Agenda Item No: 11

CITY OF WOLVERHAMPTON COUNCIL	Cabinet Meeting 13 January 2016		
Report title	Violence Against Women and Girls Strategy		
Decision designation	AMBER		
Cabinet member with lead responsibility	Councillor Sandra Samuels Public Health and Wellbeing		
Key decision	Yes		
In forward plan	Yes		
Wards affected	All		
Accountable director	Linda Sanders Strategic Director People		
	Ros Jervis Service Director Public Health and Wellbeing		
Originating service	Public Health and Wellbeing		
Accountable employee(s)	Karen Samuels Tel Email	Head of Community 01902 551341 <u>karen.samuels@wolv</u>	
Report to be/has been considered by	Adults and Safer City Scrutiny Panel People Leadership Team Strategic Executive Board		22 September 2015 30 November 2015 8 December 2015

Recommendation(s) for action or decision:

The Cabinet is recommended to:

- 1. Endorse the city's Violence Against Women and Girls Strategy 2016-19.
- 2. Note that the strategy document will also be subject to formal approval by the Safer Wolverhampton Partnership Board.

1.0 Purpose

1.1 To endorse the city's Violence Against Women and Girls Strategy (VAWG) 2016-19 and highlight key areas of focus and support.

2.0 Background

- 2.1 The city's new Violence Against Women and Girls Strategy (VAWG) 2016-19 addresses domestic (DV) and sexual violence (SV), female genital mutilation (FGM), honour based violence (HBV) and forced marriage (FM). Wolverhampton's Domestic Violence Forum has led on developing the strategy through its multi-agency Executive Board.
- 2.2 The strategy name, acknowledges the gendered nature of these crimes, (as the majority of victims are female in Wolverhampton, this averages 83% over the last ten years). However both the national strategy of the same name, and the local strategy recognise that there are both male and female victims and perpetrators of these crimes; consequently, provision will encompass work around women, girls, men and boys.
- 2.3 The previous VAWG strategy 2012-15 resulted in some marked improvements in our city-wide partnership response to VAWG. Achievements included:

Processes

- Processes for identifying and managing victims and risk, including a reviewed and improved co-located team Multi Agency Risk Assessment Conference (MARAC), delivery of a specialist DV court, safety planning meetings for victims at high risk of serious harm and homicide, domestic homicide review process
- Establishment of Barnardo's joint screening meetings of children and pregnant women affected by DV

Policy Developments

- adoption and implementation of an overarching DV protocol
- Multi Agency Risk Assessment Conference (MARAC) protocol implemented
- West Midlands DV Standards developed
- Development and launch of the first UK multi-agency joint adult and child FM and HBV protocol
- VAWG integration into policies of safeguarding board agency members

Partnership Working

- Joint working across adults and children's Safeguarding Boards
- Regional Domestic Homicide Review (DHR) learning event
- Two FM and HBV conferences held to raise both the local and regional profile
- 2.4 Building on progress made in the previous 2012-15 VAWG strategy, the refreshed strategy develops work across each of the strands listed above. It focuses on developing a more systematic approach to identifying victims of violence at a much earlier point through work with schools and specialist support organisations; ensuring services are in place to respond to lower risk cases, avoiding escalation of risk; it will raise awareness across frontline practitioners and targeted work with communities to challenge a culture of VAWG.

3.0 Governance and Accountability

- 3.1 The strategy details the governance and inter-relationship between the various strategic forums operating across Wolverhampton due to the cross-cutting nature of VAWG. Whilst there will be shared areas of delivery and oversight, governance sits with the Safer Wolverhampton Partnership, with development and delivery managed through Wolverhampton Domestic Violence Forum.
- 3.2 New joint operating protocols are currently being formalised with sign off sought by the Chairs of Adults and Children's Safeguarding Boards, Health and Well Being Board and SWP.

4.0 Strategic Alignment

- 4.1 The VAWG strategy actively contributes towards a number of strategic priorities and new developments across the city. VAWG is a strategic priority for the Safer Wolverhampton Partnership (SWP) with the commitment detailed in the SWP Crime Reduction, Community Safety and Drugs Strategy 2014-17.
- 4.2 Delivery against the VAWG strategy is directly aligned with the Council's Corporate Plan, where it contributes to both the Keeping the City Safe and the Safeguarding People in Vulnerable Situations priorities. In addition to the corporate commitment, delivery will be partnership based, and has the full support of both adults and children's safeguarding boards.
- 4.3 As new developments and working practices evolve, such as with the Multi-Agency Safeguarding Hub (MASH) and proposals for a revised model for children's services are shaped, the Strategy and resulting action plan will aid integration with cross sector mainstream services and provide clearer pathways to access information and support.
- 4.4 Since April 2011, SWP has been required to undertake Domestic Homicide Reviews (DHRs) for every domestic violence related death occurring in the city, a number of which have attracted media interest. The strategy directly supports implementation of recommendations from the city's DHRs, serious case reviews (SCRs) and safeguarding adult reviews, enabling partners to evidence the proactive approach taken in response to review findings. SWP remains committed to ensuring that any learning from DHRs and SCRs is effectively disseminated across the partnership.

