



Report of: Director of Youth and Community Services, Children's Services

Health and Wellbeing Board	Date: 26 April 2017	Ward(s): All
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## SUBJECT: Violence Against Women And Girls Strategy 2017-2021

### 1. Synopsis

- 1.1 The Violence against Women and Girls (VAWG) Strategy for 2017-2021 addresses the following issues: domestic violence and abuse, rape and sexual violence, forced marriage, honour based violence, gangs and peer on peer abuse, trafficking, prostitution, female genital mutilation and sexual exploitation. This kind of violence has a serious detrimental impact on the health and wellbeing of the wider local community. This affects men, women and children, not only in relation to the significant costs of the services needed but also the issues of health inequalities that develop as a result of the violence. Exposure to violence as a child has particularly negative impacts, not only increasing the risks of involvement in future violence but of substance misuse, poor mental health and chronic illness in later life.

### 2. Recommendations

- 2.1 To note this VAWG Strategy as the final version produced and adopted by London Borough of Islington and its' VAWG Strategic Board partners. It was formally launched on 8 February 2017 at Islington Town Hall.
- 2.2 To discuss and explore how the Health partners can contribute to and complete the VAWG Action plan that supports the work of the VAWG Strategy.
- 2.3 To ensure that the correct members of the Health and Wellbeing Board and its partner agencies are represented at the VAWG Strategy Board.
- 2.4 To discuss if the Health partners can contribute financial resources to the assist the delivering of the DVA services within the Health sector.

- 2.5 To ensure that the Health and Wellbeing Board fulfils its obligations around the Three Priorities in the Islington's Joint Health and Wellbeing Strategy 2017-2020 and ensure joined up working with the VAWG Strategy.

### **3. Background**

- 3.1 The VAWG Strategy is a refresh of the previous strategy developed in 2011 and will be a continuation of the work that has already started in Islington.

It is important that the Health and Wellbeing Board support the work as the Violence Against Women and Girls agenda needs the highest possible strategic profile and effective partnership working as there is major health, economic and social consequences of violence. A significant risk is that there is currently under reporting of domestic violence and abuse and VAWG issues particularly from health colleagues and agencies. This is evidenced by the Domestic Violence multi-agency risk assessment conference (MARAC) and the number of low referrals being made within the health sector where there is significant under-reporting.

- 3.2 The strategy was drafted as a joint initiative and produced by its VAWG Strategic board partners and all the necessary comments, consultations and feedback into the strategy took place over a 12 month period. The members have included the statutory, voluntary and community sector, as well as health partners from the Clinical Commissioning Group (CCG), Public Health, Whittington Hospital Safeguarding Team and the Family Nurse Partnership.
- 3.3 In relation to implementing the VAWG Strategy there might potentially be some costs. These have not been fully scoped yet as the partners are still developing their different actions around the top five priorities as stated in the Strategy and we are yet to receive a response from health colleagues.

There are some existing services in place that will continue. These include:

- A domestic violence and abuse advocacy service for women and men from 16 years plus
- Domestic violence and abuse refuge provision for women and children
- A Black, Asian, Ethnic Minority and Refugee VAWG/Capacity Building Service
- A domestic violence and abuse adult perpetrator service
- A rape and sexual violence service
- Female genital mutilation support services
- Harmful practices work around forced marriage and honour based violence cases
- The Integrated Gangs team at Islington Police Station (including support for girls)
- The Pan London Ascent Project providing counselling and other DV support services
- A specific support model for GP practices and pharmacies in Islington arounds support, identification and referral pathways for domestic violence and abuse clients/patients/victims and perpetrators called the IRIS model.

These are alongside the existing frontline and operational services that agencies and organisations will continue to provide to its service users as part of its core services.

Additional funding bids are being explored to help support and deliver some of these additional VAWG strands. We have been successful in two DCLG bids for 2017-18 to deliver a Latin American Women's Aid Refuge for women and children; and also to work with Camden, Haringey and Enfield around complex needs of women experiencing domestic violence and abuse, mental health and substance misuse.

Furthermore, a funding bid was submitted on 1 March 2017 for the Transformation Fund which is a new one-off national fund released by the Home Office to support VAWG services. If successful this will greatly enhance the work of VAWG services to be delivered in Islington. Otherwise, it would be advisable to carry out joint commissioning activity between Health, the council and other partners to help deliver some of these key services.

