forms of exploitation continue to operate under the radar.

Rahab is an RBKC based charity working with women involved in prostitution and trafficking.

In the last financial year, they worked with 204 women (29 of which were already known to them). 202 service users were female (including 1 transgender woman) and 2 males. 106 cases were linked to RBKC, 41 to WCC and 25 to LBHF. Service users were from 28 different nationalities; the top 5 being Romania (56), China (28), UK (11), Hungary (10), Albania/Brazil/Poland/Vietnam (7 each) and unknown (35). The majority of service users were between 20-34 years old (131) but 5 were 15-19 years old. Of the 38 women who were assisted through Rahab's supported transitions work, 14 of the service users experienced modern slavery/human trafficking, 23 showed significant indicators of risk and vulnerability.

Bakhita House is a specialist refuge for women exiting trafficking and exploitation based in the three boroughs. They supported 24 women in the last financial year and 59 in total since June 30th 2015. Of

the 24 in the last year, two women have a tie to one of the three boroughs.

Tamar is another charity which continues to work with vulnerable people in the Westminster area, however in the last financial year has increased its remit to include a small number of addresses in the City of London. In its fourth year of operation Tamar's aim is to foster and nurture relationships with existing women, whilst growing and developing new contacts in conjunction with SC07. As Tamar extends its reach in the borough and beyond, the volunteer team has also increased to support the work. The team consists of 36 volunteers who cover a range of duties including: visiting, administration, prayer, marketing and English lessons; and is drawn from All Souls Langham Place, Christ Church Mayfair, St Peter's Fulham, All Nations and the Chinese Church in London. Tamar's results are taken from 41 addresses including 'on street' visits in the Edgware Road vicinity. Tamar worked with 219 people, the majority of which were nationals from China (85 people) and Romania (64 people). The average age was between 18-25 years and 205 services users were women (including 7 transgender women) and 14 were men.

The MSE coordinated was in place from October – March and was exceptionally effective in the following ways:

- Increased membership at MSE group;
- MSE training delivered via 6 sessions to over 80 professionals in substance misuse services, children and family services, and adult safeguarding;
- Joint training developed together with Women and Girls Network, who hope to deliver this package moving forward without charge;
- Increased frontline service capacity including Michaela House (Rahab);
- Bi-monthly newsletter distributed;
- Growth of the partnership offered opportunities for training (organisations providing training have been linked to those requiring it) i.e. Rahab delivered a number of sessions with the MET; Louise Cahill delivered training to student nurses at Imperial and Chelsea and Westminster hospital and training for student nurses at Southbank University;

	<p>Training directory developed listing all relevant training available in the boroughs;</p> <p>Sub-group of health professionals established and developed a referral process and protocol to be embedded across hospitals; Also developed wheel of indicators based on DV power and control wheels and was approved by NHS England to be used nationally; Health group devised a standardised training package delivered by two group members with plans to cascade this through to all frontline staff and this was linked with Stop the Traffik to standardise this training alongside their national programme;</p> <p>Homelessness clinics and health services for vulnerable people also engaged to establish a protocol specific for their needs;</p> <p>Borough level police have appointed SPOCs across the tri-borough, with one for each ward, to receive 3 training session from SCO7 to be cascaded to every level of police and SPOCs invited to partnership meetings;</p> <p>Progress made engaging children and family services, who flagged MSE as priority area next year, and adult safeguarding. Delivered training and discussions on embedding referral pathways for MSE in safeguarding processes, to raise awareness of the NRM and the Duty to Notify, and to increase identification of MSE and collect data;</p> <p>Directory of specialist services built and distributed in collaboration with partners to widen awareness of services and support available for VOTs;</p> <p>Taxi campaign launched in Westminster through the Met's community teams, distributing information on MSE to taxi drivers to raise awareness;</p> <p>Public event to raise awareness on MSE took place on March 28th, with over 100 people attending.</p> <p>Adults Safeguarding lead has attended the ADASS train the trainer session. This will ensure a roll out of MSE awareness raising training across ASC and ensure staff have the skills to be first responders.</p>	
2.6	<p>MARAC:</p> <p>Standing Together provides independent coordination of the three MARACs. This coordination ensures that the MARAC process runs smoothly, is effective and keeps the survivor at the centre of the process, whilst holding perpetrators to account and looking after the safety of any children.</p>	<p>Increased identification, referrals into MARAC and info sharing; Increased safety for victims and increased agency responsibility for action taking; Increase in holding</p>

<p>LBHF 347 cases (301 last year) 88 repeats 316 children BME referrals = 50% LGBT = 0.9%; Disability = 16%; Male victims/survivors = 4%. Volume as % of SafeLives expected volume: 108% Repeat victimisation rate: 25%</p> <p>RBKC 204 cases (190 last year) 47 repeats 145 children BME referrals = 56% LGBT = 2.5% Disability = 22% Male victims/survivors = 4% Volume as % of SafeLives expected volume: 76% Repeat victimisation rate: 23%</p> <p>WCC 289 cases (279 last year) 65 repeats 254 children BME referrals = 54% LGBT = 3.1% Disability = 20% Male victims/survivors = 3% Volume as % of SafeLives expected volume: 78% Repeat victimisation rate: 22%</p> <p>MARAC meetings held monthly and well attended by core agencies; A range of guest agencies also referred and attended; All three MARACs are seeing referrals from a broad range of referring agencies (12+ different agencies); As of early 2017, Probation CRC have finally supplied designated representatives to all three of the local MARACs to enable effective information-sharing and action-planning around the risks posed by perpetrators at MARAC; Acute trust representatives now coming to MARACs; Westminster MARAC has highest referrals nationally for LGBT survivors;</p>	<p>perpetrators accountable for their behaviour.</p>
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	<p>MARAC representatives engaged in reviewing performance issues such as volume, frequency of meetings and effectiveness of MARAC;</p> <p>The LBHF, RBKC and Westminster MARACs continue to perform within best practice for the number of survivors with a disability referred to MARAC. The RBKC and LBHF MARACs continue to perform within best practice for the number of male survivors referred to MARAC;</p> <p>LBHF MARAC is performing particularly well with regard to volume - in the 12-month period ending in December 2016, the LBHF MARAC was hearing 104% of SafeLives recommended volume;</p> <p>This year MARAC representatives from Police CSU (across the 3 MARACs), ADVANCE and Standing Together met to discuss the Home Office Counting Rules and third-party reports following disclosures of information by agencies at the MARAC; Creation of brief guidance to help workers at these agencies to understand the process of third-party reports following on from disclosures at MARAC; Clarified a consistent approach across the three boroughs in order that the IDVA service could better explain referrals to MARAC to victim/survivors and likely outcomes from disclosures made.</p>	
2.7	<p>DAWS (new Substance Misuse service) have linked with Angelou and the service has a hub in each borough and a nominated DA lead; Advance attend a quarterly meeting with the substance misuse providers to ensure joint working, improving our response, training one another and facilitating co location.</p>	<p>Coordinated partnership working for clients with multiple disadvantages.</p>
2.8	<p>Specialist Services group continues as a forum for agencies to share best practice amongst voluntary/ non statutory organisations and improve awareness and information sharing.</p>	<p>Practitioners are sharing good practice</p>
2.9	<p>DVIP: Completed the MOPAC Pilot and continued to deliver Al-Aman and collocated activities in H&F and WCC; Offered training to a variety of professionals (see 6.1 under Perpetrators for additional deliverables)</p>	<p>Increased workforce confidence in responding to perpetrators; Supported perpetrators to change behaviour via 1:1 and group interventions</p>
2.10	<p>Children and Health Operational Group (CHOG)/C&H Coordinator (CHC) at STADV: Community representative (recruited by Advance) attended all CHOGs; CHC disseminated survivors'</p>	<p>Ensure that victims and survivors can influence service development by including survivors' voices in all</p>

	<p>feedback gathered by Advance; Findings were presented in the following meetings: CHOG, H&F Safeguarding Partnership, LSCB Board, H&F Social Care Project steering group; Children and Health Coordinator attended Borough based GP Safeguarding Forums</p>	<p>consultation; Increased partnership working with GPs</p>
<p>2.10</p>	<p>Housing Operational Group (HOG) and Housing Coordination at STADV: Housing First and Homelessness Coordinator: Standing Together, Advance and Westminster were successful in a bid to DCLG; this will allow an additional post (reporting into the HOG) for Standing Together to focus on developing a housing first model across the tri-borough and working more closely with homelessness services. Safety Planning Task and Finish Group: Focused on the particular barriers homeless women experience; Agreed a safety plan will be developed (based on Advance’s model); The group will run a workshop for IDVAs and homeless outreach workers to discuss anonymised case studies and how best to support this cohort of women. Operational meetings: Attendance consistent. Actions include responding to the DV Pan-London reciprocal, developing a survivor consultation, developing a survivor led practice document, arranging an additional workshop on data. Survivor Led Practice: Coordinator developed a practice document based on recommendations from Advance’s survivor focus group on housing. Survivor Consultation: Members will consult survivors (where the case has been completed) to seek their views on the service from the housing association – this will support evidence gathering for the group’s theory of change. Registered Provider one-to-ones: The Coordinator has met with various Registered Housing Providers. APPG: The Coordinator was invited to the all-party parliamentary group on ending homelessness steering group. Housing Solutions Briefings: The Coordinator in partnership with Advance’s Housing IDVA delivered briefing sessions to LBHF Housing Solutions. Housing Management LBHF: Coordinator met with the head of Housing Management for the borough. It was agreed Standing Together and Advance will run a</p>	<p>Increased number of women with complex needs supported; Needs of survivors heard and incorporated into practice and action planning Good practice shared amongst professionals locally and nationally</p>

