# VAW Partnership Meeting 20<sup>th</sup> April 2020 @ 1pm-3pm Remote Access

Present:	Jacquelyn Jennett, THC, Chair
	<ul> <li>Lorraine Revitt, Lochaber Women's Aid</li> </ul>
	Catherine Russell, VAW
	Elaine Fetherston, IWA
	Fiona Nimmo, VAW Minute Taker
	Kate Blowers, CASWA
	Cathy Steer, NHS
	Adele Newlands, RWA
	Gwen Harrison, RASASH
	Richard Baird, Police Scotland
	Sharon Holloway, Drug and Alcohol Partnership
	Helen Eunson, Mental Health
	Maggie Hume, VAW

Apologies:	Eilidh Moir, VAW Marac Co-ordinator
	Naomi Hyslop, HLH
	Lynsey Mateer, THC
	Pamela MacBride, NHS
	Suzy Calder, NHS
	Ross Mackillop, Police Scotland
	James Maybee, THC

1.	Welcome and Apologies	Action
	Previous minutes to be sent to Helen Eunson again and also to Sharon Holloway who was attending for a colleague and hadn't received them.	FN
2.	Notes of previous meeting and Actions Review	
	Item 2 - Agreed the schedule of new VAWP meeting dates  Item 3 - Reminded groups about the sub group reports, though please note that in light of Covid-19 and how everyone's energy and attention is currently sub group reports for the June meeting are not expected unless you want to submit one.	
	Item 4:	
	• Current recorded Memberships of the core and sub groups were confirmed but it was noted that each sub group Chair or Vice Chair needed to confirm to Fiona updates to fill in any gaps.	Subgroup chairs/vice chairs
	• Sub group chairs ensure their own meeting dates are all scheduled and in good time of the core group meeting and again confirm these with Fiona	

who is keeping a record of dates etc.

 The VAWP TOR is to be sent round again along with sub-group TORS to ensure everyone is working from the same copy. Fiona will circulate before the next meeting in June with all updates received.

Amendments to the minutes:

- Gwen was to contact victim support about who should be involved. It
  was Alan Prosser that Gwen spoke to and not Malcolm Macbean as he's
  no longer there. He clarified that the Marac Rep from Victim Support is
  Valerie Urqhuart and that he should be the contact for the partnership.
- Cathy Steer was to update on the following partnership members:

Prison Service - Sheena Macsporan will be the rep now

Anne Galloway TBC (Cathy to check)

Sarah Harwood - omitted from list

Rachel Hughes - receiving minutes only

Shona Urquhart – omitted from list

Action Plan was re-circulated with previous minutes, please contact FN if you still need a current copy of this

Item 7 – the following amendment from Kate Blowers agreed:

# Matters Arising - Item 7

### **Upcoming Events**

"in the Partnership meeting last week, it was agreed that the VAWP would undertake a presentation to the Highland Health & Social Care Committee in 2020, to showcase frontline activity and how the partnership works together to support this. It was suggested that we request a session at the committee meeting in May.

However, on reflection we feel this date is too soon. It would make sense for Catherine to have settled in her post for a while as she will likely be the lead on this; and also for us as a Partnership to have further discussion as to the purpose, content & perspective of the presentation – including which agencies will be involved & representation on the day. In addition, as WA Managers we have significant challenges in the next 3-4 months in securing Government funding bids & completing end of fund reporting, which means we have very limited capacity to undertake any other additional commitments. A late Summer/ Autumn timeframe would be more achievable.

We would be grateful if you could reflect this in the minutes email, and adjust any correspondence with the Health & Social Care Committee accordingly."

#### 3. **Covid-19**

Business is not as usual given the current circumstances with Covid-19 and lockdown. JJ asked for a round the table update from each partner.

## THC, Jacquelyn Jennet

Trying to set up Community Hubs to support vulnerable adults and children - to have school input from teachers

Social Work – different techniques put in place to remain in contact with children who need help and vulnerable families

Children have been provided phones to contact parents they do not reside with to assist with contact arrangements

FΝ

All have additional responsibilities to try and manage the financial crisis and how they can link in with partners and provide support

Great liaison with NHS with how they can support vulnerable families

THC has identified people who can step into other roles to help if needed, and everyone being flexible

Meeting regularly with all the service managers to deal with issues, eg: PPE and progressing child protection issues etc

Trying to remain as joined up as possible

#### Cathy Steer, NHS

Very busy few weeks

Lots of changes to NHS so it's ready to deal with pressures

More than doubled the number of ICU beds and more oxygen supplies

Cancelled elective surgery to free up beds

Huge changes around primary care

Issues with PPE are being looked at

How can we make sure the staff are more flexible – to cover people who are off. Upskilling staff especially within ICU

Public Health are operating a helpline – 7 day a week service, 2 shifts per day Huge volumes of calls regarding COVID-19 are being received

