EXECUTIVE SUMMARY

Aims

Slough Borough Council commissioned Imkaan to undertake a DVA Health Check of local responses to domestic violence and abuse (DVA). The objectives were to:

- Assess what is working in terms of current service delivery arrangements in Slough.
- Identify gaps, weaknesses and risks in relation to current arrangements including whether provision meets the needs of target populations / survivor needs.
- Assess current delivery arrangements in the context of domestic abuse and interconnected forms of violence, such as sexual violence, child sexual exploitation, forced marriage, honour-based violence and female genital mutilation.
- Identify any promising practice.
- Produce recommendations that can inform SBC commissioning intentions for 2017 onwards.

The Health Check was carried out in August 2016 and involved interviews and group discussions with local voluntary and statutory professionals and commissioners, alongside a review of key policy documents and literature.

Scale and impact of violence against women and girls (VAWG)

The Health Check adopted the Government definition of domestic violence as highlighted in national policy frameworks: *any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality* (Home Office, 2013)[1].

The Health Check also acknowledges the well evidenced gendered impact of violence and abuse and the disproportionality of particular forms of VAWG. While VAWG remains under-reported to police and within crime surveys, there is substantial evidence available to demonstrate its widespread impact, complexity, and cost across the UK. VAWG causes varying levels of harm, disadvantage and vulnerability in multiple and overlapping ways and at any stage over the life course. This is compounded for women and girls subject to intersecting inequalities and who are a part of particular minoritised groups. Women who experience physical and/or sexual violence, are more likely to experience other forms of disadvantage and discrimination (Scott & McManus, 2016)[2]. In understanding the impact of VAWG, gender inequality is absolutely essential but must also be viewed through a wider lens of inequality to ensure intersectional barriers are identified and addressed (McNeish & Scott, 2014)[3].

[1] Home Office, definition of domestic violence and abuse (Published online: Home Office, 2013).
[2] Scott, S. & McManus, S. (2016) *Hidden Hurt: Violence, abuse and disadvantage in the lives of women.* London: Agenda.
[3] McNeish, D. & Scott, S. (2014) *Women and Girls at Risk: Evidence across the life course.* York: DMSS Research.

National policy / legal context

Since 2009, VAWG has been a key priority for the UK Government. The refreshed Government strategy on VAWG (2016)[4] aims for a reduction in all its forms by 2020, alongside increased reporting, prosecution and conviction. The strategy prioritises prevention, service provision, partnership work and pursuing perpetrators. The National Institute for Health and Care Excellence (NICE) has also published guidelines for health and social care commissioners and staff which come into contact with those affected by DVA[5]. The guidelines emphasise the importance of integrated commissioning strategies, tailored and needs-led specialist provision, support for people with barriers to accessing services, multi-agency partnerships and continuous training for professionals.

Following the introduction of the Domestic Violence, Crime and Victims Act in 2004[6], a range of criminal and civil legal remedies have been put in place to cover victims of violence, including those aged 16-17. Since 2011, local areas are legally required to undertake a Domestic Homicide Review following a domestic homicide to identify lessons that can be learned to prevent future violence and homicide. Additionally, the Equality Act[7] came into force in 2010 to protect the rights of individuals who may experience discrimination. The EU Victim's Directive[8] establishes minimum standards about the right to specialist support services for victims of VAWG though, following the June 2016 EU referendum vote to leave the EU, the impact of EU legislation in the UK is currently unclear.

Regional context

London benefits from a Mayoral VAWG strategy (2013-2017)[9], which commits to working with partners on five key objectives to address the issue, including London taking a global lead in the prevention and elimination of VAWG; improving access to support; addressing health, social and economic consequences; protecting women and girls at risk, and 'getting tougher' with perpetrators. The new Police and Crime plan, in pre-consultation phase, will also contribute to the vision for addressing VAWG across the capital.

Local context - Slough

Slough's population is estimated at 145,734 residents, a large percentage of which are of working age (62.8%), with 25.4% under the age of 16 and 9.6% older people. The town is made up of a younger than average population compared to the South East, and there is a higher proportion of adults aged 25 to 44.

Slough is characterised by a highly diverse population with regards to ethnicity, race and language. It is thought that there is a significant refugee and asylum seeking population in

[4] Home Office (2016) *Strategy to end violence against women and girls: 2016 to 2020.* London: Home Office.
[5] NICE (2014) *Domestic violence and abuse: multi-agency working.* London: NICE.
[6] Domestic Violence, Crime and Victims Act 2004 (Available online)
[7] Equality Act 2010 (Available online)
[8] Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA (Available online)
[9] MOPAC (2013) *Mayoral Strategy on Violence Against Women and Girls.* London: MOPAC.