	number of briefing sessions for the teams later in the year.	
2.11	<p>Westminster DA Consultant:</p> <p>Sharon Bryan is the Domestic Abuse Consultant for Children's Services, sitting within the Access and Assessment Team. Sharon worked intensively with 38 women since May 2016 through risk assessment, safety planning, practical and emotional support and empowerment, referral and presentation to MARAC and crisis work. Sharon provides case consultation with social care staff. Sharon is also the Early Help Representative on MARAC, CHOG (Children & Health Operational Group and ICHT (Imperial College Healthcare Trust Domestic Abuse Steering Group). Sharon facilitates The Freedom Programme for Children's Services. This programme is 11 weeks in duration and is run 3 times a year.</p>	<p>Increased support for survivors and children;</p> <p>Increased workforce confidence in Westminster Children's services</p>
2.12	<p>Domestic Violence and Mental Health Project at STADV:</p> <p>STADV were commissioned by the Treasury to improve coordination of services supporting victims of domestic violence with mental health problems including in the three boroughs; The Mental Health Coordinator together with the Advance mental health IDVA trained over 250 mental health professionals in WLMHT and CNWL; An honorary contract has now been put in place for the coordinator to work on site at WLMHT for one day per week; The Coordinator has completed a first draft of the new domestic abuse protocol for CNWL which is currently under review in the trust; A new domestic abuse policy is now underway for WLMHT; The Mental Health IDVA at Advance is soon to begin collocation at St. Charles hospital female only psychiatric intensive care unit for half a day each week; Advance and Standing Together designed a seminar for senior mental health practitioners on domestic abuse and joint work.</p>	<p>Improved operational response that keeps the voices and experiences of survivors at the centre; Improved inter agency working and workforce confidence in responding to mental health, DA and multiple needs.</p>
2.13	<p>Acute Trust Project (Chelsea & Westminster Trust; Imperial College Health Trust) at STADV:</p> <p>The Acute Trust Project focuses on coordination of domestic abuse response at both Chelsea and Westminster (CWH) and Imperial College Health Trust (ICHT); Acute Health Trust Coordinator trained health professionals, with approximately 1000 staff trained to identify, ask and respond to domestic abuse; The Coordinator has produced clear referral pathway</p>	<p>Improved identification and response for patients experiencing domestic abuse and accessing services at these Trusts; Ensure staff are responding to domestic abuse safely and appropriately; At CWH identification of domestic abuse increased: 215 cases of domestic abuse</p>

	<p>flowcharts for both hospitals. Positive feedback has been received for the flowcharts from the hospitals. The coordinator has been supporting CWH staff with the roll out of routine enquiry within sexual health clinics. A comprehensive training programme has been rolled out across the 3 sexual health clinics. The coordinator secured DA training on mandatory midwifery training and DAL training has been organised for all Band 7 and Band 8 midwives at CW. This will ensure there is always a DAL on shift within maternity. A new MARAC rep has also been trained at CWH and will be providing information from adults and children's A&E.</p> <p>Coordinator has been working closely with the safeguarding team at ICHT to explore all options for funding for an IDVA. In maternity, whilst the hospital is still without an IDVA, the coordinator worked with safeguarding midwives to develop a strategy to embed greater knowledge and skills within the department by training more staff to become Domestic Abuse Links (DALs). In A&E the coordinator worked with the A&E DAL to develop a Domestic Abuse Disclosure scheme which aims to providing of urine samples as an opportunity to disclose domestic abuse. This will be piloted and evaluated in A&E at St Mary's hospital and Charing Cross.</p> <p>The coordinator embedded the trust wide approach by making training and resources accessible to all departments across both hospitals. Training has been conducted with the ICHT private hospital, fracture clinic, paediatrics, burns units and neonatal unit. Advance attends steering groups with the trust to look at improving the response to domestic abuse.</p>	<p>were identified in the hospital. This is a 41% increase since Q4. There were 51 referrals made to the CHH Victim Support IDVA in Q4.</p>
2.14	<p>National Health Alliance (NHA) at STADV: The National Health Alliance brings together professionals, agencies and academics across the spectrum of health and domestic abuse settings to draw together best practice in health. Members from NHS England, the University of Warwick, University Hospitals Birmingham, Imperial College Health Trust and NHS Scotland have been selected to form the first wave of Alliance members.</p> <p>The NHA Coordinator identified and spoke with health sites across the UK that are exemplifying examples of good practice in relation to health and domestic abuse.</p>	<p>Creating a mechanism by which to distil and promote effective and innovative practices and support their implementation; Identify best practice models and practical examples being created and adopted across the country – including research, policy, commissioning, resources, staffing, training across</p>

	<ul style="list-style-type: none"> • <u>North Tyneside Council/ University Hospital of North Midlands</u> • <u>Royal Stoke University Hospital</u> <p>Common themes have been identified around the importance of a leadership within the hospitals to drive the DA agenda forward as well as persistent challenges associated with securing funding for specialist in-house DA provision. The National Alliance Coordinator is identifying potential innovator sites with whom the National Alliance will work to support an improved DA response in acute trust settings.</p>	<p>primary and secondary care settings; Hold working groups to distil best practice models, materials, policies, IT innovations and funding methods to share throughout the Alliance; Promote learning and best practice from early innovators; Provide practical guidance and support about how to adapt and embed these best practice solutions into their specific settings.</p>
2.15	<p>Domestic Homicide Reviews: The first of the 7 ongoing DHRs in the three boroughs was completed in December 2016. This is the joint DHR/SCR and the final report has been published on the RBKC Community Safety website. Prior to publishing, the report passed quality assurance by the Home Office. This case remains the subject of a Pre-Inquest Review, which will be held in February. Currently RBKC has two other DHR pending. One is nearing the final stages of report consideration and should be completed by Summer 2017. For the other, we have just appointed a chair and the first panel meeting will be held in June 2017. The two DHRs in LBHF should be completed by Summer 2017. The first DHR in Westminster should be completed by Summer 2017 and a second DHR panel has been formed and the process is ongoing. The Angelou Partners attended all the DHRs where they provided specialist input. The action plans, once completed, should be signed off by the VAWG Board and the CSPB in each borough. In addition to this, the partnership should make links between DHRs, Serious Case Reviews, and Serious Adults Reviews particularly when the abuse involves children and/or vulnerable adults.</p>	<p>The recommendations and action plan within the DHR have been considered by the Risk and Review group and will be circulated to the Community Safety Programme Board (CSPB). A joint learning event will be held in Spring 2017 with the LSCB for wider dissemination of learning from these reviews.</p> <p>There was a scoping exercise in May regarding risk thresholds/training recommendations for professionals.</p> <p>Once the other DHRs are completed, we will hold an event to consolidate all recommendations and learning across the three boroughs.</p> <p>Galop trained practitioners on trans awareness as it was seen as direct result of their input on a DHR that this was needed in the boroughs for practitioners.</p>
2.16	Making Safeguarding Personal	

	<p>Making Safeguarding Personal is a key concept in the work of Adult Social Care and is actively promoted by the Adults Safeguarding Board.</p> <p>It has been highlighted that agencies approach this theme in different ways. This partnership will support everyone to continue to work in the best interest of the individual and their agency, whilst working together to avoid conflict with individual agencies' policies. This will also be addressed in the joint SAB/VAWG policy.</p>	
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PRIORITY 3 – COMMUNITY

The Tri-borough VAWG Partnership prioritises tackling VAWG making the Tri-borough area a safer place for women and girls. As a result, Tri-borough residents, especially non-violent/abusive members, take responsibility if they encounter abuse and know how to help family, friends, colleagues and neighbours. The Tri-borough VAWG Partnership is committed to ongoing communication, community engagement, prevention and awareness-raising of VAWG issues.

	Action/Deliverable	Outcome
3.1	<p>Advance presented to community champions on the work of Angelou and Advance. Angelou Partners attended coffee mornings in schools where they discussed the work of Angelou; Also attended CliniQ in Westminster regularly; Angelou Partners advertised their services in libraries, in stalls, with local community groups such as the Ethiopian women's group;</p> <p>Advance and Standing Together held service user focus groups to gather voices and improve the project. The project has been advertised in the community including in health food shops, large shopping market chains, notice boards and other venues.</p>	<p>Increased awareness and referral to services by community; Increase in survivors accessing services; Increase in community awareness of DA</p>
3.2	<p>Co-developed ASK ME training programme and publicity materials with Women's Aid and delivered first training of Ask ME Ambassadors nationally in Westminster in March 2017.</p>	<p>Increased awareness of DA in the community; Increased identification and referrals to support at earlier stages Empowering community members to feel confident in speaking about DA and know what services are available if</p>

		someone needs support/information; More trainings to come in 2017
3.3	Blooming Strong events held in November 2016; Advance service users and members of the women's shadow board helped distribute the flowers and raise awareness.	Increased awareness of DA in the community;
3.4	FGM Project has held 2 events on mandatory reporting of FGM and information sharing.	Increased awareness of mandatory reporting in the community; Increase in referrals and support to services; Increased confidence/trust in CFS (more women saying yes to social workers going into visit family home); Increase in community members disclosing rape/FGM to CFS; Increase in community trust to disclose other issues to FCS); 3 events planned so far for 2017/18
3.5	Operation Makesafe is ongoing	Increased awareness of CSE in the community, including taxi drivers
3.6	MSE awareness raising event held in early April 2017 with 12 HT organisations, Unchosen and expert panel	Increased awareness of MSE in the community
3.7	Angelou partnership website updated; The Partnership also produced an annual newsletter	Increased awareness of VAWG in community

PRIORITY 4 – PRACTITIONERS

The Tri-borough VAWG Partnership will continue to lead on the development of good practice for professionals working in the Tri-borough area and will concentrate on providing a package of VAWG training and sector based support for practitioners alongside encouraging innovation in service delivery within a multi-agency context.

