



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

Violence Against Women and Girls Strategic Partnership

Annual Report

2015-16

Prepared by the VAWG Strategic Lead and Operational Manager
April 2016

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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 Strategy. 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 2015-16.

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

- 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.

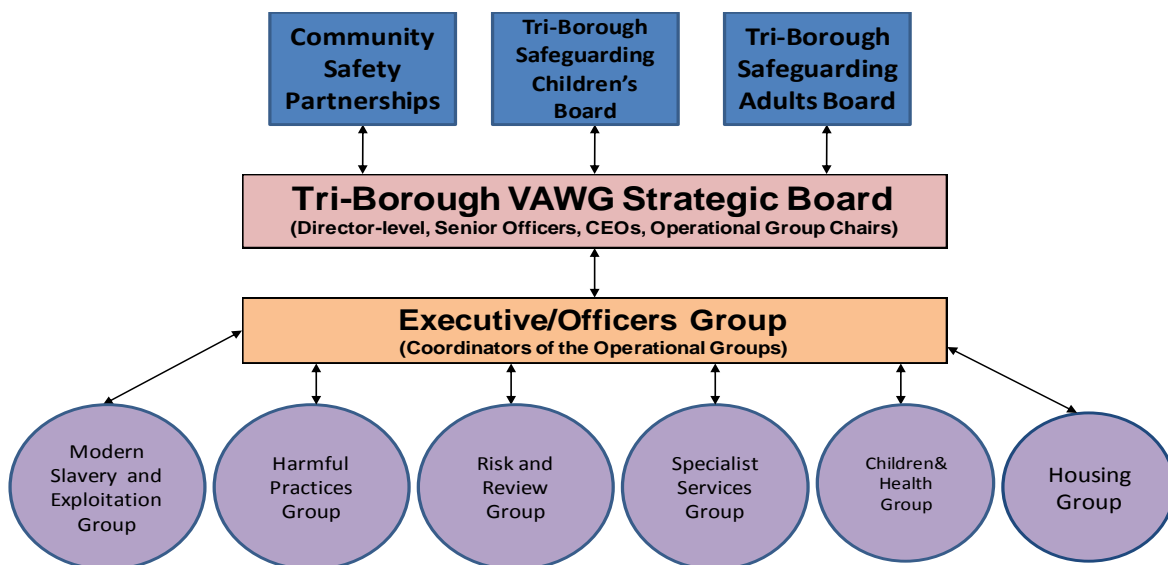
The Board is chaired by a local authority Executive Director and includes senior officers from the police, children’s services, public health, adult services, community safety, housing, chairs of 6 operational groups, specialist VAWG services and additional voluntary organisations.

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 2015-16

Methodology of the Review

In total, the VAWG Strategy lists 43 actions under the seven strategic priorities. From March-April 2016, each of the Operational Groups was asked to assess their progress against the actions in the strategy. The VAWG Strategic Lead produced a summary Action Plan listing achievements, challenges and plans for the final 2 years of the strategy. Each of the 43 actions has been given a **RAG** rating consistent with progress achieved via the Operational Groups (See Appendix 2 for VAWG Action Plan 2015-18).

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 have given **RED** status and actions will need to be taken in the next two years of the strategy to achieve against those outcomes.

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

RAG Status	Access	Response	Community	Practitioners	Children & YP	Perpetrators	Justice & Protection	Total
GREEN	5	6	1	3	6	2	1	24 (56%)
AMBER	3	2	2	0	7	0	1	15 (35%)
RED	0	1	0	0	2	0	1	4 (9%)
Total:	8	9	3	3	15	2	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 to ensure that the response remains consistent and robust.

Achievements to note by priority (**GREEN**)

- 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.**

Promotion of new services in place

2015-16 marked the mobilisation and implementation stages of the tri-borough VAWG commissioning process, with Standing Together Against Domestic Violence and the Angelou Partnership in place to deliver the coordination and frontline services in this area. Additionally, aligned services such as the Ascent Partnership, West and North London Rape Crisis, the Pan-London Domestic Violence Contract (Victim Support), the Harmful Practices Pilot and specialists in modern slavery and prostitution all continue to deliver services in the three boroughs.

These services, and practitioners from the 6 Operational Groups, were able to improve awareness amongst victims/survivors about the range of services they can access and help them to navigate these services. A key element of this was the production of a tri-borough Directory of VAWG Services, which is included on the Angelou Partnership website.

Collocation

The tri-borough has continued its commitment to collocation and specialist VAWG staff is accessible through the following locations:

- Imperial Hospital – Maternity, A&E & Sexual health
- Chelsea and Westminster Hospital – throughout trust
- Social care in all three boroughs
- Criminal Justice System (courts and police)
- Children’s Centres
- LBHF Housing
- ISVAs via Police
- Mental health services across Tri B.
- Angelou staff accessible via community orgs (African Women’s Care (AWC) & Al Hasaniya)
- Educator Advocates via the Harmful Practices pilot are embedded within front-line health and social care services
- Victim Support at RBKC Police Station
- Rape Crisis counselling in community Settings
- Healthy Relationships Healthy Babies practitioners in Children’s Centres and localities teams in Westminster

The VAWG Partnership has been able to strengthen working relationships and improve referral pathways between specialist and statutory organisations via training, joint working protocols and established referral pathways. This has been evident through the varied referral sources for cases in the Angelou Partnership, referrals to the MARACs, the effective referral pathway between midwifery and Children’s services from St Mary’s & Queen Charlotte’s hospitals, benefiting children and adult survivors FGM, and ongoing joint working between NGOs like Rahab and Tamar with local and central MET police to address trafficking for sexual exploitation and prostitution.

Investment in and Delivery of Specialist Support

An important result of the commissioning process was that the tri-boroughs were able to continue to invest and support specialist services for BME and LGBT survivors. Support is provided for BME women via AWC & Al-Hasaniya and to LGBT clients via GALOP, who are both members of the Angelou Partnership. Al-Aman in RBKC supports Arabic speaking women and women whose partners are engaging with perpetrator programmes. The Ascent Partnership delivers a variety of culturally specific, specialist support to women in the tri-borough and a series of community events have been held to enable BME women to discuss Harmful practices and other relevant issues such as serious youth violence via the HP pilot.

Please note that the inclusive nature of the commissioning process undertaken in the tri-borough has been recognised as best practice by Imkaan and the Women’s Aid Consortium, Lloyds Bank, London Councils and DCLG.

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.**

High Quality Service Provision

Service users and practitioners in the tri-borough area benefit from the following high quality services:

- Independently coordinated MARACs
- Specialist Domestic Abuse Courts available in each borough
- The Angelou Partnership provides specialist VAWG support

From the launch of Angelou in Q2 through the end of Q4, the total number of referrals were 2602, of which there was 2173 new and repeat referrals. Total referrals by borough are:

- 1259 for LBHF
- 507 for RBKC
- 836 for WCC

New and repeats by borough:

- 1048 for LBHF
- 425 for RBKC
- 700 for WCC

Domestic abuse was the type of support most accessed for most referrals (2172), followed by sexual violence 238, harmful and cultural practices 65, stalking and harassment 42, trafficking and prostitution 17, sexual exploitation 14, and child sexual exploitation 66. Most service users were aged 18-45 years, 64% were from ethnic minority backgrounds. Most (948) wanted support with health and well being which was followed by housing and accommodation (696) , and the other numbers for types of support accessed were much less. There were 1551 children of survivors of a variety of ages; this also includes numbers of potential children (pregnant women).

Fig 3: Outcome measurements for Angelou

Percentage of women reporting increased safety and feelings of safety	Women report a reduction in abuse due to support and advice received from Service	Percentage of VAWG cases where risk is reduced at case closure following the support of the service	Women and girls report their quality of life has improved.
Baseline 2012/13:	Baseline 2012/13:	Baseline 2012/13:	Baseline 2012/13:

65%	67%	62%	55%
Achieved 2013/14: 87%	Achieved 2013/14: 83%	Achieved 2013/14: 87%	Achieved 2013/14
Achieved 2014/15: 89%	Achieved 2014/15: 90%	Achieved 2014/15: 89%	Achieved 2014/15: 78%
Achieved 2015/16: 87%	Achieved 2015/16: 89%	Achieved 2015/16: 83%	Achieved 2015/16: 81%

We have a breadth of voluntary services in place alongside Angelou such as Rape Crisis, Pan London DV Service via Victim Support, Ascent Partnership and Al-Aman. In 2015/16, the FGM pilot provided specialist support for 77 adult survivors of FGM. We have a number of organisations working with trafficked women and women affected by prostitution in the Tri-Borough; in the last year, Rahab supported 150 women (36 trafficked), Tamar (5), ISVAs (2) and Bakhita House (18). The Ascent Consortium, which provides a helpline, advice, advocacy, specialist harmful practices support and education in schools saw an additional 1200 service users. Victim Support, as part of the Pan-London DV Service, supported 183 survivors of domestic abuse. Rape Crisis, provided by Solace Women’s Aid and Women and Girls Network, supported a further 572 service users. Woman’s Trust provided 1:1 and/or group counselling for 450 service users and DVIP/Al-Aman supported an additional 70 women.

In total, over 5,500 service users were supported by the overall VAWG service system in place in the tri-borough area in 2015/16.

MARACs and High Risk Domestic Abuse

The MARACs saw the following cases from January-December 2015:

H&F MARAC 301 cases

K&C MARAC 190 cases

WCC MARAC 279 cases

The Risk and Review group acts as the Steering Group for the MARAC and regularly addresses any issues arising such as representation, repeat referral rates and referral pathways. It oversaw the development of the tri-borough MARAC Operating and Info-Sharing Protocol (MOISP) this year; Westminster and LBHF MARACs have undergone independent assessments this year. There has been an increase in police referrals to all three MARACs this year and LBHF’s MARAC referral volume (94%) is now within national guidelines (80-100%).

Alongside the specialist services, the operational groups continue to be the mechanisms for statutory and voluntary services to work together to establish baseline best practice, improve response and delivery and hold one another accountable for providing most robust response to survivors and perpetrators across the range of VAWG issues.

Survivor consultation and inclusion:

Survivor consultation informs practice across all of the specialist organisations in the tri-borough area. Advance collects regular service user feedback from their engagement officer and it is distributed through the VAWG Partnership (See Appendix 1 for full report).

The Children and Health Group (CHOG) membership now includes a service user representative (also known as Community Representative) and findings from the Shared Services VAWG Young people's consultation have been integrated into the CHOG action plan.

