



SAFER HARTLEPOOL PARTNERSHIP AGENDA



Friday 21 November 2014

at 12 noon

**in Committee Room B
Civic Centre, Hartlepool**

MEMBERS: SAFER HARTLEPOOL PARTNERSHIP

Councillor Christopher Akers-Belcher, Elected Member, Hartlepool Borough Council

Councillor Chris Simmons, Elected Member, Hartlepool Borough Council

Dave Stubbs, Chief Executive, Hartlepool Borough Council

Denise Ogden, Director of Regeneration and Neighbourhoods, Hartlepool Borough Council

Clare Clark, Head of Community Safety and Engagement, Hartlepool Borough Council

Louise Wallace, Director of Public Health, Hartlepool Borough Council

Chief Superintendent Gordon Lang, Neighbourhood Partnership and Policing Command, Cleveland Police

Barry Coppinger, Office of Police and Crime Commissioner for Cleveland

Chief Inspector Lynn Beeston, Chair of Youth Offending Board

Julie Allan, Director of Offender Management, Tees Valley Probation Trust

Steve McCarten, District Manager, Cleveland Fire Authority

John Bentley, Voluntary and Community Sector Representative, Chief Executive, Safe in Tees Valley

Stewart Tagg, Head of Housing Services, Housing Hartlepool

Karen Hawkins, Representative of Hartlepool and Stockton on Tees Clinical Commissioning Group

Sally Robinson, Assistant Director, Children's Services, Hartlepool Borough Council

Hartlepool Magistrates Court, Chair of Bench (vacant)

1. APOLOGIES FOR ABSENCE

2. TO RECEIVE ANY DECLARATIONS OF INTEREST BY MEMBERS



3. MINUTES

3.1 To confirm the minutes of the meeting held on 12 September 2014

4. PRESENTATIONS

4.1 Serious and Organised Crime Strategy Update – *Director of Regeneration and Neighbourhoods*

5. ITEMS FOR DECISION

5.1 Face the Public Event Feedback – *Director of Regeneration and Neighbourhoods*

5.2 Safer Hartlepool Partnership Reducing Re-Offending Strategy 2014-17 – *Director of Regeneration and Neighbourhoods*

5.3 Transforming Rehabilitation – Ministry of Justice Update – *Director of Regeneration and Neighbourhoods*

6. ITEMS FOR DISCUSSION/INFORMATION

6.1 Prevent Update – *Director of Regeneration and Neighbourhoods*

6.2 Safer Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*

6.3 Safer Hartlepool Partnership Domestic Violence Action Plan Update – *Director of Regeneration and Neighbourhoods*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

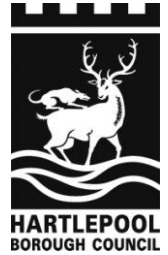
FOR INFORMATION

Date of next meeting – Friday 6 February 2014 at 12.00 noon in the Civic Centre, Hartlepool



SAFER HARTLEPOOL PARTNERSHIP

21st November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: SERIOUS AND ORGANISED CRIME STRATEGY
UPDATE

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on the implementation of the Organised Crime Strategy.

2. BACKGROUND

- 2.1 In February 2014 the Safer Hartlepool Partnership received a report informing of the recently published Serious and Organised Crime Strategy. A key priority of the strategy is to ensure that across England and Wales local law enforcement action against serious and organised crime draws on the information and powers of many agencies and departments – including local authorities, education, health and social care. As such accompanying the report was a letter from the Home Office requesting the Local Authorities co-operation in organised crime and the intention to hold regional workshops on the subject matter. (The full report on organized crime can be found at <https://www.gov.uk/government/publications/serious-and-organised-crime-strategy>)
- 2.2 The approach adopted in the new Strategy is similar to the CONTEST Counter-terrorism Strategy, and comprises four key elements:
- **Pursue** – Prosecute and disrupt people engaged in serious and organised criminality;
 - **Prevent** – Prevent people from engaging in serious and organised crime;
 - **Protect** – Increase protection against serious and organised crime;
 - **Prepare** – Reduce the impact of this criminality where it takes place.
- 2.3 The strategy recognises the significant impact that serious and organised crime has on individuals and communities and amongst other things aims to establish

'local multi-agency partnerships' to develop collaboration between local authorities and law enforcement with local Community Safety Partnerships being suggested as fit for this role.

3. ORGANISED CRIME UPDATE

- 3.1 Since the meeting in February two workshops have been held in the region on the subject of Organised Crime. The first was a workshop held in July run by the National Crime Agency to promote the Serious and Organised Crime Strategy, and the second was a North East regional event on Human Trafficking and Modern Day Slavery hosted by the Cleveland Police and Crime Commissioner.
- 3.2 A Cleveland 'Organised Crime Partnership Board' has also been established in conjunction with the Cleveland 'Strategic CONTEST Delivery Group'. As set out in the Terms of Reference the purpose of the Board is to 'ensure effective strategic governance and co-ordination of the force and partners response to tackle organized crime in support of the national and serious organized crime strategy'. Further discussion are also underway to look at how the disruption of organised crime groups in the four policing districts is managed in the future as the level of Partnership working in relation to organised crime currently varies between the four local districts within the Cleveland Force area.
- 3.3 In relation to the workshop run by the National Crime Agency in July a number of themes emerged including agreement that:
 - Local conditions should dictate a local response
 - Preference for using existing structures such as Community Safety Partnerships to support multi-agency activity against serious and organised crime
 - Strong support for local profiles of serious and organised crime
 - Development of a powers toolkit that could be shared widely
- 3.4 There were also a number of areas where participants said they would like more support from Government, including guidance on cyber crime, and information sharing to tackle the lack of understanding about the Data Protection Act which was inhibiting information sharing between local partners. A detailed programme of work that addresses these and other local delivery issues is currently being finalised by the National Crime Agency.
- 3.5 The Human Trafficking and Modern Day Slavery event explored the different types of human trafficking and modern day slavery and measures to support and assist victims, such as new legislation to tackle human trafficking through the Modern Day Slavery Bill, and the National Referral Mechanism (NRM) that aims to identify and support victims and provides a 45 day recovery and protection period.
- 3.6 Human trafficking and modern day slavery includes sexual exploitation; forced labour; domestic servitude; criminal activity (benefit fraud); and organ

harvesting. The nationality of trafficked victims varies from Albanian, Nigerian, Vietnamese, Romanian, British, Polish, Hungarian, Chinese, Lithuanian and Latvian.

- 3.7 Emerging trends internationally include the recruitment of victims by acquaintances or relatives of criminal groups often with promises of well paid jobs; the use of the internet to recruit victims and advertising their service; victims being controlled through the threat of force, deception and debt bondage; and victims being exploited in agriculture, construction, textile, health care, domestic service and the sex industry. In July the National Crime Agency reported that victims for labour exceeded those for sexual exploitation in the previous six months.
- 3.8 A presentation on in relation to Human Trafficking and Modern Day Slavery in Cleveland will be delivered to the Partnership in conjunction with this report at their November meeting to assist in raising awareness of the issue in the Cleveland area.

4. RECOMMENDATION

- 4.1 That the Safer Hartlepool Partnership notes and comments on developments to date locally in relation to tackling organised crime in Cleveland.