	Action/Deliverable	Outcome
4.1	Coercive control and Domestic abuse and the impact on mothering seminar with International Speakers Professor Evan Stark and Dr Emma Katz held in March 2017	Improved response when working with families where domestic abuse is an issue
4.2	Angelou Partners/Advance training: Angelou Partners conducted a range of inter-agency training to increase specialisms across partners,	Increase in workforce confidence in responding to VAWG; Increase in referrals to specialist

	<p>including training on trauma informed approach, young people, consent, trans awareness;</p> <p>Advance trained CPS and hundreds of police officers;</p> <p>Advance co-location within Housing LVHF and FCS LBHF;</p> <p>Angelou trained hate crime police officer;</p> <p>Advance trained housing officers, social workers and practitioners at the health forum;</p> <p>Advance worked with the adult safeguarding Lead and arranged for her to train the Angelou Partners on adult social care's new legislation and requirements to improve joint working and ensure cases were being properly accepted by adult social care;</p> <p>Advance trained the RBKC Families Forwards team on improving their response to DA cases and on safety planning;</p> <p>Advance undertook 202 consultations with LBHF social care staff offering a combination of generic and case specific advice and support to social workers (some for multiple cases) and 8 Domestic Abuse awareness training sessions completed;</p>	<p>services; Increase in survivors receiving improved response</p>
4.3	<p>Impact project and co-location of coordinators in H&F and Westminster CSU</p>	<p>Increase in referrals from police to specialist services</p> <p>Increased knowledge by police of court processes</p> <p>Improved communication between police and IDVAs</p> <p>Input into CSU training days</p>
4.4	<p>Continued availability of free safeguarding/DA training through LSCB</p>	<p>Increased knowledge and skills base in our workforce; Increased confidence in responding to VAWG; Increased use of Safelives DASH-RIC</p>
4.5	<p>Sharing services and strategic leadership via the MSE group (with MSE coordinator in place for 5 months);</p> <p>Cascading information to frontline individuals;</p> <p>Training in MSE for over 80 professionals from local authority, police, NHS, students.</p>	<p>Elevated agenda of MSE;</p> <p>More practitioners aware and responding to service users appropriately;</p> <p>Increased info sharing, networking led to more referrals</p>
4.6	<p>Standing Together have delivered training to <u>2630 professionals</u>. 482 received MARAC training, 123 received multi-agency training on DA, 2009 health professionals received training and 16 housing professionals received training. As of the time of</p>	<p>Increased knowledge and skills base in our workforce; Increased confidence in responding to VAWG; Increased use of</p>

	writing, the number of professionals trained via the LSCB training programme was not available.	Safelives DASH-RIC; Increased referrals to specialist services; Have increased engagement in MARAC, more willing to share information and have greater understanding of risk indicators. Improved the identification and response for patients experiencing domestic abuse and accessing services at these Trusts; Improve staff skills and confidence around dealing with domestic abuse and hospitals have the leadership and structures which support a robust response.
4.7	Train FGM champions, including developing specialist social worker role to embed into existing system	Increased confidence in social workers responding to FGM and asking more refined questions about this as an issue; (Measure distance travelled in terms of content of professional conversations)
4.8	The specialist services group is being used and will continue to be used as a forum for agencies to share best practise amongst voluntary/ non-statutory organisations and improve awareness and information sharing	Practitioners are sharing good practice and supporting each other
4.9	Quarterly MARAC and RIC workshop to frontline professionals in the 3 boroughs as well as briefings and inductions to statutory and voluntary agencies	Increased understanding of risk and MARC processes; increased referrals to MARAC

Priority 5 – CHILDREN AND YOUNG PEOPLE

The Tri-borough VAWG Partnership will ensure that children and young people are supported if they witness or are subject to abuse and understand healthy relationships and acceptable behaviour in order to prevent future abuse. The Tri-borough Partnership will prioritise both prevention of violence and abuse and provision of support for Children and Young People.

	Action/Deliverable	Outcome
5.1	Angelou held training on consent in schools, and held young women's groups in schools. Advance worked with action on disability to create a training for their workers who work with young people.	Increased awareness of VAWG with young people and professionals who work with them
5.2	MSE coordinator initiated process and referral mechanism within CFS; HT identified as a priority for next year; Specialist services identified and notified; Training delivered to social workers.	Increased awareness of HT in CFS hopefully will lead to increased notification and support for potential victims
5.3	Increase in police school's team – 1 sergeant and 6 PCs in H&F (funded by LBHF)	Increase in intelligence flow from schools to school officer which leads to more targeted work on knives in schools and increased intelligence on DV cases; Increased identification of younger siblings of gang members and earlier intervention in grooming for gang membership; Increased awareness in schools
5.4	Specialist social care Advance IDVAs/DVIP worker in LBHF and now IDVA in RBKC (funding sustained in LBHF and allocated in RBKC); Specialist therapeutic programmes for children and young people such as Talking Without Fear, Positive Intervention Project; DV Practitioner within CSS	Increased identification and earlier intervention; Increased workforce confidence in responding to DV, including holding perpetrators accountable; increasing safety planning for victims and children
5.5	CFS had engaged with CJS process by responding to enquiries about removal of restraining orders	Increased partnership working and information sharing leads to increase in safety
5.6	Continued work of the YP IDVAs within Angelou Angelou training on young people and briefings and resource packs about the work we do and what to do with young people: consent workshops, resource packs to 15 schools, 5 youth centres, RBKC FCS, RBKC north locality team FCS, link with CAMHS, NHS central and north safeguarding lead, youth health and well-being coordinator, MASH open day, briefing at youth hostel, action on disability, William Morris 6 th form college, St Christopher's hostel, sent info to youth centres, homelessness and pregnancy working group	Increased identification and earlier intervention

	for trust, awareness at girls and gangs unit, TBAP on sexting and schools, street elite about gender responsive ness, imperial sexual health, 2 groups sessions for 8 weeks in schools and 1 at community setting.	
5.7	FGM project working with schools (90 teachers to be trained in June 2017 and more in September 2017) The project supported 86 women who have experienced FGM seen in this financial year; 18% pregnant with girls (34% unknown gender); 32 women already have daughters)	Increased identification in schools and prevention
5.8	Children's Services, including Early Help, increased their representation on the CHOG	Increased info sharing and good practice
5.9	DV representative now on H&F's 'Edge of Care Panel'; a monthly meeting to discuss children at high risk of going into care.	Enhanced response to DV and to meet the needs of young people who have experiences of DA
5.10	The Children and Health Coordinator (CHC) coordinated a networking meeting for all service providers and invited the coordinator of Health Education Partnership to represent the schools. Through this process, needs of the schools, gaps in services, ways of accessing schools and similar were identified.	Prevention and support to children and young people who have experiences of domestic abuse
5.11	CHC attended 2 Best Start in Life Groups in Q4 and started building links with Children's Centres to discuss their training needs. Best Start in Life subgroup that looks at support needs of children (age 0-4) who had experiences of DA is still due to take place.	Better links with early years/help and improved earlier intervention to DA
5.12	Victim support ran an 8 session programme delivered in local schools for young people aged 4 – 21 who have experienced DA, followed by a 12 month mentoring scheme.	Support is offered to young people who have experienced domestic abuse in their home.

Priority 6 – PERPETRATORS

The Tri-borough VAWG Partnership will ensure that perpetrators of all forms of VAWG are held to account and are supported to reform.

	Action/Deliverable	Outcome
6.1	DVIP provided a variety of interventions with perpetrators across the three boroughs in the last financial year. In LBHF, DVIP received 24 referrals from Children's Services, 4 from Police and 2 self-referrals, with a total of 29 men supported. They completed 11	Perpetrators held accountable for their actions and given opportunities to change behaviour.

<p>assessments and 6 perpetrators attended the group Violence Prevention Programme. All partners of men on programme were supported by Advance.</p> <p>In RBKC, DVIP received 18 referrals from Children's Services, 4 from police, 4 self-referrals and 2 from CAFCASS, with a total of 30 men supported. They completed 11 perpetrator assessments and 7 perpetrators attended the group Violence Prevention Programme; 2 others had brief motivational interventions. 11 partners/ex-partners of men assessed have received a service from DVIP's women's support service.</p> <p>In Westminster, DVIP received 34 referrals from Children's Services, 20 from Police and 1 self-referral, with a total of 46 men supported. They completed 16 perpetrator assessments and 7 perpetrators attended the group Violence Prevention Programme; 1 other had brief motivational intervention; 16 partners/ex-partners of men assessed have received a service from DVIP's women's support service.</p> <p>DVIP also provides a Children's Therapy Service that worked with 21 children in LBHF and 4 in WCC and 3 in RBKC.</p> <p>DVIP's Al-Aman project is delivered in RBKC only and works on a 1:1 basis with Arabic speaking perpetrators and offers a women's support service for their partners. In the last financial year, Al-Aman worked with 31 women and supported 14 men. The number of children indirectly supported was 24. The number of men supported was the number of men referred to al-Aman over the period. They were all contacted, 11 of them used the service (either being assessed or started the programme). 7 completed the programme (50% of those referred).</p> <p>DVIP's YUVA Service, which was funded by the councils until October 2016 and then via grant funding, worked with young people demonstrating abusive behaviour. The service received 13 referrals and 1 referral carried forward from the previous financial year as both the parent and young person were still on the programme. 2 families were considered for Buttle funding (Buttle replaced the</p>	
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	councils as a spot funded option in November 2016) but both decided it wasn't the right time for them to engage with the service.	
6.2	First European Protection Order in England and Wales imposed via Hammersmith SDVC	Set legal precedent and put legal protections in place for survivor who had moved abroad; Provided blueprint for working together and sharing information
6.3	Increase in convictions in the Specialist Domestic Abuse Courts and Safe bail conditions implemented for all perpetrators in court; Advance and STADV worked on this with CJS partners	Increased opportunities to work with perpetrators and hold them to account
6.4	21 human trafficking suspects, 2 charged in last 6 months by SCo7	Increased opportunities to work with perpetrators and hold them to account
6.5	YUVA/DVIP secured funding to work with young people across London at risk of perpetrating abuse after council funding ended	Earlier intervention, opportunities for behaviour change
6.6	H&F Social Care project includes co-location of Advance and DVIP specialist workers; Evaluation completed this year	Increase in workforce confidence in FCS in responding to perpetrators and holding them accountable; more cases getting support
6.7	Housing providers taking tenancy actions against perpetrators	More perpetrators are held accountable for their actions; fewer survivors seeking housing and having to more/start over
6.8	Working with perpetrators and integration of specialist services written into commissioning of substance misuse services	New service prioritized responding to DA/VAWG from mobilization period; this is now standard response in their programme.
6.9	Local workforce attended 'Engaging with perpetrators' course run by STADV. In Q4 there were 9 attendees at the 'Engaging with perpetrators' course run by STADV. The attendees represented health, housing and children social care.	Maximise opportunities to engage with, challenge and give perpetrators opportunity to change
6.10	Alcohol Abstinence Monitoring Requirement (Sobriety Tags) pilot run in the Tri-borough; STADV are undertaking a feasibility study on alcohol monitoring in DA cases which will run until 2017;	Safe integration of any future programmes in this area