Additionally, survivor voices are collected as part of the LBHF sanctuary scheme 6 monthly reporting to funders. Survivor experiences and views particularly on occasion where service delivery hasn't been as to expected standard are discussed with members of the HOG where relevant and learning passed on to all members. Survivors are also represented by IDVA and Advance staff at the HOG.

Integrated responses between the Safeguarding Adults Executive Board (SAEB), Local Safeguarding Children's Board (LSCB) and the VAWG partnership

In 2015-16, the first ever joint working protocols were agreed between the VAWG Board and the LSCB and SAEB. The CHOG and HP groups are jointly constituted groups of the VAWG Board and the LSCB. The first joint Serious Case Review/Domestic Homicide Review (SCR/DHR) was convened in 2015. A DA case audit was completed jointly between the LSCB and CHOG and regular reports from the CHOG, Harmful practices groups and VAWG strategic board have been presented at the LSCB.

- 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.**

Communications Plan and Events

The VAWG Partnership delivered the following events as part of the first year of the the communications plan:

- 10 September: Film screening of 'The Mask You Live In' at the 2015 Portobello Film Festival.
- 19 September: DCLG DV Roundtable hosted by Westminster City Council
- 22 September: Shared Services ISS launch, 3-5pm, Yaa Centre
- 19 November: VAWG-themed lunch and learn session for council staff in all three boroughs at Kensington Town Hall, 12pm-1.30
- 25 November: *Blooming Strong* community events
- 27 November: #wearorangeendDV Advance led initiative to raise awareness of the UN global campaign
- 30 November: FGM Pilot Community Engagement Event at World's End Estate
- 1 December: Orange your neighbourhood Advance and partners took part in the global UN challenge
- 28 January: 10.30am-2.30pm IKWRO held a community engagement event with Al-Aman

- 1 February: FGM event hosted by MOPAC at QEII Centre highlighting tri-borough work on the FGM pilot
- 1-7 February: Sexual Abuse/ Sexual Violence Awareness Week; Women and Girls Network & Solace led 'Day in the life of an ISVA'; Three councils raised awareness of #ITSNOTOK campaign
- 29 February Agenda delivered a 3 hour seminar entitled *Hidden Hurt: Violence, abuse and disadvantage in the lives of women*.
- In Partnership with Westminster UNISON, the VAWG Partnership hosted a Feminist Film Month with three film screenings at the Curzon Cinema in Victoria.
 - o 7 March: *The Mask You Live in*
 - o 17 March: *Miss Representation*
 - o 24 March: *Suffragette*
- 8 March talk by Campaigner Miranda Hudson from Snehalaya UK about #HerVoice
- 8 March Advance hosted a fundraising quiz night
- 29 March speaking event with Natalia Cohen from the Coxless Crew

The HOG has achieved against this priority this through its Blooming Strong campaign links. Last year partners designed two public gardens with plants and furniture in memory of women who have suffered DV. The local community was heavily involved in this including schools.

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.**

Annual VAWG Conference

On 30 November the Partnership hosted the Shared Services VAWG Conference: *Delivering Innovation Together* at Hammersmith Town Hall, which was attended by 70 professionals and highlighted innovation across the VAWG strands.

Training

All six operational groups have worked to improve VAWG training across the three boroughs to increase workforce confidence in identifying and responding to VAWG related issues. Training is a standing item on the agendas of every meeting.

The HOG has widened its training remit to include other forms of VAWG not just DV. The Harmful practices pilot has provided for additional training available across the multi-agency partnership. Via the R&R group, MARAC trainings and briefings have continued to be delivered to high standard throughout the year. Police have received MET training on coercive control legislation and LBHF colleagues have received additional local training. Magistrates, IMPACT and Police have received body worn camera training. Via the MSE group, police have been trained in three boroughs on trafficking by SCO7 and RAHAB and Mungo Broadway delivered workshops at the VAWG conference. Street outreach services have also received training on trafficking and a multi agency refreshed workshop was

delivered February 2016. Additionally, the Partnership has run a number of free workshops on legal issues, trafficking and complex needs which have been well attended.

The CHOG has developed a network of 70 Domestic Abuse Leads (DALs) across ChelWest Trust and Imperial and trained over 350 health professionals this year, including GP leads.

Under the Harmful Practices Pilot, there have been 125 professionals trained by the Partnership for Ending Harmful Practice via multi agency trainings, 63 professionals who have attended 2 day specialist trainings and 29 professionals who have attended follow up sessions. These sessions, along with the FGM pilot and the work of the educator advocates continues to be evaluated independently and midterm reports will be ready in Summer 2016.

The LSCB have continued to offer a range of widely advertised, free VAWG trainings through their annual programme including Introduction to Domestic Abuse and MARAC trainings. Additionally, every safeguarding training delivered under the SAEB includes points around domestic abuse.

Standing Together Against Domestic Violence have also delivered 9 multi-agency domestic abuse awareness, skills, and working with perpetrators trainings to 122 professionals.

- 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.**

Co-location

The Partnership maintains a commitment of co-location of specialist professionals within children's services. Professionals in specialist services are working alongside colleagues from children's services to strengthen pathways and knowledge-sharing between them to support high risk families in the short term but also provide longer term work to prevent future abuse and increase safety in families. Examples include:

- co-located workers in LBHF (DVIP and Advance)
- a specialist consultant in WCC (Family recovery)
- Talking without Fear in WCC
- DVIP co-location available across the three boroughs
- Harmful Practice educator advocates embedded in front-line services
- Healthy Relationships Healthy Babies Programme for eligible families in WCC
- DVIP Young Persons Worker working with young men displaying abusive behaviours.

Parenting Programmes

Pockets of the VAWG Partnership are dedicated to developing parenting programmes that support wider relationships and their impact on child well-being, in addition to developing additional components to early intervention parenting programmes that offer VAWG support. In 2015-16, Talking Without Fear, for children and mothers, and the Healthy Relationships Healthy Babies pilot, both in WCC, are two specialist programmes in this area

of work. Talking Without Fear focuses on offering extra support to non-abusive parents post separation as they are recovering from the trauma of abuse.

Strengthen links between the LSCB and VAWG Partnership and joint processes

We have developed a shared response with the Local Safeguarding Children’s Board (LSCB), Early Help Board and the VAWG Partnership by agreeing a dataset and reporting channels to improve monitoring. The VAWG operational lead attends the LSCB (including the Quality Assurance and Learning and development sub groups. The Children and health coordinator attends the Early Help partnership.

Additionally, the first deep dive review of VAWG partnership on perpetrators was completed in Q2 and the report shared with all OGs and the LSCB. This formed the basis of the current perpetrator pilot, including the DVIP young person’s worker.

The LSCB completed an audit on risk assessment tools used within children’s social care in partnership with the CHOG and this was shared with the VAWG partnership and the LSCB.

CYP as a priority within all operational groups

This is an integrated part of the HP, MSE, SSG and R&R Groups. The HOG will prioritise this in year 2.

6. Perpetrators

Collocation and influence on mainstream service response to perpetrators

Following the perpetrator review in Q2 of 2015, the VAWG Partnership via specialist service and collocation has increased opportunities to engage with, challenge and give perpetrators opportunity to change whilst holding them accountable for their behaviour. There have been a number of specialist interventions including the DVIP MOPAC pilot with collocation in FCS, YOS and Police, which was implemented in Oct 2015, the FoP funded collocated work in FCS in LBHF, Collocated work in WCC FCS and the work of Al-Aman in RBKC with Arabic speaking perpetrators.

The training ‘Engaging with perpetrators’ is promoted across the three boroughs to better equip front line staff with the skills to respond appropriately to perpetrators

Holding perpetrators accountable through the criminal justice system

Outcome	RBKC	LBHF	WCC
Recorded domestic abuse incident rate per 1k population¹	13	18	13
Number of reported incidents of DA	2023	3298	3039
Number of offences	994	1614	1462

¹ For reference, the highest incident per 1k population was Barking and Dagenham with 28 and the lowest was 11 in Richmond.

Number proceeded against	351	441	540
Charges	215	282	314
Cautions	134	147	219
Convictions	115	177	Unknown
Number of reported sexual offences	300	403	817
Number proceeded against	38	60	50
Number charged	33	53	Unknown

On average, 22% of victims across the three boroughs in any given month of the year are repeat victims of abuse. This is slightly lower in Westminster (14.5%).

7. Justice and Protection

Specialist Domestic Abuse Courts

The work of the independent court coordinators at Standing Together, alongside the range of partners involved in the court process, supports the process of seeking justice, which is victim-centred to empower victim-survivors and improve their experience of the criminal justice system.

Fig 4: Performance of the Specialist Courts

Indicator 1: 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)	Indicator 2: Percentage of defendants convicted the Domestic Violence Courts in Hammersmith and Westminster	Indicator 3: Percentage of defendants who make early guilty pleas at the Domestic Violence Courts in Hammersmith and Westminster
Achieved 2015/16 Westminster 81% Hammersmith 65%	Baseline 2014/15 Westminster 63% Hammersmith 59% Achieved 2015/16 Westminster 73% Hammersmith 70%	Baseline 2014/15 Westminster 35% Hammersmith 42% Achieved 2015/16 Westminster 45% Hammersmith 35%

Police Training

LBHF police receive regular enhanced training through Impact team; All police have been trained on DVPO/Ns and coercive control this year. The police from each borough are consistently represented on R&R group. Rape Crisis service sits on Rape Reference Group, MARIIG and Rape Scrutiny Panel and ISVA's regularly contribute to awareness raising and training of frontline officers. Police trained on MSE in all three boroughs and have SPOCs in each borough.

Best Practice: Impact Project

The Impact team works with the police and CPS in H&F to drive cases on to a successful conclusion after charge. Police continue to be measured on their sanctioned detections (SD's) and the CPS is measured on its' conviction rate. These are both rather crude measurements and do not reflect the reality of a victims' journey as to whether they feel safer and are at reduced risk. Nevertheless, one of our key deliverables is to hold perpetrators to account and that can be measured to some extent by looking at SD's and the conviction rate as well as the court handing down adequate and well-considered sentences.

The Impact Project has therefore has worked with the officers to try to drive the cases on, beyond charge, to early guilty pleas or conviction after trial. We were advised that the conviction rate at the end of Q4, according to the CPS data, had risen from 70% at the end of Q3 to 87.5% in Q4, well above the baseline of 59%.