Slough, which has largely opted out of the formal 'dispersal' system, creating a need for key services. There is greater deprivation in Slough in terms of crime, access to housing, services and income for older people. There is also a high level of drug misuse, mental health conditions are on the rise and there is high demand for social housing (SBC, 2016)[10].

- Through the mandatory antenatal reporting system, six women per month were identified as having FGM by the NHS Acute Trust.
- The majority of domestic abuse offenders who perpetrate crimes against women, usually their partner, are identified as young men under the age of 30.
- Domestic abuse features in a significant number of social care cases across the borough.

Several strategic documents in Slough outline planned ways forward for addressing VAWG:

- The Multi-agency Domestic Abuse Strategy 2015-2018[11] which envisions 'that all victims of domestic abuse will receive the appropriate level of support at all times', and prioritises prevention, provision, protection and partnership.
- The Slough Local Safeguarding Children's Board (LSCB) FGM strategy[12], recognises the interconnectedness between FGM and other forms of VAWG and prioritises prevention, prosecution and protection.
- Slough's CSE strategy[13] sets out the LSCB's commitment to addressing CSE. Some of this work has been delivered including research to explore how current responses could be strengthened which highlights the need for prevention work in schools, peer engagement work and creating opportunities for shared learning between agencies.
- A report for the Thames Valley Police and Crime Commissioner to inform DVA commissioning (2015)[14] which highlights gaps in provision for children and young people, those with complex needs, disabilities, and BME-led support for BME women.

Gendered and Intersectional Approach

A key component of providing an intersectional response is ensuring that specialist service approaches and structures are sensitive and responsive to gender and where gender intersects across the protected characteristics.

A 'by and for' BME approach

Autonomous, independent specialist and dedicated services run by and for women from the communities they seek to serve using a 'led by and for' model are an important source of safety and support for BME women and girls. A 'led by and for model' has historically evolved to

[10] SBC (2016) *The Slough Story.* Slough: SBC.
[11] Safer Slough Partnership (2015) *Slough Multi Agency Domestic Abuse Strategy.* Slough: Safer Slough Partnership.
[12] Slough LSCB (2016) *Strategy to combat female genital mutilation.* Slough: Slough LSCB.
[13] Safer Slough Partnership (forthcoming) *Child sexual exploitation in Slough: Insight from local stakeholders.*
[14] The Capability Company (2015) *Commissioning Domestic Abuse Services: A report for the Thames Valley Police and Crime Commissioner.* Berkshire: Berkshire Women's Aid.

respond to a continuum of violence. The BME VAWG sector[15] has been has been shown to be effective at understanding and identifying needs and vulnerabilities that may be missed by generic domestic violence providers, including organisations that offer limited services such as one dedicated BME worker to cover a broad range of different communities of interest and identity.

Disabled women

The first national study on disabled women and domestic violence (Thiara et al., 2011)[16] found that disabled women are twice as likely to experience violence and being disabled compounds the severity of the abuse they experience as it limits their capacity to escape, with many women enduring the abuse for prolonged periods. The research calls for a cultural shift to address the significant barriers and gaps in protection and support across statutory, domestic violence and disability sectors. Good practice includes providers being well-informed of disabled women's needs, service development in consultation with disabled women, well publicised accessible services, equality impact assessments and improving professional attitudes towards disabled women.

LGBT people

VAWG policy, service provision and commissioning tend to be designed around a cisgender, heterosexual model of violence and abuse which does not take into account the specific dynamics of LGBT relationships, which may include specific forms of abuse such as 'identity abuse' where sexuality is used as a mechanism to exert power and control (Stonewall Housing, 2014)[17]. Stonewall Housing recommends further research into the specific needs of LGBT victim-survivors, tailored training for voluntary and statutory services and the provision of person-centred support which recognises each person's specific and intersecting experiences. Recommendations also emphasise the importance of commissioning early intervention work, community awareness campaigns and LGBT services that are inclusive and link with organisations for BME, refugee and new migrant groups.