	Objective is to look at whether there are any conditions under which it would be safe to have alcohol monitoring in place in DA cases; STADV and Advance have informed police and probation of their roles and gathering information and making crucial feedback as to whether it is safe for clients; The pilot was due to end at the end of March 2017, but will now continue until the September or when 20 clients have used the system – whichever comes first.	
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Priority 7 – Justice and Protection

The Tri-borough VAWG Partnership will deliver justice and protection for survivors and their families according to their needs within a criminal and civil justice framework and also within a wider social context.

	Action/Deliverable	Outcome
7.1	<p>Criminal Justice Response to DA and Sexual Violence and Specialist Domestic Abuse Court</p> <p>In the last financial year, there were a total of 3944 domestic abuse offences in the three boroughs (1512 in LBHF, 925 in RBKC and 1507 in WCC). The sanction and detections (SD) for LBHF were 408, 296 for RBKC and 443 for WCC, which is an average rate of 29%. In LBHF there were 109 cautions, 86 in RBKC and 147 in LBHF (342 total). There were 297 charges in LBHF, 210 in RBKC and 296 in WCC (803 total). There were 2 fixed protection notices (FPNs) issued in LBHF.</p> <p>There were 1500 total sexual offences recorded across the three boroughs (410 in LBHF, 301 in RBKC and 789 in WCC). The SDs for the three boroughs were 48 in LBHF, 45 in RBKC and 115 in WCC, which is an average SD rate of 14% for sexual offences. For rape, the total number of offences was 479; In LBHF was 128 (8 SDs), in RBKC it was 105 (10 SDs) and in WCC is was 246 (20 SDs), which is an average SD rate of 8%.</p> <p>Standing Together Against Domestic Violence (STADV) coordinates two specialist/dedicated domestic abuse courts in the three boroughs (one in Hammersmith that covers both RBKC and LBHF and the other in Westminster). Both courts meet once a week and the coordination STADV provides is vital for ensuring a consistent approach that keeps</p>	<p>Performance Indicator 1:</p> <p>Improved and more accurate sentencing of offenders measured by percentage of those offenders convicted who have been subject to pre-sentence reports (no target set)</p> <p>Achieved 2015-16 WCC 81% HMC (LBHF and RBKC) 65%</p> <p>Achieved 2016-17 WCC 82% (1% ↑) HMC 71% (6% ↑)</p> <p>Performance Indicator 2:</p> <p>Percentage of defendants convicted the Domestic Abuse Courts in Hammersmith and Westminster</p> <p>Achieved 2015-16 WCC 73% HMC 70%</p>

	survivors at the centre and holds perpetrators accountable.	<p>Achieved 2016-17 WCC 69% (4%↓) HMC 66% (4%↓)</p> <p>Performance Indicator 3: Percentage of defendants who make early guilty pleas at the Domestic Abuse Courts in LBHF and WCC: Achieved 2015-16 WCC 45% HMC 35%</p> <p>Achieved 2016-17 WCC 46% (1% ↑) HMC 41% (6% ↑)</p>
7.2	Meetings with DI in RBKC to discuss operational issues ie referrals to IDVA; Advance and STADV meetings with LBHF/RBKC DIs on 3 rd party reporting and pre bail charges and the best way for forward for service users to improve their safety.	Improved partnership working; Increase in early referrals to IDVAs from Police
7.3	Increased IDVA support in the Specialist Courts	Voice of victims represented and feedback to victims done in a timely manner
7.4	Identification by SC07 of MSE SPOCs in each borough	Increased response to MSE within local police
7.5	No inappropriate prosecutions for FGM in tri-borough	Strengthened partnership working to address this issue on a case by case basis on multi-agency level
7.6	Report comparing SDAC sentencing with non SDAC sentencing completed	Raised awareness of impact of SDAC on appropriate sentencing in DA cases
7.7	Despite closing of Hammersmith Court SDAC, RBKC and H&F SDAC will continue (this is due to the outstanding work of the SDAC coordinators to demonstrate best practice and work with a range of professionals to ensure this result). Advance and STADV both are ensuring a smooth transition	Ongoing CCR to DA survivors going through the CJS and holding perpetrators to account

7.8	Better/safer sentences for cases sentenced in the SDAC	Survivors are more satisfied with court outcomes; Kept safer
7.9	Commitment secured from CPS for dedicated prosecutors in DA courts	Better CJS outcomes from consistency, knowledge and experience of prosecutors in court
7.10	STADV continue to sit on the LCJB VAWG Delivery Board	Recognition of local good practice; Easier transition to new court set up

The total number of women and girls supported by the VAWG specialist service system 2016/17 was at least 8,026. The number of perpetrators supported via specialist services was 132.

Service User Feedback

Advance has employed an Evaluation and Engagement officer (E&E Officer), who is funded by City Bridge until January 2018. The purpose of this project is to listen to the voice of service users in order to develop and improve services and to share these experiences with our partner agencies to encourage improvements within the wider partnership. To achieve these aims, the E&E Officer coordinates monthly one to one interviews with clients, quarterly focus groups and practitioner briefings, and a monthly service user forum.

In 2016/17 the project completed 50 one to one interviews. The one to one interview feedback is shared with the local coordinating body, Standing Together, and the VAWG Strategic lead on a quarterly basis. The focus group reports are presented at the relevant Operational Group and circulated amongst the partnership.

Unsurprisingly feedback was both positive and challenging. Issues that come up across the themes include:

- A professional lottery – survivors encountering one member of staff who was very helpful and another that was much less so.
- Professional’s knowledge and understanding of domestic abuse – both the dynamics and their professional responsibilities.
- The importance of being and feeling heard/believed.

52% of those interviewed experienced a variety of barriers to accessing services (fear, lack of housing, immigration status, unaffordable legal advice, etc.).

Sector	Positive Experience	Neutral Experience	Negative Experience
Police	45%	10%	45%
Courts	65%	8%	27%
MARAC 100% made aware of MARAC referral	65%	27%	8%
Housing	8%	17%	75%
Social Services	41%	15%	44%
GP	65%	15%	20%
Maternity Services	66%	0%	34%
A&E	58%	8%	34%
Mental Health	54%	15%	31%

From the above information, it is clear that within many sectors, survivors report receiving a range of different responses; This demonstrates the need for the Partnership to concentrate on improving the consistency of its response within each organization in the final year of delivery of the strategy.

The full report of Survivors Quotes can be found in Appendix 2.

3. VAWG Action Plan 2017/18

The VAWG Partnership's strategic objectives will remain the same in 2017/18. Actions were identified during the VAWG Board's Annual Review and by the operational groups under each priority. These will be incorporated into the individual action plans of the operational groups and will be monitored by the VAWG Board on a quarterly basis.

The following Action Plan has been agreed for the third year of the delivery of the strategy:

Priority 1: Access

	Action	Lead	Others Involved	Resources	Timescale
1.1	Continue to highlight gaps in access to specialist services for survivors, children and perpetrators alongside consultation and analysis in order to have a better understanding to develop future service system	STADV and VAWG Strategic Lead	Specialist Services and commissioners	Funding	Ongoing
1.2	Promotion of clear referral pathways between specialist VAWG services so victims are supported appropriately and effectively at the earliest stages	Angelou Partnership	Victim Support Rape Crisis Ascent 'Ask Me' Community Champions	Time	Ongoing
1.3	Promote VAWG services beyond the DV specialism	Angelou Partnership Rape Crisis Ascent	Operational Groups	Time	Ongoing
1.4	Identify opportunities to increase accommodation for women and children and access options for the funding of specialist services	Amanda Johnson	Hideo Ikehura. Rose Hircock	TBC	March 2019
1.5	Review impact of Homeless Prevention Bill on access and arrangements to housing; Each household	Amanda Johnson	Sandy MacDougall, Ryan Bird, Rose Hircock	TBC Grenfell will affect timescales of Housing Work.	Timelines tbc by Hideo.

	that approaches the Housing Department will have an individual Housing plan; Ensure that there is effective joined up work in developing the Housing plan; Training				
1.6	Early intervention of clients with multiple disadvantages, vulnerabilities who have care and support needs to including MDT meetings, joined up response to develop creative solutions to reducing DA	Louise Butler	Angelou Partnership, ASC	Commitment, Time	October 2017
1.7	Implement DCLG-funded pilots to support women with multiple disadvantages via Housing First, mobile advocacy and Safe Space	LA with Angelou and SS provider	STADV	Time	By July 2018