5. REASONS FOR RECOMMENDATIONS

- 5.1 The Safer Hartlepool Partnership has a statutory responsibility to work together to reduce crime and disorder, substance misuse and re-offending, and as part of this has a duty to tackle serious and organised crime at a local level.

6. BACKGROUND PAPERS

- 6.1 Serious and Organised Crime Strategy published October 2013 - <https://www.gov.uk/government/publications/serious-and-organised-crime-strategy>

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SAFER HARTLEPOOL PARTNERSHIP

21st November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: FACE THE PUBLIC EVENT FEEDBACK

1 PURPOSE OF REPORT

- 1.1 To provide the Safer Hartlepool Partnership with feedback on the 'Face the Public Event' held on 17 October 2014.

2 BACKGROUND

- 2.1 Under the Crime and Disorder (Formulation and Implementation of Strategy) Regulations 2007 Community Safety Partnerships are required to hold 'Face the Public Sessions' once a year.
- 2.2 The Safer Hartlepool Partnerships annual 'Face the Public Session' was held on 17 October 2014 at the College of Further Education. Fifty nine people attended the event which was publicised through the Hartlepool Mail, Heartbeat, and the Council and Safer Hartlepool Partnerships website.
- 2.3 Prior to discussion workshops and public question time, a DVD demonstrating some of the work the partnership has undertaken over the last year was shown, and there was a presentation from Durham Tees Valley Community Rehabilitation Company on the work of Community Payback in Hartlepool.
- 2.4 This report provides the Partnership with an overview of the key priorities identified in the workshops and a brief evaluation of the event. Feedback from each of the seven workshops is attached at **Appendix 1**.

3 FACE THE PUBLIC EVENT WORKSHOP SESSION FEEDBACK

- 3.1 Each workshop was provided with performance information in relation to the Partnerships strategic objectives and a 'You Said, We Did' leaflet informing of activities undertaken during 2013/14 following the previous years consultation. The workshops were asked to discuss the key issues and actions in relation to the question 'What can the Safer Hartlepool Partnership do to make

Hartlepool safer. From the discussion that followed the following priorities were identified:

- Tackle Drug and Alcohol misuse
- Improve Communication/promotion of services
- Increase Policing in neighbourhoods
- Empower communities/strengthen links with residents and partners
- Continue to develop strong multi-agency partnership working
- Reduce re-offending (divert first time entrants from the criminal justice system)
- Develop initiatives to promote public reassurance
- Develop initiatives to tackle Anti-social behaviour including increasing diversionary activities
- Provide support for victims of crime

4 EVENT EVALUATION

- 4.1 Eighteen evaluation questionnaires were completed by those attending the Face the Public event. The returns revealed that there was resident representation from most wards across Hartlepool with the exception of De Bruce and Hart wards. The age range of those attending the event was 20-70+ with the majority being within the 40 – 60 age group, and describing themselves as white British. Three respondents described themselves as having a disability under the Disability Discrimination Act 1995.
- 4.2 Of those who filled in the questionnaire the main reasons for attending the event were as follows:
- To find out what the Safer Hartlepool Partnership is doing to improve the town
 - To hear what was said and to feel a part of the community
 - To engage and listen to peoples perceptions
 - To find out information on what activities are available
 - To contribute to the meeting and improve well being
 - Concerned about crime and anti-social behaviour and reductions in PCSOs as a victim of crime
 - To promote and raise awareness of their own organization
 - To find out the criteria for an emergency
- 4.3 When asked if the meeting met expectations the majority replied yes with some saying it went beyond their expectations. It was generally felt that residents' questions were answered fully by the Panel and that there was a genuine opportunity to participate through the broader discussions in the workshops. As such the majority found the event useful – this included hearing about the successes of the Partnership which some found reassuring and finding out about services they never knew existed. However financial constraints and lack of money were raised by some as concerns for the future in keeping Hartlepool safe.

- 4.4 When asked what would encourage more people to attend the event in the future the majority said there was a need to increase publicity about the event with more information given on what happens at Face the Public and the services that come to the event. Some thought it would be useful for the Partnership to put out a report for members of the public to read prior to event via Heartbeat and leaflets. The absence of young people at the event was raised, and there was a suggestion for small groups of school children to be invited to future events. It was also noted that tea time was a busy time especially for parents with young children and holding the event at a different time should be considered in the future.

5 SECTION 17

- 5.1 The annual Face the Public Event is an integral element in the development of the towns Community Safety Plan and increasing the Partnerships understanding of how it can discharge its responsibilities around reducing crime and disorder, tackling substance misuse, and reducing offending in Hartlepool.

6. RECOMMENDATIONS

- 6.1 That the priorities identified at the Face the Public Event are fed into the Safer Hartlepool Partnerships annual strategic assessment and Community Safety Plan.
- 6.2 That the evaluation of the event is used to inform next years Face the Public Event.

7. REASON FOR RECOMMENDATIONS

- 7.1 The Safer Hartlepool Partnership has a statutory duty to undertake an annual strategic assessment of local community safety priorities including consultation with the local community.

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APPENDIX 1**Table 1**

From a practical point of view a number of very specific suggestions were made from table one including the introduction of an EMRO to assist with managing the night time economy; investing in education and deprived families; making roads safer; restoring the numbers of PCSOs, and delivering community safety messages in schools.

Table 2

Drugs and alcohol were two areas deemed to have a major detrimental impact on community safety, and education at a young age on the impact of drug and alcohol misuse was seen as essential to help break the cycle of misuse. One possible way of educating young people would be to get reformed offenders / ex drug users into schools to talk about their history and associated problems of becoming embroiled in criminal behaviour,.

Diversionary activities for youngsters were also judged to be an important way to encourage children to partake in more positive activities and deter them from drug / alcohol consumption. Most groups felt that this should continue to be a priority for the SHP.

The reduction of first time entrants into the Criminal Justice System was seen to be a major achievement and there was an agreement that a continued reduction over a sustained period should be seen as a priority. Employment was seen as a key factor, and projects that would give young people the necessary skills to enable them to enter employment were considered a priority by the group.

Table 3

This table felt that there was a need to promote services better to residents and their achievements; to give some thought to developing the role of Community Champions to support residents to report incidents and access services; and to increase the Police presence in neighbourhoods

Table 4

The main priorities of this table were Alcohol, Community Empowerment, and more PC and PCSOs to be returned to the Community.

Community Empowerment - to retain Partnership working and input from groups and residents in the day to day delivery of community services involving local communities in activities that would benefit the wider area. Joint ownership for community members. Landlords have a part to play and need to encourage tenants to keep communal areas clear and outside of properties tidy.

APPENDIX 1

More support should be provided for vulnerable victims / potential victims of all ages and measures put in place to encourage more reporting of incidents.

Alcohol abuse, associated littering, distress to neighbours, and health risks should be tackled by early detection and programmes of support, and alcohol free zones should be enforced. Minimum pricing should also be introduced and there should be more Police specialised in drug and alcohol misuse to tackle supply and demand. The public should also be encouraged to report alcohol fuelled incidents.

Table 5

Table five's priority were to continue to work in the private rented sector and be proactive in supporting both landlords and tenants.

A second priority was to continue to develop the multi agency approach in the delivery of the partnerships strategic objectives with the third priority being to develop initiatives to combat crime and ASB and re-assure communities (young and old alike).

