



# Violence Against Women and Girls Strategic Partnership Annual Report 2017-18 and Action Plan 2018-19



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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<sup>1</sup>. 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 focused 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 2017-18.

### 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;

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<sup>111</sup> [www.lbhf.gov.uk/sites/default/files/section\\_attachments/vawg\\_strategy\\_2015-18\\_final.pdf](http://www.lbhf.gov.uk/sites/default/files/section_attachments/vawg_strategy_2015-18_final.pdf)

- 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. Achievements and Outcomes by Strategic Priority

### PRIORITY 1: ACCESS

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

	Action/Deliverable	Outcome
1.1	<p>Online directory of frontline services regularly updated (angelou.org);                      Angelou contact details regularly included in MARAC briefings, inductions and workshops to practitioners;                      Information about specialist services is disseminated among health and social care staff across the Shared Services Area                      Website has been updated</p>	<p>Greater awareness of what is available amongst residents and professionals;                      Improved access to specialist services; Increase in referrals to Angelou</p>
1.2	<p>Specialist workers continue to be co-located at various settings:</p> <ul style="list-style-type: none"> <li>- Victim Support IDVA based in Chelsea and Westminster Hospital</li> <li>- Ongoing co-location of Advance/DVIP in Children's services in LBHF</li> <li>- Impact project: co-location of Advance, Victim Support and STADV team in H&amp;F police</li> <li>- Advance IDVA based at LBHF housing</li> <li>- Advance DV worker based with RBKC Families Forwards team</li> <li>- The Advance Mental Health Independent Domestic Violence Advocate (IDVA) continued her co-location at St Charles hospital, she has moved from Shannon Ward (high intensity ward) to Danube Ward which is a triage ward. The Health referrals in Kensington and Chelsea borough increased by 134 % from 6 referrals in quarter one 2017/18 to 14 in quarter two 2017/18.</li> </ul>	<p>Increased workforce confidence in responding to VAWG and increase in referrals to Angelou</p>
1.3	<p>Specialist services working in partnership with rough sleeping teams and their commissioned services to improve access and response for street homeless victim/survivors;</p>	<p>Increased multi-agency working; Improved outcomes for multiple vulnerabilities; Longer, more focussed support; This will improve</p>

	<p>Successful DCLG bids for SafeSpace Model, Housing First and mobile advocacy, BME refuge space via IKWRO and DCLG funding</p> <ul style="list-style-type: none"> <li>- 5 housing associations part of housing first</li> <li>- Green room – 80 referrals</li> <li>- Advance complex needs workers</li> </ul>	access and response to women with multiple needs
1.4	Rahab housed 11 guests at Micaela's Home since it opened in October 2016 – March 2018.	Accommodation and support for women exiting prostitution/trafficking in the three borough.
1.5	NHS England Sharepoint includes map of all FGM services in the three boroughs; Clinics and hospitals have leaflets on FGM, all info also on LSCB website, New leaflets have been printed for Imperial Trust- the leaflets are available in English, Somali and Arabic.	Increased awareness of FGM support by practitioners and increase in referrals to services, including FCS by travel clinics and private GP surgeries and hospitals; Increase in professionals asking for advice and training; Increase in women receiving support in the three boroughs; Increased awareness of child protection and FGM
1.6	The FGM clinic at Chelsea and Westminster takes place every Thursday 1/2 a day and has now been running for just over a year. Initial meetings have taken place with the Hospital Social Work Team to work together and to build expertise in the team with the view of identifying a social worker to lead on FGM cases; FGM project professionals continue to work together with community members to problem solve and develop more sensitive approach to	More women and families will benefit from an integrated approach to FGM; More vulnerable people getting services across London, including Brent which has highest number of FGM cases; Increase in community confidence in services
1.7	There are 2 Freedom programmes running in the three borough area, one of which is delivered by Advance and another by Westminster Children's Services.	On-going support for women recovering from an abusive relationship; Women can continue to access services after crisis stage; Increase awareness of and access to specialist services; Increase in community confidence in services

<p>Hestia run the Butterfly group. The Butterfly Project is a community based women’s group run by survivors for survivors, it provides support for women who have experienced or are currently experiencing domestic abuse. They have run 67 sessions with 254 attendees over the year. A consultation with refuge service users was undertaken to explore ways to encourage engagement. A promotional event is to be held in Qtr 1 2018-19.</p> <p>Advance ran Pattern Changing group work programme, peer support and creative sessions, film club, solicitors’ sessions for service users, yoga, focus groups and feedback sessions where access and barriers were discussed and plans actioned to improve the services and access for service users.</p> <p>Galop is due to launch an LGBT+ survivor’s support group which will provide additional step down support to LGBT survivors in the borough and an added value to the three boroughs.</p>	
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## PRIORITY 2 – RESPONSE

The three 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 three borough VAWG multi-agency response will be measured via sector based data and performance monitoring in both specialist and non-specialist sectors.

	Action/Deliverable	Outcome
2.1	Continued to deliver <b>high quality specialist service provision</b> , despite significant resource challenges; including:	Survivors are believed and supported; Survivors accessing services are better supported.

	<ul style="list-style-type: none"> <li>• The Angelou Partnership provides specialist VAWG support</li> <li>• Pan-London Services such as Victim Support, Rape Crisis and Ascent</li> <li>• Independently coordinated MARACs</li> <li>• Specialist Domestic Abuse Courts available in each borough</li> <li>• Perpetrator interventions</li> <li>• FGM Project</li> <li>• MSE response</li> <li>• Advance’s co located projects: social care, housing and impact</li> <li>• Galop’s DAP</li> <li>• Housing First – MHCLG</li> <li>• MSWTA</li> </ul>			
2.2	<p><b>Specialist Services in detail</b></p> <p><b>The Angelou Partnership</b>  The Angelou Partnership<sup>2</sup> (angelou.org) is a consortium of 10 specialist VAWG organisations who are funded by the three councils (and through independent grant funding) to provide a holistic and comprehensive VAWG service for residents of the three boroughs. The Partnership adopts an inclusive, intersectional approach and supports people from a variety of backgrounds aged 13+ who have experienced any the following issues, across a range of risk and need:</p> <ul style="list-style-type: none"> <li>• Domestic abuse</li> <li>• Sexual violence, abuse and exploitation</li> <li>• Stalking</li> </ul>	<p>Improved operational response that keeps the voices and experiences of survivors at the centre</p> <p><b>Spotlight on Angelou Partnership Outcomes:</b></p> <table border="1" data-bbox="1227 930 1800 1241"> <tr> <td data-bbox="1227 930 1512 1241"> Percentage of women reporting increased safety and feelings of safety  Baseline 65%  Achieved 2014/15 89% </td> <td data-bbox="1512 930 1800 1241"> Women report a reduction in abuse due to support and advice received from Service  Baseline 67%  Achieved 2014/15 90% </td> </tr> </table>	Percentage of women reporting increased safety and feelings of safety Baseline 65% Achieved 2014/15 89%	Women report a reduction in abuse due to support and advice received from Service Baseline 67% Achieved 2014/15 90%
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<sup>2</sup> The following organisations are the Angelou Partnership: Advance (lead), African Women’s Care, Al-Hasaniya, DVIP, GALOP, Hestia, Solace Women’s Aid, Standing Together Against Domestic Violence, Woman’s Trust, Women and Girls Network



<ul style="list-style-type: none"> <li>• Harmful practices including FGM, forced marriage and ‘honour’ based violence</li> <li>• Prostitution</li> <li>• Child sexual exploitation</li> <li>• Modern slavery and human trafficking</li> </ul> <p>The full Angelou partnership including Woman’s Trust and the Advance co-located posts had <b>4618 referrals</b> including new, repeats, duplicate, inappropriate and both short term and long term work referrals (up from 4101 last year). The Angelou Partners reached 1077 in group work and awareness raising sessions. The Angelou Partners also indirectly supported 1171 children and half of the support was for medium and standard risk domestic abuse cases and VAWG that was not domestic abuse. The Angelou Partners also held a range of group work including the Butterfly project in each borough, Pattern Changing, Freedom programme, young women’s groups, coffee mornings, peer support, Zumba, yoga, poetry and flower arranging workshops. Survivor feedback from Advance has enabled each operational group to include service user/survivor feedback as part of its discussions and action planning.</p> <p>LBHF received the highest number of referrals, with similar referral levels for RBKC and WCC. Most service users were aged 18-55 years and over half of the services users had children. 63% of cases were very high risk, while 21% were medium and 16% standard risk. 17 men and 7 transgender service users were supported by Angelou (2 who identified as male and 5 who identified as female). Where ethnicity was known, 53% were from an ethnic minority background.</p>	<p>Achieved 2015/16 87%</p> <p>Achieved 2016/17 95%</p> <p><b>Achieved 2017/18 89%</b></p> <p>Average over 4 years: 93%</p>	<p>Achieved 2015/16 89%</p> <p>Achieved 2016/17 96%</p> <p><b>Achieved 2017/18 95%</b></p> <p>Average over 4 years: 92%</p>
<p>Percentage of VAWG cases where risk is reduced at case closure following the support of the service.</p> <p>Baseline 62%</p> <p>Achieved 2014/15 89%</p> <p>Achieved 2015/16 83%</p> <p>Achieved 2016/17 95%</p> <p><b>Achieved 2017/18 89%</b></p> <p>Average over 4 years: 89%</p>	<p>Women and girls report their quality of life has improved.</p> <p>Baseline 55%</p> <p>Achieved 2014/15 78%</p> <p>Achieved 2015/16 81%</p> <p>Achieved 2016/17 78%</p> <p><b>Achieved 2017/18 89%</b></p> <p>Average over 4 years: 81%</p>	