5.0 Remaining Challenges

5.1 Despite progress made so far, there remain a number of key challenges which require a fresh approach to VAWG. Research indicates that domestic and sexual violence remains severely under-reported despite local increases in reporting of these crimes which have risen by 68%; although this trend is welcomed, it does pose capacity challenges for specialist support services and the issue of repeat victimisation (in particular in relation to DV) which remains a concern. DV in particular is a high volume crime, with 5,900 reported incidents during 2014-15, of which 34% were crimed by police.

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- 5.2 Whilst the city celebrates its cultural diversity, hidden crimes remain. Wolverhampton is home to residents who are from communities where FM, FGM and HBV are prevalent, yet there are very few or no reports of this practice coming to the attention of agencies; crimes recorded for 2014-15 were 5, 0 and 5 respectively across these crime types. Unicef FGM prevalence data lists the top 12 countries where this practice is undertaken in which between 66 98 % of the female population of 15-49 year olds are affected. The government has reinforced the need for a strengthened local approach to identify those at risk and encourage reporting. FGM reporting requirements were introduced within primary care from October 2014, and reporting by registered health and social care as well as teaching practitioners from 31 Oct 2015. Forced marriage became a criminal offence in 2014, and the legislation around female genital mutilation was strengthened in 2015.
- 5.3 The draft strategy has been informed by developments in national policy underpinned by legislative change, an analysis of local need, current performance and reviews of current practice. In May 2015 Safe Lives (the national body developing best practice around MARAC) undertook an independent review of the city's MARAC arrangements and noted marked improvements in practice; in 2013, West Midlands Police were subject to a Her Majesty's Inspector of Constabulary (HMIC) Inspection where recommendations were made to improve practice and quality assurance.

6.0 VAWG Strategy 2016-19 Development

6.1 With the city's approach much more embedded within agency safeguarding practice, this new strategy will work across each of the strands detailed above, focus on earlier identification and support with a more systematic approach to identifying victims of violence at a much earlier point through work with schools and specialist support organisations, raising awareness across frontline practitioners and targeting communities at heightened risk where there is an accepted culture of VAWG.

VAWG Strategy Objectives	VAWG Strategy Outcomes
 Increase the early identification of and intervention with victims of VAWG by utilising all points of contact with front line professionals Build capacity to provide effective VAWG advice and support services Improve the criminal justice response to VAWG Support victims through the criminal justice system and manage perpetrators to reduce risk 	 Reduce serious harm resulting from VAWG including homicide prevention Reduce the prevalence of VAWG Reduce the rate of repeat incidents for domestic violence Increase the rate of reported VAWG offences brought to justice

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7.0 Early Areas of Focus

- 7.1 HBV, FM and FGM an early key area of focus will be on embedding understanding of issues around FGM, FM and HBV; these hidden crimes are grossly under-reported and the often familial links to perpetrators of these crimes means they are less easily identifiable. An effective response to strands of work will require awareness raising and training of front-line practitioners, an understanding of their mandatory responsibilities and a growth in confidence to initiate professional curiosity as part of their safeguarding practice on subjects which have historically been seen as cultural within certain communities. Work is already underway to map our settled communities where there is a heightened risk of these crimes being committed to inform targeted delivery.
- 7.2 DV and SV the increased recorded crime for both these crime types is seen as a reflection of increased confidence in reporting. With an increase in referrals of high risk cases to MARAC, there is a need to more effectively manage low-medium risk cases through safety planning to avoid escalation of risk. There will also be a greater emphasis on reducing repeat victimisation, managing complex cases and provision of offender management and perpetrator programmes which shifts the focus of responsibility and accountability from the victim to the offender.

7.3 Action Plan Development/ Model of Delivery

A multi-agency action plan will be developed to underpin the strategy and drive delivery. The accompanying model of delivery will be centred on:

7.3.1 Prevention

Raising awareness amongst practitioners, communities and other stakeholders, delivery of training, education and embedding improved practice as part of existing safeguarding responsibilities.