Table 6

The priorities discussed by table six were the promotion of the crime prevention and victim support role and retain post. Strengthening links with residents and partners to reduce crime and ASB and more diversionary activities for young people across the town.

This table also discussed extending noise nuisance and out of hours service, being too soft on offenders and deterrent needed, the need for more female magistrates, the fact that our 'Hands are Tied' by central government with everything being linked to money

Table 7

This group discussed the need for community payback to be more visible, the need for more enforcement around dog fouling in open spaces across the town; lack of visible policing and consistency of PCSO in neighbourhoods and growing lack of knowledge among residents about who their local police are. On the positive side Park residents were given updates every two months and the feedback was positive. There was a need to review response times and criteria, improve communication – successor or neighbourhood watch and preference for electronic information sharing, improve the environment through clearance of bushes, trees, more diversionary activities. Good reporting on Anti-social behaviour was discussed, affordable community building hire, and building confidence in 101 number with the need to continue good two way communication.

APPENDIX 1

The priorities and key actions for table 7 were to:

- improve communication between residents and agencies – with awareness raising also going into Hartbeat.
- Improved Police presence in Neighbourhoods, and
- More activities to encourage usage of local buildings



SAFER HARTLEPOOL PARTNERSHIP

21st November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP REDUCING
RE-OFFENDING STRATEGY 2014-17

1. PURPOSE OF REPORT

- 1.1 To seek approval from the Safer Hartlepool Partnership on the Reducing Re-offending Strategy and action plan 2014-17 (**Appendix A and B**).

2. BACKGROUND

- 2.1 Following the Safer Hartlepool Partnership Development Day held in April 2013, the Safer Hartlepool Partnership agreed that there was a need to develop a local Reducing Re-offending Strategy to tackle high rates of re-offending whilst at the same time managing changes brought about by the Government 'Transforming Rehabilitation' agenda.
- 2.2 A first draft of the strategy was presented to the partnership in September 2013 with a second draft and supporting action plan presented in July 2014 incorporating the recommendations of the Audit and Governance Committee investigation into re-offending in Hartlepool; the recommendations from the Offender Housing Needs Event held in December 2013; and the ongoing work to develop a Tees wide single IOM scheme.
- 2.3 The second draft of the strategy was approved by the Partnership in July where it was agreed that an eight week consultation process be undertaken in line with the Voluntary Sector Strategy Undertakings.
- 2.4 The overall aim of the draft strategy identified in the consultation was to break the cycle of offending by 'ensuring that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local

communities remain safe'. This was underpinned by the following three objectives:

1. Improve pathways out of re-offending.
2. All partners working together with the needs of offenders and public safety at the heart of service planning.
3. Delivering a local response to local problems through a better understanding of offending behaviour and impact of interventions.

- 2.5 The consultation process included an online survey with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook Page, and Hartlepool Borough Council Twitter page; the use of local media mechanisms including the Hartlepool Mail; presentations of the draft strategy to the local Health & Wellbeing Board; the Youth Offending Service (YOS) Management Board, the Councils Audit and Governance Committee and the Councils Finance & Policy Committee.

3. CONSULTATION AND FEEDBACK

- 3.1 Responses to the consultation evidenced general support for the strategy and its overall aim and objectives. Without exception the Council Committees; the Youth Offending Board; and the Health and Well Being Board acknowledged the need for a reducing re-offending strategy in Hartlepool, and were supportive of the proposed strategy as a focus for reducing re-offending rates across the Borough.
- 3.2 Both the Youth Offending Board, and the Health and Well Being Board also acknowledged the high levels of re-offending in the 18 years age group and the importance of Childrens Services and Probation working together during the transitional stage from youth to adult particularly through the Troubled Families Programme.
- 3.3 The online survey also received forty responses with 97% of those participating identifying themselves as members of the public, and 3% as health workers. The majority, 74%, were supportive of the overall aim of the strategy, with the objectives being ranked in order of importance as follows:
1. Delivering a local response to local problems and improved understanding of offending behaviour.
 2. All partners working together with the needs of offenders and public safety at the heart of service planning.
 3. Improve pathways out of re-offending.

- 3.4 No additional objectives were suggested during the consultation, and the comments received from on-line respondents who disagreed with the overall aim of the strategy generally centered around the importance of keeping communities safe as opposed to having a focus on supporting the needs of the offender, with stiffer sentences, restrictive orders, and community service duties being suggested as a deterrent to future offending behaviour. More support for victims was also highlighted as a concern and one respondent thought that Council money should be put towards more deserving projects.

4 AMENDMENTS TO THE STRATEGY /ACTION PLAN FOLLOWING CONSULTATION

- 4.1 The majority of respondents were supportive of the strategy, its overall aim and objectives and it is proposed that these should remain the same as in the second draft of the strategy presented to the Partnership in July.
- 4.2 The concerns raised by those participating in the on-line survey in relation to increasing deterrent measures as a way of reducing re-offending, whilst having its place in the sentencing process, overlooks national and local research regarding 'Desistance Theory' which has shown to significantly reduce re-offending rates. This is the approach adopted in the Safer Hartlepool Partnerships Reducing Reoffending strategy and a small section of text making reference to desistance theory has been included in the background information to the strategy to further clarify the approach.
- 4.3 The text within the background to the strategy has also been amended to include the four strategic objectives contained within the Safer Hartlepool Partnerships Community Safety Plan in response to those who thought that insufficient focus was being given to victims and keeping the community safe and to demonstrate a balanced approach within the overall Community Safety plan to making Hartlepool safer.
- 4.4 Following comments made at the Health and Well Being Board an additional action has been included in the Reducing Re-offending Strategy action plan making reference to the Troubled Families Programme.

5 MONITORING OF THE PROPOSED STRATEGY

- 5.1 Implementation and monitoring of the strategy and supporting action plan will be the responsibility of the Reducing Re-offending Task Group. The current Task Group Chair is the Head of Offender Management with the local Community Rehabilitation Company, supported by the Councils Head of Community Safety

and Engagement. The Chair of the Task Group will be responsible for reporting to the Safer Hartlepool Partnership on progress against the action plan.

- 5.2 Output and outcome progress indicators are outlined in the action plan, and both quantitative and qualitative methods will be used to collate evidence in relation to the success of the activities undertaken.
- 5.3 Ultimately the strategy aims to reduce the re-offending rate in Hartlepool. This is one of the partnerships key strategic objectives, and progress against this indicator will be reported to the Safer Hartlepool Partnership as part of the standard quarterly performance reporting.

6 LEGAL CONSIDERATIONS

- 6.1 Under the Crime and Disorder Act 1998 the Safer Hartlepool Partnership has a duty to provide a co-ordinated response to reducing crime and disorder, tackling substance misuse, and reducing re-offending in Hartlepool.

7 EQUALITY AND DIVERSITY CONSIDERATIONS

- 7.1 Effective implementation of the strategy will ensure that offenders are not placed at a disadvantage in relation to the provision of local services, as well as protecting our most disadvantaged and vulnerable communities who are the greatest risk of crime and anti-social behaviour.

8 SECTION 17 OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 8.1 Failure to implement a reducing re-offending strategy will undermine the Safer Hartlepool Partnerships ability to fulfil its statutory obligations under Section 17 of the Crime and Disorder Act to reduce re-offending.