<p>The most common required need is health and well-being support, followed by support in making a statement/criminal justice process, then housing and then support at criminal court.</p> <p>In this year, more intensive work with clients was delivered: 347 services users with mental health support needs supported; 95 service users had physical and learning disabilities; 60 service users had no recourse to public funds (NRPF).</p> <p>The Angelou website was visited and re-visited 1098 times over the last three quarters of the 2017/18 year by viewers (due to technical issues around the website move to a new site the data from quarter one 2017/18 is not available).</p> <p><b>Woman's Trust</b>  Woman's Trust is part of the Angelou Partnership and receives independent funding from a variety of sources to provide individual and group counselling and a range of follow on support including workshops and therapies. During the last financial year, Woman's Trust received 406 referrals (107 from RBKC, 149 from WCC, 150 from LBHF) for their 1:1 counselling service and delivered 1847 counselling sessions to 231 women (non-unique) / 73 unique. They delivered 23 support groups (15 day groups and 8 evening groups) to 246 women (non-unique)/ 23 unique and 27 workshops to 63 individual women (unique).</p> <p><b>DA Refuges provided by Hestia</b>  Hestia runs all 9 local authority funded refuges in the three boroughs and in the last financial year, they supported 177 women (52 in RBKC, 29 in LBHF and 96 in WCC).</p>	
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**Pan London Services**

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

**Rape Crisis**

In the North London Rape Crisis Service, Solace Women's Aid supported 78 women from WCC, 0 from LBHF and 54 RBKC clients in 2017/18. We provided a holistic range of trauma – informed specialist sexual violence support including independent advocacy through the Criminal Justice System, specialist therapeutic counselling including long term therapy, pre-trial therapy, body therapies and group work inclusive of Therapeutic Group for Lesbian and Bisexual women, Creative Therapeutic Groups and Trauma Releasing Exercises group. We have also offered a helpline service to the Tri-Borough with over 60 hours per week of confidential emotional support.

**Ascent**

Ascent is a projected of the London VAWG Consortium which is funded by London Councils. It offers a range of support and advice to organisations looking to support those affected by VAWG. Thirty-six organisations were supported (5 in RBKC, 12 in LBHF and 19 in WCC).

**Victim Support**

Via the Pan-London DA contract funded by the Mayor's Office for Policing and Crime, Victim Support provides an IDVA in Chelsea and Westminster Hospital and one DVPO case worker, who works with

	<p>medium and standard risk DA cases where a DVPO has been issued, in all three boroughs. Victim Support’s Multi-Crime service supports victims of DA where this risk is assessed as low or standard risk.</p> <p>In RBKC Victim Support worked with 239 service users (where data was provided: 179 women, 41 men); In WCC, they supported 356 service users (where data was provided: 275 women, 60 men) and in LBHF, it was 353 total (where data was provided: 293 women, 37 men). The total number of people supported by Victim Support in 2017-18 in all three boroughs was 948.</p> <p><b>Meeting Survivors Where They Are (MSWTA):</b> In September 2017, the three boroughs successfully secured funding from the Home Office Transformation fund for MSWTA, within The Angelou Partnership. The service looks to support victims/survivors who have additional and complex so that Fewer victims will reach crisis point and the needs of victims and survivors with the most complex needs or experiencing multiple disadvantages are met.</p> <p>A team of 5.6 front line will be established to support victims/survivors working with 800 referrals for the duration of the duration of the programme.</p>	
2.3	<p>The FGM clinic continues to provide a multi- agency response to pregnant women and families affected by FGM through a team comprising a specialist social worker, midwives, health advocates and psychological support. Figures from partner agency, Midaye show the following women were supported: Queen Charlotte FGM Clinic: 228 St Mary’s FGM clinic: 245 Chelsea and Westminster FGM clinic: 58</p>	<p>More areas will benefit from this knowledge and experience base; Project will continue in three boroughs in this financial year; More women will be supported</p>

	<p>A recent review of the project highlighted that the community health advocates have provided a crucial service to women in the clinics, with 99% of women saying their ability to access care and services for FGM had significantly improved. 72.5% of women felt comfortable receiving joint support that included working with social workers. 1177 community members have attended community forums and events.</p>	
2.4	<p><b>Westminster Housing Options Service (HOS):</b>  Re-introduced 2 DA customer service offices at HOS in Westminster; Continued to train front-line HOS staff in DA awareness and referring to MARAC; New Westminster HOS contract has IDVA post and work towards DAHA accreditation written into it; Westminster HOS had amended interview and call centre scripts to include links to Angelou website for correct signposting; Positive partnership working between housing and LGBT specialist services.</p>	<p>Increase in identification and referrals to specialist services (MARAC and IDVA); Increase in understanding of DA and confidence in identifying and supporting cases; Correct and timely identification; Placing someone in area of safety; Liaison with other professionals and appropriate info-sharing; Improved response and coordinated working</p>
2.5	<p><b>Modern Slavery and Exploitation:</b></p> <p>Rahab is a RBKC based charity providing outreach support to those involved in prostitution. In the period April 2017- March 2018, Rahab encountered 409 individuals. The top three nationalities were Romanian (111), Chinese (50) and Brazilian (30). 99 provided enough information to be assessed and of these, 24 had experienced modern slavery and 14 had indicators of MSE. Rahab housed 11 guests at Micaela's Home (October 2016 – March 2018).</p> <p>Both Rahab and Tamar, an NGO that works in Westminster and does similar outreach work with women involved in prostitution, have continued the welfare visits to vulnerable women with SCO7 Modern</p>	<p>More joined up response between partners to MSE with a welfare (not prosecution) focus on survivors  Increased identification of potential victims of trafficking (including by rough sleeping services and health professionals); Increased identification and support by non-NRM specialist services; Coordination of the partnership aids the collaborative response to MSE;  increased communication and dissemination of material between partners;</p>

<p>Slavery &amp; Kidnap Unit. The visits began during the European Communities Against Trafficking project in 2013-15 and has proved to be a highly successful partnership approach with the welfare of potential victims as the focus.</p> <p>Bakhita House is a specialist refuge for women exiting trafficking and exploitation based in the three boroughs. Between June 2015 and May 2018, they have housed and supported 86 female survivors of trafficking and modern slavery. The youngest woman was 17 and the oldest was 68. The top three nationalities were Romania (18), Albania (12) and Nigeria (8). 46% of guests were Eastern European. 58% of the women supported were trafficked into the UK for sexual exploitation. 32% were forced into domestic servitude. 9% were in forced labour, 6% were trafficked for sham marriage and 5% for benefit fraud or crime.</p> <p>Human Trafficking Foundation suggested the appointment of MSE SPOCs from all London local authorities. These have been identified in WCC, LBHF and RBKC and can be contacted for guidance on Local Authority MSE matters.</p> <p>A MSE Coordinator was in post from November 2016 – April 2017 and delivered training to over 80 professionals, distributed a bi-monthly newsletter, oversaw the development of a toolkit for the NHS and launched a campaign for taxi drivers.</p> <p>In October 2017, STOP THE TRAFFIK secured funding from the City Bridge Trust to fund the MSE Coordinator role again from July 2018 for a further three years. The aim of this role will be to continue the work begun by the previous Coordinator and ensure that MSE</p>	<p>Having a specific coordinator for the MSE partnership has allowed time and resources to connect and strengthen relationships between partners and allow for strategic growth of the partnership, and to increase awareness of modern slavery and exploitation across the three boroughs and to establish referral pathways in partner organisations; 3 partners who joined in the past quarter reported benefits of collaborative working through increased service referrals and connection</p>
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	<p>remains a priority. Their tasks will be to coordinate the MSE Operational Group, which meets quarterly and is made up of local authority departments, police and specialist NGOs. They will be responsible for delivering training to multi-agencies to raise awareness of MSE and equip professionals with the knowledge to identify and respond to potential victims of trafficking. In addition, they will work to collate data from a range of sources in order to present a clear picture of MSE in the three boroughs. This intelligence will lead to the development of campaigns, aimed at empowering vulnerable residents to know their rights and create communities that are resilient to Human Trafficking and Modern Slavery.</p>	
2.6	<p><b>MARAC:</b> Standing Together provides independent coordination of the three local authority MARACs. This coordination service ensures that the MARAC process runs smoothly, is effective and keeps the survivor at the centre of the process, whilst holding perpetrators to account and looking after the safety of any children.</p> <p><b>LBHF</b> 348 cases (301 last year) 89 repeats 296 children</p> <p><b>LBHF Diversity data:</b> BME referrals = 44.5%; LGBT = 2.3%; Disability = 19.5%; Male victims/survivors = 7.2%.</p>	<p>Increased identification, referrals into MARAC and info sharing; Increased safety for victims and increased agency responsibility for action taking; Increase in holding perpetrators accountable for their behaviour.</p>

