

London Borough of Barnet Domestic Violence and Violence Against Women and Girls Action Plan

(2013 – 2016) Progress Report for March 2015

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	Lead Officer's Names
1.1	Review and revise DV strategic framework and governance to reflect DV & VAWG changes.	<ul style="list-style-type: none"> Confirm DV & VAWG governance arrangements The DVOPS Board and the DVSB Board have merged into the; 'DV and VAWG Delivery Board'. A new Draft Terms of Reference have been produced and agreed. Confirm arrangement with Safer Communities Partnership Board (SCPB) and Barnet Safeguarding Children's Board (BSCB) and Adults Board (BSAB) KV presented a paper to the BSCB on 26.11.14, outlining the strategic alignment of these boards. A structure chart has been produced and key managers provide the links by sitting on the boards. Agreed more discussion needs to take place to ensure that the boards work alongside each other. broaden membership (including Health and Well Being Board (HWBB) A report outlining this was presented at the HWWB meeting on 18th September 2014. The recommendations were approved and the HWWB also wrote to NHS England requesting resources for the IRIS project (still awaiting response). An update report on the DV and VAWG work is going to be presented at the next HWWB on 12th March 2015. Secure strategic engagement with public health and Barnet Clinical Commissioning Group (CCG) To be discussed CCG is supported to identify a DV & VAWG strategic lead This is Heather Wilson CCG 		AMBER		
1.2	Ensure DV & VAWG is included in reviews of	<ul style="list-style-type: none"> The borough has a comprehensive outline of DV & VAWG as a health and wellbeing priority This still needs to be discussed with the various partners, to decide who leads on this 		AMBER		

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	<p>JSNA, HWWB, and CYPP.</p>	<ul style="list-style-type: none"> DV & VAWG is included in strategic planning This still needs to be discussed with the various partners, to decide who leads on this Understanding and acknowledgement that DV & VAWG is a health priority This work needs to be aligned as a priority as the new health commissioning contracts started in March 2014. ML to send the JSNA document to the board members ML sent the JSNA to the Delivery Board members. A meeting took place on 12th September 2014 to discuss this with LBB and Public Health partners. The JSNA is a rolling assessment and topics can be added alongside. Agreed to scope the addition of DV and VAWG if possible. 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. Still to do To establish the commissioning intentions of the CCG and Public Health The Royal Free Hospital have introduced DV health screening as a KPI. To discuss if this can happen in Barnet To get a copy of the HWWB Plan. <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> <p>http://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=7570&Ver=4</p>			
1.3	<p>Review and audit all multi agency data for DV & VAWG;</p>	<ul style="list-style-type: none"> A local picture of DV & VAWG is established 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. 	AMBER	<p>To consider other data as all victims do not report to the police. To include</p>	<p>Peter Clifton, LBB.</p>


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		<ul style="list-style-type: none"> • 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 <p>The Strategic Crime Needs Assessment (SCNA) has started. To map out DV hotspots and provide police evidence to DV. KV to discuss what relevant data can be used. Peter Clifton set up a Task and Finish Group meeting on 11th July 2014 to start benchmarking the data. This needs to be followed up with another meeting by PC.</p>		<p>partner agencies data.</p> <p>To organise a launch event</p>	
1.4	<p>Domestic Homicide Review processes and arrangements are effective and in line with the Home Office guidance</p> <p>Completion of action plans arising from Domestic Homicide Reviews and learning events.</p>	<ul style="list-style-type: none"> • To reduce the risk of DV homicides. <p>The domestic homicide review process works effectively and all the processes are in place. Local arrangements are in place for chairing and coordinating reviews. LBB has decided that the funding is decided individually based on the homicide review case and which agencies are involved. There are current issues around the completion of IMRs from GP practices and how this is funded; this is a gap at present that needs to be addressed. MOPAC have agreed that if a Community Safety Partnership (CSP) identifies that a domestic homicide has taken place, the lead can email VAWG@mopac.london.gov.uk to notify MOPAC and request up to £2,000 towards conducting the review.</p> <p>HW and ML will set up a meeting with Public Health to resolve this issue around GPs.</p> <p>Learning sessions or events are held when necessary, with reviewed action plan</p> <ul style="list-style-type: none"> • Findings are to be shared across the SCPB • The borough is able to learn the lessons of any review in order to deliver changes to improve services and the multi agency response to DV • Home Office have produced a 'lessons learned' paper. The DV & VAWG Strategy Board to consider this. To establish if there are national learning events taking place. ML sent this to all board members <p>The Current completed DHR is being monitored via this delivery board around its actions and a report went to the SCPB on 31st October 2014; KV to provide an</p>	GREEN	<p>There are issues of delays from the Home Office on the quality assurance feedback.</p> <p>Agreed that the Chair of the SCPB will write to the Home Office re these delays; to include which agencies agree to this.</p>	<p>Kiran Vagarwal and Manju Likhman, LBB</p>