It is an all hands on deck situation – huge changes have been made over a short period. Immediate changes are in place and wider issues being investigated

# Police Scotland, Richard Baird

Abnormal operations is now normal

Trying to foresee the problems with dealing with people who are symptomatic Child abuse investigation/domestic abuse unit is carrying on as normal but using email and phone instead

Offender management unit –minimising contact as much as possible

A 50% reduction in concern forms was noted

Consistent level in domestic abuse calls

Trying to get the message across that they are open for business still

There is a worry that this is the lull before storm

They are engaging and enforcing where they have to

Courts are running virtually

Police liberation conditions are now different

Prison numbers are manageable so far but need to keep checking. Making sure safety planning is in place

# Caithness and Sutherland Women's Aid, Kate Blowers

No face to face contact with victims, just text/email/social media support

There is a concern that since lock down the referrals are much lower but it was felt that many people could not engage due to the need for isolation within the family home

WA groups are looking at doing a radio campaign to highlight that they are still available to help

There is a worry that the lockdown is also going to bring back past trauma for some victims

Managers are mindful about staff wellbeing and the need to provide additional support for front line staff currently working from home

### Lochaber Women's Aid, Lorraine Revitt

Staff have adjusted well to home working

Ordered new IT equipment to aid comfort and efficiency with working at home Clients are all doing better than expected

They have seen a drop in referrals – only 2 since lockdown

Have not seen any difficulties with service users, haven't had to give support with regards to food etc.

### Inverness Women's Aid, Elaine Fetherston

All the team are working remotely and there are only a selection of skeleton staff in the building making the refuge more vulnerable but no concerns so far They will possibly re-think working practices after this is over as there are some elements of new ways of working that are better

Referrals are down by 25%

The vast majority of their service users aren't living with the perpetrator
They believe that probably victims are probably just trying to get through it –
like over Christmas and there may be a surge after of referrals
Making sure it's widely known how people can get in touch

Seems like we are still at early stages

Current clients are OK

Making sure that their social needs are being met

# Ross-Shire Women's Aid, Adele Newlands

2 members of staff in their refuge

No PPE – trying to source it

Referrals are right down and the phone lines have been quiet

It was suggested to Adele that the care inspectorate have a triage number for PPE so it may be worth contacting

### **Gwen Harrison RASASH**

Infrastructure has been put in place quickly

They are still taking referrals as normal

Emotional therapeutic sessions have reduced

Doing more check in's rather than ongoing support

Help available all day Mon-Fri (Wed they are not open in afternoon)

They are in the process of developing online resources

Everyone been struggling to sort out things but more settled now

They want to promote services as much as possible

They have seen a decrease in referrals

RB @ Police Scotland reported on DA incidents

Previous week had been 22 and Easter week 26.

Through the week the average is 9 or 10 with more at weekends

No real pattern emerging currently but it's remaining at a consistent level

The Police would need to drill down into data

The Police would always signpost WA

### **EF COMMENTED**

Lots of media attention and it is quite sensationalised. England is reporting lots of spikes in calls and that's not reflected here.

No assumptions can be made on how things will go.

Lots of clients are experiencing the aftermath of the trauma.

#### **KB COMMENTED**

The first few weeks there were no cases being reported. There seems to be a lag. Covid-19 is taking over and people are just getting on with things. With everyone doing emergency cover, partner agencies are putting energies into just dealing with things.

#### **GH COMMENTED**

They are taking no business related calls at all everyone is dealing with Covid-19 fallout

#### JJ COMMENTED

Looks like there could be a reporting lag....while we are all still at home in this situation, victim's don't feel able to seek support while in lockdown

### Sharon Holloway, Drug and Alcohol Partnership

Business as usual where possible

Still linking in with treatment providers as they are an essential service

Continuing 1-1 support over phone with clients

Harm reduction support is still available

Treatment is still being covered

Concern over possible knock on effect around higher levels of alcohol abuse Social media and Text line being used more

Trying to think of different ways they can help people that won't have social media or access to the phone

### Helen Eunson, Mental Health and Learning disabilities

They are still accepting referrals

No reduction of services

Phone contact only and F2F where absolutely needed

### Maggie Hume – VAW Training Officer

Briefing sheets are being prepared by the team and Maggie Hume highlighting additional challenges and key themes eg-around coercive control and gas lighting

1 A4 page for people to be published to raise awareness

No new dates planned for cancelled training

# JJ COMMENTED

Donna had been working on new child protection procedures for during these times

They have just been signed of last week - on the CPC website

Meetings will be carried out in a different style and in smaller groups but will still be held

Will be going on the website soon with up to date guidance

National Meeting happening on the 27<sup>th</sup> April to get national steer on how they are dealing with things, JJ can then feed back to the group

#### **Catherine Russell VAW**

Marac update – kept up and running as normal and meetings have all gone ahead on Audio conference

They have seen a slight reduction on attendance due to peoples priorities VAW website is being updated with contact information

Training and policy information being looked at

Key COVID-19 information will also be gathered here as a central resource and the members area will be updated with information for partner members only Links established with local and national contacts and waiting for COSLA to respond on new COVID-19 Response VAWP guidelines.