<p>2017-18 Volume as % of SafeLives expected volume: 109%  2017-18 Repeat victimisation rate: 26%</p> <p><b>RBKC</b>  256 cases (204 last year)  59 repeats  265 children</p> <p><b>RBKC MARAC Diversity data:</b>  BME referrals = 53.1%;  LGBT = 2.3%; Disability = 23.0%;  Male victims/survivors = 6.3%.  2017-18 Volume as % of SafeLives expected volume: 94.8%  2017-18 Repeat victimisation rate: 23%</p> <p><b>WCC</b>  289 cases (279 last year)  65 repeats  254 children</p> <p><b>WCC MARAC Diversity data:</b>  BME referrals = 54%;  LGBT = 4.4%;  Disability = 22.5%;  Male victims/survivors = 7.4%.  2017-18 Volume as % of SafeLives expected volume: 98.6%  2017-18 Repeat victimisation rate: 21%</p> <p>MARAC meetings are held monthly and are well attended by core agencies; A range of guest agencies also referred and attended; All</p>	
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<p>three MARACs are seeing referrals from a broad range of referring agencies (12+ different agencies);</p> <p>At the centre of the Coordinated Community response is the regular attendance of MARAC Representatives this is a standing item on the Steering Group report to support agency engagement and accountability at the MARACs.</p> <p>Referrals to the MARACs from BME victims/survivors and victims/survivors with protected characteristics as measured by Safe Lives and demographic data is monitored by Standing Together by Borough and reported to the MARAC Steering Group alongside SafeLives, local and national standards. All three MARACs are receiving around 10% below their expected volume of BME victims/survivors. This issue has been raised at the MARAC Steering Group and agencies encouraged to include ethnicity data when referring. All three MARACs are performing above national and local averages with regard to referrals of LGBT victims/survivors. All three MARACs are meeting SafeLives best practice (17%+) for number of referrals of victims/survivors with a disability. All three MARACs are performing within best practice with regard to volume of male victims/survivors (4-10%) referred to MARAC.</p> <p>The MARACs are well attended by core and non-core agencies and there have been 12 MARACs in each of LBHF, RBKC and WCC this year.</p> <p>Repeat cases are picked up and flagged as measured against the percentage of repeat victimisation within national best practice guidelines. Repeat victimisation is monitored by Standing Together and included in quarterly reports to SafeLives and the Steering Group.</p>	
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The referral process and guidance on when to repeat refer is included in the MARAC briefings, inductions and workshops. The three Boroughs have seen a repeat victimisation rate between 21-26% in 2017-18, which is on par or above the London wide average (21%) but below the national repeat victimisation rates (28%) but below SafeLives best practice of 28-40%. This issue has been raised by Standing Together at the Steering Group.

LBHF MARAC is just over 100% of its recommended volume. RBKC and WCC MARACs are both performing within SafeLives best practice of 80-100% of expected volume. Volume of referrals is a regular performance indicator raised at the MARAC Steering Group. All three Boroughs have at least 8 different referring agencies in line with SafeLives best practice. All three MARACs have seen a steady rise in volume of referrals year on year with Westminster MARAC reaching over 40 referrals three times in the year resulting in a split meeting over two days to manage increased capacity. From this trend, it is likely that Westminster will continue to reach 40+ cases, twice a year and 30+ cases roughly 4-6 times a year. In 2017, Westminster MARAC reached a volume of 30 or more cases for 66.6% of meetings.

THE GREEN ROOM/ROUGH SLEEPERS: Through a new initiative linking up with a Representative for Rough Sleepers Westminster MARAC has significantly improved referral rates and safety planning with harder to reach clients homeless Victim/ Survivors, as well as aided in addressing Perp's behaviour through linking in with multiple hostels and outreach workers.

2.7	DAWS (Substance Misuse service) have linked with Angelou and the service has a hub in each borough and a nominated DA lead; Advance attend a quarterly meeting with the substance misuse providers to ensure joint working, improving our response, training one another and facilitating co location.	Coordinated partnership working for clients with multiple disadvantages.
2.8	Specialist Services group continues as a forum for agencies to share best practice amongst voluntary/ non statutory organisations and improve awareness and information sharing.	Practitioners are sharing good practice
2.9	<b>DVIP:</b> Completed the MOPAC Pilot and continued to deliver Al-Aman and collocated activities in H&F and WCC; Offered training to a variety of professionals (see 6.1 under Perpetrators for additional deliverables)	Increased workforce confidence in responding to perpetrators; Supported perpetrators to change behaviour via 1:1 and group interventions
2.10	<b>Children and Health Operational Group (CHOG)/C&amp;H Coordinator (CHC) at STADV:</b> Community representative (recruited by Advance) attended all CHOGs; ST disseminated survivors' feedback gathered for the review; Findings were presented in the following meetings: CHOG, LSCB Board, H&F Social Care Project steering group; Children and Health Coordinator attended Borough based GP Safeguarding Forums. The CHOG Coordinator left on 31/03/18 there was a gap while recruitment decisions were made.	Ensure that victims and survivors can influence service development by including survivors' voices in all consultation; Increased partnership working with GPs
2.11	<b>Housing Operational Group (HOG) and Housing Coordination at STADV:</b> Following a dip in attendance at the operational group, numbers increased and remained consistent throughout the year. The final meeting saw an increase to 18. <ul style="list-style-type: none"> <li>3 workshops ran during the year focused on economic abuse, data collection and DAHA (domestic abuse housing alliance).</li> </ul>	Increased number of women with complex needs supported;  Needs of survivors heard and incorporated into practice and action planning  Good practice shared amongst professionals locally and nationally

	<ul style="list-style-type: none"><li>• The Coordinator has represented the group at the Pan-London VAWG and Housing Operational and Strategic Groups. As well as presenting on the tri-borough work at several conferences and meetings</li><li>• There were 45 referrals to Sanctuary scheme in 2017/18. Numbers were dropping, so the Coordinator developed a briefing to share with agencies to remind them of the scheme. This has been shared across housing and the Police CSU.</li><li>• In partnership with Advance and Solace Women's Aid, the Coordinator delivered 5 briefing sessions to Housing Management in LBHF on dynamics of DA, gains and losses of leaving and warning signs for housing</li><li>• The Coordinator continued to collect data, however sharing from partner agencies remained iconised, with the number reported to the Coordinator significantly lower than the previous year.</li><li>• The Coordinator developed a spreadsheet to collect outcomes for survivors following the introduction of the Homeless Reduction Act. Data will be captured from the end of Q1.</li><li>• The Housing First and Homelessness pilot project began in June 2017. Successful outcomes from the first year have included; 5 local housing providers agreeing to provide units, a safety plan for homeless services has been developed, domestic abuse and multiple disadvantage training delivered across the tri-borough and a regular multi-agency meeting for homeless and DA services.</li></ul>	
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	<ul style="list-style-type: none"> <li>The Coordinator reviewed data to monitor the impact of the group's Theory of Change for the second year. Findings from the providers who shared data was promising, however the number responding remains low.</li> </ul>	
2.12	<p><b>Westminster DA Consultant:</b> Sharon Bryan is the Domestic Abuse Consultant for Children's Services, sitting within the Access and Assessment Team. Sharon worked intensively with women through risk assessment, safety planning, practical and emotional support and empowerment, referral and presentation to MARAC and crisis work. Sharon provides case consultation with social care staff. Sharon is also the Early Help Representative on MARAC, CHOG (Children &amp; Health Operational Group and ICHT (Imperial College Healthcare Trust Domestic Abuse Steering Group). Sharon facilitates The Freedom Programme for Children's Services. This programme is 11 weeks in duration and is run 3 times a year.</p>	Increased support for survivors and children; Increased workforce confidence in Westminster Children's services
2.13	<p><b>Domestic Violence and Mental Health Project at STADV:</b> STADV were commissioned by the Treasury to improve coordination of services supporting victims of domestic violence with mental health problems, including in the three boroughs. In the past year the Mental Health Coordinator has trained 296 mental health professionals across WLMHT and CNWL (98% of which agreed that the training will be useful for their work); a new DVA policy was ratified at CNWL introducing routine enquiry to the trust; the project coordinator spent one day per week collocated at WLMHT which facilitated better working relationships and access to data for the project evaluation; a new DVA policy is under consultation at WLMHT; 16 Domestic Abuse Leads were trained across CNWL and WLMHT, quarterly steering groups were held with good attendance from both trusts and Advance; CWNL and WLMHT began looking at</p>	Improved operational response that keeps the voices and experiences of survivors at the centre; Improved inter agency working and workforce confidence in responding to mental health, DA and multiple needs.

	<p>trust IT systems for opportunities to improve DVA 'prompts' and recording; the average number of referrals from mental health services to Advance have increased from 7.25 last year to 11.75 this year; WLMHT held a fundraising event for a local refuge as part of '16 days of Action' and the project was evaluated by an independent evaluator.</p> <p>Some obstacles encountered during the year included; the Mental Health IDVA at Advance left and was replaced for a period of time before the position was vacant once again, which means IDVA colocation has ceased at CNWL; the project evaluation highlighted that although some key progress was made in transforming the response to DVA from CNWL and WLMHT, one project coordinator working across two trusts (which cover 8 London boroughs and thousands of employees) was not enough resource to truly 'embed' DVA as core business within the trusts; both CNWL and WLMHT have not yet developed a long term plan for DVA training in the trusts following the end of the project and the coordinator was heavily reliant on one key contact within CNWL for booking in training sessions during the project and so when the contact took an extended sick leave the training slowed down. A key learning from the project has been that 'embedding' a best practice response needs to be done on a smaller scale first where resources can be more concentrated before rolling the model out and adapting it to other service settings. Additionally, there needs to be a mix of trust professionals actively involved in the project so that the coordinator is not over-reliant on one or two people to implement project activities.</p>	
2.14	<b>Acute Trust Project (Chelsea &amp; Westminster Trust; Imperial College Health Trust) at STADV:</b>	Improved identification and response for patients experiencing domestic abuse and accessing services at these Trusts; Ensure staff