Priority 2: Response

	Action	Lead	Others Involved	Resources	Timescale
2.1	Build strategic, governance and commissioning plans for VAWG Partnership post March 2018 when three year tri-borough strategy ends; Ensure strategy and governance structure links to coordination and frontline service commissioning; Ensure via VAWG services commissioning to address gaps in services and lack of capacity in locally	VAWG Lead; VAWG Board; STADV Angelou Partnership	Multi-agency working group including LA and voluntary sector representation	Time	July 2017 - March 2018

	funded services for coordination AND core services, survivors with multiple vulnerabilities and long term support and recovery				
2.2	Ensure the MSE Network is coordinated and effective	Stuart Priestley	Stop The Traffik Just Enough UK Adam Taylor Claire Rai	Charitable Grant funding or LA funding	By July 2017
2.3	Refresh the VAWG Strategic Board Joint Working Protocols with both LSCB and SAEB	Stuart Priestley	Angela Flahive Louise Butler	Officer time	August 2017
2.4	Establish MSE joint working protocol between third sector organisations and MSE SPOCs in police	Stuart Priestley	Rahab MET police CSU	Time	By December 2017
2.5	Work with the CCG and LA to implement IRIS; Explore the appetite within Tri-borough primary care and feedback to VAWG Board; Start conversation with CWHHE Director of nursing re IRIS and consideration for inclusion within the STP processes and priorities; Provide the health leadership within the tri-borough health economy to link with the VAWG Board	STADV Health Team and Operational Manager; Molly Larkin	CCG and VAWG Strategic Lead; Primary Care practices within the tri-borough; CWHHE Quality Team/Director of Nursing; NHS England Safeguarding Team	Matched funding from CCG (min £50k); Leadership, Influencing	By March 2018
2.6	Expand specialist services offer to provide longer term support and recovery options for survivors	Angelou Partnership	Other specialist services Commissioners	Increased funding and effective delivery of DCLG projects	By March 2018
2.7	MSE toolkit to be rolled out as a health pilot project; NHS funding	Imperial and Chelwest	Rahab Victim Support	NHS England to fund printing of	6 months –

	MSE wheel to support health recognizing signs; Pathway toolkit of what to do next and how to refer on; Audit validated by Southbank University (6 month pilot); Initial areas of pilot: Maternity (community and antenatal clinics); Sexual health; A&E; UCCs – plan to roll out across all health and frontline.	Hospital Trusts		wheel; Training is being provided to Trusts free until August 2017	November 2017
2.8	Develop specific figures for maternity; DA figures of referrals and ensure safe pathway is followed up for each woman; Address lack of access to IDVA/DV Services in acute health trust. Capture and organise data to highlight what good work is currently happening.	Imperial and Chelwest Hospital Trusts (Named Midwives)	Angelou Partnership Victim Support FCS Early Help DVIP	Time and additional funding for more IDVA provision in Imperial	Ongoing (by march 2018)
2.9	All housing provides in tri-borough to sign up to DAHA/complete self-assessment toolkit; Facilitate communications and training with key housing providers	Amanda Johnson	STADV Housing Team	Time/Funding for accreditation	March 2018
2.10	Each agency in partnership to complete internal quality assurance process to check the quality of the services they are providing to victims of VAWG and access the	VAWG strategic Lead, VAWG Board	Operational group partners	Time	July- November 2017

	effectiveness of the CCR				
2.11	Link Health and Well-being Boards to VAWG Partnership and strategy	VAWG Lead, Sally Jackson	Officers from H&WBBs	Time	July-Nov 2017
2.12	Ensure sustainability of funding for FGM roles	Debbie Raymond / Angela Flahive	FCS commissioners	Funding	By March 2018
2.13	Re-commission refuge provision in each borough	Julia Copeland	Refuge working group	Time	By March 2019
2.14	Improve alignment between local, sub-regional and regional provision of services by applying for LCPF co-commissioning funding (Sexual Violence, CSE)	Community Safety Teams (Adam Taylor)	WAGN, Solace WA, Havens, MACE	Time	Autumn 2017
2.15	Improve MARAC engagement by health staff (unpick what is required re MARAC attendance and share the gaps in attendance and agree options creatively within health partners)	Molly Larkin	Mak Inayat, Bev. MARAC leads, Primary Care, CCGs Beverly McAndie.	Time	June 2017 – March 2018
2.16	Ensure the newly appointed Victims Coordinator in LBHF contributes to the coordinated response in one borough	Community Safety Team LBHF	Operational Group Partners, STADV	Funding for post is through MOPAC LCPF, Time	Ongoing from September 2017
2.17	Monitor duty to notify in cases of HT/MSE within ASC as first responders for 12 months; Identify SPOCs for tri-borough ASC/FCS for ADASS training	Louise Butler (in ASC); Angela Flahive in FCS	ASC and FCS colleagues	No budget but SPOC training provided by ADASS for free	March 2018
2.18	Increase effective attendance and info-sharing by ASC and Mental health at	Louise Butler	ASC, CNWL, MARAC Coordinator	Time and Commitment	Q1

	MARACs, in particular Westminster				
2.19	Review how Sanctuary services operate in each borough and address process and funding gaps	VAWG Lead	Adam Taylor Eli Crouch-Puzey Chris Reynolds Stuart Priestley	Time and funding –	By November 2017

Priority 3: Community

	Action	Lead	Others Involved	Resources	Timescale
3.1	Specialist VAWG agencies to work together when raising awareness to let communities/victim/survivors know of all services available	Angelou Partnership	Victim Support Rape Crisis Ascent	Time	Ongoing
3.2	Hold community engagement and awareness events including around 25 November and 8 March. (Themes to focus on: healthy masculinities and developing network of male allies; intersectional social justice movements and wider work to address gender inequality)	VAWG Lead / Sally Jackson.	VAWG Lead, STADV, LA officers Community Safety Champions	Time and funding	July 2017- March 2018
3.3	Continue recruitment and training of Ask Me ambassadors	VAWG Lead, Women's Aid	Local Steering Group, Sally Jackson	Time	Ongoing to July 2018
3.4	Hold community engagement and school based events around FGM	FGM Team	Schools and community leads	Time	Ongoing
3.5	Hold MSE community engagement event	VAWG/MSE lead	VAWG Comms Group	Time and funding for venue etc.	Either October or March
3.6	Roll out "Ask for Angela" in LBHF	LBHF Police,	Community Safety Team, Licensing (LA)Pubwatch	Time	By October 2017

Priority 4: Practitioners

	Action	Lead	Others Involved	Resources	Timescale
4.1	All senior clinical based health practitioners at Imperial, particularly in midwifery, to be DAL trained to support and signpost clinical staff with cases of disclosures and DA	Named Midwife	Safeguarding maternity team and Senior midwifery managers	Advance to provide (free) training	By March 2018
4.2	Conduct Training Needs Analysis and produce guidance for practitioners on levels of training needed to improve understanding of VAWG across our workforce and develop a more consistent response (as current survivor feedback shows vast inconsistency in each agency in terms of the response they are currently receiving). This is also in response to an action from the Family C DHR in RBKC.	VAWG Strategic Lead; Sally Jackson	Kate Delaney, Adam Taylor, Beth Morgan Emma Biskupski, Marianna Tortell, Helen Banham	Time	By October 2017 to Strategic Board for consideration
4.3	Hold VAWG Partnership Annual Conference in November	VAWG Lead, Sally Jackson	VAWG Comms Group	Time and funding from LAs for venue, etc.	November 2017

Priority 5: Children and Young People

	Action	Lead	Others Involved	Resources	Timescale
5.1	Develop strategic commissioning process to address gap in therapeutic, specialist services for	Commissioners Health and Childrens (LA).	LSCB under DA priority; STADV	Funding	By March 2018

	children under 13 who have experienced DA/VAWG				
5.2	Develop whole schools approach via bringing together and coordinating current work and building on good practice and expanding throughout schools in the tri-borough	STADV and Schools leads	FCS	Funding and time. This work is depending on the need for match funding. Sarah Charlton have pledged £15k	By November 2017
5.3	Implement new safeguarding strand that will bring together child offence investigation, hate crime, DA under one strand at borough level; Make VAWG main part of this strand.	Paul Jervis/Jim Brockway – Police	LA/IFS, Education, FCS	Time and commitment	By march 2018
5.4	Strengthen police schools team under Safer Schools Programme across the Tri-borough	Paul Jervis/Jim Brockway – Police	LA/IFS, Education, FCS	Time and commitment	By march 2018
5.5	Ensure the newly procured girls and gangs contract with WAGN in LBHF considers the priorities of the VAWG Strategy in its work	LBHF Community Safety Team (LA) (Victims Coordinator will oversee)	WAGN	Funding secured/time	Until March 2019
5.6	Create joined up response between FCS and ASC to transition client group who are at the highest risk of human trafficking and/or exploitation and	Co-lead Angela Flahive and Louise Butler	CSE Coordinator MSE Coordinator when in post	Commitment and time	Meetings have commenced; By November 2017

	create working protocol, process map, signposting map				
5.7	Monitor how the LBHF integrated family services scheme will respond to DA/VAWG and how this will affect the triborough approach	Angela Flahive VAWG Lead	CHOG Community Safety Commissioners	Time	By November 2017
5.8	<p>Ensure VAWG Partnership priorities are linked with Focus on Practice and workforce development programmes in FCS and Address the following:</p> <ul style="list-style-type: none"> • Inconsistent use of risk assessment for children in CFS ie RIM NOT USED • Co-location of DVIP not available in RBKC • Withdrawal of majority of VAWG funding from WCC FCS • Onus still placed on non-abusive parent (mother) by social workers to 'protect' child rather than holding perpetrators to account • The use of anger 	Sally Jackson Angela Flahive Clare Chamberlain	CHOG Community Safety Commissioners	Time and Funding	Ongoing

	managements, family therapy or programmes that are not Respect accredited				
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Priority 6: Perpetrators

