



Home Office

Violence Against Women and Girls

National Statement of Expectations

December 2016



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National Statement of Expectations for Violence Against Women and Girls services

Violence against women and girls (VAWG) covers a range of unacceptable and deeply distressing crimes, including domestic violence and abuse, sexual violence and child sexual abuse, stalking, so called 'honour-based' violence - including forced marriage and female genital mutilation (FGM), gang related violence, and human trafficking.

We know that these crimes are disproportionately gendered which is why the Government's approach is framed within a VAWG strategy – our new strategy was published in March 2016. However, men and boys can also be victims of violence and abuse and the approaches set out in this national statement will benefit all victims of these crimes.

Through the new VAWG strategy, we have set out our commitment to working with local authorities, the NHS, Police and Crime Commissioners (PCCs), the specialist VAWG sector and other local partners to ensure a secure future for a range of services including Rape Crisis Centres, specialist BME-led provision (including working to address issues such as FGM and forced marriage), national helplines and refuges.

Violence can affect women and girls regardless of their age, race or religion, their socio-economic background, sexual orientation or marital status. Violence takes place in every locality across the UK and can happen in relationships, in families, and in communities. We need to ensure each area has embedded a local infrastructure that raises awareness of VAWG among local agencies and people, encourages earlier disclosure and reporting by victims and survivors, and uses multi-agency approaches effectively to understand and meet the support needs of victims, survivors and family members, through recovery and on to sustainable, positive life outcomes.

This National Statement of Expectations (NSE) sets out what local areas need to put in place to ensure their response to VAWG issues is as collaborative, robust and effective as it can be so that all victims and survivors can get the help they need. The VAWG strategy is clear about the outcomes we want to achieve by 2020; a reduction in the prevalence of all forms of VAWG, matched by increases in reporting, police referrals, prosecution and convictions for what can still be hidden crimes.

Our strategic vision is ambitious – we believe that with effective earlier intervention, joint working and a drive to challenge the attitudes that make excuses for and hide abuse these crimes can be eradicated – and we will only achieve it by working together with you on the frontline.

Our Support Offer

The Government is providing a package of support to help local commissioners fulfil these expectations which include:

- A commissioning ‘toolkit’ which underpins the NSE and should help in developing business cases for funding a whole system approach to all VAWG services.
- A VAWG Service Transformation Fund to support, promote and embed programmes and approaches to make a systemic change to local service provision and deliver the NSE.
- Developing a network of experts in VAWG and service transformation to work collaboratively and constructively with local areas and help inform future national policy development.
- A two-year Fund for refuges and other forms of accommodation-based support, and to help areas take the steps they need to meet the NSE.
- Ongoing funding for rape support centres.

Our Expectation

We expect to see local strategies and services that:

1. Put the victim at the centre of service delivery;
2. Have a clear focus on perpetrators in order to keep victims safe;
3. Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG;
4. Are locally-led and safeguard individuals at every point;
5. Raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.

1. The victim at the centre: Every victim, whether adult or child, is an individual with different experiences, reactions and needs. Local areas should ensure that services are flexible and responsive to the victim’s experience and voice.

To deliver this, commissioners should:

- have a robust consultation process for identifying which services are needed locally and a forum to ensure victims and service providers can share their views and experiences.
- see victims as part of a wider network. The whole family and wider safeguarding issues should be considered in the round – for example making the links with child safeguarding structures and the needs of mothers and non-abusing parents. Consider whether victims need to be protected from extended family as well as the perpetrator, or whether extended family can provide additional support.
- have sufficient local specialist support provision, including provision designed specifically to support victims from marginalised groups e.g. Specialist BME-led refuges.¹

¹ Specialist provision could include: outreach, drop-in support, resettlement, counselling, advocacy, group work, IDVAs, ISVAs, refuge accommodation and specialist, dedicated BME-led women’s services.