<p>The Acute Trust Project focuses on coordination of domestic abuse response at both Chelsea and Westminster (CWH) and Imperial College Health Trust (ICHT); Acute Health Trust Coordinator trained health professionals, with approximately 1000 staff trained to identify, ask and respond to domestic abuse; The Coordinator has produced clear referral pathway flowcharts for both hospitals. Positive feedback has been received for the flowcharts from the hospitals.</p> <p>The coordinator has been supporting CWH staff with the roll out of routine enquiry within sexual health clinics. A comprehensive training programme has been rolled out across the 3 sexual health clinics.</p> <p>The coordinator secured DA training on mandatory midwifery training and DAL training has been rolled out to all Band 7 and Band 8 midwives at CW. This will ensure there is always a DAL on shift within maternity. A MARAC rep has also been trained at CWH and will be providing information from adults and children's A&amp;E.</p> <p>Coordinator has been working closely with the safeguarding team at ICHT to explore all options for funding for an IDVA. In maternity, whilst the hospital is still without an IDVA, the coordinator worked with safeguarding midwives to develop a strategy to embed greater knowledge and skills within the department by training more staff to become Domestic Abuse Links (DALs). In A&amp;E the coordinator worked with the A&amp;E DAL to develop a Domestic Abuse Disclosure scheme which aims to providing of urine samples as an opportunity to disclose domestic abuse. This will be piloted and evaluated in A&amp;E at St Mary's hospital and Charing Cross.</p> <p>The coordinator embedded the trust wide approach by making training and resources accessible to all departments across both hospitals. Training has been conducted with the ICHT private hospital, fracture clinic, paediatrics, burns units and neonatal unit.</p>	<p>are responding to domestic abuse safely and appropriately; At CWH identification of domestic abuse increased: 215 cases of domestic abuse were identified in the hospital. This is a 41% increase since Q4. There were 51 referrals made to the CHH Victim Support IDVA in Q4.</p>
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	Advance attends steering groups with the trust to look at improving the response to domestic abuse.	
2.15	<p><b>National Health Alliance (NHA) at STADV:</b></p> <p>The National Health Alliance brought together professionals, agencies and academics across the spectrum of health and domestic abuse settings to draw together best practice in health. Members from NHS England, the University of Warwick, University Hospitals Birmingham, Imperial College Health Trust and NHS Scotland contributed to the mapping and sharing process.</p> <p>A final report, capturing the findings from the NHA, has been produced. It details: the evidence base for effective interventions in health settings across the whole health economy; those areas striving for best practice; and captures a set of elements of effective practice.</p>	<p>Creating a mechanism by which to distil and promote effective and innovative practices and support their implementation;</p> <p>Identify best practice models and practical examples being created and adopted across the country – including research, policy, commissioning, resources, staffing, training across primary and secondary care settings;</p> <p>Hold working groups to distil best practice models, materials, policies, IT innovations and funding methods to share throughout the Alliance;</p> <p>Promote learning and best practice from early innovators; Provide practical guidance and support about how to adapt and embed these best practice solutions into their specific settings.</p>
2.16	<p><b>Domestic Homicide Reviews (DHRs):</b></p> <p>There are currently 8 pending DHRs across the three boroughs and one which was completed in December 2016. This was a joint DHR/SCR review and a learning event was held in January 2018 for wider dissemination of the learning and to upskill professionals on domestic abuse awareness.</p> <p>Currently RBKC has two other DHR pending. One has been approved by the Community Safety Partnership Board (CSPB) and is awaiting</p>	<p>The recommendations and action plan within the DHR have been considered by the Risk and Review group and will be circulated to the CSPB.</p> <p>A multi-agency DHR Task and Finish group has been put together to focus on the themes emerging from all DHRs and to coordinate learning.</p>



	<p>Quality Assurance from the Home Office. The second DHR is nearing the final stages should be completed by Autumn 2018.</p> <p>LBHF has 2 DHRs that are in their final stages and should be completed by Autumn 2018. A third review has recently been agreed by the CSPB and plans are underway to appoint a chair.</p> <p>The first DHR in Westminster has been completed and submitted to the Home Office for quality assurance. Once approved, this will be published onto the WCC website. Two other DHRs are currently ongoing and expected to be completed by Winter 2018.</p> <p>The Angelou Partners attended all the DHRs where they provided specialist input.</p> <p>The action plans, once completed, should be signed off by the VAWG Board and the CSPB in each borough. In addition to this, the partnership should make links between DHRs, Serious Case Reviews, and Serious Adults Reviews particularly when the abuse involves children and/or vulnerable adults.</p>	<p>Once the other DHRs are completed, we will hold an event to consolidate all recommendations and learning across the three boroughs.</p>
2.17	<p><b>Making Safeguarding Personal</b></p> <p>Making Safeguarding Personal is a key concept in the work of Adult Social Care and is actively promoted by the Adults Safeguarding Board.</p> <p>It has been highlighted that agencies approach this theme in different ways. This partnership will support everyone to continue to work in the best interest of the individual and their agency, whilst working together to avoid conflict with individual agencies' policies. This will also be addressed in the joint SAB/VAWG policy.</p>	

2.18	<p>The Victims Programme Coordinator has been in post since September 2017. This post is responsible for the project management of Impact and contributes to the VAWG response locally. This includes attendance at meetings, supporting funding opportunities, contract management of WAGN 'Respect' Project, taking on the MSE SPOC role for LBHF Community Safety, supporting DHRs in LBHF and the like.</p> <p>The post also coordinates the Community MARAC which has been operating since January to deal with high risk and complex cases of anti-social behaviour. The VPC monitors and actions plans around issues of VAWG which comprise a 1/3 of all cases</p>	Support the coordinated community response to VAWG in LBHF
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### PRIORITY 3 – COMMUNITY

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

	<b>Action/Deliverable</b>	<b>Outcome</b>
3.1	<p>Angelou Partnership: African Women’s Care completed FGM summer campaign outreach work with local schools in three boroughs for which they received positive feedback from parents. They also attended two community events where they had stalls and were approached to deliver group awareness sessions for North Kensington residents. Two day trips were arranged over summer 2017, taking 30 families to Clacton-on-Sea and Brighton.</p>	<p>Increased awareness and referral to services by community; Increase in survivors accessing services; Increase in community awareness of VAWG</p>

	<p>Women and Girls Network worked with young women in schools who were affected by Grenfell Tower tragedy, including trauma counselling.</p> <p>Galop had a stall at London Pride in July 2017 in Soho Square, and they engaged with several hundred participants.</p>	
3.2	<p>ASK ME training programme and publicity materials developed with Women's Aid. Over 70 local community champions were recruited and trained to break the silence about domestic abuse so that people experiencing it can get the help they need, when they need it;</p> <p>Funding for this will come to an end in June 2018, so the focus is on sustainability and mainstreaming this work.</p>	<p>Increased awareness of DA in the community; Increased identification and referrals to support at earlier stages Empowering community members to feel confident in speaking about DA and know what services are available if someone needs support/information; Ambassadors Network created</p>
3.3	<p><b>Blooming Strong events held in November 2017:</b> Blooming Strong Campaign to mark November 25<sup>th</sup> the UN day for the elimination of violence against women and as part of our 16 days of activism. Advance service users, Angelou partners and the VAWGH Lead helped distribute the flowers and raise awareness.</p> <p>This year we expanded the project and sent campaign packs out to 26 other areas from as far afield as Newcastle and Gloucester, as well as across London. We had 54 local Nominations for a Blooming Strong Flower, all of which were delivered during the 16 days</p>	<p>Increased awareness of DA in the community;</p>
3.4	<p>The FGM project provides quarterly FGM briefing/training sessions for midwives from imperial trust.</p>	<p>Increased awareness of mandatory reporting; Increase in referrals and support to services; Increased confidence/trust in CFS; Increase in community members disclosing FGM</p>

3.5	Operation Makesafe is ongoing MET wide response to CSE in public spaces. Operation Song Troop is the three borough strand of this project which focused on raising awareness with hotel groups, taxi companies and licensed premises. Over 180 frontline hotel staff were training as part of the project.	Increased awareness of CSE in the community, including taxi drivers
3.6	Angelou partnership website updated; The Partnership also produced an annual newsletter	Increased awareness of VAWG in community
3.7	Safety Across Faith and Ethnic Communities Project STADV: The project began in July 2016 and received three-year funding from Esmee Fairbairn Foundation in March 2017. A new initiative to empower communities to be a part of the coordinated community response to domestic abuse.	Brings services together to ensure local systems truly keep survivors safe; hold abusers to account; prevent domestic abuse.