The bespoke file build requirements continue to be an enormous benefit at first hearings, as cases are fully prepared and oral applications can therefore be made early on in the process.

BREACH OF BAIL CASES

Last year, the Impact team became aware through the SDAC co-ordinator and the police liaison officers at Hammersmith Magistrates court that, cases where a defendant had breached bail (domestic abuse and all other types of cases), were routinely failing. This undermines the victim's confidence in the system, increases their fear of harm, increases risk as the perpetrator understands that there will be no consequences, resulting in perpetrators not being held to account.

The Impact manager set up a working party the Met made central changes to their digital system and trained the response officers.

Further monitoring was carried out in February 2016. This time there were 8 breach of bail cases and a **100% success** rate. All breach of bail cases were properly processed and prosecuted.

EUROPEAN PROTECTION ORDER

On 4th February 2016, H&F borough obtained a European Protection Order (EPO) at the Specialist Domestic Abuse Court in one of Hammersmith & Fulham's DA cases. **This was the first one to be granted in England and Wales.**

3. Gaps and Areas of Concern (**AMBER** and **RED**)

1. Access

Resources, Capacity and the future of funding

Due to a significant increase in the number of referrals to the Angelou Partnership, services continue to be stretched as demand exceeds capacity in some areas. Frontline services are working with partners to achieve best value but more investment is needed to ensure that sufficient services are available with flexible access pathways ways to survivors with a range of needs.

The tri-borough contract monitoring group has begun a systems review with partners to determine the impact on delivery alongside, consider the dis-proportionality of service use between boroughs and identify improvements.

As the funding for the bulk of the current VAWG services contracts will finish at the end of March 2017, the tri-borough Community Safety Commissioning Group have commenced the process of sustainability planning and will be mapping VAWG funding and contracts across the Tri-B area. The Shared VAWG strategic Lead alongside, statutory and voluntary partners will be mapping wider pan London funding/ services to better understand the landscape of provision.

2. Response

Resources, Capacity and the future of funding

As stated above, issues with capacity and resourcing impact the overall response delivered in the tri-borough. For example, IDVA capacity is less than what is recommended to support the number of high risk cases being identified/going to MARAC. Additionally, there are not enough caseworkers to support standard and medium risk DV cases for longer periods of time in all cases.

Although the Modern Slavery and Exploitation group has increased the multi-agency coordinated community response to trafficking to focus on multiple forms of exploitation, including the experience of male victims, more work needs to be done develop this area, which is not funded by councils. Additionally work between the MSE and the Sex Workers Task Group in WCC needs to be strengthened.

The Harmful Practices Pilot and the FGM project are not funded past March 2017 and one of the main focuses of year 2 of the Harmful Practices Operational Group will need to be evaluation and sustainability of the work.

MARAC

Issues have been identified with representation at the MARAC from education (in LBHF and RBKC), CRC probation (all three), ASB (LBHF) and adult social care (WCC). RBKC and WCC MARACs will need to work on increasing their volume of case referrals as they are under national suggested guidelines; BME referrals are lower than recommended across all three MARACs.

CCG engagement, funding and support for VAWG work

The **RED** area of this priority is that the Partnership has been unable to engage the CCGs to take the IRIS model forward.

3. Community

Community Engagement

In order to create local safe spaces for women within local businesses, a local steering group of VAWG leads has been involved in the development stages of the *Ask Me* campaign with Women's Aid. This work has only been under development, but the delivery phase does not begin until summer 2016.

Maximising influence of community leaders

Highlighting the role of local councillors, community Leaders and community champions to tackle VAWG and promote VAWG provision has not been a primary focus in 2015-16. VAWG/CSP leads work with lead members and councillors, but this has not been integrated as a priority across the operational groups.

4. Practitioners

Training

Training levels will need to be maintained in the next two years of the strategy, and in some areas, social care and education, there is a gap in training, including not leading to the development of a network of professionals similar to the DALs at ChelWest Hospital. Data on how many people have been trained and feedback from attending practitioners is not regularly fed back to the operational groups or the strategic board.

5. Children and Young People

Whole School Approach

While the VAWG Partnership has developed links with the Healthy Schools Partnership and some schools and topics are covered such as trafficking via the training, workshop and education support package offered by Just Enough UK, healthy relationships via Angelou's young women's workers, FGM via the HP male worker training for boys and Standing Tall in some Westminster schools, the VAWG Partnership has not yet developed a systematic, Whole Schools approach due to individual schools not buying in.

Whole Family Approach

Similarly, there is some work being done to promote a 'whole family' approach by supporting children and their non-abusive parent/guardian whilst identifying and working with perpetrators to be accountable for their behaviour. However, this approach is not consistent across the three boroughs due to differences in implementation and resources. Focus on Practice is helping to address this but the audit showed there is still work to be done to ensure a parity of response.

Networks of professionals:

Operational groups such as the HOG, CHOG, HP and MSE groups have worked to create a wider network of lead professionals across agencies (including universal services, early intervention through to social care) with a shared understanding of risk and VAWG to increase workforce confidence and identification via the operational groups themselves and also via training offered. Effectively, all of the operational groups are networks of lead

professionals in their areas; However, representation remains patchy on most operational groups. Both Imperial Hospitals trust and the Chelsea & Westminster Trust have developed internal DA leads that support practice and learning.

Focus on Practice

The VAWG Partnership has been working with Focus on Practice (FoP) leads to develop a systemic approach to working with families, which involves taking a family approach to VAWG and intervening with all adults involved. To this end, a specialist Domestic Abuse and Focus on Practice Working Group including all three FoP leads has been set up to promote and support best practice. This work is in its initial stages.

CYP 2015 Consultation and Strategy

The strategy went through significant consultation in 2015 and the dissemination strategy is in the process of being planned in partnership with the VAWG Communications Group. The resulting action plan has been disseminated and has been considered by a number of operational groups, who will complete the actions in 2016-17.

Parenting Programmes

This area has been identified by the CHOG as **RED**.

The CHOG is aware that Parenting ability and support required due to experience of DA must be sensitively handled. Programmes that support the non-abusing parent and challenge the abusive parent need to work with other services so that children's and non-abusive parents safety is paramount. The CHOG has not yet seen evidence of such a programme.

Specialist Support for Children affected by domestic abuse

This area has been identified by the CHOG as **RED**.

Specialist support for children remains a significant gap in all three boroughs. There is no specialist advocacy support for children and young people under 13 years old who have been affected by domestic abuse in the three boroughs. St Stephens Place and Talking without fear provide some therapeutic support in Hammersmith and Fulham and Westminster respectively.

6. Perpetrators

The MOPAC perpetrator pilot in FCS, YOS and Police was implemented in Oct 2015 as result of perpetrator review. The H&F pilot funded through focus on Practice also only started in October, so it is very early days for both. Both funding streams are short term and will disappear by end of March 2017. We will continue to monitor the change in practice that both pilots encourage with the statutory services.

7. Justice and Protection

Civil Justice

This is **RED**. Angelou services supporting women through the civil justice system Non Mols/Occ orders 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. However

with recent changes in the accessibility of Legal Aid we are aware that the Civil Justice System is not as easy to access as it has been previously. There is a risk that survivors are unable to afford to protect themselves with civil remedies such as Non-Molestation orders.

4. Service User and Survivor Feedback

Advance has employed an Evaluation and Engagement officer (E&E Officer), who is funded by City Bridge. The purpose of this project is to listen to the voice of service users in order to develop and improve Advance 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 2015/16 the project engaged 23 participants in focus groups covering women's experiences of the Criminal Justice System, Social Services, and Mental Health Services; the E&E officer also facilitated 9 Service User Forums; and completed 69 one to one interviews within Q2 - Q4. 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.

The full report is in Appendix 1.

5. VAWG Partnership Forward Plan 2016/17

The VAWG Partnership's strategic objectives will remain the same in 2016/17. The following actions have been identified by during the VAWG Board's Annual Review and by the operational groups for 2016/17 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:

1. Access

- Specialist Services Group (SSG)/Angelou Partnership (AP):
 - Increase profile of sexual violence work within Angelou
 - Update and publicise directory
- Modern Slavery and Exploitation (MSE):
 - Refresh and reprint sexworker directory
 - Promote National Helpline via a local awareness raising push/campaign

- Ensure men are also identified and offered support, especially in street outreach work
- Increase pathways for Romanian and Chinese women to access sexual health services
- LBHF police to make more use of TriB directory
- Harmful Practices (HP)
 - FGM project still to be established in ChelWest hospital and issues of sustainability/funding to be resolved
- Community Safety Commissioning Group (CSCG):
 - The Shared VAWG strategic Lead alongside, statutory and voluntary partners will map local and wider pan London funding/ services to better understand the landscape of provision.
 - Contract monitoring group continue systems review to identify improvements across contracts.
 - Additional funding for longer term support for medium and standard risk DV needs to be sought

2. Response

- Improve representation on the VAWG Board to include GP lead and Head Teacher
- Integrate Adult Social Care of 'Making Safeguarding Personal' into work of VAWG Partnership
- CSCG as above
 - Continue to utilise cross sector recognised specialist quality standards and outcomes frameworks to ensure quality provision within commissioning processes including Women's Aid standards, Rape Crisis standards, Respect accreditation, Core, Imkaan standards and Safelives standards to quality assure commissioned services
 - Address CCG/IRIS funding issue
 - Promote joint commissioning and decision across all three boards.
- HP as above
- CHOG:
 - Expand routine enquiry in health visiting; Service spec for health visiting - need training package to increase confident and capacity in DV interventions
 - Support practice and district nurses to respond effectively to women who don't have children
 - CLCH DV protocol - audit whether they are following
- Risk and Review (R&R)/CSCG
 - Address issue of IDVA capacity in the tri-borough is less than what is recommended to support the number of high risk cases being identified/going to MARAC.
 - Issues with representation from education (in LBHF and RBKC), probation (all three), ASB (LBHF) and adult social care (WCC) will be addressed.
 - Address increase in BME referrals across all three MARACs
 - RBKC MARAC will undergo an independent review this year.