- have access to a broad diversity of provision, considering how services will be accessible to BME, disabled, LGBTQQI and older victims and survivors, and those from isolated or marginalised communities.
- consider whether an individual may have complex needs or suffer from multiple disadvantage and, if so, the services in place to manage these. Women and girls with learning disabilities; mental health problems; drug/alcohol dependency and those facing homelessness are disproportionately subject to domestic and sexual violence. Victims of VAWG with complex needs are likely to come into contact with other services and systems (such as mental health, substance misuse or homelessness). Commissioners should consider how these detect and respond to women's experiences of VAWG and trauma, which are likely to be widespread amongst their female service users.
- assess and build in access to mental health service provision for victims of all types of VAWG, effectively linking up such services with, for example, health services, Rape Crisis Centres, specialist BME women's services or support for adult survivors of child sexual abuse.
- consider specialist advocates or support workers (such as the IRIS² programme) in local emergency or primary healthcare and GP surgeries, and whether local health professionals generally are trained to spot signs of abuse, understand the impact of trauma and make referrals to specialist VAWG services.
- collaborate and have protocols with other areas to allow victims easy movement from one area to another.

2. A clear focus on perpetrators: In order to keep victims safe, local areas should ensure that there are robust services in place which manage the risk posed by perpetrators and offer behavioural change opportunities for those willing and able to engage with them.

To deliver this, commissioners should:

- take a sufficiently proactive and robust approach to perpetrators, both in terms of the risk posed to victims and in terms of effective interventions to change their behaviour.
- have a clear plan to ensure that perpetrators are brought to justice and that community interventions are not an alternative to justice.
- have work underway to increase knowledge and understanding of perpetrator behaviour, such that:
 - the tactics perpetrators use (such as minimising, justifying and blaming others and/or external factors for their abuse) are understood and not colluded with;
 - frontline staff are able to correctly identify the primary perpetrator and respond appropriately, including in complex cases where both parties may have used violence;
 - repeat offending can be tackled and minimised.
- have a robust consultation process for identifying which services are needed locally and a forum to ensure victims and service providers can share their views and experiences to help shape services for perpetrators.
- understand the family and community context that perpetrators operate within, whether there are wider safeguarding issues that need to be considered, and whether there are multiple perpetrators who need to be identified and responded to.

² Identification and Referral to Improve Safety www.irisdomesticviolence.org.uk

- assess and address local specialist provision³, including access to a broad diversity of provision, for example services for BME, disabled, LGBTQQI and older perpetrators in order to increase the safety of their victims.
- In particular, commissioners may wish to consider:
 - Perpetrators with complex needs, who will come into contact with other services and systems (such as mental health, substance misuse or homelessness), and how services and systems detect and respond to perpetrators and manage the risk they pose to their partners/ex-partners and others in the community.
 - having specialist workers in local emergency or primary healthcare and GP surgeries.
 - ensuring local health professionals generally are trained to spot signs of abuse and understand the impact of trauma, and know how to recognise it, respond and refer perpetrators to appropriate services.
 - having specialist workers in children's services teams who can work with diverse groups of perpetrators who pose a risk to children and their mothers.

3. A strategic, system-wide approach to commissioning: Good commissioning always starts with understanding the issue and the problem you are trying to solve.

To deliver this, commissioners should:

- understand need and provision in the local area by accessing available data, evidence, service standards and intelligence from local specialist providers with input from victims, local authorities, health, police, education, housing, and the wider third sector.
- map local issues from crime and health data – for example identify 'standard' risk perpetrators and develop early intervention plans to prevent escalation to 'crisis' point.
- consider having trained professionals in hospitals and other healthcare settings to identify and support victims and signpost them to services.
- understand local crime and other non-criminal justice data about the prevalence of VAWG crimes in the area, and national research on the likely prevalence of VAWG crimes such as child sexual abuse and FGM.
- have a robust and useful local VAWG data set – data protection should not prevent effective information sharing.
- have a concise local strategy setting out how the impact of local commissioning will be measured, and what victims and survivors can expect from services, including who is accountable locally and how success will be measured.
- have a process for measuring victims' satisfaction, including engaging with local specialist third sector agencies to learn how they qualitatively and quantitatively measure victims' satisfaction with the support they receive.
- collaborate across local authority and service boundaries, recognising that services may be commissioned in partnership or on a regional level.