#### **PRIORITY 4 – PRACTITIONERS**

**The VAWG Partnership will continue to lead on the development of good practice for professionals working in the three 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.**

	<b>Action/Deliverable</b>	<b>Outcome</b>
4.1	<p>Joint Domestic Homicide and Serious Case Review Learning Event:</p> <p>To cascade the learning from the joint DHR/SCR, an event was held in January 2018. This was attended by over 120 professionals, including social workers, early help practitioners, deputy head teachers, designated safeguarding leads, voluntary sector practitioners, police and safeguarding health practitioners. The aims of the event were to explore the learning points within both the reviews; share updates from partners around changes that have been implemented since the</p>	<p>Embed learning and recommendations from joint DHR/SCR</p> <p>Upskill a range of professionals on the role they play in supporting victim/survivors</p> <p>Creating a multi-agency learning space to improve practice.</p>

	reviews and have a Q&A panel with an opportunity to ask questions of the panel members.	
4.2	<p>Angelou Partners/Advance training:  Angelou Partners conducted a range of inter-agency training to hundreds of professionals including community safety teams, duty teams, housing teams, substance misuse frontline professionals, mental health professionals, courts and the professionals within the CJS.</p> <p>Galop delivered training at ChelWest hospital to 15 members of staff. WGN delivered training to Police officers in the Sapphire Unit to raise awareness of sexual violence support services.</p> <p>Al-Hasaniya is in the process of making links with GP surgeries. Solace ISVAs delivered a presentation to 70 magistrates at Westminster Magistrate Court. The participants reported that the presentation was extremely thorough and very thought-provoking</p> <p>The Angelou Partners completed over 200 consultations with professionals in 2017-18.</p>	Increase in workforce confidence in responding to VAWG; Increase in referrals to specialist services; Increase in survivors receiving improved response
4.3	<p>Impact project and co-location of coordinators in H&amp;F and Westminster. There is a Criminal Justice IDVA at Acton Police Station 5 days p/week, alongside the SDAC Coordinator for LBHF and RBKC (x2 days per week) and the Impact Project Manager (x1 day p/week). The Westminster SDAC Coordinator is co-located at Belgravia Police Station two days p/week. The co-location of specialist domestic abuse provision and coordination in local CSUs has been significant in improving multi-agency working between CJ partners and improving outcomes for survivors.</p>	<p>Increase in referrals from police to specialist services</p> <p>Increased knowledge by police of court processes</p> <p>Improved communication between police and IDVAs</p> <p>Input into CSU training days</p>

4.4	Continued availability of free safeguarding/DA training through LSCB	Increased knowledge and skills base in our workforce; Increased confidence in responding to VAWG; Increased use of Safelives DASH-RIC
4.5	ADASS commissioned STOP THE TRAFFIK and IOM to deliver MSE Train the Trainer Training Pan-London for local authority and the NHS. A representative from WCC, RBKC and LBHF attended this training with the requirement of delivering 2-3 2.5-hour awareness-raising sessions to multi-agency teams over the following year.	Elevated agenda of MSE; More practitioners aware and responding to service users appropriately; Increased info sharing, networking led to more referrals
4.6	Standing Together have delivered training to <u>2630 professionals</u> . 482 received MARAC training, 123 received multi-agency training on DA, 2009 health professionals received training and 16 housing professionals received training. As of the time of writing, the number of professionals trained via the LSCB training programme was not available.	Increased knowledge and skills base in our workforce; Increased confidence in responding to VAWG; Increased use of Safelives DASH-RIC; Increased referrals to specialist services; Have increased engagement in MARAC, more willing to share information and have greater understanding of risk indicators. Improved the identification and response for patients experiencing domestic abuse and accessing services at these Trusts; Improve staff skills and confidence around dealing with domestic abuse and hospitals have the leadership and structures which support a robust response.
4.7	Shared learning training within Angelou Partnership:  Angelou partners have started to deliver specialist training to other partners within Angelou to share expertise and insight. Al-Hasaniya have delivered training as have African Women's Care.	
4.8	Train FGM champions, including developing specialist social worker role to embed into existing system	Increased confidence in social workers responding to FGM and asking more refined

		questions about this as an issue; (Measure distance travelled in terms of content of professional conversations)
4.9	The specialist services group is being used and will continue to be used as a forum for agencies to share best practise amongst voluntary/ non-statutory organisations and improve awareness and information sharing	Practitioners are sharing good practice and supporting each other
4.10	Quarterly MARAC and RIC workshop to frontline professionals in the 3 boroughs as well as briefings and inductions to statutory and voluntary agencies	Increased understanding of risk and MARC processes; increased referrals to MARAC
4.11	<b>Three Borough Annual Conference:</b> The theme of the conference was 'Gender, Trauma and Working with Families: Best Practice in Violence Against Women and Girls Support and Interventions.' Through a series of speakers, panel discussions and workshops, the one-day conference brought together professionals from a range of backgrounds as they followed the journey of a family as they navigated through specialist support services. The conference was attended by over 70 professionals and tickets went within the first few days of being released. Feedback was positive and highlighted the impact of the day, with over 95% stated the day was good to excellent.	Promoted understanding of a gender responsive approach to supporting survivors and their families. Raised awareness of the impact of trauma and understand how to adopt a trauma informed approach to supporting survivors and their families Supported professionals with building vicarious resilience and self-care tools.

#### Priority 5 – CHILDREN AND YOUNG PEOPLE

The 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 three borough Partnership will prioritise both prevention of violence and abuse and provision of support for Children and Young People.

Action/Deliverable	Outcome
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5.1	<p>Angelou supported 233 young women and girls and indirectly supported 887 children. Over 30 young people were supported around historical child sexual exploitation.</p>	<p>Support for children and young people affected by VAWG.</p>
5.2	<p><b>Women and Girls Network</b></p> <p>Girls and Gangs' Respect Project:  In June 2017 Women and Girls Network commenced the 'Girls and Gangs' Respect Project, alongside Working with Men, funded for two years by LBHF. The project adopts a whole-school approach in two local alternative provision sites to work with young women with identified needs around sexual exploitation, gang association and/or peer-on-peer abuse. 21 young women have engaged in advocacy support and 24 young women in group work sessions which have included: healthy and abusive relationships, VAWG types and prevalence, sexual health and consent, mental health and young people and their rights. Of the young women engaged in group work, practitioners have observed 100% have a greater awareness of rights and social justice issues and 77% have indicated having a deeper insight into what they want in relationships.</p> <p>Funding includes are Young Men's component delivered by Working with Men. They have delivered 92 one-to-one sessions with young men and 6 group work sessions.</p> <p>In addition, WGN have undertaken the following this financial year:</p> <ul style="list-style-type: none"> <li>- Two 8 week programmes in schools for at risk young women which reached 20 young women.</li> <li>- Delivered a workshop on Young Women and Violence at the Feminist Emergency Conference at Birkbeck University.</li> </ul>	<p>Increased awareness of VAWG with young people; direct support for those affected; support for professionals who work with them.</p>



5.3	Increase in police school's team – 1 sergeant and 6 PCs in H&F (funded by LBHF).	Increase in intelligence flow from schools to school officer which leads to more targeted work on knives in schools and increased intelligence on DV cases; Increased identification of younger siblings of gang members and earlier intervention in grooming for gang membership; Increased awareness in schools
5.4	Specialist social care Advance IDVAs/DVIP worker in LBHF and IDVA in RBKC. Specialist therapeutic programmes for children and young people such as Talking Without Fear, Standing Tall, Positive Intervention Project; DV Practitioner within CSS	Increased identification and earlier intervention; Increased workforce confidence in responding to DV, including holding perpetrators accountable; increasing safety planning for victims and children
5.5	CFS had engaged with CJS process by responding to enquiries about removal of restraining orders. There has been some improvement, but is still being monitored.	Increased partnership working and information sharing leads to increase in safety
5.6	<p>Continued work of the YP IDVAs within Angelou:</p> <ul style="list-style-type: none"> <li>- The Advance Young Person IDVA provided a briefing to the Family Assist Team within Hammersmith and Fulham Children's Services specialising in support towards teenagers who have additional support needs around their behaviour, school's attendance, and linking into relevant services.</li> <li>- Raised awareness with the Leaving Team in Westminster and with Epic Youth Centre where a briefing and referral pathway was produced.</li> <li>- Delivered a workshop at the Healthy Schools Partnership Summer event.</li> <li>- Delivered two Healthy Relationship workshops to around 150 students at Hurlingham Academy School.</li> </ul>	Increased identification and earlier intervention

	- Sent information and resources to schools, social workers, mental health professionals, care teams, and youth centres.	
5.7	FGM project working with schools and has run 3 parent engagement sessions across the three boroughs. The project has run a community forum event for men in the community and also run 2 training sessions at West London School Teaching Alliance events.	Increased identification in schools and prevention
5.8	Children's Services, including Early Help, increased their representation on the CHOG	Increased info sharing and good practice
5.9	The Children and Health Coordinator sits on the Edge of Care Panel in Hammersmith and Fulham. This role provides specialist domestic abuse expertise on the panel which has been an invaluable resource. The C&H Coordinator supports the identification of key risk factors and local referral pathways.	Enhanced response to DV and to meet the needs of young people who have experiences of DA
5.10	Four CHOG meetings took place the last year, during which the following themes were explored: Trauma & Adverse Childhood Experiences (ACEs), Coercive Control & Perpetrator Accountability, Engaging / Working with Perpetrators, Family Support Services & Domestic Homicide Reviews. One of the main priorities for the CHC was to enhance the knowledge and skills of professionals working in GP Practices to respond to and prevent further domestic abuse by identifying it, screening patients safely, understanding the risk factors in relation to DVA and carrying out actions in accordance to the risks, including referring to the MARAC and domestic abuse services. As a result, 217 professionals working in GP practices were trained in 2017-2018; 20 GPs received half-day Domestic Abuse Leads/Champions training. Health professionals working in GP surgeries reported an increase in their knowledge of DV and confidence in handling the disclosures because of the training they received. The CHC has also provided DA briefings to 57 additional health professionals such as SASH (Support & Advice	Prevention and support to children and young people who have experiences of domestic abuse

	for Sexual Health) workers and My Care My Way (integrated care service for older people) workers.	
5.11	Victim support ran an 8 session programme delivered in local schools for young people aged 4 – 21 who have experienced DA, followed by a 12 month mentoring scheme.	Support is offered to young people who have experienced domestic abuse in their home.
5.12	<b>Parenting Intervention Programme:</b> PIP is a project that supported children affected by domestic abuse by working with the non-abusive parent. 8-12 sessions delivered on a weekly basis in the school environment. Referrals came from school, Advance, social services being the largest referrer. Children with a high SDQ and over 12 years of age in Westminster, received extra support from Chance UK. Numbers of those supported in this period are 14 LBHF, 19 RBKC, and 24 WCC.	Children feeling safer; improved relationship with non-abusive parent; children identifying better feelings and behaviour.