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1.5	<p>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 include information in staff induction packs.</p>	<p>update. All the DHR processes are in place for Barnet and functioning well.</p> <ul style="list-style-type: none"> LBB and all partner agencies 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. http://www.barnetscb.org/lado  <p>LADO Info sheet personal life FV LS.doc</p> <ul style="list-style-type: none"> 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 <p>ML spoke to LBB HR and they advised that no separate policies can be introduced and a 'Keeping Safe' policy will be introduced; possibly reference to DV could be made within this? ML has tried to get an update from Capita, but has had no response.</p> <p>DV Policy in place for the Metropolitan Police Service, under the Directorate of Professional Standards. The Police are named and shamed if dismissed for being a DV perp. The London Fire Brigade, Solace Women's Aid and MT to share a copy of their Policy with CommUnity Barnet, who also have a DV Policy. The Substance Misuse Commissioning Team are looking at implementing one for staff. There are gaps with other partners including Health.</p> <p>Probation are going to check and feedback.</p> <p>To explore what the Voluntary sector have in place. CommUnity Barnet to do this. CB already did a mapping of DV in the Vol. Sector, to provide a copy of the results.</p>	<p style="text-align: center;">RED</p>	<p>Agreed that JP, as the Chair would send a letter to the health partners and Capita to explore their proposals to introduce a DV Policy.</p>	
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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>Year 2 (Safeguarding Month group and CCG and Public Health)</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. <p>Some events took place at Brent Cross shopping centre with JWA, DVIP and SWA for White Ribbon.</p> <p>ML is reviewing the Multi agency training programme for professionals and is hoping to commission in 2015/2016; Domestic violence level 1 and 2, to explore including sexual violence; the MARAC training.</p> <p>Forced Marriage and Honour Based violence training, level 1 and level 2.</p> <p>Promotion through International Women’s Day and White Ribbon events</p> <ul style="list-style-type: none"> • To deliver education campaigns, promote ‘This is Abuse’ website, to raise awareness borough wide and monitor progress. <p>There are talks to plan an event aimed at the public (women only) for international women’s day on 6th March 2015.</p> <ul style="list-style-type: none"> • Partners will tailor this through their own channels • Joint budgets to be agreed for campaigns with different agencies 	AMBER	

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		<ul style="list-style-type: none"> 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. 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. ML contacted Middlesex University and a range of applicants applied for this role. ML is preparing a shortlist was going to interview the interns in October 2014, but they cancelled this, to be arranged again. ML has contacted them and has no response at all. KV will propose to the SCPB that a small working group is set up to promote this in the community, alongside their community engagement plan. 		
2.2.	Secure DV expertise in MASH	<ul style="list-style-type: none"> To monitor the number of Police MERLNS where DV is identified and advice given/referral made Police MERLINS are counted in the overall referral source. EF does not know if they can be matched to the reason for referral, in this case DV, EF to check Effective safeguarding processes for children and young people affected by DV are operating within MASH so that interventions are timely and appropriate to manage risks The MASH operational process is a multi-agency safeguarding process, with partner agencies sharing information including information regarding DV to ensure thresholds are correctly applied and the appropriate service is triggered, e.g. DAT / Safer Families To track and audit the level of DV cases coming through to the MASH by April 2014. DV is being recorded as the main referral reason, or as one of the risk factors in the family during the MASH process. In cases passed to CSC the Factors tab is also updated by DAT at the end of their single assessment so if DV was not known at the referral stage and it is picked up during the assessment it will also be recorded. EF will ask if we can have a report on this. 	AMBER	

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		<ul style="list-style-type: none"> To monitor the number of cases with the MASH and MARAC MASH monitoring is as described above. MASH also record on a Contact for information only, if there are adults with children on the MARAC list. <p>Discussions have taken place around the MARAC and MASH process; this is in the protocol, but needs to be explored further. The MASH remains the single point of entry for all new referrals, including MARAC, MASE and MAPPA. The internal protocol below;</p>  <p>MARAC and MASH Protocol Information 2</p> <p>It had been agreed that Solace Women's Aid (DV Commissioned providers) would be co-located every three weeks on the morning of the MARAC meetings, within the MASH team, to advise on DV within the MASH. The SASS Barnet Service Coordinator was attending the MASH every three weeks; but have now decided that this is not the most efficient way, so this arrangement has now ceased.</p> <p>JM and JP are going to have a meeting in January 2015 to resolve this issue.</p>		
2.3.	<p>Work with the Family Nurse Partnership (FNP) programme to ensure they are engaged through training on DV risk assessment, recording of domestic violence on case system and referral of appropriate cases</p>	<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. <p>MYC did a briefing/training session for the FNP staff on 12th June 2014 at Edgware</p>	RED	<p>To capture data to seek out health and vulnerability needs. To see what the cohort is.</p>