- There will be a review exercise across all three MARACs in Q1 to assess accuracy of repeat identification and ways in which organisations are flagging and tagging cases
- RBKC and WCC MARACs will need to work on increasing volume of cases as they are under national recommendation guidelines.
- MSE
 - Address fact that work not funded by councils
 - Address challenges: those who go into NRM and get repatriated into exploitative situation: need to improve responses to counter re-trafficking; Gap in longer term care and support (alternatives to NRM, after '46th day', integration, recovery support and housing).
 - The next four years for Rahab will focus on increasing provision by building our capacity and operational infrastructure to deliver more comprehensive support for women at different levels of exploitation, risk and vulnerability.
 - Rahab will develop specialist 1:1 support, working with expert partners to implement interventions and external referral pathways currently not in place, accountability structure for multi-agency context, accessibility and criteria. Implement Prostitution and Anti-trafficking MARAC.
 - Rahab's emphasis will be on developing interventions for psychological and physical wellbeing, efficacy, alternatives, support and relationships and integration into the wider community.
 - WCC: Link work of Sex Worker Group with MSE work via chairs of groups

3. Community

- Schedule of events for 2016/17 to be signed off at Communications Group meeting in early May. Already planned:
 - MSE community event 3 Oct
 - Launch of speak sense 27 April
 - 3 practice development workshops (18 April, 1 and 22 June)
 - Blooming strong event on 25 Nov
 - Work with White Ribbon Campaign to engage men
- *Ask me* campaign will be launched in June 2016 and will run for 24 months to train local businesses and groups in responding to domestic abuse
- Community Leaders work across operational groups
- Training for councillors on domestic abuse and other forms of VAWG

4. Practitioners

- Will hold conference in November and implement learning from 2015 event
- LSCB training programme to continue with DA and other VAWG courses
- HP training continues for its second year
- Series of practice development workshops to be delivered (three already planned)
- Angelou Partnership continue to deliver training and briefings about their services
- MARAC briefings and trainings will continue to be provided by STADV
- STADV will continue their programme of training
- Need to work with LSCB and SAEB to implement training on trafficking, stalking, harassment, coercive control

- Collocation continues to provide on site training for professionals.
- MSE: Focus on embedding training into LSCB and SAEB programmes; Focus on Health, Environmental health and licensing in 2016/17; Ongoing training for police
- Review for R&R group or board on how many professionals have been trained via the above described training system in 2015/16 and collect this data for 2016/17 along with feedback from participants.
- Ensure VAWG policies in place across Partnership and strengthen staff lead roles by embedding positions and ensuring messages are cascading down to staff; including incentivising staff such as with PBR model; ie public health incentive of 1% of contract value to assign VAWG champions/leads and have VAWG policies.
- Embed VAWG in all commissioning of services; Work with commissioning and legal leads in the trib council to develop reciprocal arrangements
- Councils need to lead by example and build a workforce that is responsive to VAWG - revisit and redesign councils' DV/VAWG policy and procedures; employee assistance programme - audit what they say and do re VAWG; train dignity and work advisors to support staff
- Push for champions at EMT level for one year and include this in their PMF
- Role of community champions - support cllrs to be advocates for residents (interest, understanding, advocacy, championing); Bring together TB CS Cabinet members to discuss priorities
- Strengthen role of community health champions

5. Children and Young People

- Speak sense campaign will be launched on 27 April and rolled out with website, workshops and materials to all three boroughs in 2016/17
- CYP version of strategy to be launched and circulated in April 2016; to be on Speaksense, Councils' and Angelou websites
- PEHP will train heads and safeguarding leads in HP/FGM
- Expand representation across all operational groups
- Specific work across the partnership need to embed this priority into each OG
- SCR/DHR report and action plan in RBKC will be considered in Q2; others as they are completed
- Link in with the development of CSA pathway (including CSE) being led by NHS Emma Harewood.
- Expand whole family approach
- Utilise FOP as opportunity to work together as a partnership approach; need for specialist interventions; use training as vehicle for pushing forward
- Develop a cohesive, transparent offer for children; Conduct joint exercise with LSCB to understand scale of issue to then develop joint commissioning strategy for children's direct services
- Whole school approach needs to be developed via a consistent strategic approach across the boards to agree what we want schools to promote for YP

6. Perpetrators

- Complete evaluation of all perpetrator work from 2015-17 and establish plan for further funding post March 2017

- Work with White Ribbon Campaign in 2016/17
- HOG: workshop organised by the HOG Coordinator when organising 'Perpetrator-focused' meeting in the future
- MSE: Joint activities with NGOs and police to continue; Enforcement and welfare operations to continue

7. **Justice and Protection**

- Next VAWG Partnership deep dive review will be in September on Sexual Violence
- Review exercise in police response and measuring outcomes will take place in Q1
- Police training to continue in 2016/17
- HOG happy to work with police on this further.
- Support and review of the civil justice process for survivors needed
- Maintain effective performance of Specialist DA courts.
- Disseminate Action for Change learning throughout partnership; ongoing sustainability of this work
- Collect service user feedback on civil courts
- R&R: map key issues in relation to civil courts with assistance from Angelou Partnership
- Strengthen overall response to include greater offer of step down and recovery support so that survivors aren't just surviving but thriving in the longer term

For more information on this report or the work of the VAWG Partnership, please contact Meghan Field, VAWG Strategic Lead: meghan.field@rbkc.gov.uk

Appendix 1 – Full report from Advance on Survivor Feedback

1. Specialist Services

One to One Feedback (Q2 – 4)

Barriers to accessing services:

- 50% of clients interviewed identified barriers/challenges to accessing support.
- The barriers/ challenges identified:
 - Not knowing where to go for help and/or what help would consist of.
 - Fear– this included fear of repercussions, fear of not being believed, and fear of services.
 - Not identifying the situation as domestic abuse.
 - Not knowing the law or services in the UK.
 - Difficulties with being passed between agencies due to fluctuating risk level.
 - Financial difficulties.
 - Housing difficulties.
 - Language barriers.
 - Feeling overwhelmed by the amount of services involved.

Service User Forum

The Advance Service User Forum meets monthly and is a means for service users to play a more active role in the running of Advance and access peer support.

Example topics covered in 2015/16:

- Consultation in regard to the Angelou promotional material.
- Consultation in regard to Advance’s referral routes and barriers to accessing services.
- Feedback on the VAWG Strategic minutes.
- *Survivor Takeover* of Advance’s social media accounts – forum members shared their advice for women who have experienced abuse and helped to raise awareness.
- An organised trip to the International Women’s Day demonstration in central London on 5th March 2016.

Survivor Representative

An Advance client has been nominated as the Survivor Representative at the Children and Health Operational Group (CHOG). The purpose of the post is to assist the CHOG in remaining survivor focused. The representative has thus far completed 4 trainings with Standing Together and the LSCB, and is due to attend her first CHOG meeting in June 2016.

2. Criminal Justice

Criminal Justice System One-to-One Interview Feedback (Q2-4)

Police:

- 19% of clients interviewed described their experiences of the police as *Very Positive*;
- 24% - *Positive*;
- 12% - *Neutral*;

- 22% – *Negative*;
- 13% - *Very Negative*;
- 10% of clients interviewed had no experience of the police.
- Example comments about the police:
 - *“Very helpful – two attending officers were absolutely amazing.”*
 - *“I didn’t expect them to do anything with it so now feel really confident that I can trust them.”*
 - *“Not particularly humanistic but they did the job, although it did take 6 weeks to find my ex-partner which was a very scary time.”*
 - *“I found speaking to the male officers [first response] difficult – I think they need more training and should be more sensitive.”*
 - *“I wasn’t informed that my ex-partner had been released after they decided not to charge him”.*
 - *“It’s so difficult to get someone charged - my ex-partner was manipulative of the system and therefore it was difficult to get sufficient evidence for harassment. It felt like I had to wait for my ex-partner to do something really bad - nothing is preventative, you have to let them [APTR] step over the line before the police will do anything – it’s a catch 22 situation and you feel like sitting ducks.”*

Court:

- 15% of clients interviewed described their experiences of the courts as *Very Positive*;
- 10% - *Positive*;
- 6 % *Neutral*;
- 7% - *Negative*;
- 3% - *Very Negative*.
- 59% of clients interviewed had no experience of the courts (compared to 10% of clients interviewed who had no experience of the police.)
 - Example comments about the courts:
 - *“There was so much support there that I didn’t expect. I felt really protected.”*
 - *“My experience was quite positive in terms of communication and the restraining order, but he did only receive a 4 week sentence [malicious communication]which didn’t feel like long enough considering the types of threats he was making to kill me especially as I was pregnant at the time.”*
 - *“My case wasn’t taken forward because I had retracted statements in the past, but I don’t think this should have been a reason as I was ready now to take it forward.”*
 - *“I felt there was poor communication.”*

Criminal Justice System (CJS) Focus Group - Key Themes:

1. Desired Outcomes:
 - a. The most desired outcome of going through the CJS for attendees was increased safety.
 - b. However, to varying degrees all of the following were important to participants - being believed; increased safety; a conviction; building or upholding trust in the system; feeling empowered and involved in the

process; support for the defendant to change and support for victim/survivor to re-build herself.

2. 'Professional Lottery'

- a. Throughout the focus group it became very apparent that the experiences of the CJS for each participant were heavily dependant on the individual professionals involved in their case, particularly in relation to the police.

3. Lasting First Impressions

- a. The varied experiences of professionals within a service, particularly first response police officers, left lasting impressions which continue to impact the safety of the women involved.

4. Evidence Gathering

- a. Four out of the five participants noted concern with the limited extent of evidence gathering for their case.

5. Breaches of Bail

- a. For those participants who had experienced breaches of bail there was a great deal of frustration and disappointment with how this was dealt with within the CJS.

6. Giving Evidence

- a. The group discussed at some length the distress caused when giving evidence during a criminal trial and were in agreement that they felt this area of the CJS is in desperate need of attention to minimise the re-traumatisation experienced by victim/survivor's of domestic abuse.
- b. There were a number of issues flagged in relation to the cross-examination of witnesses by the defence:
 - i. Comments: '*replacing a bully for a bully*', and '*almost as bad as what happened*'.
 - ii. Accusations made by defence were particularly difficult - typically falling into the stereotypical and sexist archetypes of the hysterical/mad, the sexually promiscuous, or the scorned woman.
- c. Lack of recognition of the impact of learning difficulties when giving evidence, particularly with the aggressive and repetitive nature of questioning from the defence.
- d. Participants noted how such short interactions with Crown Prosecution Service representative left them feeling insignificant and anxious.
- e. Concerns were raised over how representative magistrates were of the local community, and around the level of training they received about domestic abuse dynamics; and learning difficulties.

7. Outcomes:

- a. 4/5 participants felt believed;
- b. 2/5 participants felt safer (safety was the most desired outcome by the group).