	Action	Lead	Others Involved	Resources	Timescale
6.1	Provide specialist training to non-specialist practitioners on responding to perpetrators of DA (in addition to training and workforce development provided to FCS via co-location); Make this mandatory and ongoing	DVIP and STADV	Buy-in required from all service leads; LSCB and SAEB training programme leads; Workforce development	Training commissioned on a multi-agency basis; Staff time	Ongoing
6.2	Ensure focus on holding perpetrators accountable is more consistently and intentionally highlighted in all areas of work/coordination, including operational groups	STADV	Specialist services and operational group partners	Time	Ongoing
6.3	Provide high quality, Respect-accredited, long-term behaviour change interventions with adult perpetrators and specialist interventions with young people using violent and abusive behaviours	DVIP	Commissioners, Children's Service Leads, Specialist Service partners, Referring Agencies	Multi-year funding that covers the costs of these interventions	Ongoing
6.4	Build best practice into commissioned service specifications (ie to write in a question asking potential providers to demonstrate how they will respond to DA both	Public Health (SMS)	Procurement	N/A	November 2017

	perpetrators and survivors)				
6.5	Identify and refer more perpetrators for voluntary programmes at DVIP	Police	LA, DVIP	Funding needed	Ongoing

Priority 7: Justice and Protection

	Action	Lead	Others Involved	Resources	Timescale
7.1	Monitor impact of closure of Hammersmith Court – risk to adherence to protocol and loss of learning and good practice built up over 15 years	Tanya Allen	Police and CPS colleagues; Risk and Review group	Time	Review at October and Jan R&R group
7.2	Monitor potential changes with streamlining the BCUs/Police forces to ensure VAWG doesn't get lost	Paul Jervis/ Jim Brockway	STADV Community Safety Leads	Time	Review at October or Jan R&R group
7.3	Monitor police use of Caution +3	Tanya Allen Karen Senogles	MET Police MET Detentions R&R Group	Time	Ongoing
7.4	Monitor impact of changes to national probation services; ie PSR procedures are unsafe in DA cases – Need to watch this and challenge via SDVC; CRC (privatized probation) effects of performance based results/funding and interventions at risk of being ineffective	Tanya Allen Karen Senogles	MET Police Probation CRC R&R Group	Time	Ongoing
7.5	Monitor and raise concerns regarding cases not being listed in the DA Courts	Tanya Allen Karen Senogles	MET Police R&R Group	Time	Ongoing
7.6	Address lack of evidence based evaluation of SDACs and working with	STADV VAWG Lead	Community Safety Commissioners	Time and funding	Ongoing

	Police (Impact) locally and nationally; SDACs should be in every area of London – need to influence MOPAC and MOJ to secure wider buy in and support of local good practice		MOPAC		
7.7	Address lack of CCR in civil justice and family processes	Angelou STADV	Community Safety Commissioners MOPAC	Time and funding	Ongoing

Appendix 1 – 2016/17 Amber and Red Actions from VAWG Strategy

1.8 – Ensure that sufficient services are available with flexible access pathways ways to survivors with a range of needs.

2.3 – Develop a multi-agency approach that reflects the needs of the continuum of individuals involved with prostitution, which is separate but related to partnership approaches to human trafficking for sexual exploitation.

2.8 – Work with Clinical Commissioning Groups to promote a consistent response in GP practices via the use of the IRIS model around domestic violence and abuse.

2.9 – Integrate the response between the Safeguarding Adults Executive Board, Local Safeguarding Children’s Board and the VAWG partnership.

5.1 – Promote a ‘Whole School Approach’ via preventative and education programmes that improve attitudes towards conducting healthy relationships and VAWG from primary school to adult education

5.2.4 – Focus on Practice to use a systemic approach to work with families and support the work of practitioners working with families, which involves taking a family approach to VAWG and intervening with all adults involved.

5.2.5 – Develop parenting programmes that support wider relationships and their impact on child well-being, not just parent/child relationships in addition to developing additional components to early intervention parenting programmes that offer VAWG support.

5.3 – Address current gap in services by developing specialist support, advocacy and therapeutic services to children and young people. Promote these services and consult with young people

5.4.4 – Making joint recommendations on the safe commissioning of specialist VAWG services for adults and children.

6.1 – Work to prevent and challenge abusive behaviours and reduce the level of offences of VAWG via Addressing gender inequality and male privilege and increasing the implementation of this principle via the delivery of this strategy.

7.3 – Work closely with local family courts to report on their response to VAWG-related issues in order to improve survivors’ experience of the civil justice system

7.4 - Increase police training via regular updates, not just about domestic abuse and coercive control but to include other VAWG issues. Identify VAWG leads in each borough.

Appendix 2 – Survivor Quotes (all quotes taken from Advance’s service-user interviews)

Police Feedback

- “[OIC] was fantastic.” [RBKC]
- “They were great.” [H&F]
- “They were great – they were perfect – every time I needed them they were in touch with me, every time there was some news about the case they contacted me.” [Westminster]
- “They’ve been great. There was only one little hiccup – which was in regard to communication as they forgot to contact me at a certain point, but they were very apologetic – it was just something that slipped through the net.” [RBKC]
- “Extremely good when they got here [client’s home], however when calling 999 it was a bit of a slow response, and it took ages to get back my belongings which were taken as evidence and because this was cash I needed it sooner.” [H&F].
- “I wasn’t informed when [perpetrator] was released from prison. Also when I reported that he was outside my property, I had to wait five and half hours for someone to respond.” (H&F and RBKC)
- “I think it felt like I needed to contact them more rather than them calling me. Also as they are a 24 hour service I feel like they could have given me the outcome of the court case on the day [case heard last thing]. Also there was a bail application which they didn’t notify me about - I heard it instead from my ex-partner [perpetrator].” (H&F)
- “I had a very negative experience, particularly with one officer who said to me “take your children and go back to your husband – he is finding it harder to get over the separation than you are” [uniformed police officer]. I didn’t call them again as didn’t see the point.” (H&F)
- “The police submitted evidence late, on day of trial, so judge couldn’t accept it. It was a voice recording of him [perpetrator] admitting the offence.” [RBKC].
- “It was completely alien to me walking into a police station but I was taken to a confidential space and I felt safe in doing that, and they said they work closely with Advance so I felt ok.” (H&F).
- “There was always not enough evidence, it was very frustrating - they kept saying take legal advice and go through civil courts but I don’t have the money for this and they didn’t seem to understand that or offer any other options.” [Westminster]
- “I was arrested as my partner made false accusations, and I didn’t think the police dealt with that well. Also they took my medicine away when I was in the cell and they didn’t give it back when I left. They also advised me to leave flat even though it was mine, and I felt like that because they couldn’t be bothered to deal with him. However, the officer who took over the case was completely different – she was very supportive.” [Westminster]
- “My family background - we don’t do police. But the police did get involved, I wasn’t keen on it due to my experiences, and the attitude from the officer [OIC] made me less keen – he was just ‘job job job’ and wouldn’t listen – everything I said went in one ear and out the other. I never received any updates from police, Advance always

had to chase the information and I didn't want to call him [OIC]. The police made me not want to go to court, and there was also something inaccurate in my statement." [RBKC]

- *"It's been one of the longest cases, never getting the right outcome. My child has given evidence multiple times, lots of other evidence, and nothing has ever come of it. Also when they withdrew the arrest warrant without telling me – it was basically telling him to go ahead and continue to abuse us. He [perpetrator] kept breaking NMO and the police have never taken it forward."* [Westminster]
- *"I was assigned to an investigator who was patronizing, bullying, and on some occasions hid information and/or lied about the truth... [OIC was also] rushing me to do what he wanted without giving me the chance to think and/or properly plan my actions. He was also very difficult to find and hardly answered my emails to keep me updated. He was neither supportive nor understanding."* [Westminster] [Comment provided via email].
- *"I initially went to Holborn police station, where all the doors are locked. They have a phone outside to get in contact with the PCs inside. This phone is within the police station perimeter area, but outside where other people are waiting hence hearing your conversation. When I called them using that phone, they asked to explain the reasons behind by call. I refused to talk to them on the phone as it was a private matter, then two PCs came out the building after 1 hour to address my case."* [Westminster] [Comment provided via email].
- *"It was good – I think I would have liked to speak to the police officer involved after the case had finished as I just heard it through [CJS IDVA], and because I wasn't there [at court] I would have liked to know more precisely had happened and what was said."* (H&F).
- *"They were understanding but with my situation I didn't want to press any charges, and it is good they still go head as some women are scared, but I made a four-page personal statement and it never made it to court which was disheartening."* (H&F)
- *"They were very nice to me but they just don't know what domestic violence is – you can tell they don't know what you are talking about. You don't feel you can open up to them as don't feel they are very interested."* (Westminster)
- *"The police made me feel like I was the criminal sometimes and they didn't keep me updated."* (H&F).
- *"When I pressed charges against my ex-partner in Luton it was so much better than The Met – communication was so much better, I had one officer who always kept me updated. "*
- *"When I really needed their protection they were not helpful. He [perpetrator] is a violent man - he attacked me on the street. I have told the police many times – he [perpetrator] has been arrested a few times but nothing ever happened. There was even a fact finding at the Family Court where it came out he had been sexually inappropriate to our daughter but police still did nothing. Every time I go to the police I just get ignored - to be honest I just stopped going there. I also feel like I've been blamed, for example they would said 'why didn't you say before', and the reason*
- *"They were very supportive."* (H&F)
- *"They were understanding."* (H&F)