#### Priority 6 – PERPETRATORS

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

	Action/Deliverable	Outcome
6.1	<p>DVIP provided a variety of interventions with perpetrators across the three boroughs in the last financial year.</p> <p>In LBHF, DVIP received 47 referrals from Children’s Services, 4 self-referrals, and 2 from CAFCASS with a total of 32 men supported being assessed. All partners of men on programme were supported by Advance.</p> <p>In RBKC, DVIP received 2 referrals from Children’s Services, 1 self-referral and 1 from CAFCASS. Lower numbers have been attributed</p>	Perpetrators held accountable for their actions and given opportunities to change behaviour.

<p>to DVIP specialist practitioners not being co-located with Children's Services in the borough.</p> <p>In Westminster, DVIP received 25 referrals from Children's Services, 1 from CAFCASS and 2 self-referrals, with a total of 23 men assessed.</p> <p>DVIP also provides a Children's Therapy Service that worked with 29 children in LBHF, with none from WCC or RBKC.</p> <p>DVIP's Al-Aman project is delivered in RBKC only and works on a 1:1 basis with Arabic speaking perpetrators and offers a women's support service for their partners. In the last financial year, Al-Aman worked with 36 women and supported 31 children indirectly.</p> <p>In total, Al-Aman supported 17 men; 11 were new referrals in addition to 6 existing clients from the 2016-17 financial year. As of 31 March 2018, 8 of the 11 new referrals during the year had engaged with the service. 4 men completed the programme, 2 men dropped out (after completing 26 sessions between them), 1 man was still on the programme and 1 man was waiting to join the programme. Overall, 88% of men who were engaged on the programme have either completed the programme or actively involved and participating on the programme.</p> <p>DVIP's YUVA Service, which was funded by the councils until October 2016 and then via grant funding, worked with young people demonstrating abusive behaviour. The service received 10 referrals (parents or young people) from LBHF, 3 from WCC and 2 from RBKC.</p>	
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6.2	<p>Increase in convictions have remained high in the Specialist Domestic Abuse Courts and Safe bail conditions implemented for all perpetrators in court; Advance and STADV worked on this with CJS partners</p> <p>The closure of Hammersmith Court has been challenging to the coordinators in their attempts to maintain the efficiency and success of the DA courts however this challenge has been met and the outcomes for both courts has been reflected in the data identifying the increase in convictions for domestic abuse cases in the central area as opposed to other areas in London which remain 10% lower than the rest of the country.</p>	Increased opportunities to work with perpetrators and hold them to account
6.3	H&F Social Care project includes co-location of Advance and DVIP specialist workers.	Increase in workforce confidence in FCS in responding to perpetrators and holding them accountable; more cases getting support
6.4	Housing providers taking tenancy actions against perpetrators	More perpetrators are held accountable for their actions; fewer survivors seeking housing and having to more/start over
6.5	<p>Alcohol Abstinence Monitoring Requirement (Sobriety Tags) pilot completed by Sept in the Tri-borough; STADV undertook a feasibility study on alcohol monitoring in DA cases Objective was to look at whether there are any conditions under which it would be safe to have alcohol monitoring in place in DA cases; STADV and Advance have informed police and probation of their roles and gathering information and making crucial feedback as to whether it is safe for clients; The pilot was due to end at the end of March 2017, but now continued until the September 18.</p>	Safe integration of any future programmes in this area

**Priority 7 – Justice and Protection**

The three 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.

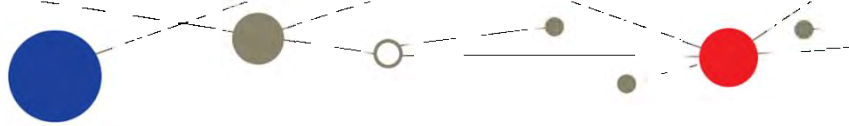
	<b>Action/Deliverable</b>	<b>Outcome</b>
7.1	<p><b>Criminal Justice Response to DA and Sexual Violence and Specialist Domestic Abuse Court</b></p> <p>In the 2017-18 financial year, there were a total of 11,080 allegations of domestic abuse in the three boroughs (2623 in RBKC, 4809 in WCC, and 3648 in LBHF). The sanction and detections (SD) for RBKC were 321, WCC were 599 and LBHF were 437. In RBKC there were 76 cautions, 82 in WCC and 94 in LBHF.</p> <p>There were 1,006 sexual offence allegations recorded across the three boroughs (160 in LBHF, 299 in RBKC and 547 in WCC). The SDs were 22 in LBHF, 33 in RBKC, and 88 in WCC. For rape, the total number of allegations were 561. This was 126 in LBHF (6 SDs), 138 in RBKC (10 SDs), and 297 in WCC (15 SDs).</p> <p>Standing Together Against Domestic Violence (STADV) coordinates the specialist/dedicated domestic abuse court in the three boroughs. In this financial year, Hammersmith Magistrates Court closed and it was agreed that when the court closed, the Hammersmith DA court would move to Westminster Magistrates Court and continue to operate on a Thursday. The existing DA Court for Westminster was moved to a Tuesday. work is now undertaken in the Westminster Court. STADV are monitoring the impact of this change, and both Advance and STADV both are ensuring a smooth transition.</p>	<p><b>Performance Indicator 1:</b> 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 2016-17 WCC: 82% HMC: 71% <b>Achieved 2017-18</b> DDAC: 77% (5%↓) SDVC: 71%</p> <p><b>Performance Indicator 2:</b> Percentage of defendants convicted the Domestic Abuse Courts in Hammersmith and Westminster Achieved 2016-17 WCC: 69% HMC: 66% <b>Achieved 2017-18</b> DDAC: 72% (3% ↑) SDVC: 72% (6%↑)</p> <p><b>Performance Indicator 3:</b> Percentage of defendants who make early guilty pleas at the Domestic Abuse Courts in LBHF and Achieved 2016-17</p>

		WCC:46% HMC:41% <b>Achieved 2017-18</b> DDAC: 34% (12%↓) SDVC: 35% (6%↓)
7.2	Meetings with DI in RBKC to discuss operational issues i.e. referrals to IDVA; Advance and STADV meetings with LBHF/RBKC Dis on 3 <sup>rd</sup> party reporting and pre bail charges and the best way for forward for service users to improve their safety.	Improved partnership working; Increase in early referrals to IDVAs from Police
7.3	IDVA support in the Specialist Courts	Voice of victims represented and feedback to victims done in a timely manner
7.4	SCO7 Modern Slavery & Kidnap Unit provided training for MSE SPOCs in local police teams.	Increased response to MSE within local police
7.5	Better/safer sentences for cases sentenced in the SDAC	Survivors are more satisfied with court outcomes; Kept safer
7.6	Commitment secured from CPS for dedicated prosecutors in DA courts	Better CJS outcomes from consistency, knowledge and experience of prosecutors in court
7.7	STADV continue to sit on the LCJB VAWG Delivery Board	Recognition of local good practice; Easier transition to new court set up
7.8	The Impact Project, alongside the SDAC, continues to be an example of good practice around the criminal justice response to domestic abuse. DA convictions for Hammersmith and Fulham were 75.4%, 6.5% higher than the Met average (68.9%). Two criminal justice IDVAs and the SDAC Coordinator are co-located within Acton CSU. In 17-18, 151 referrals were made to the CJ IDVAs and 95% of those contacted engaged with the service. One woman said about the support she received: 'When tackling my violent and abusive ex-husband before, I felt very alone and at times	Strengthening the CJS to survivors, increase in professional's knowledge and understanding, survivors are more satisfied with court outcomes.

	completely lost and defeated. This experience has been so very different due to your help and intervention. It's great to know we are safe and protected.'	
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**The total number of women and girls supported by the VAWG specialist service system 2016/17 was at least 8,026. The number of perpetrators supported via specialist services was 132.**





### 3. Service User Feedback

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

In 2017-18 the project completed 64 one to one interviews. The one to one interview feedback is shared with the local coordinating body, Standing Together, and the VAWG Strategic lead on a quarterly basis. The focus group reports are presented at the relevant Operational Group and circulated amongst the partnership.

36% of those interviewed experienced a variety of barriers to accessing services (fear, lack of awareness of domestic abuse services amongst professionals, shame and stigma, immigration status, unaffordable legal advice, etc.).

Barriers to accessing support:

*“I didn’t know where to go or who to talk to. I suffered in silence for many years.”*

*“The perpetrator was my daughter. That didn’t fit into the normal stereotype which made it more difficult for people to understand the situation.”*

*“When I first reported to the police they were no help. I have lost complete faith in them. Housing was also challenging.”*

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

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

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

Sector	Positive Experience	Neutral Experience	Negative Experience
Police	67%	10%	23%
Courts	36%	23%	41%
MARAC	53%	26%	21%

<b>100% made aware of MARAC referral</b>			
<b>Housing</b>	38%	26%	35%
<b>Social Services</b>	39%	22%	39%
<b>GP</b>	77%	12%	11%
<b>Maternity Services</b>	60%	40%	0%
<b>A&amp;E</b>	58%	17%	25%
<b>Mental Health</b>	83%	4%	13%

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

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

#### 4. VAWG Action Plan 2018/19

The VAWG Partnership's strategic objectives will remain the same in 2018/19. Actions were identified during the VAWG Board's Annual Review and by the operational groups under each priority. These will be incorporated into the individual action plans of the operational groups and will be monitored by the VAWG Board on a quarterly basis.