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	to MARAC	<p>Hospital. ML to meet with the FNP and confirm the age group they work with? They work with all under 20 year olds.</p> <ul style="list-style-type: none"> To make contact with the Young Person’s Outreach nurse at Barnet and Chase Farm Hospital Alice Milman is now progressing this as the YPVA from SASS Barnet and provides us with all the agencies that she covers. Postcards have been produced for the young boys and girls to access the service too. FNP Barnet work with all first time pregnant young girls under 20 years of age, living in Barnet. They use the Power and Control materials to identify DV and other materials. All clients identified at risk or experiencing DV are referred where necessary to MASH/ MARAC and safer families. Identify clients with FGM and ensure appropriate support and signposting All staff undergoes level 3 safeguarding training annually and other relevant training, the supervisor is level 4 trained. Also all staff have weekly supervision with team supervisor and also quarterly supervision with named nurse. Need to consider how FNP share data with LA regarding DV as presently use Open Exeter database; however any referrals should be identified form referrer. <p>Mee Cheuk to update team in 2015- DT to forward dates of meetings</p> <p>Data from FNP= 33% of clients reported physical or sexual abuse in last 12 months (active clients = 91)- these clients will have been referred by Social care or FNP- where necessary</p> <p>In November 2013 the Sexual Health Nurse jointly delivered MARAC training session to 9 medical staff. In June and October 2014, 3 MARAC briefing sessions were delivered to 35 community Health practitioner’s including 19 Health Visitors. A meeting is rescheduled for 23rd January with FNP Leader to increase staff awareness around the MARAC. SM raised her concerns about those within a broader remit, i.e. may have a 2nd baby but be under 20 years. The Health visitors are strictly licensed to refer?</p>		
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		Do FNP look at CSE issues? On the initial assessment, on a new birth visit, what DV questions are being asked and explored, on subsequent visits as well?		
2.4	Maternity Work with health services to scope what is in place, and gaps, for maternity services & midwives relating to DV	<p>(Year 2) Barnet and Royal Free Hospital Trust, Barnet Children’s Services, Designated Nurse, CLCH and the MARAC Coordinator</p> <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 IDSVAs at Royal Free Hospital The MARAC Coordinator can provide ‘information briefing sessions and training’ within a hospital setting. <p>The MARAC Coordinator and the Domestic Violence Coordinator have delivered over 20 training sessions for midwives and GPs. ML and MT (SWA) met with the IDSVAs and the Safeguarding lead on 3rd September 2014 to discuss their services. There has been a 100% increase of DV referrals since the co-location of this role. (Data will be provided once received). To see if this model can be replicated in Barnet.</p>	AMBER	
2.5.	Training Programme (i) Children’s Service practitioners encouraged to attend DV & VAWG training with focus on new Home Office definition of DV including 16 – 17 year olds and extending definition to include coercive	<p>(Partnership contribution will need to be agreed)</p> <ul style="list-style-type: none"> Map out forums and communication opportunities for schools, youth services, and Children’s Social Care. Monitor the number of Children’s Service practitioners that attend DV & VAWG training To develop an Action plan established for engaging with children’s and youth services Investment/resources secured for school DV & VAWG prevention programme <p>Tender, a training organisation have delivered workshops to 4 secondary schools; Whitefield, Compton, Childs Hill and Woodhouse College; on healthy relationships and the</p>	AMBER	