- *“I found they were understanding - they were really nice and kind. Before I hadn’t called them as I wasn’t sure what would happen but them coming out has changed my views on this.” (Westminster)*
- *“The police officers I met were very empathetic – they said they couldn’t arrest him but they took my report and said this could help build a case in the future – they were the first people who I approached and the first people who believed me.” (RBKC)*
- *“The police officer who interviewed me was understanding, but the police officer who interviewed my son was not understanding, but everyone else was ok.” (H&F).*
- *“There was one police officer who did try to give his personal opinion on our relationship which I thought was inappropriate but everyone else was ok.” (Westminster)*
- *“I had a very mixed experience – wish they would be more sensitive with their approach.” (H&F)*
- *“We discussed controlling behaviour but then they didn’t write it up anywhere.” (RBKC)*
- *“When housing asked for evidence from police they said there wasn’t any evidence or proof of anything which caused a problem with housing.” (Westminster)*
- *“They [police] are quick to come out but because it was verbal and emotional abuse they said there was little evidence so they didn’t do anything. Also my ex-partner managed to get a report from police, and his legal team are now using that against me to say that the police didn’t find evidence so therefore I’ve made it all up. I don’t really feel the police option works for you if it’s not physical abuse. One time I queued up to speak to police at the station and they wouldn’t even look at the messages I had from him [perpetrator]. I think they are lacking in knowledge about non-physical abuse.” (RBKC)*
- *“From own personal experience [it was a] negative [experience] – the language used when discussing my case, and the tone – so they would say things like ‘sorry I didn’t get back to you I was dealing with a more important case.’ I am strong person with loads of family support, but if that wasn’t the case I don’t know how I would have dealt with it. I also didn’t like dealing with a man in regard to this type of experience.” (RBKC)*
- *“Initially when I went there I had to wait for 5 hours before I was seen, and had to keep going back and waiting hours and hours. I don’t feel that domestic abuse is a priority for the police. I received lots of miss information.” (Westminster)*
- *“It [experience with police] was awful – even the police recognised that it was dealt with badly. Lots of communication breakdowns between boroughs.” (H&F and an area outside of the Tri-borough)*

Court Feedback

- *“Really efficient – every step of the way.” (Hammersmith).*
- *“It was all another language – that language is very difficult to understand, but that’s where she [IDVA] stepped up and really helped.”*
- *“I had to contact the court to find out what happened, no one fed back to me. “ (Hammersmith)*

- *“There was a delay in informing me of court case outcome, and I wasn’t informed about a bail application”. (Hammersmith)*
- *“...because I wasn’t there [at court] I would have liked to know more precisely had happened and what was said.” (Hammersmith).*
- *“...I made a four-page personal statement and it never made it to court which was disheartening.” (Hammersmith)*
- *“I didn’t hear anything, and then I found out his sentencing was very lenient – it was a real disappointment - so many women are too scared to press charges, and then you see someone getting 3 months for ABH, it just isn’t going to deter him from doing it again.” (Out of Borough).*
- *“I was very well informed.”*
- *“Really great – I never thought I would make it to a court but I did. Only difficulty was the number of different addresses that came up when I tried to find the court.” [Westminster Court]*
- *“If it hadn’t been for Advance I wouldn’t have gone through the court case. And it was better than I expected, witness care were really nice.”*
- *“Very little communication with prosecutor but witness care did show me the court which was helpful.” [Hammersmith Court].*
- *“He [perpetrator] pleaded not guilty and requested to go to Crown Court, then at the court the barrister threw out case because only based on child video case.” [Southward Crown Court]*
- *“It was very impersonal, you feel treated like an object or worse a criminal.” [Westminster]*
- *“The process felt pretty straight forward and I had Advance support at court which gave me the confidence to go ahead with it.” (Hammersmith Court)*
- *“They [CPS] made me feel more relaxed.” (Hammersmith Court)*
- *“I was kept up to date, and I was happy with outcome of court case.” (Hammersmith Court)*
- *“There was nothing stressful about the court process for me as Advance took care of it all and I was happy with the outcome.” (Hammersmith Court)*
- *“I was kept up to date, and I am happy-ish with outcome.” (Hammersmith Court)*
- *“I was kept up to date and process explained to me. I was not happy with outcome in regard to me but I was for my son and my daughter.”*

MARAC Feedback

- *“I had good feedback.” (H&F)*
- *“It must have some relevance – I think MARAC probably made everyone aware that things needed to happen e.g. I was moved from the B&B to a permanent flat, and I received a visit from the police to check the security.” (RBKC)*
- *“I’m not sure of the impact.” (H&F)*
- *“I would have liked to be of been there – its not very nice knowing there is a meeting going on about you but you can’t be there. I grew up in care so brought back old emotions of seeing reports about you when you weren’t involved. All these people*

who have never met you are making judgements and I didn't think all the evidence was true. Although the outcome [support letter for housing] was positive."

- *"The abuse declined and it created a great deal of security at that time – it was great for the situation to be taken seriously which created safety."*
- *"Very good as all the services in one place but I feel like I should have been able to be there – you're relaying on the services putting your views across, and I was upset that I had agreed with some of the services that it wasn't best for me to move borough but then at the meeting apparently housing was saying that I had to."*
- *"Best MARAC I've ever been referred to – I heard back from housing, and from social services. Previously I've never heard anything back from anyone." (H&F).*
- *"It felt very beneficial – with locks, I was contacted by my housing officer and gate was fixed – so much stuff was dealt with that I felt exposed to and insecure about." (H&F).*
- *"I don't know – I just saw myself as down on their database - I thought it was going help but it didn't." (H&F)*
- *"I didn't really get a sense of what happened at the meeting, although I was aware of it. Also I did name a professional from Adult Social care who is my [adult] son's social worker, who I suggested they contact in regard to the MARAC meeting as I have a good relationship with them and have opened up to them so they would therefore have useful information to share, but as far as I am aware they were never contacted." (H&F)*
- *"Haven made the first referral but I was not made aware. I have also requested the minutes from the MARAC but have never heard back." (H&F)*
- *"I don't' remember any feedback after the meeting". (H&F)*

Social Services Feedback

- *"They were amazing – they saw me through. Familiarity and continuity – same people throughout which was great" (H&F).*
- *"They are pretty helpful. Before I thought they just take your child away but now realise they are quite helpful, although they can be a bit annoying with so many meetings." (H&F).*
- *"I had a feeling in the start ...that they weren't at all on my side [because of malicious allegations from perpetrator] but after the fact finding I think they could see it a bit more. I know they don't need to be on anyone's side, mine or my husband's [perpetrator], but I feel like they are very sympatric to him and not always thinking straight about what is best for the child, and they disregard what danger he might be. They seem to be thinking about him, rather than the best interest of the child. He only wants contact with child for his own aims." (RBKC)*
- *"10 stars! I feel able to call them for help, and they are always there and always helpful." [H&F]*
- *"They were supportive and helped me move." [H&F]*
- *"After the first woman I met [social worker at Chelsea and Westminster Hospital] - I thought my kids were going to be taken from me. I felt like she was investigating me instead of him [perpetrator], and she was threatening so made me feel like I didn't*

want to engage. But my second social worker was excellent and she said that the first social worker shouldn't have made me feel like that."

- "When it comes to practical things they are ok. But when it comes to assessing child's needs and assessment I think I'm not very happy. It really depends on how talented the social worker is, and how capable they are to build emotional rapport with children. I found their communication very poor. So many things have to be on hold while waiting for them [social care] to approve things while you see your children struggling but you cannot do anything without their say so as otherwise you are seen as not being cooperative. Damage is being done to my daughter and her personality, and her growing up, and I feel powerless." [H&F]
- "When you contact services you expect support, I understand they need to protect the child, but you feel very disarmed by them. My health visitor suggested limiting the child contact in the circumstances, and she referred me to social care and they said in this case I should go with my child to the contact and speak with him [perpetrator] if I was worried. He [perpetrator] also made a malicious allegation to social care and although the social worker was good in her response to me, as in she believed me and was supportive, she then went on to tell him [perpetrator] everything I said including that I am working with Advance so he became very angry that there were records being kept about it all." [Westminster]
- "There were so many assessments but felt supportive." (Westminster)
- "I found them supportive and understanding, but there seemed to be only so much they could do as there was no evidence in the police report – the whole thing seemed to be about the police report." (Westminster)
- "I'm not really sure of my feelings about social care, it was all a bit strange. I felt like the social worker was doing a lot of prompting with the children which I know is not the right thing to do as I also work with children." (Westminster)
- "They didn't try to help me until Advance became involved, which is not fair on me – they don't seem to care about the mother. They are not bad, but they didn't seem to look at me as a human until Advance became involved." (H&F)
- "They took forever to send someone out, and then they sent over one woman, and then they sent out a trainee, and then his manager, and then nothing. I thought they were there to support me, but they didn't seem to want to help me with anything, they were just patronising and unsupportive. I had already taken the steps to protect my children and had left the situation with no help from them, and then they just kept saying that if I went back to him I would be putting my children at risk, but I wasn't planning on doing that and they didn't seem to want to provide any actual support. Also I've had previous negative experience of social care as a child." (Westminster)
- "It's been a year and 6 months since me or my children saw my ex-partner - I've moved property, left my job – and they are still not supporting me and still coming here unannounced. I feel very isolated and I do not have a good relationship with my social worker. If I went through this again, I'm not sure I would call the police again for fear of social services." (H&F)
- "It felt like I was the focus of their work as opposed to a victim myself." (H&F)

- *“They were treating me like I was doing something wrong instead of the father of my child – social services were even pulled up on this in court. Social services also disclosed my address to [perpetrator] several times, and I was placed in inappropriate foster care placements. I used to be such a happy person, and now I am so changed and my relationship with my daughter has been changed [for the worse] since social services were involved. I feel like they have caused me real trauma and I am struggling to move past this.”* (H&F)
- *“I was extremely disappointed - they bought his story and look at me as if I am mentally ill. They use hearsay as evidence which is very dangerous.”* (RBKC)
- *“It was an absolutely appalling experience. The social worker said at a Child Protection Conference (CPC) - “you call it rape, but he says that’s just what you’re into”. This social worker also tried to block my lawyer from attending the CPC meeting. They just seemed to think I was crying wolf, but their involvement wasn’t even initiated by me, it was initiated by the Haven. They believed every word my ex-husband said.”* (H&F) – this client did begin the process of logging a complaint in regard to this social worker but felt unable to pursue it due to everything else she had going on. However, she stated that she is happy for this information to be actioned further.