9 RECOMMENDATION

- 9.1 That the Safer Hartlepool Partnership approves the Reducing Re-offending Strategy 2014-2017.

10 REASONS FOR RECOMMENDATION

- 10.1 The Safer Hartlepool Partnership has a statutory duty under the Crime and Disorder Act to reduce re-offending in Hartlepool.

- 10.2 It is anticipated that the overall aim of the strategy which adopts an offender centric approach whilst managing the risk to public safety will reduce re-offending rates and therefore the number of victims of crime across the Borough.

11 BACKGROUND PAPERS

Report to Safer Hartlepool Partnership 27th September 2013 – Reducing Re-offending in Hartlepool

Report to Audit and Governance Committee 15th May 2014 – Draft Final Report – Re-offending Investigation

12 CONTACT OFFICERS

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Hartlepool Reducing Re-offending Strategy

2014-2017

‘Breaking the cycle of offending by ensuring that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.’

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Foreword

I am very pleased to be able to introduce the Hartlepool Reducing Re-offending Strategy 2014-2017 which has been developed by the Safer Hartlepool Partnership.

The strategy builds in the excellent work that has been going on in Hartlepool for a number of years now.

Despite this, re-offending continues to be of great concern in Hartlepool, with a small number of offenders causing a disproportionate amount of crime and disorder in our local community.

As a partnership we need improve pathways out of re-offending and ensure services meet the needs of offenders, whilst at the same time keeping the Hartlepool community safe.

Cllr Christopher Akers-Belcher
Chair of the Safer Hartlepool Partnership

National Context

Nationally, significant changes are currently underway in relation to the transformation of rehabilitation services with the aim of bringing about greater reductions in re-offending and addressing the wider harm caused to the community by re-offending behaviour.

Re-offending has a personal cost for victims. In many cases this may be an immediate financial loss, but it is the impact of crime on the mental and physical well being of victims that can often have long lasting devastating consequences on individuals, and their families.

Re-offending also has a broader economic impact on society in general (estimated to be over £4bn annually). Investment in prisons and probation has not realised reduced reoffending rates with those sentenced to under 12 months receiving no form of statutory support in the community. This has led to a review in the way rehabilitation services could be delivered in the future. As such the recently published report 'Transforming Rehabilitation: A Strategy for Reform' (May 2013) set out governments plans to transform the way rehabilitation services will be delivered in the future underpinned by the following principles:

- Offenders need to be **supported through the prison gate**, providing consistency between custody and community.
- Those released from **short-term sentences**, who currently do not get support, need rehabilitation if we are to bring their offending under control.
- **Public protection** is paramount, and the public sector must take the role in keeping people safe.
- **The voluntary sector** has an important contribution to make in **mentoring** and turning offenders lives around.
- Nothing will work unless it is rooted in **local partnerships** and brings together the full range of support, be it housing, employment advice, drug treatment or mental health service.

The reforms thus make provision for: new 'through the gate' services and designated resettlement prisons where prisoners will be returned for at least 3 months prior to release; the extension of rehabilitation to the most prolific offenders (those receiving less than a 12 month custodial sentence); the opening up of competition for the delivery of rehabilitation services to a wider range of providers; and the introduction of a payment by results system.

As part of these reforms on the 1st June 2014, 21 Community Rehabilitation Companies (CRC) were established nationally, together with a new public sector National Probation Service (NPS). The NPS will retain the management of offenders who pose a high risk of serious harm to the public. For those offenders falling outside of the 'high risk' category, each CRC will provide rehabilitative services under contract in each contract package area. Under the Ministry of Justice Transformation Operational Model new providers of services will be expected to integrate with existing local partnerships to make the new system work.

The Durham Tees Valley area has been identified as one contract package area and bids to run the new Community Rehabilitation Companies are currently being evaluated by the Ministry of Justice with an announcement in relation to contract winners expected before the end of 2014 and sale of the CRC to external providers expected to take place in early 2015.

Intelligence on local needs and priorities will be fundamental in informing the future commissioning process, as will the commissioning priorities of local partners, including the Police and Crime Commissioner (PCC), and health providers.

The new providers are also expected to have regard to PCC Plans, and once contracts are let, new providers are expected to work collaboratively with PCCs who are in turn expected to engage with providers through local forums such as Community Safety Partnerships, thus ensuring that providers are working together to deliver local priorities and reduce crime in local areas.

The key role for local Community Safety Partnerships in this new landscape will therefore be to ensure that the full range of local support services are co-ordinated in manner that meets the needs of offenders whilst at the same time keeping the Hartlepool community safe.

Local Context

Over the last seven years crime and disorder rates in Hartlepool have been reducing year on year with the most recent statistics for 2012/13 showing a reductions of 9.7% in relation to crime and a reduction of 22.4% in relation to anti-social behaviour.

The Partnerships current approach to making Hartlepool safer is based around the following four strategic objectives:

- Reducing crime and repeat victimisation
- Reducing the harm caused by illegal drugs and alcohol
- Promoting confident, cohesive, and safe communities

- Reducing offending, and reoffending

Despite experiencing reductions in overall crime and anti-social behaviour in recent years, compared to our local peers Hartlepool continues to have the second highest crime and anti-social behaviour rate across the Cleveland force area, and in terms of re-offending, according to the Ministry of Justice single proven re-offending measure Hartlepool has the second highest re-offending rate nationally (October 2011-2012).

Within this context the national reforms underway in relation to rehabilitation services will inevitably present some key challenges for the Safer Hartlepool Partnership.

Engaging with new providers of rehabilitation services will require an investment in developing good quality relationships if we are to make the system work. Equally local partners will also need to consider how they will deal with the increased demand for their services following the statutory expansion of rehabilitation services to those offenders receiving a custodial sentence of less than twelve months.

Having a clear picture of who the re-offenders are in Hartlepool, why they reoffend and the likely demand on services is therefore crucial to successfully delivering rehabilitation services in the future to reduce re-offending and the broader harm caused to communities.

The Extent of Re-offending in Hartlepool

According to the Ministry of Justices single 'proven reoffending' measure Hartlepool has the second highest reoffending rate nationally.

The single 'proven re-offending' measure was introduced by the Ministry of Justice in 2011 with the aim of providing a consistent measure enabling communities to hold local service providers to account. This data is published on a quarterly basis in relation to adults and juveniles, who, within a rolling period of 12 months have:

- Received a caution, reprimand or warning; or
- Received a court conviction other than immediate custody; or
- Were discharged from custody; or
- Tested positive for class A drugs on arrest

In an effort to provide some further insight into re-offending in Hartlepool, additional analytical work was undertaken by the Safer Hartlepool Partnership

examining a cohort of Hartlepool reoffenders for the period April 2012 - March 2013. This work looked at who the offenders are, who is currently working with them, and the types of offence committed. The top 10 offenders were also identified along with the breadth of their offending behaviour and where they were likely to commit offences.

Who are the re-offenders in Hartlepool?

The analysis reveals that during the 12 month period a total cohort of 1,704 offenders were identified with 531 of these offenders having committed a reoffence within the 12 month period.

