

Appendix 1: London Borough of Barnet Domestic Violence and Violence Against Women and Girls Action Plan (2013 – 2016) Health Actions only September 2014

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Strategic objective					
1. Partnership – Ensuring that the coordinated community response model to Domestic Violence and Violence Against Women and Girls (DV & VAWG) is developed and implemented locally					
	Activities to fulfil objective	Actions and Updates		RAG Rating	Comments
1.1.	Review and revise DV strategic framework and governance to reflect DV & VAWG changes.	<ul style="list-style-type: none"> Confirm the DV & VAWG governance arrangements Confirm arrangement with Safer Communities Partnership Board (SCPB) and Barnet Safeguarding Children's Board (BSCB) and Adults Board (BSAB) broaden membership (including Health and Well Being Board (HWBB) Secure strategic engagement with public health and Barnet Clinical Commissioning Group (CCG) CCG is supported to identify a DV & VAWG strategic lead 		Amber	
1.2.	Ensure DV & VAWG is included in reviews of JSNA, HWBB, and CYPP.	<ul style="list-style-type: none"> The borough has a comprehensive outline of DV & VAWG as a health and wellbeing priority DV & VAWG is included in strategic planning Understanding and acknowledgement that DV & VAWG is a health priority ML to send the JSNA document to the board members The JSNA should inform the board of the DV & VAWG priorities; to develop this strategy going forward. To align the work across the boards. The DV & VAWG Delivery Board will identify issues that arise out of the JSNA. To establish the commissioning intentions of the CCG and Public Health To get a copy of the HWBB Plan. To ensure that a report is presented to the HWBB that sets out opportunities for working together; in time for the report to inform the refresh of both the JSNA and HWB Strategy <p>Here is a link to the Health and Well-Being Strategy: http://www.barnet.gov.uk/downloads/download/1056/barnet_health_and_wellbeing_strategy</p>		Amber	

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		http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4		
1.3.	Review and audit all multi agency data for DV & VAWG;	<ul style="list-style-type: none"> • A local picture of DV & VAWG is established with all partners sharing data, including health partners. • The borough has a better understanding of DV & VAWG issues, such as knowing the level of sexual exploitation, FGM, forced marriage or trafficking in Barnet. To be informed by local and accurate data that the Partners supply regularly. To agree with partners data set priority areas; the outcomes and Key performance indicators for three years and embed in action planning. • Include police performance on DV and all aspects of VAWG to be available for the partnership to analyse • Improved understanding and knowledge of the issue of DV & VAWG locally • To conduct a multi-agency intelligence gathering and audit of the nature and prevalence of DV & VAWG in the borough 	RED	
1.5.	Produce and implement an employee DV policy for the local authority and partner agencies and commissioning bodies. Include DV in council HR policies. To ensure that there is staff training available every year and	<ul style="list-style-type: none"> • LBB and all partner agencies, including health, to explore the introduction of a DV policy for staff, or check by May 2014, if they have a policy in place. • LBB to Link with LADO procedures. • To arrange staff briefings, induction and awareness campaign for staff to know about and understand the policy • Feedback from staff affected and supported by the policy (including perpetrators) • Staff and managers supported and equipped in responding to DV concerns in the work place • For increased victim safety • Perpetrators within the workplace to be held accountable for their behaviour • Corporate response which highlights DV as an organisational priority • Improved productivity and reduced absenteeism as a result of DV 	RED	

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include information in staff induction packs.				
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Strategic objective

2. Prevention – changing attitudes and preventing violence, awareness raising campaigns, safeguarding and educating children and young people, early identification/training and training

	Activities to fulfil objective	Actions and Updates	RAG Rating	Comments
2.1	Plan, highlight and promote information about the multi agency DV & VAWG work (Communication)	<p><i>Year 2 (Safeguarding Month group and CCG and Public Health)</i></p> <ul style="list-style-type: none"> • Prioritise new elements of DV & VAWG e.g. young people, stalking, forced marriage. • Ensure DV & VAWG are incorporated in corporate information and publicity including website and the Community Engagement Plan. • Review information available for health • Deliver community engagement events: White Ribbon campaign; Safeguarding month, International Women's Day. • To deliver education campaigns, promote 'This is Abuse' website, to raise awareness borough wide and monitor progress. • Partners will tailor this through their own channels • Joint budgets to be agreed for campaigns with different agencies • Practitioners' referrals increase and an increase in reporting levels and residents know what help is available and feel confident to disclose/report, to increase awareness and community confidence. • Ensure community engagement work and hard to reach groups is captured. 	AMBER	