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	<p>control and implications for practice Year 2 Training Programme (ii) Strategic Groups and partner agencies to jointly commission a comprehensive DV & VAWG training programme for the borough</p>	<div style="text-align: center;">  LC Consortium Letter for Primary Schools.pc </div> <p>violence prevention project.</p> <p>Face Front Theatre delivered a session to some students from Martin Primary, Manor side and Oak Lodge schools</p> <ul style="list-style-type: none"> • Proposal paper drafted and presented to relevant boards • Partnership agreement secured to jointly commission training programme • Training programme delivered <p>ML has commissioned the following providers to deliver workshops around healthy relationships in schools for 2014/2015/2016; Face Front Theatre to deliver two workshops on SexFM in schools Youth Shield to do four schools, which is Hendon, London Academy, Wren Academy, Totteridge Academy Tender to do one workshop Just Enough UK to do ten workshops on anti-slavery</p> <p>JWA also deliver on-going training in Barnet, which includes GPs.</p> <p>LBB have organised and commissioned Level 1 and 2 DV training for multi-agency staff</p> <ul style="list-style-type: none"> • Number of sessions and delivered and staff trained • Increase in referrals and reporting across the partnership • Children’s Social Care, school support staff and youth workers understand DV & VAWG as it relates to children and young people and clear of safeguarding responsibilities • Staff understand the dynamic of “dating” violence and know how to respond to concerns and disclosures • Improved understanding of domestic violence • Increased safety of people and young people experiencing DV • Increase in referrals from Children’s Service for children and young people 		
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		<p>affected by DV & VAWG</p> <ul style="list-style-type: none"> Develop specification for work with 16/17 year olds. <p>A presentation was organised and Information was delivered to the DV and VAWG Forum by AVA in 2013, on the 16 years old definition changes.</p> <ul style="list-style-type: none"> Timely safeguarding interventions Barnet has a skilled and knowledgeable workforce which is equipped to respond appropriately to DV & VAWG To contact national VAWG organisations such as Ascent, to explore if they can deliver training for multi-agency staff. <p>Ascent Project Partners attended LBB's DV & VAWG Forum in March 2014, to provide information to the members. The June meeting had an update from the Eaves project on Exiting Prostitution and Trafficking. The October meeting had an update on Forced Marriage and Honour Based violence. The January 2015 meeting had a presentation on Trafficking from the Central Govt. commissioned providers, the Salvation Army.</p> <ul style="list-style-type: none"> Tender to deliver a further programme to a primary school Agreed to set up a communications and training Task and Finish sub Group. Radlamah from Barnet Homes to Coordinate this. <p>Radlamah has advised that she is not in a position to coordinate this piece of work.</p> <p>ML met with the Safeguarding Adults and Childrens Board Learning and Development Sub Group on 11th September 2014 to discuss the new DV definition and training for staff.</p>		
2.6	<p>Men and boys Map how men and boys are affected by the same issues impacting upon DV & VAWG</p>	<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 <p>The DV Advocacy and Support Service provide services for men through a male IDVA service.</p>	AMBER	
Year 2				

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2.7.	<p>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.</p>	<ul style="list-style-type: none"> To monitor the number of women supported around FGM concerns Formal data collection on FGM procedures was not available until September 2014. All acute trusts are now reporting numbers to NHSE of women identified as having been subjected to FGM. 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 Barnet SCB has now agreed that women who have had FGM performed historically and who have female children to be referred to the MASH. Working group is currently being set up to take this forward. Timely safeguarding advice and referrals made for girls who are identified as being at risk of FGM Babies born to mothers with a history of FGM or at risk in BCH are sometimes referred to MASH and this is very inconsistent. <p>There is currently, inconsistent approach across Royal Free Hospital and the Barnet and Camden sites. Public Health are currently organising FGM training for multi agencies and the BCSB are monitoring this piece of work.</p> <p>At present girls considered to be at risk of FGM i.e. those that the mother states that she may consider FGM in the future or may be under pressure to have procedure on her child are referred to MASH.</p> <ul style="list-style-type: none"> Increased awareness and understanding of health implications of FGM and that it is a criminal offence Conversations currently take place are held with woman who has had FGM performed and she is made aware about the legal status of the procedure by health professional usually a midwife dealing with her care. To map out and share information on referral pathways. To establish a lead in health to lead on this action, CLCH, CCG or Public Health? To explore how to do prevention work. To propose adding this to commissioning contracts 	<p>AMBER</p>	
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		<p>Public Health's role will be of a facilitator capacity. Appropriate commissioners to take leadership of the agenda. Various options are being considered with public health colleagues to promote awareness of FGM in Barnet.</p> <ul style="list-style-type: none"> • To contact all the ante natal clinics, hospitals and midwives, GP practices and schools in order to raise awareness. <p>Issue of FGM is raised in GP safe guarding training and is discussed in CCG provider safeguarding meeting where provider updates are discussed. Further training to teachers, Mosque leaders etc. are also being explored.</p> <ul style="list-style-type: none"> • To contact Comfort Momoh, specialist in FGM clinic at Guys Hospital. • Police to explore why there have been no criminal convictions? FGM • ML to coordinate a meeting with Health reps, to clarify if a health strategy is needed or not? (Donna Thornley to provide contact details to ML) <p>This is Celia Jeffrey's at Barnet and Jude Bayly at Royal Free</p> <p>Data systems do not consistently record information on FGM to make the identification of girls at risk of FGM easier; nor is information on FGM shared formally and systematically between professionals and organisations best placed to protect at risk girls, when they are least able to ask for help.</p> <p>It is considered to be good practice to share information regarding mother's FGM status between health professionals. Work is currently being carried out at NHSE regarding recording of information on mother's FGM status on birth notification to GP and health visitor.</p> <p>CLCH are developing a website for school nursing which includes FGM, DV and supports staff and children to increase awareness</p> <p>It is being proposed that any new mother who has undergone FGM should receive a consultation with an appropriate health professional at hospital before discharge and their conversation gets noted in her GP records.</p> <p>To refer all new mothers who have undergone FGM to Multi Agency Safeguarding Hub (MASH) who is then supported by an outreach worker.</p>		
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		<p>The above two points has been proposed and is currently under discussion.</p> <p>NHS England are due to be publishing updated guidance on FGM which is due by end of December 2014, until then the advice from NHSE is to have local arrangements.</p> <p>SM advised that MASH referrals will be made on children. They are arranging a FGM conference, date TBC. Celia Jefferies is delivering training on referral pathways. There is a Task & Finish Group on the FGM Policy. To explore why there is a lack of police convictions.</p>		
2.8	<p>To address and consider all the equalities 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</p>	<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. • 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 <p>ML has met with; Stonewall, ELOP, Community Barnet, the Police Borough LGBT Liaison Officer, the LGBT centre in Enfield, GALOP and Broken Rainbow. This was to identify and work with this specific community. ML has been advised that there are no organised groups, centres, buildings, social spaces, pubs, clubs etc. in Barnet. Therefore, the community are difficult to identify and work with. I spoke to Pan London agencies to see if they had reports from anyone in Barnet and there are none. This action is difficult to progress and needs some discussion. Solace and Community Barnet are going to arrange an event. There was a health watch and LGBT meeting event organised for 19.2.2015 to discuss setting up a reference group to consult on all issues.</p> <p>Community Independent Living Manager about the MARAC and sent MARAC training information to CIL for circulation to their contacts for interest. Community Barnet was not able to provide a list of member agencies in the voluntary sector but they were happy to publish MARAC information about MARAC</p>	AMBER	<p>Monica Tuohy and Julie Pal to lead on the LGBT event.</p> <p>JP to provide a list of Disability groups and the Learning Disability Network to ML to contact. ML to visit BCIL with CC.</p>