The majority of re-offenders were adults (93%), with 84.4 % (420) being male. Within the male reoffending cohort the 21-24 years age group and 29-31 years age group were dominant but this was also accompanied by a spike in the number of male adult re-offenders aged 18 years, the majority of which were previously known to the Youth Offending Service. The age range in relation to female re-offenders in the group was also slightly different with the 23-25 years and 31-34 years age groups being predominant.

Which services are the re-offenders engaged with?

42% of the adult re-offending cohort were known to probation and many of these (16%) were receiving intensive intervention via the Integrated Offender Management Team (IOM), known locally as the Criminal Justice Interventions Team (CJIT), or the Team around the Household Initiative (TAH). All juvenile re-offenders (33) within the re-offending cohort were known to the Youth Offending Service and were therefore receiving intensive intervention to address their re-offending behaviour

Significantly, just over one third of the re-offenders tested positive for opiates or cocaine and a similar percentage (35%) were known to local drug and alcohol treatment services.

What are the predominant types of re-offences committed?

Crimes of an acquisitive nature represented over a third of the re-offences committed by re-offending cohort with a further 14% of re-offences being linked to violence against the person with 35% of violence re-offences being domestic related. Of interest, the offending profile of those re-offenders not known to probation showed a slight difference in terms of the types of reoffences committed with those re-offenders not known to Probation committing more anti-social behaviour related crimes such as drunk and disorderly and criminal damage offences.

The differences in offending behaviour across gender was also apparent with more than one third (39%) of female re-offenders committing shoplifting

offences, compared to 22% of males. Within the re-offending cohort males were also more likely to commit serious acquisitive crime offences such as burglary and violence offences, with 8% of male re-offenders also being Prolific and Priority Offenders (PPOs).

Substance misuse, particularly opiates, was found to be a motivating factor in re-offending across both genders within the cohort, but females are more likely to seek support from treatment service than males.

What is the profile of the top ten re-offenders in Hartlepool 2012/13?

The profile of the top ten adult re-offenders displays the breadth of their offending in Hartlepool but most noticeably, only seven of the offenders were known to probation with only one being a PPO, and six of the offenders being High Crime Causers (HCCs). Further geographical analysis also demonstrated that the top ten adult re-offenders tend to reside in and offend in the most vulnerable and disadvantaged communities in Hartlepool.

The needs of offenders and pathways out of re-offending

Both national and local research indicates that adults and young people who offend are often the most socially excluded in society with the majority often having complex and deep rooted problems, such as substance misuse, mental health, homelessness and financial problems.

Improving pathways out of re-offending through the provision of local services that meet the needs of offenders, and tackling their issues in a holistic, and coordinated way is therefore fundamental to achieving the reduction in reoffending that is anticipated by government through their reforms.

National and local research demonstrates that the application of 'Desistance Theory' has shown to significantly reduce reoffending rates. The principles of this theory include working with offenders in a forward focused way encouraging them to take more responsibility for a crime free future. For this approach to work it is essential that the community and agencies work together to support and recognise those that are making the effort by continuing to realise that they have choices and consequences about their actions, focusing on their strengths and positive identity rather than looking back at what someone has done wrong.

An 'offender centric' approach is already evident in local initiatives in Hartlepool, including the Integrated Offender Management Team, and Team around the Household Initiative where it has been used to great success with offenders being at the centre of service design supported by a multi-agency team underpinned by a restorative approach to reducing offending.

However, addressing the underlying causes of re-offending in order to prevent re-offending is recognised as an inherently complex task and in many cases may require services to be reshaped to meet the need of offenders and growing demand for services.

The main criminogenic needs of offenders and therefore pathways out of reoffending are generally identified as follows:

- Accommodation
- Employment, Training, and Education
- Health – physical and mental
- Drugs and Alcohol
- Financial management

Attitudes, thinking and behaviour, and relationships

A further insight into the criminogenic needs of those re-offenders known to Durham Tees Valley Probation Trust has also been provided as a result of analytical work undertaken by the Trust during 2012/13. This piece of work informs that those offenders who go onto re-offend within the Durham Tees Valley area have a different criminogenic needs profile to those who don't go on to re-offend, with accommodation, employability, drugs and alcohol, and financial management being the key factors to addressing their offending behaviour.

The importance of the drug and alcohol treatment pathway is also evident in the data collated by the Safer Hartlepool Partnership, and following the need for greater collaboration in the commissioning of health services being identified at the Safer Hartlepool Partnership development day held in April 2013.

Regard is also given to recent regional research into pathways to rehabilitation undertaken by ANEC/NOMs (Reducing Reoffending in the North East: improving joint working between prisons and local authorities June 2013) which sets out how 'through the gate' services could be improved to reduce reoffending through improved joint working between local authorities and prisons. Of particular note in this respect is the growing evidence base highlighted in the report suggesting that by far the most important criminogenic need / pathway to rehabilitation is accommodation.

This is also supported through the evaluation of the local Team around the Household Initiative which involved some of the most difficult families/households to engage with in Hartlepool. These were households where offending behaviour had been passed from one generation to the next, sometimes across as many as five generations, and all of the households were known to all local agencies for the wrong reasons.

During 2011 the Safer Hartlepool Partnership identified these households for intensive intervention due to the negative impact their offending behaviour

was having on the local community. Offender engagement with the TAH process was consensual, and without exception all offenders involved in the initiative had accommodation needs with the offer of appropriate accommodation often being the hook to get offenders engaged in the TAH process. The evaluation also demonstrated that having the right housing for the households involved was key to stabilising household members and reducing/stopping their offending behaviour.

For agencies involved in the TAH process the management of the households involved was also easier. Similar to Multi Agency Public Protection Assessment (MAPPA) arrangements, by sharing the risk, both potential victims, and the broader community were given maximum protection whilst giving offenders the best chance to rehabilitate. This subsequently resulted in improved financial management and increased employability prospects for those offenders involved.

The local 'Offender Housing Needs Group', chaired by the Safer Hartlepool Partnership Housing Sector representative, has also identified that whilst appropriate accommodation is, and can be made available to offenders through increased flexibility in allocation policies, and greater collaboration with 'through the gate' services', there is both a clear need for an improved understanding of existing locally commissioned services across all pathways, together with the need to provide day to day support for offenders to ensure that offenders remain on the right track in order to break the cycle of their reoffending.

From an operational perspective moves are also underway to explore the criminogenic needs profile of the top ten offenders as identified by the Partnership and merging the best practice of the IOM approach and the TAH approach. This will result in an individual action plan for each offender with sanctions developed on the basis of an offender profile that enables all needs and interventions to be assessed and outcomes measured.

However, it is the view of the Offender Housing Needs Group, that on the basis of existing evidence, the Safer Hartlepool Partnership, should give consideration to pooling resources to commission the service of a specialist housing advisor dedicated to working with re-offenders in Hartlepool. The Group also recommends that the need for day to day support for offenders in order to keep offenders on the right track and break the cycle of reoffending should remain paramount. The type and level of support required for the total cohort of re-offenders is therefore something that requires further investigation.

Strategic Priorities

The Safer Hartlepool Partnership has a statutory duty to develop a strategy to reducing reoffending in Hartlepool. High reoffending rates in Hartlepool and changes in national policy, together with national, regional and local research indicates that the main thrust of a local reducing reoffending strategy for

Hartlepool should be to:

‘Ensure that local services are coordinated in a manner that meets the needs of offenders, whilst at the same time ensuring local communities remain safe.’