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		<ul style="list-style-type: none"> Feedback from service users on where they found out about the services. Barnet achieves white ribbon town status To contact Middlesex University re student experience for design. 		
2.3.	Work with the Family Nurse Partnership (FNP) pilot programme to ensure they are engaged through training on DV risk assessment, recording of domestic violence on case system and referral of appropriate cases to MARAC	<ul style="list-style-type: none"> To monitor the number of referrals made from: <ul style="list-style-type: none"> - Family Nurse partnership to DV services - Family Nurse Partnership to MARAC Completion of DV training and training evaluations. Number clients identified as experiencing DV through completion of CAADA DASH risk assessment tool. Young women who have experienced domestic violence who are pregnant/recently given birth are appropriately supported and risks managed. The MARAC Coordinator to deliver training to the FNP staff and work to increase referrals to the MARAC. To make contact with the Young Person's Outreach nurse at Barnet and Chase Farm Hospital 	RED	
2.4	Maternity Work with health services to scope what is in place, and gaps, for maternity services & midwives relating to DV	(Year 2) Barnet and Royal Free Hospital Trust, Barnet Children's Services, Designated Nurse, CLCH and the MARAC Coordinator <ul style="list-style-type: none"> To map provision and the gaps identified. To liaise with ante-natal and Midwives and to progress with all of the Safeguarding Leads at all of the hospitals and the IDVA at Royal Free Hospital The MARAC Coordinator can provide 'information briefing sessions and training' within a hospital setting. 	AMBER	
2.6	Men and boys Map how men and boys are affected by the same issues	<ul style="list-style-type: none"> Needs analysis established through the re tendering process Men and boys receive a safe and appropriate response from services working on DV & VAWG 	AMBER	

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	impacting upon DV & VAWG			
Year 2				
2.7.	Work with Public Health to raise awareness of, and develop appropriate response to the issue of DV and VAWG issues including, Female Genital Mutilation (FGM). Health to devise and implement a FGM Strategy sub group.	<ul style="list-style-type: none"> • To monitor the number of women supported around FGM concerns • To monitor and increase the number of Safeguarding referrals for advice on the issue of FGM • Women who have experience FGM to receive sensitive care from a knowledgeable workforce • Timely safeguarding advice and referrals made for girls who are identified as being at risk of FGM • Increased awareness and understanding of health implications of FGM and that it is a criminal offence • To map out and share information on referral pathways. • To establish a lead in health to lead on this action, either CLCH, CCG or Public Health? • To explore how to do prevention work. • To propose adding this to commissioning contracts • To contact all the ante natal clinics, hospitals and midwives, GP practices and schools in order to raise awareness. • Public Health to provide an update on their progress • Health to devise a FGM strategy as it is a public health issue. • To contact Comfort Momoh, specialist in FGM clinic at Guys Hospital. • To find out the level of awareness of teachers on this and if there are any working groups in health then invite representatives to this. • Police to explore why there have been no criminal convictions? • ML to coordinate a meeting with Health reps, to clarify if a health strategy is needed or not? 	RED	
2.8.	To address and consider all the equalities	<ul style="list-style-type: none"> • To do work with schools and young people. • To develop equalities data sets and guidance will be issued to the partners following this. 	RED	

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<p>aspects of supporting DV & VAWG, including;</p> <p>Work with lesbian, gay, bisexual and transgender and disability organisations to raise awareness of DV & VAWG and the local MARAC to help increase referrals from these groups and reporting from vulnerable groups</p> <p>Scope Forced Marriage, Trafficking and Prostitution as an issue locally with a focus on the children, young people and supporting people</p>	<ul style="list-style-type: none"> • To increase LGBT referrals into the MARAC • Increase in referrals to DV services for these victim/perpetrator groups • Increase the number of individuals, practitioners who are trained and briefed, with feedback from sessions <ul style="list-style-type: none"> • Identification of individuals at risk of forced marriage, trafficking and prostitution • Increase the number of referrals to specialist support services and MARAC on FM, trafficking and prostitution cases • Increase the number of staff trained on forced marriage and safeguarding responsibilities with feedback from sessions • Number of disclosures and referrals made concerning forced marriage and honour based violence, in increased referrals to specialist support services • To understand gaps and increased safety of victims identified in their groups through timely and effective support being provided. 		
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	Ensuring staff who work with people with learning disabilities understand the dynamic and risk factors of forced marriage	<ul style="list-style-type: none"> • Improved diversity of cases discussed at the MARAC • Early intervention for these particular victim groups • Effective and timely safeguarding action • Increased safety of persons at risk of forced marriage • Multi agency response to forced marriage in place • Skilled and competent workforce equipped at dealing with disclosures and concerns of forced marriage, an increased awareness of staff of these issues through training, so they can identify and can correctly respond to any concerns of forced marriage and “honour” based violence “on the very first occasion” 		
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Strategic objective 3. Provision – helping women and girls to continue with their lives (effective provision of services, specialist services and support; emergency and acute services; refuges and safe accommodation)					
	Activities to fulfil objective	Actions and Updates	Timescale for completion Resources required Measurement Expected outcomes	RAG Rating	Comments
3.4.	Independent Sexual violence advocacy service Map our proposal for an Independent Sexual Violence Advocacy Service		To scope this alongside the Rape Crisis service data and police data via the Sapphire Team. To develop evidence and see if can apply for MOPAC or health funding?	AMBER	