- c. 2/5 participants felt the perpetrator was held to account.
- d. 4 participants noted the biggest challenge of the CJS as giving evidence.
- e. 3/5 stated that they would go through the process again if they had to; 2/5 said they couldn't go through it again.

3. MARAC

MARAC One-to-One Interview Feedback (Q4 only – question not asked prior to Q4):

- 40% of the clients interviewed in Q4 had been referred to MARAC.
- Of those referred to MARAC - 100% remember being made aware of MARAC.
- 33% described their experiences of the MARAC as *Very Positive*;
- 33% – *Positive*;
- 33% – *Neutral*.
- Additional comments:
 - *“Positive impact – I felt like I needed that.”*
 - *“It helped with housing and immigration.”*
 - *“I was made aware of it but I think when my case was discussed they felt I had all the support I needed in place.”*
 - *“I knew the meeting was happening but I didn't hear feedback.”*

4. Social Services

Social Services One-to-One Interview Feedback (Q2-4):

- 17% of clients interviewed described their experiences of social services as *Very Positive*;
- 15% - *Positive*;
- 12% - *Neutral*;
- 6% - *Negative*;
- 12% - *Very Negative*;
- 38% of clients interviewed had no experience of social services.
- Additional comments:
 - *“Helpful and very approachable.”*
 - *“They were amazing – I have nothing bad to say about them – they educated me about domestic abuse and the impact on children.”*
 - *“Surprisingly they were very supportive.”*
 - *“I understand they are under pressure with resources but the delay in coming out to see my family did make things difficult for me and the children.”*
 - *“The majority of my experience was very negative as our first social worker was judgemental and did not look beyond process – they made recommendations which were unnecessary for my family. But my new social worker has been a positive experience.”*
 - *“Very unsupportive – they didn't listen to me and I felt they had already made their decision. I felt they supported my child's father [perpetrator] more than me.”*

- *“They didn’t seem to take the risk seriously – didn’t understand the impact of that kind of control.”*
- *“They don’t keep you in the loop.”*

Social Services Focus Group – Key Themes:

1. Professional Lottery - Domestic Violence Awareness:
 - a. Participants had very varied experiences - largely based around the competencies of the social workers involved in regard to domestic abuse awareness.
 - b. Poor domestic abuse awareness on behalf of professionals fed into a destructive victim blaming culture, and had a significant impact on wellbeing of survivors.
 - c. Concerns raised around the advice given based on poor domestic abuse awareness - for example, dangerous advice given around child contact. Similarly a concern raised around reports written for the family courts which suggested poor domestic abuse awareness.

2. Risk Assessment:
 - a. The voice of the family:
 - i. Concerns raised that the voice of the non-abusive parent and children were not being heard when assessing risk.
 - ii. Concerns raised about the use of ‘charm’ by perpetrators with Social Services; or the absence of the perpetrator within the assessment.
 - b. Overreliance on police evidence:
 - i. Concerns raised that Social Services were over reliant on police evidence to support the existence and level of risk of abuse, and the need to note how difficult/ impossible it is for some women to report to the police.

3. Early Help:
 - a. Four of the seven focus group participants approached Social Services independently and did not feel the needs of their family were met at this stage, and noted an escalation in risk – highlighting missed opportunities for early intervention.

4. Communication:
 - a. Language – Clear and Supportive
 - i. Participants noted the importance of language which was non-threatening, empowering, and supportive.
 - b. Documentation – Transparent and Accurate:
 - i. Concerns were raised by three focus group participants that they did not feel that the paperwork relating to their cases was accurate, or that they were kept sufficiently in the loop.
 - c. Coordinated Response:
 - i. Five of the seven focus group participants raised concerns around a lack of coordination within Social Services, and with other professionals. These comments generally related to poor

communication between professionals; failures to link up referrals e.g. Merlin and MARAC; and changing goal posts.

- d. Child in Need Meetings and Child Protection Conferences:
 - i. Participants noted how difficult these meetings were, and how 'out numbered' they felt.
 - ii. Participants were complimentary of the independent nature of the chair, and their ability to coordinate the meeting and support.

5. Outcome and Impact:

- a. Safety and/or Quality of Life:
 - i. Participants commented on how safety often seemed to come at the cost of their and their children's quality of life:
 1. E.g. moving away from their communities and the subsequent isolation; the loss of pastimes and professions which were an important part of their sense of self; the financial cost e.g. family court process; and the sheer amount of time and stress caused by the upheavals often required to live a life from abuse.
 - ii. Thus highlighting the need for long-term support beyond securing safety to rebuild quality of life.
- b. Impact on Children and Their Relationship with the Non-Abusive Parent:
 - i. One participant explained how her relationship with her children has been severely damaged by witnessing the way in which her ex-partner treats her, and feels this was reinforced by the system when it was unable to hold the perpetrator accountable for the abuse.
- c. Fostering and Adoption:
 - i. Two participants have children who have either been fostered or adopted at least in part due to domestic abuse. These participants raised a number of issues for women in similar situations. E.g. issues with on-going contact; poor foster placements; and the emotional impact of losing your children into care.

5. Housing

Housing One-to-One Interview Feedback (Q2-4):

- 9% if clients interviewed described their experiences with housing as *Very Positive*;
- 10% - *Positive*;
- 13% - *Neutral*;
- 16% - *Negative*;
- 16%–*Very Negative*;
- 36% of clients interviewed had no experience with housing.
- Additional comments:
 - *"They have actually been great – they've agreed to let me stay at my parents before housing me permanently as opposed to making me go into temporary accommodation, as I wouldn't have been able to handle that in regard to childcare and my anxiety."*

- *“Kensington [RBKC] council showed understanding and processed application quickly. However, trying to get a refuge space is ridiculous – felt I had really no choice but to stay.”*
- *“They wanted to help me but they couldn’t really provide me with what I needed.”*
- *“It was difficult as my children have autism so a move is big deal – I just wanted more information about options but housing was very unhelpful.”*
- *“I am disabled and in a wheelchair, and housing have not been very helpful – they keep offering me places that are not suitable for someone in wheelchair.”*
- *“I was quite disappointed with housing - it took a long time to move us [victim/survivor and children], and it felt like something really bad had to happen before they would move us putting me and my children at risk. It does make you think what if someone ends up dead.”*
- *“They completely forget that you are human, and it’s very confusing when you are sent between departments always having to prove yourself and always being pushed aside.”*

* Housing Focus Group scheduled for Q1 2016/17.

6. Health

Health One-to-One Interview Feedback (Q3-4 only - only added health question from Q3):

General Practitioners (GPs):

- 28% of clients interviewed described their experiences with their GP as *Very Positive*;
- 14% - *Positive*;
- 17% - *Neutral*;
- 5% - *Negative*;
- 5% - *Very Negative*.
- 31% of clients interviewed stated that they had no interactions with their GP about the abuse they were experiencing.
- Additional Comments:
 - *“I went to my GP as I couldn’t sleep and was having difficulties with my emotions. My GP explored why this was and referred me to Advance which was great.”*
 - *“My GP found out through social services and he was really supportive.”*
 - *“I was in-between different areas – so didn’t really have one GP as focal point for support. “*
 - *“Looking back at all the years – I’m one of those people who keep things to themselves, but there were issues that weren’t being followed up which could have be linked to the abuse i.e. depression and blackouts.”*
 - *“I felt like I couldn’t talk to my GP – he is not very friendly. I have suffered from depression for 12 years and he has never asked why I am depressed.”*

Maternity

- 10% of clients interviewed described their experiences with their maternity department as *Very Positive*;

- 5% – *Positive*
- 2% – *Negative*.
- 83% of clients interviewed stated that they had no recent experience of a maternity department.
- Additional Comments:
 - *“My midwife was brilliant.”*
 - *“My midwife made sure to see me on my own, and I was given a safeguarding midwife.”*
 - *“I was meant to have 1-1 midwife much earlier on but I didn’t end up getting that until 7 months – I could have done with the help earlier.”* (Imperial)

Accident and Emergency (A&E)

- 9% of clients interviewed described their experiences with A&E as *Very Positive*;
- 12% - *Positive*;
- 2% - *Neutral*;
- 5%– *Negative*.
- 72% of client interviewed stated that they had no experience with A&E in relation to the abuse they were experiencing.
- Additional Comments:
 - *“The whole system was very quick and efficient – she [A&E IDVA] knew the urgency of the situation, and the psychiatric nurse was really helpful. They all really helped calm me down and I really needed people to help me clarify my thoughts.”*
 - *“My daughter attended A&E for panic attacks [linked to the abuse] and they ensured we were linked in with social services about what was happening”.*
 - *“I went to A&E with unrelated symptoms, but they explored what was happening and advised me to report to police.”*
 - *“When I was on the ward they waited for him [APTR] to leave and then brought an advocate to come and see me - I wasn’t ready to disclose what was happening then but I thought it was good that they did this.”*
 - *“I have attended A&E due to my depression but the reasons why were never explored.”*
 - *“They [A&E] didn’t really explore what had happened.”*

Mental Health

- 16% of clients interviewed described their experiences with Mental Health services as *Very Positive*;
- 9% - *Positive*;
- 5% - *Neutral*;
- 7% - *Negative*;
- 7 % - *Very Negative*.
- 56% clients interviewed stated that they had no experience with Mental Health services.
- Additional Comments:
 - *“My GP referred me to trauma therapy which I am finding really helpful.”*

- *“My son is getting support from CAMHs [Children and Adolescent Mental Health Services], and they’ve been unbelievable [positive].”*
- *“CBT [Cognitive Behaviour Therapy] has been fantastic.”*
- *“The perinatal mental health team at St Marys were really nice, they were the first people who affirmed that the abuse was not my fault.”*
- *“He [perpetrator] has schizoponia - I was not always kept in the loop with his care and he has in the past been allowed to come home without speaking with me, but most recently he was put into supported housing instead which I am pleased about.”*
- *“Maybe they need to be more kind - they go ‘yeah yeah’ but don’t really talk to you more about it.”*
- *“My son has mental health issues, and I don’t really find CAMHs supportive – I’m really suffering with my son.”*
- *“I’ve been with the mental health team for 7 years and not once have I been offered any support around the sexual abuse I have experienced.”*
- *“I was in hospital for a bit but they just listen and then write things down and send you off with medicine.”*

* Mental Health Focus Group took place in Q4 of 2015/16, however the report is not yet complete.