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	groups	<p>briefing and training sessions available to agencies that are interested, in their newsletter. Information was sent to Community Barnet in January 2015.</p> <p>ML has set up a complex sub group to address the needs of mental health, substance misuse and DV. The issue of disability is also being discussed within this; as there are gaps in services for victims and perps.</p>		
2.9	Scope Forced Marriage, Trafficking and Prostitution as an issue locally with a focus on the children, young people and supporting people	<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. <p>ML met with Eaves to discuss if there were any cases reported to them as the specialists and there were none identified. This needs to be progressed. We invited Imkaan a specialist project in FM/HBV to address the DV and VAWG forum and they are going to be commissioned to deliver training on this topic.</p>	AMBER	<p>HW to provide info on Brothels and sexual health info to ML.</p> <p>Paula Light and Kiran Vagarwal to provide info on call outs to Trafficked women.</p>
2.10	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” 	AMBER	

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		ML met with Imkaan a specialist agency around this issue on 14th October 2014. Discussed Health and Social Care commissioners to address the gaps in these DV services. To see if this can be incorporated into the contracts. If so, decide how it can be monitored.		
2.11	Support the Domestic Violence & VAWG Forum to engage with under represented groups such as local faith communities	<ul style="list-style-type: none"> To organise a training session or organise an event To incorporate the Faith forum into the local response to DV & VAWG and deliver the AVA Project praying for peace toolkit (to check costs for toolkit). It is £10.00 Link with Faith & Culture sub group BSCB Engagement with faith forum and work on the toolkit agreed. <p>Discussed the difficulties of trying to engage them. NB is going to invite them to the FGM conference.</p>	RED	To present to the SCPB that this is a gap.

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
3.1.	Secure funding for Rape Crisis service for 2013/14 and re-tendering for 2014/15	<ul style="list-style-type: none"> Borough contribution 20K agreed for 2013/2014 and this has been paid. <p>No payment required from Boroughs in 2014/2015. The tendering has completed and been awarded to Solace Women's Aid for two years until 2016. (This is in conjunction with MOPAC and the MOJ; in consortium with 6 North London Boroughs)</p>		GREEN	