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	provision available in a community or health based setting			
3.6.	Mental health services (Adults both community and acute) and CAMHS - review and revise their service wide response to all aspects of DV & VAWG	<ul style="list-style-type: none"> To ensure that the Enquiry and risk assessments are conducted To increase the number of DV & VAWG safeguarding alerts/referrals made To monitor the number of staff trained DV & VAWG data is regularly collected and shared To develop an improved response to victims and perpetrators of DV & VAWG who are accessing mental health services To ensure that there is a skilled and competent workforce able to provide a safe, sensitive and appropriate response to victims and perpetrators Service Managers should be engaged in the coordinated response to DV & VAWG To increase the identification and referrals of victims and perpetrators to MARAC and other DV & VAWG services 	AMBER	
3.7.	Substance Misuse Services review and revise their service wide response to all aspects of DV & VAWG	<ul style="list-style-type: none"> All Service managers to be engaged in the coordinated response to DV & VAWG DV & VAWG policy and procedures to be reviewed and implemented Enquiry and risk assessments to be conducted To increase the number of DV & VAWG safeguarding alerts/referrals being made To increase the number of staff trained and develop a skilled and competent workforce able to provide a safe, sensitive and appropriate response to victims and perpetrators DV & VAWG data is regularly collected and shared To develop an improved response to victims of DV & VAWG who are accessing substance misuse services To screen clients and manage complex cases. Increase in identification and referrals of victims and perpetrators to MARAC and other DV & VAWG services 	AMBER	

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		<ul style="list-style-type: none"> The Commissioning team will look at commissioning DV and VAWG services as service variations can be shown on contracts. There is no specific policy at present. A scoping needs assessment is starting and the reviewer will meet with ML. ML to arrange a meeting with the providers and commissioners and mental health services Bridget will send a list of providers to ML and information material for the Police. 		
	Year 3			
3.8.	Maternity	<ul style="list-style-type: none"> Work with health services to scope what is in place, and gaps, for maternity services & midwives relating to DV To establish the right level of representation at the board and to take this forward. The health representative to contact the CCG. 	RED	

Strategic objective					
4. Protection – delivering an effective criminal justice system (investigation, prosecution, victim support and protection and perpetrator programmes)					
	Activities to fulfil objective	Actions and Updates	Timescale for completion Resources required Measurement Expected outcomes	RAG Rating	Comments
	Year 3				
4.6.	Borough action plan implemented to support women who wish to exit	<ul style="list-style-type: none"> A Plan to be agreed and implemented To ensure that Elected members are engaged To develop a Coordinated response to prostitution and Exit strategies to be put in place 		RED	

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	prostitution safely, locally	<ul style="list-style-type: none"> • Toolkit of responses to prostitution implemented • To monitor if there is a reduction in related ASB reports and concerns 		
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Meeting abbreviations:

SCPB - Safer Communities Partnership Board

HWBB - Health and Wellbeing Board

DV & VAWG DB – Domestic Violence and Violence against Women and Girls Delivery Board

DV & VAWGF - Domestic Violence and Violence against Women and Girls Forum

BSCB - Barnet Safeguarding Children's Board

BSAB - Barnet Safeguarding Adults Board

MARAC – Multi Agency Risk Assessment Conference

JSNA – Joint Strategic Needs Assessment (sets out health and social care needs of Barnet's residents)

CYPP – Children and Young People's Plan

CCG – Clinical Commissioning Group

CLCH – Central London Community Healthcare

CPS – Crown Prosecution Service

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CJS – Criminal Justice System

Training Programme to include:

- *Forced marriage as a criminal offence*
- *Forced marriage and learning disabilities*
- *Vulnerable adults and domestic violence*
- *Dynamics of domestic violence and best practice*
- *Risk assessment and safety planning*
- *Identification and enquiry*
- *Female Genital Mutilation identification, enquiry and safeguarding*
- *DV & VAWG concerns within child protection supervision)*
- *Stalking and harassment – best practice and legislation*
- *Risk factors and identification of sexual exploitation*

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Other Issues:

GPs to provide an uniform response to DV & VAWG across borough practices

Patients and staff receive consistent messages about DV & VAWG

Responsibility for challenging the social tolerance of DV & VAWG is mainstreamed into the service/organisation

Staff and patients know where they can access help and support

Creative opportunities are utilised to cascade information to victims about DV & VAWG services

Potential for early intervention and support through provision of information via health services improved

Women who have experience FGM receive sensitive care from a knowledgeable workforce

Improved maternal care for women who have experience FGM

Timely safeguarding advice and referrals made for girls who are identified as being at risk of FGM

Prevention of FGM

Increased awareness and understanding of health implications of FGM and that it is a criminal offence

Opportunities for FGM enquiry are utilised

Organisational/service response to DV & VAWG

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Patients and staff receive consistent messages about DV & VAWG

Responsibility for challenging the social tolerance of DV & VAWG is mainstreamed into the service/organisation