It is proposed that this will be achieved locally by focusing on:

- Improving pathways out of re-offending
- All partners working together with the needs of offenders and public safety at the heart of service planning.
- Delivering a local response to local problems through a better understanding of offending behaviour and impact of interventions.

The strategy is backed by an action plan based on the above objectives, and the collation of ongoing evidence with appropriate outcomes will be adopted to measure the success of the strategy and direction of travel in relation to the cohort of re-offenders identified.

In relation to criminogenic needs and pathways to services, the accommodation pathway will be a priority in the first year of the strategy with consideration being given as to how this pathway can be improved, and ensuring that the support of a specialist housing advisor is in place.

Monitoring Delivery of the Reducing Re-offending Strategy

An action plan has been produced that details how the aim and objectives of the Strategy will be achieved.

It is imperative that progress made against the Strategy is managed and monitored. This will be overseen by the Safer Hartlepool Partnership Reducing Re-offending Task Group. The action plan will be monitored on a quarterly basis and reviewed annually by the Safer Hartlepool Partnership to ensure that delivery is being achieved as well as to ensure that it is kept up to date with any changes in national or local policy.

Objective 1 Improving pathways out of re-offending and the adoption of an offender centric approach – reducing risk?						
Priority	Key Action	Progress Measure	Responsibility Resource	Timescale	Progress	Outcome
1.1 Improve housing pathways for offenders within the custody setting.	Create a Housing Liaison post to work between the custody setting and local housing teams/landlords to help offenders to find tenancies in advance of release date.	Number of referrals into housing support services. Number of offenders leaving the custody setting into suitable accommodation.	HBC Community Safety (Clare Clark)	November 2014		Offenders have improved access to appropriate accommodation on leaving the custody setting
	Develop supported housing provision in Hartlepool for the most problematic offenders from the Hartlepool area.	Increase in the number of PPOs into supported accommodation on release from custody into the local area	Housing Hartlepool (Rachel Creevy)	September 2015		Offenders leaving custody have access to supported accommodation in Hartlepool
	Housing advice to begin in adequate time prior to release from custody	Increase in the number of offenders receiving Housing advice no less than 3 months prior to release from custody	Offender Accommodation Officer	January 2015		Offenders in custody have improved access to housing advice
1.2 The development of improved partnership working with checks in place to ensure flexibility in local approaches	Review and streamline the Compass application process, including housing history	New process agreed and in place	HBC Housing Services (Karen Kelly)	December 2014		Offenders receive an improved service through the housing options centre that is non-discriminatory and flexible to their

to the housing of offenders, and that there is no stigma applied to offenders in the allocation of housing						address needs resulting in increased access to appropriate housing
1.3 Improve the employment pathway for those leaving custody	Explore local involvement with schemes similar to the 'Change for Change' scheme operated at Dearbolt Prison encouraging the provision of employment /apprentice opportunities for ex-offenders with businesses and within the local authority context	The number of offenders leaving custody going into training and employment within the local authority area	HBC Economic Development (Patrick Wilson). NOMS (Tony Lowes). CRC (Barbara Gill)	June 2015		Offenders leaving custody have moved closer to the labour market
1.4 Improve offender mental health pathways through the early identification of problems and the early intervention of mental health /drug alcohol services	Criminal Justice Liaison and Diversion Service be developed in Hartlepool.	Number of offenders/those at risk of offending receiving a mental health assessment and referrals to appropriate mental health/drug and alcohol services Plans are in place for the joint commissioning of the criminal justice liaison and diversion service considered by the CCG and PCC	TEWV? CCG (Karen Hawkins) /PCC/Adult Services	July 2015 March 2014		Offenders with mental health /substance misuse problems have improved access to health and social services at the earliest opportunity

1.5 Work to improve the finance and benefits pathway by developing better co-ordination of services to offenders on the day of release from custody particularly around benefits	Explore the introduction of a 'one-stop shop' to bring services and benefits directly together for offenders upon their release.	Increase in the number of offenders receiving co-ordinated services on release from custody	CRC (Barbara Gill)	February 2015		Offenders are provided with the services they need on release from custody to prevent them from reoffending and re-entering the prison system
1.6 Support families to maintain relationships where a family member receives a custodial sentence	Ensure as far as possible prison placements to be within the local area	Number of individuals from Hartlepool receiving a custodial sentence being placed in a local prison	NOMS (Tony Lowes) CRC (Barbara Gill)	June 2015		Offenders and their families are able to maintain their relationships beyond the prison gate and have the opportunity to joint plan for release to reduce the risk of reoffending
	Process for Team Around Meetings to take place in prison agreed	Number of team around meetings taking place in prisons	NOMS (Tony Lowes) CRC (Barbara Gill) Think Family/Think Community (Danielle Swainston)			

Objective 2

Providing appropriate support to offenders/those at risk of offending to keep them on right track and break the cycle of re-offending

Priority	Action	Progress Measure	ResponsibilityResources	Timescale	Progress	Outcome
2.1 Implement a co-ordinated approach to address the needs of offenders, using a Team around the Offender' model and IOM	Ensure continuation of IOM model through the new Community Rehabilitation Company	Number of PPOs/HCCs/DRR offenders supported through the IOM approach	CRC (Barbara Gill)	March 2015		Multi-agency

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principles as a template for the provision of holistic offender/centric services	The continued development and delivery of holistic/offender centric plans incorporating risk, criminogenic needs, and the inclusion of a range of sanctions falling outside those attached to sentencing	Increased offender engagement with services and an increase in the breadth of sanctions used to ensure compliance with offender management plans	CRC (Barbara Gill) HBC (Karen Clark)	March 2015		holistic offender management plans are used by all agencies working with offenders incorporating criminogenic needs
2.2 Embed a restorative approach to reducing re-offending and improving victim satisfaction with the punishment of offenders	Ensure restorative interventions are offered to all victims of crime (EU Directive)	Increase in the number of victims of crime receiving restorative interventions	Tees Single IOM (Clare Clark)	April 2015		Offenders have a Increased awareness of the impact of their offending behaviour resulting in subsequent reductions in offending
	Explore with Cleveland Police the further development of the extension of the triage service to adults	Triage scheme developed with an increase in adult offenders receiving punishments outside of the court processes	Cleveland Police (Gordan Lang)	February 2015		Victims feel that justice has been done and have an improved satisfaction with the criminal justice process
	Those working with offenders to receive training in restorative interventions	Increase in the number of those working with offenders receiving training in restorative interventions	CRC (Barbara Gill) Think Family/Think Communities (Ronni Checksfiled)/YOS (Mark Smith)	September 2015		