7.3.2 Provision, Protection & Justice

Focusing on victim safety, effective management of offenders, increasing the accountability of perpetrators and use of the full range of criminal and civil justice remedies.

7.3.3 Performance

Capturing performance data systematically, reviewing progress, disseminating learning and identifying best practice.

8.0 Consultation

8.1 A 12 week consultation on the strategy was launched on 1 September 2015 and ended on 24 November 2015 which sought input from stakeholders. As part of that consultation process, a presentation was delivered to Adults and Safer City Scrutiny Panel on 22 September 2015, outlining areas of focus for the VAWG strategy and prompting discussion; comments from Scrutiny Panel were noted and have been fed into the revised strategy. Comments were centred largely on aspects of delivery, and the

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overwhelming endorsement of Scrutiny Panel was secured. Approval of the strategy will be sought from SWP Board early in January 2016.

- 8.2 There is a significant level of support for the strategy from elected members, public sector partners, voluntary and community sector organisations and residents. Group responses have included feedback from Black Country Partnership Foundation Trust, Wolverhampton Youth Council, Youth Zone, Wolverhampton University research cluster, The Haven Wolverhampton and Women of Wolverhampton; in addition, a total of 50 partial and 13 full individual responses have been received. Comments have included:
 - Calls for an increased awareness of VAWG to be targeted within communities with a need to challenge community cultures where this is part of accepted practice.
 - Positive feedback that proposals for delivery to include an earlier focuses on prevention and early intervention.
 - Need for more specific work with health partners in identifying girls at risk of FGM, along with a request for an increase in joint working with schools and third sector organisations.
 - A request to include contextual information on child sexual exploitation and gangs so it is clear where this is being progressed.
 - A request for more detail around delivery which will feature within the Action Plan
 - Contradictory views about ease of read and formatting/layout.
 - A preference for a shorter strategy
 - Suggestion for a separate men and boys strategy

9.0 Financial implications

- 9.1 Implementing the VAWG Strategy will require a multi-agency approach with a required change in mainstream practice across the contributing partners. Where specialist commissioned services are needed, these will be delivered through a variety of funding streams including the annual allocation of Community Safety Fund, issued to SWP by the Police and Crime Commissioner. Early discussions have also commenced regarding possible joint commissioning opportunities with the Council's Children's Commissioning team which could be linked to strategy outcomes. The Clinical Commissioning Group has indicated its intention to commission new specialist FGM services.
- 9.2 Resource allocations from these funding streams will be finalised early in 2016 and delivery of this strategy will be within this advised allocation. [GS/02122015/G]

10.0 Legal implications

10.1 Sections 5 and 6 of the Crime and Disorder Act 1998 require the Council and other responsible authorities to formulate and implement strategies to reduce crime and disorder in the area; Section 17 places a duty on the Council to do all it reasonably can to prevent crime and disorder in the area. Implementation of the strategy contributes towards the Council's duties in this regard.

- 10.2 A new mandatory reporting duty for FGM came into force on 31 October 2015 under Section 5B of the Female Genital Mutilation Act 2003 (amended under Section 74 of the Serious Crime Act 2015). The duty requires regulated health and social care professionals and teachers in England and Wales to report known and apparent cases of FGM in under 18-year-olds to the police and to comply with statutory reporting guidance.
- 10.3 There is a statutory requirement for SWP to undertake Domestic Homicide Reviews (DHRs) for every domestic violence-related death occurring within its locality, under section 9 of the Domestic Violence, Crime and Victim Act (2004). This provision came into force on 13th April 2011. [AS/02122015/C]

11.0 Equalities implications

11.1 A full equality analysis has been completed which highlights the positive contribution the strategy will make to addressing the gendered nature of these crimes, where victims are predominantly women; however the strategy and resulting action plan will encompass work around women, girls, men and boys. It also positively recognises the targeted work to remove barriers to victims with protected characteristics who are seeking help.

12.0 Risk Implications

12.1 The Council's corporate risk management framework has been complied with, to identify and assess the risks associated with this decision/ recommendations. This has identified that there are no significant risks that need to be reported.

13.0 Environmental implications

13.1 There are no environmental implications.

14.0 Human resources implications

- 14.1 There are no human resources implications.
- 15.0 Corporate landlord implications
- 15.1 There are no corporate landlord implications.
- 16.0 Schedule of background papers
- 16.1 Presentation to Adults and Safer City Scrutiny Panel 22 September 2016.