³ Specialist provision could include: Domestic Violence Perpetrator Programmes; screening / routine identification in health settings; specialist workers within Children's Services teams; enhanced police / Criminal Justice System responses using disrupt tactics and enhanced evidence gathering to secure convictions

4. Is locally-led and safeguards individuals at every point: Commissioned services should make use of local initiatives and services already in place to utilise resource, share best practice and ensure that there are coordinated pathways of support.

To deliver this, commissioners should:

- identify a local champion or critical friend to drive and challenge on VAWG issues and local progress, identifying forums to bring relevant parties together to discuss VAWG and agree a local approach.
- consider pooling local budgets and funding sources and working with local providers to support a commissioning process that encourages consortia bids without losing smaller local specialist providers.
- assess new multi-agency approaches, including ways of streamlining structures and meetings whilst improving joined up case management.
- identify practical steps you could take to ensure learning from domestic homicide reviews, serious case reviews, HMIC reports on rape attrition and on detection/prosecution of 'honour based violence', and the widely reported child sexual abuse/exploitation reports is maximised and put into practice.
- link HMIC and other inspectorate reports on police response and local force action plans into local area strategies, working in partnership with the PCC.
- make pro-active and constructive links with troubled families co-ordinators and local domestic and sexual violence co-ordinators to build local networks and capacity.
- consider how training provided to local professionals is evaluated, and how to ensure it is making a difference, increasing learning and builds in the voice of victims.
- identify any VAWG initiatives being delivered by the local police force with funding from central Government, and whether other VAWG initiatives are being delivered locally by the specialist third sector e.g. the Big Lottery Fund or through other large charitable trusts or grant making organisations. If so, consider whether they can support local initiatives and whether there is learning to be shared.

5. Raises local awareness of the issues and involves, engages and empowers communities to seek, design and deliver solutions.

Commissioners should work with local partners to provide a multiplicity of reporting mechanisms to better enable victims to come forward and access the support they need.

To deliver this, commissioners should:

- identify what is happening in local schools, including the use of nationally available campaign materials such as Home Office campaigns or local initiatives that raise awareness of the myths relating to sexual violence. Encourage head-teachers and police to work together on these issues.
- Identify whether the right local connections are in place so that schools know where to ask for specialist advice, including whether children have the opportunity to talk to someone about their personal experiences – for example referral pathways to specialist children's domestic or sexual violence services. Consider whether there are gang issues in a local area, whether there is access to provision that works with boys who are displaying sexually violent or inappropriate behaviour, and how young male perpetrators of sexual violence are being supported to change their behaviour.

- map out local women's support groups, including those led by BME women for BME women, to find out who they reach and what expertise they have so that this can be threaded into aims.
- Identify and promote wider touch points in your community, including;
 - what local banks are doing to identify and support victims of coercive control – whether they can provide a safe disclosure point for victims, including disabled or elderly people who may not be able to come to the bank themselves.
 - how local disabled people and people with learning disabilities are able to disclose violence or sexual abuse safely to professionals, giving consideration to any difficulties they may have leaving the house or in expressing themselves to receive the help they need.
 - ensuring local health visitors, housing and health professionals are trained to spot all forms of abuse and take the appropriate action.
 - local initiatives like 'Ask Me', and whether they can they be part of a strategy to provide safe spaces where women can disclose abuse in the course of daily life to someone who will know what to do.
 - local authority housing and homelessness policies that include sexual violence.
 - whether local businesses have policies on VAWG, or whether the local Chamber of Commerce can encourage them to do so, or to sign up to the Government's responsibility pledge.
 - sexual violence bystander programmes, and how they might be used locally to raise awareness and help increase reporting.