	The Community Payback scheme to be supported, and in taking it forward additional training be provided for staff to equip them to effectively interact with ex-offenders in a work environment	New agreement established for the continuance of Community Payback in Hartlepool in conjunction with the CRC, and HBCs Community Safety and Environmental Services Toolbox Talk developed – increase in the number of HBC staff trained on how to interact with offenders in the workplace	HBC (John Wright) CRC (Ken Hounam) CRC (Ken Hounam) HBC Neighbourhood Services (Jon Wright)	March 2015 January 2015		Increased visibility in justice being done within the community setting and an increase in the number of offenders putting something back into the community
2.3 Improve the transition of young re-offenders into adult services.	Review the needs of 16/17 year re-offenders current to YOS.	Assessments are in place for all young offenders moving from child to adult offender management services	HBC Youth Offending Service (mark smith) Think Family / Think Community (Ronni Checksfield) CRC (Barbara Gill)	September 2015		Services have a better understanding of the needs of this group of offenders and are able to improve the support provided resulting in a reduction of the reoffending rate of this particular group
2.4 Address unemployment and poor educational attainment in	Pilot the Our Place programme in the Dyke House Area of Hartlepool by	Pilot Programme commenced in the Dyke House area	HBC Community Safety and Engagement Team (Tracy Rowe)	November 2014		A network of employment and training providers is in place to raise

disadvantaged areas, to raise aspirations and challenge the cycle of offender behaviour across generations	developing a partnership of employment and training providers linking employment and training opportunities to the Hartlepool vision					aspirations of the Local residents in the Dyke House area
2.5 Ensure adequate substance misuse support services are in place for offenders that adopt a Team Around Approach to support delivery of integrated offender management plans Plans for the joint commissioning of the criminal justice liaison and diversion service considered by the CCG/public health and PCC	Review and Re-commission drug support services through Criminal Justice Interventions Team	Drug services are reviewed and successfully commissioned to ensure integration and support for the delivery of offender management plans	HBC Public Health (Sharon Robson)	March 2015		Offenders with substance misuse issues are provided with a holistic wrap around service that address their criminogenic needs to improve outcomes across health, employment, housing, and reduced reoffending behaviour
Objective 3 Improving a shared understanding of the complexities of offending behaviour on individuals and our communities						
Priority	Action	Progress measure	Responsibility Resource	Timescale	Progress	Outcome
3.1 Improve the identification of the most problematic offenders.	Review the current Integrated Offender Management (IOM) selection and de-selection process.	Standardised matrix and selection/de-selection process in place that addresses local priorities and	Single IOM Group (Clare Clark)	March 2015		Improved knowledge and effective management of offenders resulting

		the criminogenic needs of offenders				in a reduction in the reoffending rate of the IOM cohort and improved public safety
3.2 Agencies to have a shared understanding of the need and risk of offenders.	Explore the feasibility of introducing the use of one risk assessment form, accompanied by a workable risk management plan. (as practiced in Durham)	Risk assessment agreed and in place	CRC (Barbara Gill)	March 2015		The risks to the community in relation to re-offending are shared and there is improved management of risk between agencies
3.3 Avoid duplication and loss of effectiveness in service delivery following the reform of offender management services	<p>New NPS and CRC to be represented on the SHP as statutory partners with accountability for the management of offenders within the community and the protection of the public</p> <p>Reducing Re-offending Task Group to take responsibility for management of the reducing reoffending strategy action plan</p> <p>SHP /HBC to be represented on Teeswide Single IOM</p>	<p>Members are invited and are attending partnership meetings</p> <p>SHP are provided with regular progress and performance updates from NPS and CRC including pbr claims etc</p> <p>Reducing Re-offending group established supported by HBC Community Safety Team and Director of CRC (Chair)</p> <p>Safer Hartlepool to agree Single IOM terms of reference</p>	<p>HBC Community Safety (Clare Clark)</p> <p>CRC (Barbara Gill) NPS (Jullie Allan)</p> <p>HBC Community Safety (Clare Clark)</p> <p>HBC Community Safety (Clare Clark)</p>	<p>July 2014</p> <p>April 2015</p> <p>July 2014</p> <p>March 2015</p>		<p>The new NPS and CRC are integrated into local partnership arrangements resulting in improved pathways and management of offenders and reduced risk of harm to the public</p>

3.4 Improve understanding of the impact of interventions and benefits	Steering Group Adopt a suite of indicators that adequately demonstrate the impact and progress in relation to multi-agency approaches to reducing reoffending	and Partnership involvement in the Teeswide single IOM group Basket of performance indicators produced to measure the impact of interventions	Single IOM Group(Clare Clark)	January 2015		Improved understanding of the impact of interventions and benefits within the new landscape
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SAFER HARTLEPOOL PARTNERSHIP

21 November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: TRANSFORMING REHABILITATION – MINISTRY OF JUSTICE UPDATE

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on a recent communication from the Ministry of Justice in relation to the national Transforming Rehabilitation Programme.

2. BACKGROUND

- 2.1 As reported previously to the Safer Hartlepool Partnership significant changes are currently underway nationally in relation to the transformation of rehabilitation services which aim to bring about greater reductions in re-offending and addressing the wider harm caused to the community by re-offending behaviour.
- 2.2 On the 1st June 2014, 21 Community Rehabilitation Companies (CRC) were established nationally, together with a new National Probation Service (NPS). Each CRC will provide rehabilitative services under contract once the reforms are complete and the relevant local contract package area for Hartlepool is Durham Tees Valley which encompasses all local authorities and hence Community Safety Partnerships falling within this area.
- 2.3 Preferred bidders were announced on 29th October 2014 and we now know that ARCC were successful in their bid and will be delivering offender management services under contract with the Ministry of Justice in the Durham Tees Valley contract package area. The provisions of the Rehabilitation of Offenders Act 2014 in relation to extending post-release supervision to short sentenced prisoners will also come into force at the point contracts for successful bidders comes into effect in 2015.
- 2.4 The contract management of the services commissioned by the Transforming Rehabilitation Programme (TRS) will be delivered by a new Rehabilitation Services Contract Management function (RSCM) in the National Offender Management System (NOMS). This will be the responsibility of Ian Poree,

Director of the Rehabilitation Programme, and for the North Region, Amy Rice, one of three Deputy Director of the Rehabilitation Programme.

- 2.6 For further information a letter from the Ministry of Justice to HBCs Chief Executive in relation to progress on the Transformation of Rehabilitation Programme and Contract management function, together with an update for local stakeholders, and Ministry of Justice Contract Management contacts are attached as Appendix A, B, and C. For information the the list of preferred bidders is also attached at Appendix D.

3. RECOMMENDATIONS

- 3.1 That a meeting is arranged with the new Deputy Director of the Rehabilitation Programme for the North to raise awareness of local priorities and expectations around partnership working, and the outcome of that meeting reported back to Partnership.
- 3.2 It is recommended that ARCC are invited to a special meeting of the Safer Hartlepool Partnership to present their offender management model and discuss how we can work in partnership together to reduce the high reoffending rates in Hartlepool, and delivery of the newly established Reducing Reoffending Strategy.

4 REASONS FOR RECOMMENDATIONS

- 4.1 Reducing re-offending is a statutory responsibility of the Safer Hartlepool Partnership under the Crime and Disorder Act 1998.
- 4.2 Hartlepool has the second highest re-offending rate nationally and is a key priority for the Safer Hartlepool Partnership and the community it represents.

5. CONTACT OFFICERS

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21 October 2014

Dear LA Chief Executives

TRANSFORMING REHABILITATION: CONTRACT MANAGEMENT FUNCTION

I wanted to write to bring you up to date on the Transformation Rehabilitation Programme (TR). The reforms reached a significant milestone on 1 June in the phased roll out of the Transforming Rehabilitation reforms with the stand-up of the National Probation Service (NPS) and 21 Community Rehabilitation Companies (CRCs). These organisations are live and are now supervising offenders within the new structures. MoJ continues to provide dedicated support to embed the new systems and monitor and deal with any new issues that may arise as we work towards reaching steady state.