- 3.4 The work will enable all staff to have an improved knowledge and understanding of VAWG issues, how cross cutting and multi-agency the strands are and their roles and responsibilities in addressing this. Health and Wellbeing Board members are asked to consider the work areas and how they can influence these strands in their sector.

In particular, it is suggested that the Health and Wellbeing Board members and their partners consider the following:

- Funding a skilled post, namely an 'Independent Domestic Violence Advocate' (IDVA), to be recruited to the Whittington Hospital to support staff and clients on matters related to domestic violence and abuse.

Specialist DVA support has previously operated in the Whittington and led to an increase in health referrals to MARAC etc. as well as being highly successful in other hospitals, namely the Royal Free, UCLH and Barnet Hospital to name a few.

Most clients will approach health services in the first instance before any disclosures are made to any other agency, including the police. Therefore, this first point of access needs to be available and supportive to increase referrals and improve safety for all.

- In order to aid our profile and understanding of DVA and VAWG we need more data from our health partners and the police. This would include data on:
  - Violent crime, including age standardised rate of emergency hospital admissions for violence
  - Rate of violence against the person offences
  - Sexual violence
- To understand and place/fund additional resources where there are complexities of cases where there are overlapping issues for victims and perpetrators around; mental health, domestic violence and abuse and substance misuse. There are a high proportion of these cases that are marginalised and falling through the gaps and if not supported earlier on, are having an increasing impact on resources when they have increased to being high risk.
- How to ensure there is an integration of services that provide a seamless approach.

In relation to other VAWG areas:

- To fund FGM services, provide training for all health staff on identification and referrals and understanding their obligations and mandatory duties.
- To support all rape and sexual abuse victims and ensure that they are referred to the relevant Islington support services.
- To explore funding a specific Independent Sexual Violence Advocate (ISVA) post within the hospital, to support all victims
- To join up work with young people and gangs, especially young girls that experience additional issues around VAWG.
- To ensure that all staff within all the health sector partners receive specific DVA and VAWG Training that is in addition to Safeguarding Training.
- To link in with a range of commissioned cycles and services so there is joined up working taking place and clear partnership working, strategically and operationally.

## 4. Implications

### Financial Implications:

- 4.1 None at this stage. Financial implications regarding the request for additional funding from health partners to support the delivery of the VAWG strategy are to be discussed.

### Legal Implications:

- 4.2 There are no implications arising directly from the recommendations; however members of the Health and Wellbeing Board should be aware of the new domestic violence and abuse best-practice guidance 2016, established by the National Institute for Health and Care Excellence (NICE). Despite this not being mandatory it is recommended that the practice toolkit is adopted by organisations providing services to those who experience domestic violence and abuse. The Guidance sets out a quality standard to improve health and improve safeguarding.

### Environmental Implications:

- 4.3 There are no significant environmental implications from the priorities for action outlined in the report beyond those associated with standard office usage, namely energy, water and material use and waste generation.

### Resident Impact Assessment:

- 4.4 The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

A Resident Impact Assessment was completed on 1<sup>st</sup> February 2017 and the summary is included below.

Domestic violence and abuse and violence against women and girls disproportionately affect women, although some men are affected as well. It is claimed that 1 in 4 women experience some form of domestic violence and abuse; this cuts across all classes, sexuality, faiths, ages and ethnic communities. Recent work has highlighted that there are certain communities, such as Black minority ethnic and refugee (BME), Lesbian gay, bi-sexual and transgendered (LGBT) and people with disabilities that experience additional barriers to reporting incidents and barriers to accessing services. It is with these concerns that the equalities and diversity issues need to be addressed. The Domestic violence and abuse definition has lowered the age to 16 years from 18 years so younger teenagers can be supported appropriately.

All the issues under VAWG also disproportionately affect women in the same way as highlighted for DVA. Although men can be affected, the issues of patriarchy, power and control tend to prevail around VAWG. This will have a direct impact on the residents within Islington, for all communities of women, children, men and boys.

## 5. Reasons for the recommendations:

- 5.1 The Health and Wellbeing Board is asked to consider how health partners can address some of the gaps in services to increase VAWG disclosures by all patients and clients that they support. This would support the onward referral to support services and the prevention of escalation of high risk cases to potential homicide cases. This is in line with the Health and Wellbeing Strategy priorities and will help this board fulfil some of the priorities outlined in this VAWG strategy.

**Appendices:** VAWG Strategy 2017-2021

**Background Papers:** None

**Signed by:**



11 April 2017

Director of Youth and Community Services

Date

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