

| PRIORITY AREA  | ACTION AND ADDITIONAL AREA SPECIFIC DETAIL  | LEAD  | NEXT SIGNIFICANT MILESTONE WITH DATE (CAPTURED ON ACTION SHEET)   | PERFORMANCE COMMENTARY WITH EVIDENCE NOTED ("WHERE ARE WE AT")   |
|--|---|---|---|--|
| <p><b>1. Increase the number of people accessing specialist services</b></p> | <p>1. Deliver a Communications Strategy to launch the new specialist services for the City, County &amp; Rutland.</p>   | <p>Simon Down (OPCC)</p>  | <p><b>New service launched 1<sup>st</sup> December 2015 – How was this done?</b></p>  | <p><b>Group agreed themes to be taken back to the OPCC: Elderly, Young people, Homeless/vulnerably housed, alcohol &amp; drugs, Mental health, How to be a friend to a victim of DV/Carer needs. Separate meeting to establish content, audience &amp; specific details. Attendees, Nicola Wilmot, Claire Weddle (UAVA), Julia Young (take to district colleagues), Sarah Meadows (UHL), Sally Clare (leicspart nhs)</b></p>   |
|  | <p>2. Deliver a campaign to target DV perpetrators.</p> <ul style="list-style-type: none"> <li>• County</li> <li>• CARA Pilot</li> </ul>  | <p>Tim Lindley</p>  | <p><b>Revisit CARA business case with Lord Bach, 100 days. 8<sup>th</sup> November 2016.</b></p> <p>Group agreed to be put ON HOLD<br/>26/01/2016</p>   | <p><b>CARA is parked due to appointment of new OPCC await 100 days before Lord Bach supports. County/Rutland spot purchase to Jenkins Centre during trial, cohort 100 people 2/3 County/Rutland delivered to Jenkins. No other resources assigned for perpetrator work in County. Julia Young to be involved with CARA going forward &amp; support Jenkins Centre.</b></p>   |
|  | <p>3. Encourage reporting by victims and third parties across all protected characteristic groups and other identified under-served populations.</p> <ul style="list-style-type: none"> <li>• County – Polish</li> <li>• City – Disabled People (HMT social media),</li> <li>• LLR – 16-18 year olds</li> <li>• LLR – Forced Marriage</li> </ul>  | <p>City<br/>Stephanie McBurney<br/>County<br/>Gurjit Samra-Rai<br/>Rutland<br/>Hugh Crouch<br/>Victim First</p> | <p>City Council launching BSL Charter work on 1/12/15 - <b>UPDATE</b></p> <p><b>Claire Weddle to bring to next meeting Equalities Data for UAVA.</b></p>  | <p><b>Themes in 1.1 above to be considered by OPCC in respect of steer for comms budget spending.</b></p> <p><b>JY County – established District Group DV specific to feed up to JCAB’s – take back Polish theme, link to Comms for District reps.</b></p>   |
| <p><b>2. Improve support for victims and their families</b></p>              | <p>1. Ensure that Victim First and Project 360 (from RTC) integrating positively with UAVA.</p>   | <p>Simon Down</p>   | <p><b>Claire Weddle to meet with Victim First to establish referral protocols. Improvement in referral levels (360). Update next meeting, 6<sup>th</sup> Sept.</b></p> <p>Victim First to bring demographic stats for DV to May’s meeting (17<sup>th</sup>)/Equality Impact Assessment from Victim Reassurance Board. <b>Completed presented at meeting 17/05/16.</b></p> | <p><b>Receiving good quality referrals but not enough of them. Two established members of 360 team others still receiving training.</b></p>  |
|  | <p>2. To develop and implement a strength based GP engagement plan.</p> <p>GP’s improving/support DV victims &amp; families in directing to services.<br/>New DV Health Group set up and met formally on the 22<sup>nd</sup> Feb 2016.<br/>Key work streams: 1. Group to support 1 yr. DV pilot project (adapted version of IRIS) led by Women’s Aid targeting GP 15 practices across WLCCG patch. 2. To finalise and circulate the GP DV self-assessment tool aligned to NICE guidelines for use by practices as part of development and assurance. 3. CCG Hosted safeguarding team to work with a minimum of 5 GP practices in the City who are or have been involved in SCR’s and DHR’s by undertaking a deep dive supported by the DV self-assessment tool. 4. To secure the support of the recently CCG appointed named GP lead for Safeguarding Children in promoting awareness of DV across LLR practices. 5. To consider policy and guidance for GP practices</p> | <p>Mina Bhavsar and Janette Harrison</p>  | <p><b>Detailed update to be given at next meeting, 6<sup>th</sup> September.</b></p>  | <p><b>Making progress with GP engagement. A GP DV Policy and Guidance is due out for consultation by 11.07.16 and we anticipate DV Training for GPs hopefully to commence in the autumn 2016, in addition to rolling out the West Leicestershire DV Project supported by Women’s Aid.</b></p> <p>Priority of DV Health Group to secure GP engagement. This group will directly report into the LLR DV delivery Group.</p> <ol style="list-style-type: none"> <li>I. Women’s Aid DV pilot secured 1 year funding with 20 hrs/per week IDVA time to target 15 practices. CCG have identified 10 practices so far with a further 5 to be identified by Women’s Aid.</li> <li>II. DV self-assessment near completion</li> <li>III. GP practices in the city identified.</li> <li>IV. CCG Named GP lead for Children Safeguarding appointed, and plans in place to work with practices to raise awareness of DV services as part of visits to practices. The named GP will be supported by other members of the CCG Hosted Safeguarding team.</li> <li>V. DV policy and guidance for GP practices to consider.</li> </ol> |
|  | <p>3. Evaluate and develop a business case for further enhancement to the DV worker at the LRI.</p> <p>Identified as a Risk of cessation of service that has seen significant referrals in UHL. (Risk Register)</p>   | <p>Sarah Meadows</p>  | <p><b>Business case update and update based on development of De Montfort analysis at next meeting, 6<sup>th</sup> Sept.</b></p> <p>Analysis of DV Worker in LRI Pilot by De Montfort Uni end of May 2016.</p>  | <p><b>Women’s Aid Board agreed to continue funding until December 2016 when decision for sustainable funding. Increasing post from 3 to 5 days.</b></p>  |