Children and young people

Violence and abuse between young people, or peer-on-peer abuse, has gained increased recognition in recent years and surveys estimate that up to 70% of young women are sexually harassed at school and a third of sexual exploitation cases across the country are thought to be peer-on-peer (Firmin et al., 2016)[18]. Research identifies the importance of holistic and contextual approaches at operational and strategic levels. Contextual approaches recognise and

[15] The importance of these organisations is illustrated by an SROI study of the Ashiana Network, a 'by and for' BME needs-led specialist on domestic, sexual and forced marriage in Waltham Forest. *Journey Towards Safety*, Women's Resource Centre and Ashiana (2011) See: http://thewomensresourcecentre.org.uk/wp-content/uploads/WRC-Ashiana-SROI-report_2011.pdf

[16] Thiara, R.K., Hague, G. & Mullender, A. (2011) 'Losing out on both counts: disabled women and domestic violence?' *Disability and Society* 26 (6), 757 – 771.

[17] Stonewall Housing (2014) Roar because silence is deadly: A report on the experiences of lesbian, gay, bisexual and trans* survivors of domestic violence and abuse. London: Stonewall Housing.

[18] Firmin, C., Curtis, G., Fritz, D., Olaitan, P., Latchford, L., Lloyd, J. and Larasi, I. (2016) Towards a Contextual Response to Peer-on-Peer Abuse: Research and Resources from MsUnderstood local site work 2013-2016. London: MsUnderstood Partnership.

intervene with the harmful contexts in which young people experience violence (for example within their peer groups, school and local neighbourhoods) and the interplay between these contexts alongside the provision of one-to-one support and therapeutic work with the young people affected. Contextual approaches (including contextual commissioning) should also recognise the overlap and interaction between different forms of abuse and the impact of multiple inequalities based on protected characteristics on young people's experiences[19].

A Needs-led Strength-based Response to VAWG

The value of women-centred holistic needs and strength-based approaches designed to respond to the complex and nuanced ways in which violence impacts on women and girls is well established. Specialist women's and BME women's organisations have been at the forefront of designing and developing unique and specialist interventions. The combination of critical frontline services alongside interventions which provide safe spaces for self-determination and agency to rebuild women's sense of self, community and aspirations are key to holistic, empowerment based approaches. Furthermore, international research has shown that strategic advocacy by an autonomous women's movement is the most critical factor in creating positive policy and programming shifts in VAWG policy, including leading the way in primary prevention work (Hunt & Weldon, 2012)[20]. Therefore, supporting the development of and engagement with autonomous, holistic women's organisations is crucial to developing effective strategies and responses to VAWG.

Supporting Women Experiencing Complex/Multiple Disadvantage

Women facing multiple disadvantages, such as mental health, drug and/or alcohol problems, contact with the criminal justice system and homelessness, are more likely to experience violence and abuse and poor mental health. The negative consequences of violence also themselves increase the risk of further gendered forms of victimisation and violence. To be able to respond to the complexity of multiple and gendered life events/stressors on women and girls, service approaches need to take a cross-cutting, holistic approach which responds to the various social inequalities that underlie the negative outcomes for women (McNeish and Scott, 2014)[21].

DVA in Slough

To estimate how many individuals are likely to be affected by DVA in Slough, the most recent Crime Survey of England and Wales (CSEW), previously the BCS, is used as approximations. For 2014-15, the CSEW estimated that 6.5% of women aged 16-59 had experienced any type of partner abuse in the last year (around 1.1 million). This increased to 27% of women when measured across the life course since the age of 16 (around 4.5 million).

[19] AVA (2013) *Commissioning for multiple disadvantages: developing effective services for young women experiencing domestic and sexual violence who have substance use and mental health problems.* London: AVA

[20] Hunt, M., & Weldon, S. L. (2012) The civic origins of progressive policy change: Combating violence against women in global perspective, 1975–2005, 106(3), *American Political Science Review,* pp.548-569

[21] McNeish, D. & Scott, S. (2014) *Women and Girls at Risk: Evidence across the life course.* York: DMSS Research.

The female population aged 16-64 years in Slough totals 46,766. It could be assumed that approximately:

- 3,039 women likely to have experienced DVA in the last year;
- at least 2,015 children will be living with DVA in their home every year.
- 12,627 women likely to have experienced DVA at some time in their life.

Since younger women report higher rates of intimate partner or sexual violence than other age groups and given the relatively younger population of Slough, it is likely that considerable numbers of those aged 15-19 may be victims of various forms of VAWG. There is a relatively high birth rate in Slough and a large proportion of young children, potentially with mothers whose first language is not English.