Appendix 2: Shared services VAWG Strategic Action Plan 2015-18

KEY: CHOG – Child & Health Operational Group, HOG Housing Operational group, SSG Specialist Services Group, HP Harmful practices, TB CSCG Tri Borough Community Safety Commissioning Group, R&R Risk & Review, MSE Modern Slavery & Exploitation, SAEB Safeguarding Adults Executive Board, LSCB Local Safeguarding Children’s Board, Q&A Quality & Assurance

Action	Strategic Action	Operational group with responsibility to deliver	Successes & challenges of note	RAG rating			Actions for 2016/17
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.							
1.1	VAWG Strategy Action: Improve awareness amongst victims/survivors about the range of services they can access and help them to navigate these services	CHOG	Information on services is regularly circulated around front line services, members of the CHOG. Breaking barriers and increasing access for protected groups forms part of all discussions on service development and improvement.				
		HOG	HOG members made aware of Angelou partnership through presentation and leafleting. Most members have their own DV Policies				

			with details of services available for survivors.				
		SSG	Angelou website up and running, postcards & publicity widely distributed 2074 views in first year 939 individual visitors. Referrals to ISVA services are increasing but largely from Police and not self-referral.				Increase profile of sexual violence work within Angelou
		HP	Educator Advocates are facilitating access to pan London network of voluntary agencies				
		MSE	ASC: modern slavery field now in database to use in reporting and monitoring cases; Can now collect data; Use Tri B directory to signpost to orgs that can assist. Rahab: All women get directory of services; proactive visits to identify potential victims Westminster sex worker booklet with information for sex workers on services for trafficked victims;				Key actions for year 2? Refresh and reprint sexworker directory Ensure men are also identified and offered support, especially in street outreach work Increase pathways for Romanian and Chinese women to access sexual health services

			<p>provided 120 women with information on helplines and a range of services they could access</p> <p>Westminster Street Outreach: included trafficking as part of the street outreach assessment and CHAIN database.</p> <p>AP/ISVAs: created leaflet to explain their role and have distributed it to police and survivors</p> <p>Bakhita House: has support plan that they review with service users every 2 weeks</p>				LBHF police to make more use of TriB directory
1.2	Map VAWG related funding sources in the three Boroughs alongside commissioning timescales in order to support more effective commissioning across the three boroughs	Tri-Borough Community Safety Commissioning Group	The group have commenced the process of sustainability planning and will be mapping VAWG funding and contracts across the Tri-B area.				The Shared VAWG strategic Lead alongside, statutory and voluntary partners will be mapping wider pan London funding/ services to better understand the landscape of provision.

1.3	VAWG Strat Action: Monitor performance of both specialist and mainstream services... including characteristics of those the service is working with.	Tri-Borough Community Safety Commissioning Group	Inter-Authority Agreement (IAA) signed off by respective Directors. Established TB VAWG Contract Monitoring Group (monthly for 6mths then x4 per year) chaired by the deputy authorised officers and Shared VAWG Strategic Lead on rotation. Services exceeded targets. Issues: unforeseen increase in the number of referrals which impacts on delivery. Dis-proportionality of service use between boroughs.				Contract monitoring group are undertaking a systems review to identify improvements.
1.4	VAWG Strat Action: Publicise specialist local, pan-London and national services, including national helplines.	SSG	Published on Angelou website Services page has 259 hits this year.				
		CHOG	Information regularly circulated around CHOG email list, at quarterly meetings and through the quarterly Newsletter.				
		HOG	Done through Angelou presentation and Service Standards and through members' own DV policies.				

		MSE	See 1.1 Just Enough UK :Promoting via local schools				MSE: Promote National Helpline when relaunched via a local awareness raising push/campaign.
1.5	VAWG Strat Action: “Increase access locations through outreach workers available at various settings”	SOG	Specialist staff accessible through: Imperial – Maternity, A&E & Sexual health Chel West – throughout trust H&F Social care CJS Children’s Centres H&F Housing ISVA’s via Police Mental health services across Tri B. Angelou staff accessible via community orgs (AWC & Al Hasinya Victim Support at RBKC Police Station Rape Crisis at community Settings				

		CHOG	<p>Co-location of domestic violence specialist workers in Children's Services departments:</p> <ul style="list-style-type: none"> - Domestic Violence specialist worker embedded within the Family Recovery Project in Westminster - 1.5 x IDVA (Advance) and 1x Perpetrator worker (DVIP) funded in H&F Child Protection and localities team until 2017 - 1 x DVIP Violence Prevention Worker in K&C collocated within Children Services 				
		HP	Specialist Young People's Advocate Workers within WAGN and Advance.				

			Educator Advocates now embedded within front-line services providing on the spot access to specialist help/				
1.6	VAWG Strat Action: Strengthen working relationships and improve referral pathways between providers by increasing publicity about services and train frontline statutory and voluntary sector (outside of VAWG sector) professionals delivered by VAWG sector specialists and survivors.	SSG HP	<p>Angelou partnership set up and taking referrals. Training provided to Health sector (Community & Acute) Mental health sector Housing sector MARAC training available via LSCB Drug and Alcohol support agencies Schools</p> <p>FGM work has created an effective referral pathway between midwifery and Children's services from St Mary's & Queen Charlotte's hospitals, benefiting children and adult survivors of FGM</p>				FGM project still to be established in ChelWest hospital and issues of sustainability still to be resolved

1.7	VAWG Strat Action: Ensure continued provision of women-only and BME women only spaces and face to face multi-lingual support. Offer access to LGBT-only space.	SSG	Support provided for BME women via AWC & Al-Hasinya and to LGBT clients via GALOP Al-Aman in RBKC supports Arabic speaking women and women whose partners are engaging with the DVPP Ascent Partnership delivers a variety of culturally specific, specialist support to women in the TriB	Green			
		HP	A series of community events have been held to enable BME women to discuss Harmful practices and other relevant issues such as serious youth violence				
1.8	VAWG Strat Action: Ensure that sufficient services are available with flexible access pathways ways to survivors with a range of needs.	SSG	Services continue to be stretched as demand exceeds capacity in some areas. Working with partners to achieve best value	Yellow			
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.

2.1	VAWG Strat Action: Promote coordinated, needs led (in addition to risk led) provision and service modelling in both specialist and mainstream services. This incorporates risk and safety as a primary need of women and children experiencing violence and abuse, but will also encompass longer-term holistic provision and other forms of support including but not limited to safe housing (including refuge, sanctuary and target hardening), advocacy around immigration issues, employment and benefit support, child custody, criminal cases, civil justice measures, support for historical	CHOG	One of the key objectives of the CHOG is to provide a forum to share best practice and to promote its integration in service development and planning. As a standing item on the agenda any issues and gaps in services are also discussed regularly at meetings.				
		HOG	This was done at the away day meeting of the HOG on 7 October 2015. In addition the sanctuary scheme operator presented to HOG members on 23 February 2016. Also HOG members reviewed their strategic plan in February and discussed way in which to improve omn their coordinated and needs led response. There has also been an IDVA attached to H&F housing and continuous professional development around VAWG and DV are discussed at every meeting.				

	<p>experiences of sexual violence, resettlement support, therapeutic services, group work and peer mentoring. This type of response will be joined-up, specialist and bespoke, supporting women who may face additional barriers to accessing services. Organisations will work together to provide seamless support for people experiencing VAWG.</p>	<p>S5G</p>	<p>* Coordinated MARACs * Specialist Domestic Abuse Courts available in each borough * Angelou provides specialist VAWG support:</p> <p>Total number of referrals to AP: 2602, of which it is 2173 new and repeat referrals. Total referrals by borough is: 1259 for LBHF, 507 for RBKC, and 836 for WCC. New and repeats by borough is: 1048 for LBHF, 425 for RBKC, and 700 for WCC. Domestic abuse was the type of support most accessed for most referrals (2172). Sexual violence 238, harmful and cultural practices 65, stalking and harassment 42, trafficking and prostitution 17, sexual exploitation 14, and child sexual exploitation 66. Most service users were aged 18-45 years, 64% ethnic minority. Most (948) wanted support with health and well being which was followed by housing and accommodation (696) , and the other numbers for types of support accessed were much less. There were 1551 children of survivors of a variety of ages; this also includes numbers of potential children (pregnant women).</p> <p>Outcome measurements for AP: 1) Percentage of women reporting increased safety</p>					
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			<p>and feelings of safety Baseline 2012/13 - 65% Achieved 2013/14 – 87% Achieved 2014/15 – 89% Achieved 2015/16 – 87%</p> <p>2) Women report a reduction in abuse due to support and advice received from Service Baseline 2012/13 -67% Achieved 2013/14 – 83% Achieved 2014/15 – 90% Achieved 2015/16 – 89%</p> <p>3) 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%</p> <p>4) Women and girls report their quality of life has improved. Baseline 2012/13 – 55% Achieved 2013/14 – Achieved 2014/15 – 78% Achieved 2015/16 – 81%</p>			<p>Sustainability of this provision is at risk</p> <p>MSE: Work not funded by councils Challenges: those who go into NRM and get repatriated into exploitative situation: need to improve responses to counter re-trafficking; Gap in longer term care and support (alternatives to NRM, after ‘46th day’, integration, recovery support and housing).</p> <p>The next four years for Rahab will focus on increasing provision by building our capacity and operational infrastructure to deliver more</p>
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			<p>Also: Rape Crisis Pan London DV Service via Victim Support Ascent Partnership Al-Aman</p> <p>FGM project has provided specialist therapy for adult survivors of FGM</p> <p>Breadth of voluntary sector services in place Rahab supported 150 women in 2015; Tamar 5, ISVAs 2; Bakhita House</p>				<p>comprehensive support for women at different levels of exploitation, risk and vulnerability.</p> <p>Rahab will: Develop specialist 1:1 support, working with expert partners to implement interventions and external referral pathways currently not in place, accountability structure for multi- agency context, accessibility and criteria. Implement Prostitution and Anti- trafficking MARAC.</p> <p>Rahab's emphasis will be on developing interventions for psychological and physical wellbeing, efficacy, alternatives, support and relationships and</p>
		HP					
		MSE					