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

##### Priority 1: Access

	Action	Lead	Others Involved	Resources	Timescale	RAG
1.1	Continue to highlight gaps in access to specialist services for survivors, children and perpetrators alongside consultation and analysis in order to have a better understanding to develop future service system	STADV and VAWG Strategic Lead	Specialist Services and commissioners	Funding	Ongoing	Green
1.2	Promotion of clear referral pathways between specialist VAWG services so victims are supported appropriately and effectively at the earliest stages	Angelou Partnership	Victim Support Rape Crisis Ascent 'Ask Me' Community Champions	Time	Ongoing	Green
1.3	Promote VAWG services beyond the DV specialism	Angelou Partnership Rape Crisis Ascent	Operational Groups	Time	Ongoing	Green
1.4	Identify opportunities to increase accommodation for women and children and access options for the funding of specialist services.	Amanda Johnson	Hideo Ikehura. Rose Hircock	TBC	March 2019	Yellow

<b>1.5</b>	Review impact of Homeless Prevention Bill on access and arrangements to housing; Each household that approaches the Housing Department will have an individual Housing plan. The housing and assessment team to be reviewed and consider changes to have a main duty team and a prevention and relief team.	Amanda Johnson	Sandy MacDougall, Ryan Bird, Rose Hircock	Commitment, Time	October 2018	
<b>1.6</b>	Early intervention of clients with multiple disadvantages, vulnerabilities who have care and support needs to including MDT meetings, joined up response to develop creative solutions to reducing DA	Louise Butler	Angelou Partnership, ASC	Commitment, Time	Ongoing	
<b>1.7</b>	Look to secure funding to continue MHCLG-funded pilots to support women with multiple disadvantages via Housing First, mobile advocacy and Safe Space	LA with Angelou and SS provider	STADV	Time	November 2018	

## Priority 2: Response

	Action	Lead	Others Involved	Resources	Timescale	RAG
<b>2.1</b>	Build strategic, governance and commissioning plans for VAWG Partnership post March 2019 when three year three borough strategy and addendum ends; Ensure strategy and governance structure links to coordination and frontline service commissioning; Ensure via VAWG services commissioning to address gaps in services and lack of capacity in locally funded services for coordination AND core services, survivors with multiple vulnerabilities and long term support and recovery.	VAWG Lead; VAWG Board; STADV Angelou Partnership	Multi-agency working group including LA and voluntary sector representation	Time	July 2018 - March 2019	

<b>2.2</b>	Use the protocol created by the Human Trafficking Foundation to implement a referral pathway within the local authority for potential victims of trafficking.	MSE Coordinator, MSE SPOCs	ASC & safeguarding leads	Time	August 2018-December 2018	
<b>2.3</b>	Provide further train-the-trainer training to continue the sustainable deliverance of MSE awareness sessions throughout the councils	MSE Coordinator	IOM, ADASS, MOPAC	Time	October 2018 – February 2019	
<b>2.4</b>	Establish a system for collating MSE data from across the MSE Operational Group	MSE Coordinator	MSE Operational Group	Time	October 2018 onwards	
<b>2.5</b>	Refresh the VAWG Strategic Board Joint Working Protocols with both LSCB and SAEB	VAWG Strategic Lead	ASC and LSCB	Officer time	November 2018	
<b>2.6</b>	Look to work with the CCG and LA to implement IRIS through applying to the Pathfinder pilot project to create a whole health approach.	VAWG Strategic Lead, Molly Larkin, CCG	CCG and VAWG Strategic Lead; Primary Care practices within the three boroughs; CWHHE Quality Team/Director of Nursing; NHS England Safeguarding Team	Matched funding	August 2018	
<b>2.7</b>	Expand specialist services offer to provide longer term support and recovery options for survivors through setting up and implements Meeting Survivors Where They Are	Angelou Partnership	Other specialist services	Home Office Transformation Fund	March 2018 – March 2020	

			Commissioners			
<b>2.8</b>	Develop specific figures for maternity; DA figures of referrals and ensure safe pathway is followed up for each woman;	Imperial and Chelwest Hospital Trusts (Named Midwives)	Angelou Partnership Victim Support FCS Early Help DVIP	Time and additional funding for more IDVA provision in Imperial	Ongoing (by march 2018)	
<b>2.9</b>	All housing provides in three boroughs to sign up to DAHA/complete self-assessment toolkit; Facilitate communications and training with key housing providers	Amanda Johnson	STADV Housing Team	Time/Funding for accreditation	March 2020	
<b>2.10</b>	A range of statutory and voluntary partners to take part in an impact readiness evaluation which will look at the impact of the shared service arrangement as part of the coordinated community response.	STADV	Operational group partners VAWG Partnership	Time	March 2019	
<b>2.11</b>	Link Health and Well-being Boards to VAWG Partnership and strategy	VAWG Lead, Sally Jackson	Officers from H&WBBs	Time	September – December 2018	
<b>2.12</b>	Ensure sustainability of funding for FGM roles	Debbie Raymond / Angela Flahive	FCS commissioners	Funding	By March 2019	
<b>2.13</b>	Re-commission refuge provision in each borough	Julia Copeland	Refuge working group	Time	By March 2019	
<b>2.14</b>	Improve MARAC engagement by health staff (unpick what is required re MARAC attendance and share the	Molly Larkin	Mak Inayat, Bev. MARAC	Time	Ongoing	

	gaps in attendance and agree options creatively within health partners)		leads, Primary Care, CCGs Beverly McAndie.			
<b>2.15</b>	STADV are currently exploring new initiatives to improve engagement and information sharing from CCG's	STAV	CCG	Time Commitment	Ongoing	
<b>2.16</b>	Review how Sanctuary services operate in each borough and address process and funding gaps	VAWG Lead	Adam Taylor Eli Crouch-Puzey Chris Reynolds Stuart Priestley	Time and funding –	By December 2018	

### Priority 3: Community

	Action	Lead	Others Involved	Resources	Timescale	RAG
	Organise effective awareness-raising activities for Anti-Slavery Day 2018 and begin early planning for 2019	MSE Coordinator	MSE Operational Group	Time	August 2018 – October 2019	
<b>3.1</b>	Specialist VAWG agencies to work together when raising awareness to let communities/victim/survivors know of all services available	Angelou Partnership	Victim Support Rape Crisis Ascent	Time	Ongoing	
<b>3.2</b>	Hold community engagement and awareness events including around 25 November and 8 March. (Themes to focus on: healthy masculinities and developing network of male allies;	VAWG Lead / Sally Jackson.	VAWG Lead, STADV, LA officers	Time and funding	July 2018- March 2019	

	intersectional social justice movements and wider work to address gender inequality)		Community Safety Champions			
<b>3.3</b>	Continue recruitment and training of Ask Me ambassadors and focus on mainstreaming the service after Women's Aid funding comes to an end	VAWG Lead, Women's Aid	Local Steering Group, Sally Jackson	Time	Ongoing to March 2019	
<b>3.4</b>	Monitor the roll out of "Ask for Angela" in LBHF and ensure that it is in line with best practice.	LBHF Police, VAWG Lead.	LBHF Community Safety Team, Licensing (LA)Pubwatch	Time	By October 2018	
<b>3.5</b>	Continue delivery of SAFE project, with a more focused period of work with specific faith and community organisations to build their capacity to respond appropriately to domestic abuse and VAWG.	Huda Jawad, STADV	VAWG Lead STADV	Time, commitment	Ongoing until March 2021	

#### Priority 4: Practitioners

	Action	Lead	Others Involved	Resources	Timescale	RAG
<b>4.1</b>	All senior clinical based health practitioners at Imperial, particularly in midwifery, to be DAL trained to support and signpost clinical staff with cases of disclosures and DA	Named Midwife	Safeguarding maternity team and Senior midwifery managers	STADV to provide (free) training	By March 2018	



<b>4.2</b>	Conduct Training Needs Analysis and produce guidance for practitioners on levels of training needed to improve understanding of VAWG across our workforce and develop a more consistent response (as current survivor feedback shows vast inconsistency in each agency in terms of the response they are currently receiving). This is also in response to an action from the Family C DHR in RBKC.	VAWG Strategic Lead; Sally Jackson	Felicity Charles, Adam Taylor, Laura Beard.	Time	November 2018	
<b>4.3</b>	Hold VAWG Partnership Annual Conference in November	VAWG Lead, Sally Jackson	VAWG Comms Group	Time and funding from LAs for venue, etc.	November 2018	

#### Priority 5: Children and Young People

	Action	Lead	Others Involved	Resources	Timescale	RAG
<b>5.1</b>	Develop strategic commissioning process to address gap in therapeutic, specialist services for children under 13 who have experienced DA/VAWG	Commissioner's Health and Children's (LA).	LSCB under DA priority; STADV	Funding	By March 2019	
<b>5.2</b>	Develop whole schools approach via bringing together and coordinating current work and building on good practice and expanding throughout schools in the three boroughs	STADV and Schools leads	FCS	Funding and time. This work is depending on the need for match funding. Sarah Charlton have pledged £15k	By November 2017	