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3.2.	<p>Re-commissioning Review service provision and capacity for re-commissioning of borough's work on domestic violence and VAWG services within VAWG agreed priorities. Including a local community DV perpetrators programme</p> <p>Map proposal for an Independent Domestic and Sexual Violence Advocacy Service provision available in both a community and court based settings</p>	<ul style="list-style-type: none"> • To review the existing service provisions and agree to protect and secure the existing DV services • To carry out a Needs gaps analysis to help inform service commissioning process and review the need to expand services to incorporate all the VAWG areas when commissioning. • To increase the number of men who are referred and complete the perpetrator programme • To monitor the repeat victimisation rate • To develop services for victims of DV & VAWG so they are able to access specialist services for help and support when they need them • To explore funds through the Children's Service Domestic Violence commissioning budget plus additional contribution to be agreed from the partnership members? <p>There are 3 DV Services; Advocacy and Support, the refuges and the perpetrator service</p> <p>There are 3 commissioned IDVAS, one of them PT working alongside the Specialist DV Court (SDVC)</p> <p>It has been agreed to extend the current contract with Solace Women's Aid until 2016; when the contract will be re-commissioned.</p> <p>The only variation has been is that Jewish Women's Aid have given up their refuge space, but this has been taken over by Solace Women's Aid. JWA will have their own self-funded refuge space.</p> <p>A Service review is due to take place on all of the three services between October –March 2015.</p> <p>A gaps analysis will take place next year 2015.</p> <p>MOPAC are also commissioning a pan London DV service to make up the shortfall in IDVA posts in boroughs. More information will be available after April 2015, when the contract will be awarded.</p> <p>Barnet Homes alongside LBB and Solace completed a funding bid to DCLG for funds for an additional refuge. We bid for 6 spaces and will be notified by end of February 2015.</p>	GREEN	
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3.3.	<p>Review the CAADA MARAC quality assurance findings and audit the current workings and effectiveness of the MARAC and develop an Action Plan</p>	<ul style="list-style-type: none"> To develop regular MARAC training sessions and resources <p>There are free multi agency training sessions set for 2014/2015. The MC can also deliver external briefings or training sessions to any partner agency. There is a particular focus on health and youth at the moment; to encompass the change to include 16 year olds.</p> <ul style="list-style-type: none"> To increase in safety for high risk victims of DV The MARAC steering group to oversee delivery of the plan and ensure that the MARAC is operating to the required standards as set out by CAADA <p>CAADA carried out their review and a MARAC Action Plan is in place. This is currently being monitored and progressed to increase safety. MARAC members had agreed. CAADA's report on our Barnet MARAC self-assessment. The recommendations are included in the MARAC Action Plan (2015-16).</p>	AMBER	
3.4.	<p>Independent Sexual violence advocacy service Map our proposal for an Independent Sexual Violence Advocacy Service provision available in a community settings</p>	<p>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 funding?</p> <p>MOPAC are developing some funding bids, not sure if the posts can go towards an IDSV, yet, but TBC.</p>	AMBER	
3.5.	<p>Housing</p>	<p>Barnet Homes</p> <ul style="list-style-type: none"> Barnet Homes representative to be invited to DV & VAWG Forum. Input from the revised DV & VAWG Delivery Board and the DV & VAWG Forum has been completed. Work with Barnet homes on development of DV policy; revision of tenancy support and eviction action for perpetrators To develop feedback from service users/tenants 	AMBER	

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		<ul style="list-style-type: none"> • To ensure the staff workforce is trained and able to respond to concerns of domestic violence raised by tenants in a timely and appropriate manner <p>Staff across The Barnet Group have been consulted re. The refresh of The Barnet Group's DV Policy & Procedure.</p> <p>LBB Safeguarding events were well promoted to and attended by TBG staff, including regular blogs on the staff intranet about DV and learning from events.</p> <ul style="list-style-type: none"> • To monitor the range of actions and the number of evictions action taken against perpetrator • To increase the DV incidences reported • Perpetrators are held accountable for their behaviour through tenancy action • Improved understanding of the issue of domestic violence through the analysis of data that is collected from these services <ul style="list-style-type: none"> • Sanctuary officer in post. • To review housing services provisions and provide housing DV data. • Housing are going to provide additional actions to be included. • Review and revise the service wide response to all aspects of DV & VAWG <p>All the actions above have been completed apart from addressing the issues around actions towards perpetrators</p> <p>Housing's new objectives;</p> <ul style="list-style-type: none"> • Ensure staff are trained & equipped to respond effectively to customers affected by DV & VAWG • Complete DV & VAWG housing gap analysis and/or benchmarking exercise A good practice visit to Haringey Hearthstone (DV service for those in housing need) took place in November • New Code of Guidance for Domestic Abuse and Homelessness (issued by DCLG November 2014) reviewed • R. Canakiah recently attended a Women & Homelessness event where good practice was shared & potential new initiatives identified 		
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		<ul style="list-style-type: none"> • Staff have begun to use a pan-London 'Safe & Secure' reciprocal arrangement for DV survivors • Potential funding has been identified for other DV initiatives • Ensure the provision of Sanctuary effectively meets the needs of the Borough. Not started, (due February 2015) • Ensure DV & VAWG is covered within early intervention & prevention services • Funding has been cut for relevant initiatives so it is unlikely that there will be any further progress in this area • Review the need to reinstate a panel for complex cases e.g. single, non-priority customers • Improve awareness of DV & VAWG services • Increase referrals to DV & VAWG services, including MARAC <p>Not started, (due March 2015)</p> <ul style="list-style-type: none"> • Improve support provided to TBG employees affected by DV & VAWG <p>The Respect Toolkit for employers has been reviewed and its example DV policy for employees is currently being amended so that it can be utilised by Barnet Homes</p> <ul style="list-style-type: none"> • Review and refine DV & VAWG data capture, monitoring & utilisation, including user feedback • New Code of Guidance for Domestic Abuse and Homelessness reviewed & relevant recommendations considered • DV information has been refreshed on the LBB website • Need identified for a 'helpful no' leaflet through which DV advice information will be given to those that we do not assist further. • Changes needed to new housing system have been identified (including MARAC referrals, refuge placements, and DV & VAWG categories). <p>Barnet are currently consulting on their Housing Allocations Scheme. Consultation ends on Sept 30th 2014 and the committee is February 2015.</p>		
3.6.	Mental health services (Adults both community and	<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 	AMBER	There are gaps in these

