

**Extraordinary General Meeting
VAW Partnership
16th March 12noon-2pm
Council HQ**

Present:	<ul style="list-style-type: none"> • Catherine Russell VAW • Leanne Tee NHS • Lorraine Marshall NHS • Jacquelyn Jennett THC Chair • Fiona Nimmo Minute Taker • James Maybee THC • Elaine Fetherston IWA • Gwen Harrison RASASH • Naomi Hyslop Highlife • Lorraine Revitt WA • Ross MacKillop Police Scotland
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Apologies:	<ul style="list-style-type: none"> • Jill Graham Scottish Fire and Rescue • Helen Eunson NHS Highland • Kate Blowers CASWA • Karen McEwan Victim Support • Maggie Hume VAW • Sarah Harwood NHS • Ruth Macdonald NHS • Donald Buntain COPFS • Lynsey Mateer THC • Rachel Hughes Waverley Care • Shona Urquhart NHS • Richard Baird Police Scotland • Claire MacPhee THC • Sarah Harwood NHS • Gillian Pincock THC • Margret MacRae Relationship Scotland • Mary Bauld Relationship Scotland
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1.	<p>VAWP Funding</p> <p>It was reported that the funding proposals against the reported underspend of £26,600 (as at 31.12.19) currently came to more than this amount. It was therefore agreed that the two invoices not processed yet would be reduced slightly. IWA would submit an invoice for £7,212,31 and Action for Children £10,213.69.</p>	

<p>1.</p>	<p>If there are further monies available then both IWA and AFC could be asked to submit a further invoice for their remaining amount. At this stage the final underspend on the budget was not known but information had been requested from the accountant.</p> <p>Purpose of this meeting is to discuss:</p> <p>‘Delivering Equally Safe Fund’ (DES Fund) which will have an increased budget of approx. £13m to distribute annually from 2020 to 2023.</p> <p>While protecting funding for frontline crisis services, the Scottish Government has also highlighted that the new fund will help support a shift towards early intervention and prevention. They are also keen for the funding to help support greater partnership working and multi-agency collaboration across the sector, and have noted that they are particularly seeking bids that will:</p> <ul style="list-style-type: none"> • Support work to develop holistic pathways for women and children experiencing gendered violence • Build greater collaborative, multi-agency approaches in localities. • Develop our understanding of need • Address challenges in rural and island communities • Develop a public health approach to tackling gendered violence • Develop approaches that better support disabled women and children experiencing gendered violence • Develop support systems to improve workforce capability and wellbeing <p>The closing date for applications is the 17th of May.</p> <p>Post Minute Note – this has now been extended to 26th June 2020. This EGM has therefore been called to discuss and agree a Partnership bid for this money</p> <p>The chair ran over the above to make it clear to all.</p>	
<p>2.</p>	<p>Considerations</p> <p>WA – bulk of their funding comes from this fund so they will also be doing a single bid each.</p> <p>Partnership – JJ asked is there something simple that they have always wanted to do? There have been lots of great ideas over the years so this is the time to discuss them again and make decisions.</p> <p>Elaine WA– Highlighted the important emphasis of the fund on prevention and intervention. Keen to have a co-ordinated approach</p> <p>Gwen – highlighted they only have funding for 3 days across the highlands for prevention officer which isn’t enough.</p>	

It was noted that we would not want to reduce the core funding for partner organisations – our bid needs to be specific to plug gaps and not duplicate current services.

Noted that our bid could be a longer term one, over 3 years with a built in planning phase, ie could deliver in years 2 and 3, which is, something to consider

There was a want to target rural aspects – for prevention or training, how could we achieve more in rural settings?