#### JJ COMMENTED

THC has drafted a new process to provide guidance for managers who may be supporting staff who are home working and also experiencing domestic abuse. They want to make sure there is support and advice available

#### **CR COMMENTED**

It would be good to duplicate this throughout the NHSH as well **JJ to send the guidelines** 

JJ reported that THC have been working on a new Covid-19 related child protection plan which can be circulated

They are also looking at doing some weekly reporting to gather data and an understanding of where the need is for services.

THC to gain some insights from Police Scotland and gather some of their data and will be touching base with other partners to get their feedback

There is some disparity with the data so this would be helpful. Would be helpful to have all partner's data in the one place so that key trends can be analysed, this is ongoing.

It was discussed that we need to think now about what the issues will be rising from this lockdown and try to plan ahead

# 4. Update on the Delivering Equally Safe Funding application

JJ missed the end of the last meeting as she had another meeting to attend, so to reiterate, individuals were asked to prepare fuller proposals for this meeting to consider; agreeing which one the partnership would support so work could begin on the application. The proposal guidelines had been sent in the EGM minutes.

We have 5 possible proposals that have been suggested with reports submitted for the ones highlighted:

Those submitting a ESF idea

- Hospital based IDAA service
- Housing CCTV/sensory lights
- Non-Mandated court perps
- Forensic self-referral
- Preventions Work Proposal

IJ

The date has been extended to 26 <sup>th</sup> June Individuals can continue to prepare their proposal  Some discussion was had on the IDAA proposal — WA groups had discussed it and they felt there isn't enough evidence of a need.  They have very few referrals from hospital and they feel it may be duplicating work  Maggie explained that the proposal is seen as a way to increase referrals to WA and there was already a lot of current research to back up the improved referral rates after hospital IDAAS had been in place.  However WA groups felt that getting hospital staff trained up is more important.  Maggie explained that a key part of the IDAA role was to train hospital staff to recognise DA and signpost to specialist groups  WA felt that the research is based on English figures and the feeling is that it doesn't translate to the Highland region.  CS suggested that rather than discussing the details now, could we ask for all the proposals to be submitted so that a formal appraisal process can take place.  Sharon Holloway had recently used a scoring matrix to weight fairly different
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Sharon Holloway had recently used a scoring matrix to weight fairly different
project proposals in a different service. It was agreed this was a good way forward.
Sharon to send her matrix to Catherine who would draft one for this project discussion and circulate for comments to the VAWP group.  SH/CR
5. HPP COG Report
Hasn't been done due to Covid-19 and there are no expectations for it.  Can be set aside for now and discussed at another time
6. Sub Group Updates
The Service Provision sub-group has been unable to meet due to current situation. They are also waiting for clarification regarding revision of the VAWP Strategy, so no report to submit.
JJ COMMENTED These reports have to be set aside due to Covid-19 and everyone needs some more time to think about their membership and priorities see early notes and required actions.
7. Ratification of the members of the VAWP and subgroups
On hold for now to pick up at the next meeting
8. Action Plan Review
On hold for now to pick up at the next meeting

Underspend final figures – CR had managed to have a meeting with the accountant to get some training the on budgetary/financial processes involved for the VAWP. It had also become apparent that a lot of the invoices hadn't been raised for the financial year 19/20. These were urgently raised and monies now received into last year's budget. This has now resulted in an approximate underspend of £70K which will be carried forward for next year.  The predicted budget expenditure for this year will be similar to that budgeted for last year.  CR was asked to liaise with the accountant and prepare a final year end carry over figure once all expenditure had been taken into account and also prepare a budget analysis position for the coming financial year.  EF COMMENTED  That we use the partnership group as a communication line between all of the agencies so no-one feels isolated and it's important to keep everyone updated on their own practices and share information  The next meeting of this group will be more practical on how we can support each other through this time of response to the COVID-19 situation.  10. Training and Conferences  Not discussed  11. Any other Competent Business  CR confirmed she had received information from Equally Safe that the annual requirement to supply Equally Safe Quality Standards and Performance Framework Date Returns are not required this year in recognition of the additional work burden services were under due to the COVID-19 response. However, they had suggested that VAWP's could submit data if they felt they didn't want a gap in their annual returns. The VAWP groups agreed that there was no capacity to currently supply this data but as it was historical it could be looked at later in the year.  There was then a wider discussion on what data is needed and Catherine was asked to convene a meeting of those groups who supplied the ES data to see if it was possible to streamline this to fit with the other data reporting requirements of the various groups to try to avoid duplication.  GH C	9.	Finance/Budget	
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