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	<p>acute) and CAMHS - review and revise their service wide response to all aspects of DV & VAWG</p>	<ul style="list-style-type: none"> • 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 <p>CAMHS have reviewed their DV Policy. There is a mini action plan for the individual services.</p> <p>Staff have attended LBB DV Training and DV has been incorporated within the general assessment DV data is included in the risk assessment</p>		<p>actions, this needs to be progressed.</p>
<p>3.7.</p>	<p>Substance Misuse Services review and revise their service wide response to all aspects of DV & VAWG</p>	<ul style="list-style-type: none"> • All Service managers to be engaged in the coordinated response to DV & VAWG On-going discussion at Complex Sub-Group • DV & VAWG policy and procedures to be reviewed and implemented Via Contract Performance meeting. HAGA has a Domestic Violence Policy. • Enquiry and risk assessments to be conducted Included in Detox/Rehab. Assessment tool (CCA) & Common Assessment Tool • To increase the number of DV & VAWG safeguarding alerts/referrals being made On-going discussion at Complex Sub-Group. SMS currently refer DV/VAWG to Solace who undertake full assessment. • 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 perpetrator <p>Contract Variations 14/15 signed by SMS: all staff to undertake DV/VAWG training in line with L.A. Barnet guidance</p>	<p>AMBER</p>	

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		<p>SMS to submit confirmation of sign-up to Complex Sub-Group</p> <ul style="list-style-type: none"> DV & VAWG data is regularly collected and share <p>On-going discussion at Complex Sub-Group</p> <ul style="list-style-type: none"> 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 <p>SMS to submit confirmation of representation to Complex Sub-Group</p> <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. <p>The reviewer met with ML</p> <ul style="list-style-type: none"> ML to arrange a meeting with the providers and commissioners and mental health services <p>This happened on 3rd June 2014 ML attended Barnet SMS Provider Managers' meeting – 07/14. Complex Sub Group commenced and attended by SMS Providers/PH Commissioner</p> <ul style="list-style-type: none"> Bridget will send a list of providers to ML and information material for the Police. SMS Provider list forwarded to ML and incorporated into DV/VAWG circulation list. Barnet Service User Group (BSUG) booklet forwarded to Colindale Arrest & Referral Worker and Helen Williams – Met. 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 	RED	

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	<ul style="list-style-type: none"> To establish the right level of representation at the board and to take this forward. The health representative to contact the CCG. Celia to provide an update. To see if DV is disclosed and screened and explore if an IDSVA can be resourced and feedback on frontline services being trained. 	
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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
4.1.	Review and extend the MARAC's operation to include 16/17 year olds affected by DV in line with the new definition of DV	<ul style="list-style-type: none"> To increase the number of young people discussed at MARAC The MARAC Paperwork has been amended to include the age changes. All multi-agency staff to be trained on completion of CAADA DASH risk assessment tool MARAC Training dates have been set for 2014/2015, this is free to all agencies and individual agency's briefings can be arranged To increase the number of referrals from children services, health, youth services and other agencies to the MARAC and DV services The MC and the DVC have been doing regular briefing sessions to these targeted agencies to increase referrals. To improve the safeguarding arrangements and responses for young people affected by DV Four awareness raising sessions on young people violence and the support available were delivered 30 practitioners in Youth services. -an information Stall was held in Woodhouse College Lunch time event for students. 		AMBER	

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		The MARAC Co-ordinator and the YPVA are actively promoting briefings to agencies working with Young People and Education institutions. The MC has written to all schools and has invited them to be briefed around the MARAC and DV.		
4.2.	Specialist DV Court operating with IDVAS	<ul style="list-style-type: none"> To provide support at both bail/remand trials and court hearings for victims with London Borough of Brent and Harrow. To increase the safety of victims and witness of domestic violence who are accessing the criminal justice system. Data collection issues needs to be resolved by partners Barnet need to explore the funding of a FT court based IDVA for the SDVC. A part time IDVA post is currently allocated to the work of the SDVC for Barnet. The LB Brent and Harrow have commissioned a FT IDVA service each. Barnet met with Brent and Harrow to explore the funding of the additional post of a SDVC Coordinator Post - funding to be confirmed but approximately £40K. LBH do not have funds and LB Brent have re-commissioned their services have included this in there (possible outcome July 2014). The SDVC Court Protocol has been updated and signed by the CEO, Andrew Travers and is currently being implemented. This is due to be revised again in September 2014. This has been signed and completed. There is a SDVC Steering Group in place that ML attends for Barnet. The Steering group has discussed what they will and will not collect around data. ML has raised this but the group are not in agreement with her proposals. So may find it difficult to get. 	AMBER	
4.3.	Agree links to integrated offender management group and Multi Agency Public Protection Arrangements with the MARAC	<ul style="list-style-type: none"> To strengthen the local response to DV & VAWG in order to develop a 'top 10 victims and Offenders List' Operation Dauntless produces top offenders each month. This list is given to the MARAC coordinator who distributes to all agencies To establish an operational and strategic link To monitor the number of domestic violence perpetrators known to MARAC which are identified as gang nominal's and prolific offenders To monitor the Criminal justice sanctions for this cohort To monitor the Repeat victimisation rate for this cohort Timely information sharing enable the multi agency partnership to hold perpetrators accountable should be done 	GREEN	