Local DVA Data

Available agency statistics on DVA show:

- Police received a total of 4,273 reports of DVA in 2014-15. In only 1,235 of these cases was action taken by the police or cases validated.
- MARAC dealt with 188 cases in the last financial year, with just over 19% being repeat cases. Notably, 43% of the cases were from BME backgrounds though a further breakdown of ethnicity was not provided.
- 4,376 referrals of children affected by DVA to Children's Trust - 3,808 contacts from Thames Valley Police (of which 46.4% (n=1766) were under the category of DVA); 568 contacts from other agencies. A breakdown of the data by ethnicity is not available.
- 191 women in Maternity Services were identified by midwives / disclosed DVA (4.24% of all bookings).
- 578 DVA cases were identified within the NHS Trust for the 6 month period since January 2016.
- Since November 2015, 34 young people have been supported by DA Youth Worker.
- 493 cases been supported by DASH in the 8 month period January to August 2016.
- 8 families were supported by Homestart.
- 48 FGM cases were identified by the specialist FGM Nurse (Slough had a 100 of the 200 cases in the South Central region).

It is difficult to determine whether agency figures include the same individuals being seen by multiple services or the extent of 'unique' individuals. Recording of ethnicity is either absent, inconsistent or inadequate. This limits what we can realistically know about the extent and type of DVA cases coming into contact with agencies. Despite these limitations, the available information from agencies shows that DVA takes up considerable staff time and that considerable numbers of people victimised in situations of DVA are coming forward.

Current Responses

A number of important services and initiatives exist as part of the response to DVA across Slough. Current responses incorporate a range of voluntary and statutory services and initiatives, some well-established and others more exploratory and recent. These include:

- Statutory responses and processes (such as Police DAIU, MARAC, MASH; VMAP; FGM nurse; SARC).
- Specialist domestic and sexual violence services (DASH; SARC; ISVA) and some targeted interventions (A&E IDVA; DA Youth Worker).
- Recent initiatives (Inspiring Families and Family Therapy).

Themes

The Consultation carried out with key professionals identified the following themes.

Hyper-diversity of Slough makes the local important

Demography of Slough means that it is akin to a diverse London borough which creates disconnect with most other areas of the Thames Valley. This makes it a challenge to have a uniform countywide response to DVA/VAWG. For this reason, the importance of 'the local' was emphasised to ensure any response to DVA/VAWG in Slough is rooted in the community it serves.

Strategic response to DVA/VAWG requires strengthening

The importance of developing a strategic governance structure, strategic vision and a commissioning plan for the provision and prevention of VAWG in Slough was highlighted by the majority of respondents.

Better links between VAWG strands

Similarly, the need to connect the different strands of VAWG was identified since many aspects of the current response was regarded to be fragmented and to lack co-ordination.

Lack of connection between PCC and local authority areas

The PCC is currently commissioning a number of services across the Thames Valley, which is an important aspect of the response to DVA/VAWG in the county. The need for better connection between the PCC and local authorities was highlighted.

Absence of dedicated BME support service

A strong view was expressed about the lack of choice in support services for BME and other diverse victim-survivors. Many respondents thought that a specialist DVA service, such as DASH, and a dedicated BME service ('led by and for' model) needed to work in partnership to ensure the range of choice in services for diverse groups which require a specialist response.

Since current services are not accessible to many groups, the need to develop community-based interventions was underlined. A range of possible measures for improving engagement and support with diverse groups were suggested: developing key contacts within the Roma community to give information on DVA/VWG; development of Community Champions and local

hubs/access points; use of 'word of mouth' in giving information about support and help; drop-in sessions in easily accessible community locations; greater support to community organisations to develop their capacity to offer support on DVA and to run peer support and educational groups.

Independent services are trusted

The role of community organisations, including the independent voluntary sector, was viewed to be critical in giving victim-survivors information, advice and signposting to more specialist services. The importance of community-based organisations in supporting marginalised and stigmatised groups to access information and support from mainstream services has been well evidenced. In Slough, this avenue was considered crucial for many to access support for DVA without the fear of statutory authorities.

Data on DVA/VAWG

The availability of agency data remains an on-going issue in Slough and there is currently no central data collation point for DVA/VAWG. Even police data, which is the most comprehensive available, no information is provided on age, ethnicity, and nature of relationship. Absence of such data frustrates the process of effective strategic planning.