|  |   |  |   |   |
|--|---|--|---|---|
| 3. Improve safety of victims   | 1. Improve understanding of factors in repeat domestic violence situations which are causing those repeats to occur.<br><br><b>DAST Team</b>  | Tim Lindley /<br>Stephanie<br>McBurney | <b>TL &amp; SMB to meet to progress.</b>  | <b>De Montfort Uni carrying out work to develop definition and tool around serial DV offender and DAST team pilot new operating model.</b>  |
|  | 2. Identify issues which relate to victims not being eligible for or able to receive a service (including establishing a data set).<br><ul style="list-style-type: none"> <li>• Refuge Support</li> <li>• Complex out of area</li> <li>• Immigration status</li> <li>• Data count gap analysis</li> <li>• Victims using violence</li> <li>• Under 13 yrs is a victim group that requires support</li> </ul> Discussions to take place with key services such as UAVA. Obtain initial info & identify how it can be obtained from people accessing the services.<br>Emerged from Safe Homes Contract in City no income to public funds/struggling to find safe accommodation/large families struggling to find safe accommodation/drugs alcohol needs not engaging with support services/medical needs.<br>No specific local protocol exists this need is growing. | Gurjit Samra-Rai                       | <b>Jonny Starbuck to meet with Gurjit Samra-Rai to discuss and progress.</b>  | <b>Discussed through DVDG a list of potential factors has been established see bullet points in 3.2 Action. Task passed from James Fox to Gurjit Samra-Rai.</b>   |
|  | 3. Map and check efficacy of pathways for adult and child safeguarding in relation to domestic violence (including DHR learning and actions).   | Tim Linley                             | <b>DV Chair to attend next meeting, 27<sup>th</sup> July and review progress.</b><br>Form Task and Finish Group – COMPLETED | <b>Mtg 26<sup>th</sup> May organisations to map pathways and bring back to mtg on 27<sup>th</sup> July.</b><br>Task and finish group formed first meeting 31 <sup>st</sup> March 2016.  |
| 4. Effectively manage perpetrators to reduce harm caused                   | 1. Reduce the offending of DV perpetrators through IOM.   | Jonny Starbuck                         | Obtain & review re-offending rate data to see impact of process - November 2016.  | Robust system now in place to task out, buy in from neighbourhood areas obtained. Identified through MARAC & where DVPO's successfully obtained. Training planned to NPA Commanders to reinforce expectations under the 7 pathways of IOM Model in February 2016. After 12 months review re-offending rate. Process to refer and, mechanism to do and buy in from neighbourhood policing. |
|  | 2. Agree a shared data set for adult DV perpetrators.   | Jonny Starbuck                         |   | A problem profile has been requested from Police data   |
|  | 3. Increase number of families where perpetrator and victim are both engaged in intervention/support.   | Caroline Freeman                       | Information to be given at next meeting, 6 <sup>th</sup> Sept.  | This information for Q1 is not yet available will be provided after the monitoring returns are submitted,   |
|  | 4. Develop a Police Perpetrator Engagement Programme.   | Simon Down                             |   | Based on CARA Module.<br>Potentially ready to go, seeking authorisation from new OPCC, principal reserve set aside for this 16/17.<br>Rutland has committed some funds towards the potential DV programme from its PLF allocation   |
| 5. Improve confidence within communities and satisfaction of service users | 1. Increase understanding of what impacts on positive CJS outcomes.   | L English                              |   | Tim Lindley speak with Dan Granger for advice on alternative CPS rep.   |
|  | 2. Begin planning for a conference (to take place after April 2016) to highlight local practice and encourage involvement in partnership work.<br>De Montfort coercive control event which DVDG will support.   | S McBurney                             | Due to meet for conf planning update.   | 150 free spaces LLR practitioners. Early summer register interest, summer allocation.   |
| 6. A strategic and co-ordinated response                                   | 1. Co-ordinate training schedules across LLR.<br>Training schedules from organisations for staff re DV related issues to establish gap analysis.  | Julia Young                            | Template to be circulated to all partners to complete and return or bring to next meeting in May (17 <sup>th</sup> ).       | Ongoing   |
|  | 2. Draft 5year inter-agency DV Strategy/Strategies for LLR.<br>Needs Assessments Required.  | Gurjit Samra-Rai                       |   | City to start developing strategy.  |
|  | 3. Identify University support for research into identified area of need.   | Stephanie McBurney                     | Clear idea for milestones by May's (17 <sup>th</sup> ) meeting.   | Bring to a future meeting; measuring improvement and wellbeing, progress on the service user narrative, recruited people to assist with comms side, serial perpetrators and adolescent to parent violence they are willing to put research capacity into.<br>Working with Leicester University on PIF application. CF has established links with DMU for PhD on perpetrator.              |



This page is intentionally left blank