							<p>integration into the wider community.</p> <p>Work with Sarah Green from Imperial to have greater focus on trafficking around her safe-guarding role; Workshop for midwives across the Imperial Trust Hospitals to ask them to women involved in prostitution and affected by trafficking delivered by Rahab and SC07</p>
2.2	<p>VAWG Strat Action: Identify and support high-risk domestic abuse cases and provide bespoke support for those most at risk</p>	SSG	<p>MARACs coordinated to high standards in each Borough & IDVA available to all MARAC cases.</p> <p>% high risk to AP?</p>				<p>IDVA capacity in the triB is less than what is recommended to support the number of high risk cases being identified/going to MARAC.</p>
		R&R	<p>H&F MARAC 272 cases K&C MARAC 185 cases WCC MARAC 306 cases</p> <p>R&R group acts as the Steering Group for the MARAC and regularly addresses any issues arising such as</p>				<p>Issues with representation from education (in LBHF and RBKC), probation (all three), ASB (LBHF) and adult social care (westminster) will be addressed.</p> <p>RBKC MARAC will undergo an independent review this</p>

			<p>representation, repeat rates etc.</p> <p>The MARACs have refreshed their MOISP this year.</p> <p>Westminster and LBHF MARACs have undergone independent assessments this year.</p> <p>There has been an increase in police referrals to all three MARACs this year and LBHF's MARAC referral volume (94%) is now within national guidelines (80-100%)</p>			<p>year.</p> <p>There will be a review exercise across all three MARACs in Q1 to assess accuracy of repeat identification and ways in which organisations are flagging and tagging cases.</p> <p>RBKC and WCC MARACs will need to work on increasing volume of cases as they are under national recommendation guidelines.</p> <p>BME referrals need to increase across all three MARACs.</p>
2.3	<p>VAWG Strat Action: 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.</p>	MSE	<p>Development, roll out and training in homelessness sector has resulted in improved identification and work with homelessness populations;</p> <p>Also women who may be subject to multiple forms of exploitation</p> <p>Proportion of forced labour and domestic servitude</p>			<p>RBKC: Develop community 'MARAC'</p> <p>WCC: Link work of Sex Worker Group with MSE work via chairs of groups</p>

			cases have expanded				
2.4	VAWG Strat Action: “Ensure that victims and survivors can influence service development by including survivors voices in all consultation”	CHOG	The CHOG membership includes a service user representative (also known as Community Representative). Finding from the Shared Services VAWG Young people’s consultation are being integrated in the action plan. Findings from Advance’s focus groups with survivors have been disseminated and presented at all CHOG meetings.				
		HOG	Survivor voices are collected as part of the sanctuary scheme 6 monthly reporting to funders. In addition, survivor experiences and views particularly on occasion where service delivery hasn’t been as to expected				

			standard are discussed with members were relevant and learning passed on to all members. Survivors are also represented by IDVA and Advance staff at the HOG.				
		SOG	Survivor consultation informs practice; Advance collects regular service user feedback from their engagement officer and it is distributed through the partnership.				
2.5	VAWG Strat Action: Utilise cross sector recognised specialist quality standards and outcomes frameworks to ensure quality provision within commissioning processes including Women's Aid standards, Rape Crisis standards, Respect accreditation, Core, Imkaan standards and Safelives standards to ensure a level of quality assurance.	Tri-Borough Community Safety Commissioning Group	This forms a systematic part our commissioning approach in this area.				These embedded processes are recognised as a model of good practice by various organisations including London Councils and Lloyds Bank.
2.6	Establish and manage the	HP	This is effectively managed				Project ends in

	MOPAC Harmful practices Pilot across the three boroughs from Jan 2015 – March 2016		by the local steering group which meets every 6 weeks				2016/17 Need to develop sustainability plan.
2.7	<p>VAWG Strat Action:</p> <p>Ensure the provision of proportional, specialist support and improved referral pathways for male and LGBT survivors and an improved response from specialist and mainstream services by:</p> <p>Increasing publicity for LGBT services in the three boroughs;</p> <p>Piloting a specific LGBT checklist which picks up on specific needs not identified by other risk assessment tools in our specialist services;</p> <p>Ensure swift & simple referral pathways for male survivors; and</p> <p>Identifying gaps in current services and working with specialist LGBT providers</p>	SSG	LGBT Support available via GALOP – Need to check referral numbers. Increase of LGB referrals via Sexual health clinics				
2.8	Work with Clinical Commissioning Groups to promote a consistent response in GP practices via the use of the IRIS model around domestic	CHOG	Unable to engage the CCGs to take the IRIS model forward.				

	violence and abuse.						
2.9	Integrate the response between the Safeguarding Adults executive Board, Local safeguarding Children's board and the VAWG partnership.	VAWG Strategic group SAEB LSCB R&R	First ever joint working protocol agreed between VAWG Board and LSCB/SAEB. CHOG and HP groups are jointly constituted groups. First joint SCR/DHR convened in 2015. A DA case audit was completed jointly between the LSCB and CHOG. Regular reports from chog and strategic board have been presented at LSCB.				Need more work around joint commissioning. Work and decision making could be more joined up across all three boards.
<p>Priority 3: Community</p> <p>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.</p>							
3.1	VAWG Strat action: "The VAWG partnership to develop three year communications plan- including locally designed public awareness campaigns"	VAWG Comms group All Groups	The HOG does this through its blooming strong campaign. Last year partners designed two public gardens with plants and furniture in memory of women who have suffered DV. The local community was heavily involved in this including schools. A 3 year strategy will need to be				Schedule of events for 2016/17 to be signed off at comms meeting in early may. Already planned: <ul style="list-style-type: none"> MSE community event 3 Oct Launch of speak sense 27 April 3 practice

			<p>developed and will be discussed at the next HOG meeting in May.</p> <p>We delivered the following events as part of the first year of the VAWG Partnership comms plan:</p> <ul style="list-style-type: none"> - 10 September: Film screening of 'The Mask You Live In' at the 2015 Portobello Film Festival. - 19 September: DCLG DV Roundtable hosted by Westminster City Council - 22 September: Shared Services ISS launch, 3-5pm, Yaa Centre - 19 November: VAWG-themed lunch and learn session for council staff in all three boroughs at Kensington Town Hall, 12pm-1.30 - 25 November: <i>Blooming Strong</i> community events - 27 November: #wearorangeandDV Advance led initiative to raise awareness of the UN global campaign - 30 November: Shared 				<p>development workshops (18 April, 1 and 22 June)</p> <ul style="list-style-type: none"> • White Ribbon Campaign joint relay event around Para-Olympics • Blooming strong event on 25 Nov
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			<p>Services VAWG Conference: <i>Delivering Innovation Together</i> at Hammersmith Town Hall, 9.30am-4pm</p> <ul style="list-style-type: none"> - 30 November: FGM Pilot Community Engagement Event at World's End Estate - 1 December: Orange your neighbourhood Advance and partners took part in the global UN challenge by tying orange ribbons with tags saying "1 in 4 experience domestic abuse" in public spaces. - 7 December: Balloon releasing for the one in four. - 28 January: 10.30am-2.30pm IKWRO held a community engagement event with Al-Aman - 1 February: FGM event hosted by MOPAC at QEII Centre highlighting tri-borough work on the FGM pilot - 1-7 February: Sexual 				
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			<p>Abuse/ Sexual Violence Awareness Week; Women and Girls Network & Solace led 'Day in the life of an ISVA'; Three councils raised awareness of #ITSNOTOK campaign</p> <ul style="list-style-type: none"> - 29 February Agenda delivered a 3 hour seminar entitled <i>Hidden Hurt: Violence, abuse and disadvantage in the lives of women.</i> -In Partnership with Westminster UNISON, the VAWG Partnership hosted a Feminist Film Month with three film screenings at the Curzon Cinema in Victoria. 7 March: <i>The Mask You Live in</i> 17 March: <i>Miss Representation</i> 24 March: <i>Suffragette</i> -8 March talk by Campaigner Miranda Hudson from Snehalaya UK about #HerVoice - 8 March Advance hosted a fundraising quiz night 				
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			- 29 March speaking event with Natalia Cohen from the Coxless Crew				
3.2	Create local safe spaces for women within local businesses	All operational groups	A local steering group of VAWG leads has been involved in the development stages of the Ask Me campaign with Women's Aid.				Ask me campaign (VAWG Comms group) will be launched in June 2016 and will run for 24 months.
3.3	Highlight the role of local councillors, community Leaders and community champions to tackle VAWG and promote VAWG provision	All Operational groups	VAWG/CSP leads work with lead members and councillors				<p>Wording for this action is ambiguous – need to reword and partnership needs to decide how to take this forward</p> <p>HOG will discuss how to do this in their next meeting in May.</p> <p>MSE: More work needed with community leaders around this issue</p>
<p>Priority 4: Practitioners</p> <p>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</p>							

innovation in service delivery within a multi-agency context.							
4.1	Hold an annual VAWG Strategic partnership conference and one professional-focussed activity in partnership with the Blooming Strong brand	Strategic Group	- 30 November: Shared Services VAWG Conference: <i>Delivering Innovation Together</i> at Hammersmith Town Hall, 9.30am-4pm Attended by 70 professionals from the triB highlight innovation across the VAWG strands				Will hold conference in November and implement learning from 2015 event
4.2	VAWG Strat action: "Improve VAWG training across the three boroughs to increase workforce confidence in identifying and responding to VAWG related issues"	All Operational Groups	<p>HOG: widen its training remit to include other forms of VAWG not just DV</p> <p>CHOG: Training is a standing item on the agenda and has been identified as a significant gap, especially with regards to social care and education.</p> <p>HP: Harmful practices pilot has provided for additional training available across the multi-agency partnership</p> <p>LSCB: Has offered consistent training on VAWG issues throughout its training programme</p> <p>SAEB: every safeguarding training offered includes points around domestic abuse</p>				<p>LSCB training programme to continue with DA and other VAWG courses</p> <p>HP training continues for its second year</p> <p>Series of practice development workshops to be delivered (three already planned)</p> <p>Angelou Partnership continue to deliver training and briefings about their services</p> <p>MARAC briefings and trainings will continue to be provided by STADV</p> <p>STADV will continue their programme of training</p>

			<p>R&R: MARAC trainings and briefings have continued to be delivered to high standard throughout the year; Police have received MET training on coercive control legislation and LBHF colleagues have received additional local training; Magistrates, IMPACT and Police have received body worn camera training</p> <p>MSE: Police trained in 3 boroughs by STT and SCO7 RAHAB and Mungo Broadway delivered workshops at VAWG conference Street outreach services trained ASC received training Multi agency refreshed workshop by STT delivered in Feb 2016</p> <p>Additionally, we have run a number of free workshops on legal issues,trafficking and complex needs which have been attended by members of the partnership.</p>			<p>Need to work with LSCB and SAEB to implement training on trafficking.</p> <p>Collocation continues to provide on site training for professionals.</p> <p>MSE: Focus on embedding training into LSCB and SAEB programmes; Focus on Health, Environmental health and licensing in 2016/17. Ongoing training for police</p>
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4.3	<p>VAWG Strat action: “The Operational groups within the VAWG Partnership will have training on their meeting agendas and as part of their action plans and will report biannually to the Strategic Board”</p>	All Operational groups	<p>HOG has traditionally done this throughout its meeting and despite reduction in funding we continue to find ways to ensure training is available to members.</p> <p>CHOG: Training is a standing item on the agenda and has been identified as a significant gap, especially with regards to social care and education.</p> <p>MSE: Part of action plan and on agenda of every meeting</p> <p>HP: Delivery of pilot training programme on agenda of every meeting</p> <p>R&R: MARAC trainings and briefings offered are on agenda of every agenda, alongside police training</p>				<p>Need to do a brief review for R&R group or board on how many professionals have been trained via the above described training system in 2015/16 and collect this data for 2016/17 along with feedback from participants.</p>
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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.