Multi-agency work at operational level is well developed but more work is needed

Multi-agency work at an operational level was described to be working well though often depended on personalities committed to addressing DVA. It was also said that partnership work *'can always be strengthened'* and that more work was required to build an understanding of its value and the importance of placing the victim at the centre.

Further issues identified the need to: develop champions on DVA/VAWG within all statutory services, which is an important way of ensuring an informed co-ordinated response to DVA among key practitioners within the major services; establish greater clarity for referral pathways for medium and standard risk cases; further build relationships to avoid siloed working; be better informed about all existing services; have more publicity through posters and leaflets and a directory of services; enhance professionals' understanding and knowledge about how to respond to DVA within BME communities and about the dynamics of DVA and the issue of 'choice' to stay in abusive relationships; further develop the MASH to include key partner which are currently absent, to link child abuse and woman abuse, and establish information sharing protocols; have better inter-agency responses to complex needs; address the issue of high thresholds for referral to mental health services; develop therapeutic interventions for women and children; address the gap in housing which remains a big barrier in victim-survivors taking action to change their situations.

On-going multi-agency training, including for community based groups/organisations

Although a range of training on DVA and other strands of VAWG is in place and general awareness of DVA was reported to exist, more work was reported to be needed on training across the board, including a focus on coercive control. Majority of respondents mentioned the need for training to be on-going and better co-ordinated.

Generic services based in the community that are accessed by those experiencing DVA were said to require on-going training, which would help build their knowledge and expertise in supporting their clients.

Limited work with children and young people

Work with children and young people, especially early intervention and therapeutic support, is a gap. Existing work is limited and has short term funding. The adoption of the Inspiring Families Programme by the Children's Trust will make some support available for those on CIN/CP plans. CAMHS thresholds remain high and waiting lists long. Work on CSE has largely been separate. While referrals of 16-17 year olds were being received, SRE is not part of the curriculum and there is a lack of work with young people to address respectful relationships, consent, and gendered norms.

Perpetrator programme/work

A gap most frequently raised by respondents was the current lack of work with perpetrators in Slough though the difficulty in offering county wide, rather than local, provision was also identified. Along with such work, the need to send message to boys about unacceptable behaviour through work in schools was also flagged.

Older people and disabled women

National trends and research evidence indicates an extremely low level of disclosure and take-up of support services and highly inadequate professional responses to these two groups. Anecdotally, they were reported to constitute the lowest referrals of any group, though more were reported to be coming through the A&E IDVA and hospital route.

Too much focus on high risk

There was concern about the current over-emphasis on high risk cases, for which established and highly developed processes and support are in place. Medium and standard risk cases have less clear referral pathways and support available. Learning from DHRs shows that victims tend to be either at lower risk and/or not known to services, raising the question 'what happens to low risk cases?'

Specialist DVA service is heavily relied upon

Referrals to DASH are made by most statutory and voluntary agencies and community groups. As the only dedicated organisation, with a long history in DVA provision, it is a key player in the multi-agency landscape. It was the view of the majority of respondents that DASH added great value to Slough in its offer of a range of help and support to victim-survivors.

Future Directions / Recommendations

There was a widespread commitment to strengthening responses to DVA and other forms of VAWG in Slough. It was evident that a number of important services and initiatives exist as part of Slough's response to DVA and other forms of VAWG but, inevitably, gaps in services remain.

Adopting a joint commissioning approach could offer opportunities to strengthen and co-ordinate responses across statutory and voluntary sectors.

Current responses incorporate a range of voluntary and statutory services and initiatives, however it was evident that there is an over-reliance on the specialist DVA service, current investment in which is lower than would be expected, and there is an absence of a dedicated VAWG service for BME victim-survivors. Other challenges include the absence of developments for LGBTQI survivors, children and perpetrators. The Health Check presents an important opportunity for Slough to review its strategic and operational arrangements for DVA and other forms of VAWG to further promote the safety and well-being of survivors.