5.3	Oversee changes as a result of the new Borough Command Unit and the impact this is to have on response to VAWG.	VAWG Lead, Sebastian Adjei-Addoh	Met Police, Community Safety Partnership Boards	Time and commitment	March 2018 and onwards	
5.4	Strengthen police schools team under Safer Schools Programme across the three boroughs	Jim Brockway/ new BCU Insp – Police	LA/IFS, Education, FCS	Time and commitment	By December 2018	
5.5	Create joined up response between FCS and ASC to transition client group who are at the highest risk of human trafficking and/or exploitation and create working protocol, process map, signposting map	MSE Coordinator, Angela Flahive and Louise Butler	CSE Coordinator VAWG Lead	Commitment and time	February 2019	
5.6	Monitor how the LBHF integrated family services scheme will respond to DA/VAWG and how this will affect the shared service approach	Steve Miley VAWG Lead	CHOG Community Safety Commissioner s	Time	March 2018 and ongoing	
5.7	Ensure VAWG Partnership priorities are linked with Focus on Practice and workforce development programmes in FCS and Address the following: <ul style="list-style-type: none"> <li>• Inconsistent use of risk assessment for children in CFS i.e. RIM NOT USED</li> <li>• Co-location of DVIP not available in RBKC</li> <li>• Withdrawal of majority of VAWG funding from WCC FCS</li> <li>• Onus still placed on non-abusive parent (mother) by social workers to ‘protect’ child rather than holding perpetrators to account</li> </ul>	Sally Jackson Angela Flahive Clare Chamberlain	CHOG Community Safety Commissioner s	Time and Funding	Ongoing	

	<ul style="list-style-type: none"> <li>The use of anger managements, family therapy or programmes that are not Respect accredited</li> </ul>					
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### Priority 6: Perpetrators

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

<b>6.4</b>	Build best practice into commissioned service specifications (ie to write in a question asking potential providers to demonstrate how they will respond to DA both perpetrators and survivors)	Public Health (SMS)	Procurement	N/A	November 2018	
<b>6.5</b>	Identify and refer more perpetrators for voluntary programmes at DVIP	Police	LA, DVIP	Funding needed	Ongoing	
<b>6.6</b>	Hold a learning event to promote understanding and awareness of work with perpetrators	VAWG Lead, Sally Jackson	Specialist services	Time and commitment	November 2018	

### Priority 7: Justice and Protection

	<b>Action</b>	<b>Lead</b>	<b>Others Involved</b>	<b>Resources</b>	<b>Timescale</b>	<b>RAG</b>
<b>7.1</b>	Monitor impact of closure of Hammersmith Court – risk to adherence to protocol and loss of learning and good practice built up over 15 years	Tanya Allen	Police and CPS colleagues; Risk and Review group	Time	Ongoing	
<b>7.2</b>	Monitor potential changes with streamlining the BCUs/Police forces to ensure VAWG doesn't get lost	Sebastian Adjei-Addoh	STADV Community Safety Leads	Time	March 2018 - ongoing	
<b>7.3</b>	Monitor police use of Caution +3	Tanya Allen Karen Senogles	MET Police MET Detentions R&R Group	Time	Ongoing	
<b>7.4</b>	Monitor impact of changes to national probation services; ie PSR procedures are unsafe in DA cases – Need to watch this and challenge via SDVC; CRC (privatized probation) effects of performance based results/funding and interventions at risk of being ineffective	Tanya Allen Karen Senogles	MET Police Probation CRC R&R Group	Time	Ongoing	

<b>7.5</b>	Monitor and raise concerns regarding cases not being listed in the DA Courts	Tanya Allen Karen Senogles	MET Police R&R Group	Time	Ongoing	
<b>7.6</b>	Address lack of evidence based evaluation of SDACs and working with Police (Impact) locally and nationally; SDACs should be in every area of London – need to influence MOPAC and MOJ to secure wider buy in and support of local good practice	STADV VAWG Lead	Community Safety Commissioner s MOPAC	Time and funding	Ongoing	
<b>7.7</b>	Address lack of CCR in civil justice and family processes	Angelou STADV	Community Safety Commissioner s MOPAC	Time and funding	Ongoing	



## 5. Appendix 1 – Survivor Quotes (all quotes taken from Advance’s service-user interviews)

Sector	Feedback
<p><b>Police</b></p>	<p>“When they were with me they were lovely. They said they just wanted to understand. Well if you understand, do something about it. They would just arrest him for an hour and let him back out again. Maybe they thought they were helping me, but they weren’t. I didn’t feel supported.” (H&amp;F Police)</p> <p>“They were very supportive however Advance was the one guiding me and the police. Advance reminded them about screens. I think their intentions were very good however I feel that the police don’t have the resources necessary to spend the required time on all the cases they have. Considering how few their resources are, they did an excellent job on my case.” (RBKC Police)</p> <p>“They mean well but they are so undereducated. They need a lot more training. My husband has an IQ of 160. I don’t think they are used to dealing with anything other than thugs. Domestic abuse perpetrators are not thugs; they are manipulators. The police can’t see the difference.” (RBKC)</p> <p>“The CSU have to understand that it’s psychological as well. I started to have panic attacks due to the stalking. The police were really helpful but they need more training around how to work with survivors of DV. They didn’t always follow up.” (LBHF)</p>
<p><b>Courts</b></p>	<p>“I had to come multiple times to court as twice the wrong interpreter attended. This was very frustrating for me. I had to wait all day. It was very stressful. It was not efficient like the police. I had to wait nearly a year for the case to be resolved.” (Hammersmith Magistrates Court)</p> <p>“They had incorrect information about me so we waited a whole day and then the case was adjourned. They had all this info that I had committed all these public order offences and when they went into the records they realised that it wasn’t me. I was so surprised. My DOB was incorrect. It was quite basic errors.” (Hammersmith Magistrates Court)</p>
<p><b>MARAC 100% made of MARAC referral</b></p>	<p>“I appreciated that they discussed the case. I was given feedback about how to keep myself safe.” (RBKC)</p> <p>“I thought it was a very good process. It’s an external thing that says, no this is quite serious. It’s so traumatic at the time and you just want to down play it. Then you realise actually, no, I’m not a drama queen, this is quite serious.” (RBKC)</p>

<p><b>Housing</b></p>	<p>“My neighbour smashed my windows. I believe that this neighbour was acting on perpetrator’s orders. I’ve asked for a move and they declined. They said I can go on a transfer list. They said it was neighbours dispute and that they don’t see the link to the domestic abuse. I have children who suffer anxiety. I now have to go on anxiety medication which I don’t want to do.” (Notting Hill Housing)</p> <p>“They told me to phone the police or speak to my social worker.” (RBKC Council)</p> <p>“They weren’t very friendly people. They would tell me they would contact me and then they never did. I had to chase them.” (RBKC Council)</p> <p>“They gave emergency accommodation in Abbey wood which was far away. They wouldn’t tell me how long I would be there and I was told I could be moved at any time. I couldn’t change the GP or the children’s schools as I wasn’t sure how long I would be there. I lost my job.” (Westminster)</p>
<p><b>Social Services</b></p>	<p>“Social Services and I didn’t get off to a good start. Advance had told me that they were making a referral due to concerns around my ex-partner. I consented to this. I then find a letter through my door saying how frustrated social services are that I’m not engaging with them. Turns out, all the social worker had done was one home visit. She hadn’t tried to call me.” Furthermore, my social worker didn’t respect my decision not to report the incident to the police. They made it a negative point against me.” (H&amp;F)</p> <p>“One month after the incident, she came to visit. I was calling her but she told me she had other things to do and I had to wait. At home we were in danger. Every day he was fighting us. I thought she could have helped us but she didn’t. But at the end of the day she did fight for me. She helped us get moved.” (Westminster Children’s Social Care)</p>
<p><b>GP</b></p>	<p>“My doctor is fully aware of the DV. She referred me for counselling. I go back there every month. It can be hard to make appointments but I try to get one booked in every month so I can go for updates and so they know how I’m feeling. They are very supportive.” (Victoria Medical Centre)</p> <p>“I have a good relationship with my GP. They were supportive. She rang me back and let me know different options around counselling, therapy, and medication.” (Sands End Health Clinic)</p> <p>“My GP was the one who contacted the police. He put me in a safe room and he told me that this was unacceptable. He was fantastic.” (Knightsbridge Medical Centre)</p>

<p><b>Maternity Services</b></p>	<p>“I didn’t mention that I was there due to domestic abuse. I was told to rest 10 days because my back was hurt. I wish I had reported this incident to the police. My husband came with me as he felt guilty. No one tried to ask me. Maybe they could have asked me.” (St. Mary’s Hospital)</p> <p>“Midwives got involved as I was beat up when I was pregnant. I nearly lost the baby. They just helped and made sure I was okay and if I needed anything.” (St. Mary’s Hospital)</p>
<p><b>A&amp;E</b></p>	<p>“The first assault took place after I had major surgery. They knew me at the department I had gone to. They checked me out and asked me I was okay. They offered me counselling as well.” (Chelsea and Westminster Hospital)</p> <p>“The police disclosed that I was there due to the DV. I was not offered any referrals to any DV services. The doctor seemed disinterested.” (St. Mary’s Hospital)</p>
<p><b>Mental Health</b></p>	<p>“They didn’t contact my housing or help me in any way. They did leave me without support for quite a long time. They would say they would be in touch but I had to chase them up. I was left in the lurch.” (Charing Cross Hospital)</p> <p>“I told them about what had happened. They just told me to the x-ray department. They didn’t offer any referrals to any DV services.” (St. Charles)</p> <p>“The lady listened to me. She gave me confidence. Before I couldn’t speak and I cried all the time. I felt ashamed and like I was nothing. When I spoke to that lady she gave me more confidence to believe in myself. She gave me advice. She taught me a lot of things.” (Women’s Trust)</p>