5.1	<p>VAWG Strat Action 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</p>	CHOG	<ul style="list-style-type: none"> - Standing Tall (Westminster) - "Healthy Schools Partnership" across the three boroughs. 				<p>Speak sense campaign will be launched on 27 april and rolled out with website, workshops and materials to all three boroughs in 2016/17</p>
		SSG	<p>Young women's workers to outreach to schools</p> <p>HP male worker has trained boys in schools</p>				<p>PEHP will train heads and safeguarding leads in HP/FGM</p>
		MSE	<p>Just Enough UK: 3,270 children have been taught about trafficking and modern slavery</p> <p>109 teachers have been present for workshops (workshops are an hour long for Years 5 & 6 to raise awareness of this issue, accompanied by a pack of 10 follow-up lesson plans which link to the National Curriculum, Every child receives a certificate with the 5 signs of slavery and the number for the Modern Slavery Helpline; encourage children to give individual feedback which we then collate and return to the school for use in their Ofsted portfolios.</p>				
5.2 (i)	<p>VAWG Strat Action: Promote a 'whole family'</p>	CHOG	Co-located workers in H&F (DVIP and Advance),				

	approach by supporting children and their non-abusive parent/guardian whilst identifying and working with perpetrators to be accountable for their behaviour:		Specialist consultant in Westminster (Family recovery) and Talking without Fear in Westminster, DVIP available across the three boroughs.				
		SOG	Co-located workers in H&F, Specialist consultant in Westminster (Family recovery) DVIP available across tri B. HRHB for families that meet the criteria.				
		HP	Educator advocates embedded in front-line services				
5.2 (ii)	VAWG Strat Action: "Strengthen pathways and knowledge-sharing between specialist VAWG services and children/family services to support high risk families in the short term but also provide longer term work to prevent future abuse and increase safety in families"	LSCB Q&A					
		CHOG	Co-located workers in H&F (DVIP and Advance), Specialist consultant in Westminster (Family recovery), DVIP available across the three boroughs. DVIP Young Persons Worker working with				

			young men displaying abusive behaviours.				
5.2 (iii)	VAWG Strategic Action Create a network of lead professionals across agencies (including universal services, early intervention through to social care) with a shared understanding of risk and VAWG to increase workforce confidence and identification	All Operational groups	<p>HOG has promoted the STADV professionals training as way of creating networks of lead professionals. Will look at how to focus on this more specifically to VAWG in the HOG in future.</p> <p>CHOG: We have developed a network of Domestic Abuse Leads (DALs) across ChelWest Trust and Imperial. We are in the process of training GP leads.</p> <p>HP: PEHP has trained X individuals in y1 to understand HP and duty to report</p> <p>MSE is this</p> <p>Effectively, all of the operational groups are</p>				Expand representation across all groups

			networks of lead professionals in their areas				
5.2 (iv)	VAWG Strategic Action 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.	CHOG	A specialist Domestic Abuse and Focus on Practice Working Group including all three FoP leads has been set up to promote and support best practice.				
5.2 (v)	VAWG Strategic Action 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.	Year two CHOG					
		LSCB/FCS/EH					
		SOG	Talking Without Fear in Westminster for children and mothers Healthy Relationships Healthy Babies				
5.2 (vi)	VAWG Strategic Action Implement co location of specialist VAWG services within family service	CHOG HP	CHOG: Co-located workers in H&F (DVIP and Advance), Specialist consultant in Westminster				

	settings		(Family recovery), DVIP available across the three boroughs. DVIP Violence Prevention Worker co-located in Children Services in K+C. HP: Educator advocates embedded in front-line services				
5.3	VAWG Strat Action: 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	CHOG	Specialist support for children remains a significant gap in all three boroughs. There is no specialist advocacy support for children and young people affected by domestic abuse in the three boroughs. St Stephens Place and Talking without fear provide some therapeutic support in Hammersmith and Fulham and Westminster respectively.				
		LSCB					
		SSG	Link in with the				

			development of CSA pathway (including CSE) being led by NHS Emma Harewood.				
		HOG	HOG have been highlighting the work of young people's services but will continue to work with housing professionals on identifying and addressing gaps.				
5.4 (i)	VAWG Strat Action: Develop a shared response with the Local Safeguarding Children's Board (LSCB), Early Help Board and the VAWG Partnership by: (i) The CHOG and LSCB agree a dataset and reporting channels to improve monitoring.	CHOG	Reporting channels have been agreed.				
		LSCB QA					
5.4 (ii)	VAWG Strat Action: Developing processes and conduct joint audits and reviews.	CHOG	LSCB audit on risk assessment tools used within children's social care.				Next Deep dive will be in September on Sexual Violence
		R&R	First deep dive review of VAWG partnership completed in Q2 and report shared with all OGs and LSCB				Review exercise in police response and measuring outcomes will take place in Q1

5.4 (iii)	VAWG Strat Action: Supporting and monitoring the implementation of the LSCB FGM and CSE strategies alongside the FGM pilot	HP	This is effectively monitored via the local steering group				Further work to be done to establish the project at ChelWest Hospital
5.4 (iv)	VAWG Strat Action: Making joint recommendations on the safe commissioning of specialist VAWG services for adults and children.	Tri-Borough Community Safety Commissioning Group	The VAWG / LSCB joint working protocol has established the processes which inform commissioning in this area.				
		HP	This is effectively monitored via the local steering group				
5.4 (v)	VAWG Strat Action: Other Operational groups within the VAWG partnership incorporating CYP as an annual priority	All Operational groups	HOG: No HP: Integrated part of Pilot MSE: Work of Just Enough UK (See 5.1) R&R: Yes, MARAC, CJS consideration of YP strategy and action plan implementation SSG: Yes				Big piece of work across the partnership needed

5.4 (vi)	VAWG Strat Action: Share learning between serious case reviews and domestic homicide reviews	R&R	Has not been one yet, but joint process ongoing in RBKC; R&R group is kept updated on status of all 6 DHRs				SCR/DHR report and action plan in RBKC will be considered in Q1; others as they are completed.
5.4 (vii)	VAWG Strat Action: Respond to findings from the 2015 Young people's Consultation and disseminating the young person's version of this strategy.	CHOG	Dissemination strategy is in the process of being planned in partnership with the VAWG Communications Group.				
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.							
6.1	VAWG Strat Action: 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.	SSG	DVIP MOPAC pilot in FCS, YOS and Police implemented in Oct 2015 as result of perpetrator review; FOP funded collocated work in FCS in LBHF; Collocated work in WCC FCS; Work of Al-Aman in RBKC with Arabic speaking perpetrators				Funding for all perpetrator services runs out by March 2017
		VAWG Comms group	Number of events held this year to raise awareness wider inequalities such as: Feminist Film Month Speaking events Portobello Film Festival				Work with White Ribbon Campaign in 2016/17

6.2	VAWG Strat Action: “Maximise opportunities to engage with, challenge and give perpetrators opportunity to change whilst holding them accountable for their behaviour”	All Operational groups	See 6.1 HOG members have expressed an interest in this area of work. CHOG: DVIP offer perpetrator programmes across the three boroughs. The training ‘Engaging with perpetrators’ is promoted across the three boroughs to better equip front line staff with the skills to respond appropriately to perpetrators. MSE: Require info from SC07 New joined up team in Westminster brough together in Q4					Need to commission evaluation of all perpetrator interventions in triB. HOG: workshop organised by the HOG Coordinator when organising ‘Perpetrator- focused’ meeting in the future MSE: Joint activities with NGOs and police to continue Enforcement and welfare operations to continue
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.								
7.1	VAWG Strat Action: Seek justice for victims	SSG	IDVAs/ISVA’s & V/S					

	<p>and develop services which are victim-centred to empower victim-survivors and improve their experience of the criminal justice system.</p>	<p>R&R</p>	<p>Specialist DA Court Coordination: Indicator 1: 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) Achieved 2015/16 Westminster 81% Hammersmith 65% Indicator 2: Percentage of defendants convicted the Domestic Violence Courts in Hammersmith and Westminster Baseline 2014/15 Westminster 63% Hammersmith 59% Achieved 2015/16 Westminster 73% Hammersmith 70% Indicator 3: Percentage of defendants who make early guilty pleas at the Domestic Violence Courts in Hammersmith and Westminster</p>					
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			<p>Baseline 2014/15 Westminster 35% Hammersmith 42% Achieved 2015/16 Westminster 45% Hammersmith 35%</p> <p>Impact project impact has been significant in LBHF, who has highest conviction rate in MET in March 2015.</p>				
7.3	VAWG Strat Action: 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	R&R	NO specific work completed				Work needed across partnership
		SSG	Angelou services supporting women through the civil justice system Non Mols/Occ orders				
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.	All Operational groups	<p>LBHF police receive regular enhanced training through Impact team; All police have been trained on DVPO/Ns and coercive control this year. Consistent representation on R&R group.</p> <p>SSG - Rape Crisis service sits on Rape Reference Group, MARIIG and Rape Scrutiny Panel and ISVA's</p>				<p>Training to continue in 2016/17</p> <p>HOG happy to work with police on this further.</p>

			<p>regularly contribute to awareness raising and training of frontline officers.</p> <p>Police trained on MSE in all three boroughs; have SPOCs in each borough</p>				
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