Key Messages

- Based on national estimates, it is anticipated that 3,039 women in Slough experience DVA in a 12 month period, with at least 2,015 children living in the situation. Currently, 12,627 women living in Slough will have experienced DVA at some time in their lives.
- Research shows that the main groups reporting DVA are in the working age population (18-64 years) which indicates a higher likelihood of DVA Slough, where a high percentage of the population are in this age group (62.8%). Almost 1 in 10 residents are older people, an area of need for DVA that has received limited attention.
- Statistics show that Slough is a highly diverse Borough, with sizeable migrant, refugee and asylum seeking populations. This diversity and the possibility that considerable numbers may not be accessing protection because of a range of structural barriers, will impact on the type and cost of services required to respond effectively.
- BME and recently migrated victim-survivors were reported to face multiple barriers to help seeking and disclosure and to be on the margins of existing service provision. Dedicated specialist BME services and outreach work was largely absent or under-developed.
- Despite research evidence indicating high levels of DVA amongst disabled, elderly and LGBTQI groups, they were largely absent in local statistics.
- Despite high numbers of children and young people being affected by DVA and other forms of VAWG, there are a lack of appropriate responses including those that focus on early intervention, prevention and therapeutic support.

Key Recommendations

In order to develop a co-ordinated response, Slough Borough Council needs to consider the following with key partners (Thames Valley Police, PCC, Health):

<u>Shaping the strategic approach</u>

- The current absence of a strategic governance structure for DVA/VAWG needs to be addressed; as part of a wider strategic and policy shift in Slough from a limited focus on DVA to a wider focus on VAWG issues, consistent with the national strategic context. This would enable disparate areas of work to be brought together, which recognises the intersecting nature of different forms of violence and abuse.

- Strengthen existing multi-agency structures for addressing DVA in the context of VAWG. These should involve key sectors such as housing, health, education, mental health, social care and criminal justice. The involvement of key stakeholders with a primary responsibility for providing frontline support across different forms of VAWG, and voluntary/community organisations providing advocacy support to different groups or on specific issues, such as drug and alcohol, is crucial.
- The development of a survivor involvement panel, which would feed into the commissioning process, should be explored.

<u>Strengthening Responses</u>

- Exploration of the development of trained Champions across key statutory services and within the community to facilitate early intervention/referral to specialist DVA organisations.
- Slough Borough Council should explore the commissioning of a community based BME Outreach and Support organisation to reach those groups currently not disclosing or accessing support. We would suggest the following options in line with Imkaan's national best practice standards:
    - Commissioning an out-of-borough BME 'by and for' VAWG specialist to develop appropriate provision
    - Commissioning a BME development worker to explore the feasibility and options for further developing local provision for BME women in line with Imkaan quality assessment frameworks
    - Governance and accountability could report directly to the Domestic Abuse Co-ordinator.
- A grants-based model would be a more cost-effective approach particularly for specialist/niche areas of work.
- A specialist domestic abuse service to be re-commissioned to provide refuge, IDVA and outreach services with the addition of community-based advice surgeries and drop-in sessions.
- Local schools should adopt a 'whole school approach', in partnership with local VAWG specialists, to ensure that schools are providing high quality education on safe, respectful relationships and are equipped to respond to violence between young people.
- Further exploration of the gap in information and provision for groups that experience particular forms of marginalisation based on protected characteristics, in particular children, young people, LGBTQI victim-survivors, older and disabled groups, refugee and asylum-seeking groups/those subject to no recourse to public funds.
- Explore opportunities for joint commissioning across different departments to strengthen current responses, to maximise the use of current resources to develop more integrated responses.
- Further development of provision for young people to ensure that the work of the DA youth worker and CSE strands are co-ordinated and provide effective age, gender and intersectional responses to young people.

- A more detailed examination of specific models of support that should be developed to respond to complex multiple needs.
- Explore the development of a post of Senior Practitioner in DVA to be located in the Children's Trust to act as consultant to provide training, advice and support to staff and to attend MARAC.
- A model of local provision for perpetrator work could be explored and requires some investment but should not divert resources from women and children's support services. Services should be commissioned in line with the Respect National standards on working with perpetrators. Work with boys and young men should be developed with specialists working with young people in relation to peer-on-peer abuse, CSE and VAWG, in recognition of the victimisation-perpetration overlap.
- Data collection and collation to be further developed. This should include ways of collecting and triangulating a wider set of data across different services and sectors to provide a broader picture of needs and issues. A system for regularly collating data to assess service uptake, impact and barriers across the protected characteristics, to feed into the on-going planning and commissioning of services, needs to be developed.
- Commissioned organisations should be supported to access the appropriate and specialist national quality assurance frameworks developed by national specialists.
- Ensure that current training programmes on DVA include modules that explore the interconnection between DVA and other forms of VAWG, address equalities and marginalisation on the basis of protected characteristics, and newer legal developments, such as the new law on coercive control.
- Training on VAWG should form part of an on-going programme of professional development and learning and should include multi-agency practice exchange seminars and accredited programmes.