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		<p>The Chair of MAPPA is the Vice-chair of the MARAC. Therefore all the DV cases are considered.</p> <p>A top 10 list of victims and perpetrators are compiled and shared at the MARAC</p> <p>Probation - The probation service is being part privatised, the public side (National Probation Service) will continue to have an active role in the local MARAC with David Williams SPO in the NPS taking the lead and chairing when required. The Probation Service is due to be privatised in March 2014 and this might impact on this arrangement.</p> <p>From, approximately, October 2014 offenders assessed as low and medium risk will be supervised by the Community Rehabilitation Company - they will still be required to be active in local partnerships to reduce re-offending and MARAC is a key example of this</p>		
4.4.	<p>Link MARAC to local strategic work on gangs and sexual exploitation</p>	<ul style="list-style-type: none"> • To develop the MARAC processes to work effectively with other safeguarding systems • Training on MARAC processes to be delivered to teams and services working on the issue of gangs and sexual exploitation • Seminar to be organised with relevant services and action plan produced to pull learning together of systems and linking responses • To improve multi-agency working arrangements • To develop effective and timely safeguarding interventions • Early intervention approaches should be supported • Combined expertise is mobilised to respond to these inter linked areas <p>There is a Gangs 'multi-agency' Strategic Group in Barnet. To explore work on; Peer on peer abuse, MASE, Serious cases, Girls and Gangs, Youth Violence. This will be linked to the work of the MARAC.</p> <p>Some Members of the MARAC are also members of the MASE.</p> <p>MsUnderstood are supporting this work for 7 North London Boroughs, including Barnet.</p> <p>MARAC and MASE are linked up with the YPVA attending MASE monthly meetings.</p>		

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4.5	Review borough DV & VAWG referral/care pathways linking to national work.	<ul style="list-style-type: none"> To develop DV & VAWG care pathways, to be reviewed and implemented Launch of pathways at local event and publicity of pathways Increase of referrals (particularly of under represented groups) Increase in reporting (particularly of under represented groups) <p>All DV Referral pathways are developed and put on LBB's website. Including national DV Agencies details. Additional VAWG information to be added to the website. Information about the commissioned rape and sexual violence is also provided.</p>	GREEN	
Year 3				
4.6.	Borough action plan implemented to support women who wish to exit prostitution safely, locally	<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 Toolkit of responses to prostitution implemented To monitor if there is a reduction in related ASB reports and concerns 	RED	
4.7	Clare's Law	<p>Police</p> <ul style="list-style-type: none"> The disclosure of information for women entering relationships, about potential new partners; if they are known to the police re DV offences. To help women who may be able to avoid getting into new DV relationships. <p>This is being piloted and will be rolled out nationally.</p> <p>This has been rolled out across the borough with presentation being sent to all police officers on Barnet borough and agencies attending MARAC and MASE. FNP use specific material to work with young mums on new relationships and risk to address.</p> <p>Police are already using Clare's Law as appropriate when it is established that victims discussed at the MARAC are at risk of further domestic abuse from perpetrators known for abuse against previous partners.</p> <p>Paula Light is exploring obtaining some data on this.</p>	RED	

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4.8	Police to decrease DV Attrition Rates and to scope Police Intelligence	<p>Police</p> <ul style="list-style-type: none"> To ensure that there is a quality assurance framework to include victim's perspectives. <p>Police to work alongside the CPS to reduce repeat victimisation and improve CJS responses and outcomes. Repeat victims are considered for referral to MARAC. CPS are made aware of the repeat incidents of Domestic Abuse for consideration as part of the case disposal decision.</p> <p>Barnet Borough Police are working with IDVAs (SOLACE) regarding gold service questionnaire.</p>	AMBER	
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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

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CLCH – Central London Community Healthcare

CPS – Crown Prosecution Service

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 a 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

Patients and staff receive consistent messages about DV & VAWG

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