Housing Feedback

- *Really good – I approached from North London by myself without any support, and they housed me through a swap with my old council, it was really good.”* (H&F).
- *“Sanctuary installed which was very positive.”*
- *“I found it disgusting – I went there and I had my suitcases and all my possessions and they put me in B&B one day and then moved me to another B&B the next day – it was disgusting. Then they put me in temporary accommodation, and again it was disgusting so I decided I had to go into refuge. Also my husband [perpetrator] saw me at the housing office and we had an argument, and when I went back in to housing the staff stated that it didn’t look like there was abuse going on, as in it wasn’t abuse because he hadn’t punched me. At that point I just lost all confidence in them as I felt like they were looking at me thinking I was lying. I didn’t feel safe with them, and I didn’t feel they were acting in my best interests.”* (H&F)
- *“I currently live with my grandma, but they have to move her as property no longer suitable, but they won’t move me as well so I’m going to have to make a homelessness application.”* (NHHG).
- *“Very slow but the work did get done as [IDVA] kept chasing them.”* (NHHG).
- *“They tried to put me in hotel but they couldn’t tell me how I would be there so I didn’t feel comfortable going.”* [H&F]
- *“I didn’t want to move out of the area – I work here and my children go to school here. And housing made me an offer for one place that was not suitable [there was damp and client and children have asthma] and they threatened me that I would have to move to the Isle of Dogs if I didn’t take it. But then my social worker got involved and provided a letter, and they apologised and I was moved. However, Housing wanted to see all the social worker assessments on top of the letter, which I didn’t agree to.”* [RBKC]

- *“I’ve never had a very good experience with council – they are really mean people – they just don’t want to talk to you. I found that I was not heard by so many people in that department – they only want to protect the elderly – they treat them with respect – but when it comes to young people, or the whole single mum outlook - they look down on you. Also it takes so much time to move you, and the properties are always unsuitable –I was once moved to 11th floor of a tower block with no lift when pregnant, and currently living in a one bed with a four-year-old with no hope of being moved. I’ve had to keep on moving my whole life as I was in care so was always moving, and it just carries on – I don’t know why they can’t move you to property which will be suitable for a long period of time so you can really start to rebuild your life. I also needed some help with moving costs but no one could help me.”*
[Westminster].
- *“I contacted my housing officer about removing him [perpetrator] from tenancy, and I was told I had to apply to the courts. When I asked what I am applying for and they said they didn’t really know”. [Out of Borough – Brent]*
- *“Housing have been very unhelpful. I am with Viridian housing association but the council [H&F] have also been involved in my case. They all try to insist I have to move borough if I want to move. I think it’s ridiculous considering I have so much family in the borough for support, that the children are actually settled in good schools, and I have a job here – they’d be asking my family to give up on all those positives in our lives, it doesn’t make any sense. I don’t think I would have got through what I have if I had been forced to move away from all my support. I haven’t been able to move within borough so I am still in the same house which is known to my ex, but I did have sanctuary to make it safer.” [H&F]*
- *“I’m not sure if they were aware of the issues or not, I was moved but I was due to be moved anyway – they never spoke to me about the domestic abuse.” (Notting Hill Housing)*
- *“Initially I felt like I wanted to leave, but since I went to court I didn’t feel the need to leave. I did approach my housing officer when I was thinking about moving and she said I would need to fill out some paperwork, but there was no follow up and I had changed my mind so didn’t follow up.” (Genesis, Westminster)*
- *“They didn’t care until Advance became involved.” (Notting Hill Housing)*
- *“One of my biggest fears was homelessness, and there is just no help, and trying to juggle attending the housing office around work when I have a zero hours’ contract and there is so much waiting at the council.” (RBKC)*
- *“They stopped my housing benefit so I was evicted, and I had to sofa surf.” (Westminster)*
- *“He [perpetrator] went to prison twice before they moved me, and they moved me to near where he lived with his new girlfriend. Also Hammersmith took a long time to find me a place. There was also no help with furnishing our new house, and I had to leave my job to move so I can’t afford to buy anything.” (Ealing and H&F).*
- *“I’ve had a lot of difficulties with housing – I am bidding, but it took a while for me to go on the list. My housing officer was very unprofessional, even swearing during conversations. If it wasn’t for Advance I don’t think I would have got anywhere. There are also health and safety issues with my current place. I’ve had no luck with bidding and no luck with Home Swapper.” (Genesis, Westminster)*

- *“Four temporary accommodation placements, including being placed near [APTR] and an abusive family member.” (H&F)*
- *“I think there is way too much red tape with housing when you want to flee. And you have to tell your story over and over again to people who just have a procedure to follow and don’t treat each case as an individual person - it’s really stressful. You are a prisoner in your home.” (Numerous local authorities including in the Tri-borough).*

GP Feedback

- *“Very supportive and I was referred to counselling.”*
- *“I did speak to them about it, and they just put it in my file and I haven’t heard anything since.”*
- *“They did arrange counselling but wasn’t specialised, and the GP suggested couple’s counselling”. [Shares the same GP practise as perpetrator].*
- *“Very supportive and understanding.”*
- *“She [GP] was supportive, but I had to move GPs when I left my partner and I haven’t met my new doctor”*
- *“GP did refer me on for feeling depressed during pregnancy.”*
- *“I get worried that social services will get involved if I talk to my GP so I didn’t for a long time, but eventually spoke to them in relation to feeling depressed. They didn’t explore why I am depressed but I did find them supportive.”*
- *“Doctors are not welcoming – they only have five minutes for you and my husband is always telling me not to waste their time.”*
- *“I always met different GPs every time I went, but when I took the Advance letter to the GP – he looked at my history of depression and ‘martial problems’, and he said that he could see that the whole story did add up, and they provided evidence of psychological abuse.”*
- *“They were supportive, and they gave me some medication to help with the stress.”*
- *“GP referred me for counselling.”*
- *“They are very caring but little actual support.”*
- *“I think they knew the ins and outs, but I didn’t really talk to them about it.”*
- *“No support – I drank to cope but my GP didn’t explore why, they just suggested to do exercise and to cut down as opposed to explore why I was drinking.”*
- *“I can only assume GP aware of the domestic abuse as I was in hospital with the injuries but they have never spoken to me about it.”*
- *“She [GP] is perfect – I have hotline to her. She gave me the details for Advance and has kept supporting me despite temporarily moving out of the area.”*
- *“They [GP] were supportive.”*

Maternity Feedback

- *“It was my midwife who I first told, and opened up about it, and she got me the right support [social services and Advance].”*
- *“I had to request to speak to the safeguarding midwife myself about not allowing perpetrator into the ward when I was giving birth – it wasn’t explored before then. And then because I had asked for the safeguarding midwife I then wasn’t allowed to*

leave the ward as they couldn't get in touch with social services and it was a Friday so I had to stay in hospital over the weekend all because no one knew what was happening – they said it was for my own safety but I felt like I was being punished.”
(St Mary's)

A&E Feedback

- *“They were lovely.”* (St Mary's)
- *“They did offer support.”* (Charring Cross Hospital).
- *“I was linked in with support.”* (Chelsea Westminster)
- *“I was in and out of hospital – they think they're helping but they're not as they don't look into it deep enough”.*
- *“They did explore what was happening [and referred on for support].”*
- *“I handed myself in to get some help as everyone was saying I was delusional – they explored things with me and I saw a mental health nurse.”* [St Mary's].
- *“They told me it would be safer to stay in hospital than go home so they did show an understanding.”* [Chelsea and Westminster Hospital]
- *“I went in as my daughter was having trouble breathing, and I overheard them say ‘the family is known to social care’ which made me feel uncomfortable, especially as they didn't seem to know why.”* [St Mary's Hospital]
- *“I don't like the way they do things sometimes – I find them a bit sneaky – they called the social worker without talking to me first and it just felt like a real shock. Also on one hospital report they said something that wasn't true”.* [Chelsea and Westminster Hospital]
- *“They behaved like doctors – just about the medical side of things and very cold.”* [Charing Cross Hospital].
- *“The female clerk was very nice as offered me a box of tissue when I burst into tears. The first female nurse in triage was understanding and offered me a degree of help and suggestions. But when in the cubicle waiting to be seen by a doctor I heard the male nurse outside my cubicle giving the handover to a male doctor. This was in the middle of the corridor with other patients hearing it - I felt I didn't have any privacy. The doctor was rushing, neglecting my symptoms and my distress - he carried on saying that I was still shocked by the whole event.”* [University College Hospital]

Mental Health Feedback

- *“I have a therapist for another issue and it [the domestic abuse] has come out in those sessions, and she was supportive and signposted me to Women and Girls Network.”*
- *“I found the counselling (via GP) helpful.”*
- *“I was referred by mental health services to Advance and Women and Girls Network which has really changed mine and my daughter's lives.”*
- *“I can't get the support I need – waiting lists are very long. I am currently getting support from mental health services but can only ever see a nurse instead of a doctor.”*

- *“I saw a mental health nurse for a while after going to A&E, but she has just closed my case - I think she just thought I just wanted housing. But she has referred me on to Women’s Trust for counselling.”*
- *“My son tried to commit suicide following everything that happened and was referred to CAMHs. However, they just tried to put him on drugs as he is autistic so struggled to talk about how he was feeling.”*