<p>3.</p>	<p>Possible BIDS (with discussion points in italics)</p> <ul style="list-style-type: none"> • UHI – The point was raised that training on consent and bystander intervention needed. They cover 13 colleges and can't deliver what is needed. • Disabled women and children – the toolkit was developed in Highland but RASASH don't have capacity to deliver what is needed • LGBT & BME community should be considered as well. No work has been undertaken yet – it needs careful planning • Migrant worker – in the past 3 workers were employed with language skills. The post holders would work with women in need of translation services – these posts were previously funded from the Lottery. <i>(Consideration - Need to be careful with Brexit – not sure what the language need will be going forward.)</i> • Criminal Justice– with regards to intervention, currently there isn't anything in place for non-court mandated perpetrators of domestic violence. 'Safer together' could it be revisited? - working together with perpetrators. <i>RASASH couldn't be involved in that but action for children could be involved? Wouldn't be conflicted with WA priorities James Maybee to speak to Action for Children and see if they would have capacity to develop or if they are considering this in their own right. Caledonian funding in place until 2021 but only for those convicted through court)</i> • VAW - Safer lives have lots of reported evidence to back up a proposal for a IDVA worker based within the hospital to help in a crisis connecting the victim to all the relevant support organisations <i>Some of the table were not sure about this bid as they felt that not many victims come from a hospital referral and they were wondering if it's possibly not reflecting the current Highland model. A suggestion of more info needed here.</i> • THC Housing – could they possibly start to extend what they are offering – for example sensory lighting and CCTV which isn't currently covered. Thus plugging gap of safe at home. Victims could feel much safer at home, with more help. <i>Currently the alarms offered are only available for 28 days there is only 14 of them across Scotland and NI. Currently additional lighting and hedge cutting, both good security protective measures, are not covered. Also if victims are residing in private accommodation there is a limit on what can be done to help.</i> 	<p>JM</p>
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- Forensics self-referral

Setting up a new unit in Raigmore where victims can self-refer so they don't have to report their incident to police. The unit will take relevant samples and refer them onto support organisations. They can retain samples until they want to report or not.

Centres also planned for Golspie/Wick/Fort William and Skye

It's not manned and chaperone nurses/forensic examiners are on call

It's in the early stages of development

They don't have enough money to kit it up properly - could this fund help?

They would need a third sector partner to lead on this

Prior to meeting this bid was submitted:

"Wondering if there was any scope in a contact centre services, particularly in terms of providing safe contact for children without the necessity for parents to meet. Would this be an appropriate inclusion for this type of bid? If this would not be appropriate please just let me know." **Ann Galloway, Relationship Scotland**

The table recognise it's a huge issue and there is a large amount of work needing to be done.

It was discussed that maybe it was for a different fund as the project is too big and very specialised

More info needed – see action for all bids

4.

How to apply, pointers discussed to bear in mind:

Equally safe priority must be listed on the form, then map ~~your~~ outcomes to their objectives

It was possible to work between 2 or 3 priorities at the same time linking them together.

<p>5.</p>	<p>Conclusion</p> <p>Minutes to be circulated so that everyone can have a think about the options and see what is most appropriate for the bid.</p> <p>It was decided that more info is needed on all proposals and it was agreed to ask proposers to complete 1 side of A4 covering:</p> <ul style="list-style-type: none"> • Paragraph on what it is and why it is needed • What are the outcomes of the proposed project and which ES Priorities & Objectives it aligns to • What the proposal is for and approximate costs (ie project work plus overheads and admin support etc) • How it will work out over 3 years – same costs each year? a development stage? • Evidence of need • Approximate Targets/milestones • Main beneficiaries • Longevity – what is the future of the project after the 3 years? <p>Could the following please provide more information on:</p> <p>Maggie Hume – Hospital IDVAs Lynsey Mateer – Housing CCTV/Sensory lights proposal Gwen Harrison – Preventions proposal James Maybee – Non Mandatory Court programme proposal Lorraine Marshall – Forensic Self Referral proposal</p> <p>A4 proposal information to be sent to Fiona Nimmo by Wed 8th April to go around with the agenda.</p> <p>Fiona to attach the application form and guidance notes for all to reference</p>	<p>MH/LM/GH/JM/ LM</p> <p>ALL</p>
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