Once the reforms are fully implemented, each CRC will provide rehabilitative services under contract in its Contract Package Area (CPA) and be owned and run by successful bidders in the present competition. Bids to run CRCs were received at the end of June and we have a healthy competition in all CPAs with over 80 bids received and an average of four bidders in each area. Bids are currently being rigorously assessed and the contract winners for each CRC will be announced by the end of 2014. We will bring into force those provisions of the Offender Rehabilitation Act 2014, which extend post-release supervision to short sentenced prisoners, at the point contracts for successful bidders for CRCs take effect and new providers start delivering rehabilitation services. We plan to do this in line with our commitment to introduce these major reforms by 2015.

The contract management of the services commissioned by the Transforming Rehabilitation Programme will be delivered by a new Rehabilitation Services Contract Management (RSCM) function in the National Offender Management System (NOMS). I will lead the contract management function at NOMS Board level and supported by the MoJ Director for Procurement as well as by three Deputy Directors, each responsible for a geographic area (North, South West and Midlands, South East and London). Contact details for each of the Deputy Directors are attached to this letter.

In advance of contract award, the 21 CRCs are now working to their interim contracts and being managed by interim contract management teams within NOMS. To provide continuity, these teams are being led by the three NOMS Deputy Directors who will lead the future RSCM function following the completion of the competition, and locally by the NOMS senior community managers who previously managed the contracts with the former Probation Trusts.

The function has been developed in line with the MoJ/NOMS response to the cross Government and MoJ Reviews of Contract Management and National Audit Office best practice guidance. It will be responsible for:

- Commissioning and contract management of the CPA contracts in England;
- Setting of NPS Service Level Agreements;
- Engagement with stakeholders at national and local levels

The Target Operating Model (v3) outlines the importance of CRCs working closely with other local partners. Effective engagement and co-commissioning with partners at a national, PCC and local authority level is important to ensure commissioning is responsive to local needs. Through the Programme's local competition teams you may already have met with bidders in your CPA and started to work through how to put these local relationships in place. Many of you also were involved in the stakeholder engagement events in February and March this year ensuring that bidders were able to inform their understanding of key local priorities.

Within the Rehabilitation Services Contract Management function, Senior Contract Managers will be the main interface with other local commissioners. The Director and Deputy Directors will do the same at a national level. Local Authorities will of course continue to have relationships with both local contract managers and our senior contract management team as well as engagement with the programme through the Local Authority Reference Group. This structure will help to ensure that CRCs are planning future commissioning with other commissioners in mind.

The Deputy Director for your area will be happy to meet with you to discuss the contract management function and how they best work collaboratively with you to ensure an effective system for managing offenders, protecting the public and reducing re-offending.

This might be of particular interest to Directors of Housing, Community Safety and local commissioning.

An additional update on key aspects of the reforms is attached for information

IAN POREE
DIRECTOR, REHABILITATION PROGRAMME

APPENDIX B**Transforming Rehabilitation Update for Local Stakeholders****Overview**

On 1 June the 35 Probation Trusts were re-organised into 21 Community Rehabilitation Companies (CRCs) and the new National Probation Service (NPS). Over the last few months, staff in the new organisations have been working hard to embed the new structures and processes. Under the new system, all low and medium risk of harm offenders will now be managed by the CRCs, and all high risk of harm offenders by the NPS

Alongside the operational reorganisation, the Ministry of Justice has also been running a competition to find new owners for the 21 CRCs. Good progress has been made in the competition. We have a strong and diverse market of bidders, with more than 80 bids currently being evaluated. There is healthy competition, with an average of 4 bidders in each of the Contract Package Areas.

We have a mix of bidders from a range of partnerships, including charities experienced in tackling a range of issues affecting offenders, small and large British businesses and experienced multinationals. Mutuels (formed by enterprising groups of staff who worked together in Probation Trusts) are also represented in this cadre, and all of the bidders have experience in working with offenders or across the wider criminal justice system. In addition, almost 1000 organisations have now registered as potential supply chain providers including more than 700 voluntary, community and social enterprise organisations.

We are on track to sign contracts with new owners later this year with new providers taking ownership of CRCs in early 2015.

The contract management of the services commissioned by the Transforming Rehabilitation Programme will be delivered by a new Rehabilitation Services Contract Management (RSCM) function in the National Offender Management System (NOMS). The contract management function will be led by a Director supported by three Deputy Directors each responsible for geographic area (North, South West and Midlands, South East and London). In advance of contract award, the 21 CRCs are now working to their interim contracts and are being contract managed by the NOMS Deputy Directors who will lead the future RSCM function following the completion of the competition. The Deputy Directors and their teams will begin engaging with key stakeholders locally over the coming months to discuss the contract management function and how best we can ensure collaborative working during the interim contract management arrangements, with a particular view to ensuring we establish productive working relationships once new providers come on stream in 2015 to ensure an effective system for managing offenders, protecting the public and reducing re-offending.

APPENDIX B**Offender Rehabilitation Act 2014**

Much of the current sentencing framework for adult offenders is governed by the Criminal Justice Act 2003 (the 2003 Act). The ORA makes a number of changes to the release arrangements set out in the 2003 Act for offenders serving custodial sentences of less than 12 months, and for those serving sentences of between 12 months and 2 years:

- Extension of licence: the ORA extends release on licence for the second half of sentence to offenders serving custodial sentences of more than 1 day but less than 12 months.
- Post-sentence supervision: the ORA creates a new supervision period for all offenders released from custodial sentences of less than 2 years. The purpose of the supervision period is the rehabilitation of offender, and allows for a range of requirements to be imposed on the offender to support them moving away from crime. The supervision period tops up the licence period so that overall, every eligible offender will receive 12 months of supervision in the community after release.
- Young adult offenders: the ORA applies the new supervision period to offenders who are sentenced as juveniles but who are 18 or over at the ordinary point of release from their sentence.
- Breach of post-sentence supervision: creating a new process for Magistrates' Courts to deal with breaches of the supervision period. This is an important new role for Magistrates, and the Act gives them a wide range of sanctions – including up to 14 days in custody but also fines, unpaid work and curfews – that can be applied where a breach is proved.

We will bring these provisions into force at the point that the contracts for successful bidders for CRCs take effect and the new providers start delivering rehabilitation services. We plan to do this in line with our commitment to introduce these major reforms by 2015.

Through the Gate

The reforms will also put in place nationwide rehabilitation services which work “through the gate”, providing continuity of services for offenders in custody and the community. Under these reforms, in most cases the same provider will support induction of an offender into custody, provide them with resettlement services before release, meet them at the prison gates and continue work in the community.

The principals of Through the Gate (TTG):

- Coordination and management of offenders' resettlement needs by the same provider
- A universal screening of need for all prisoners within the first three days on arrival in prison - completed by prison staff using the Basic Custody Screening Tool (BCST)

APPENDIX B

- Individual resettlement plan for all prisoners, Part 2 of the BCST, completed by Community Rehabilitation Company (CRC)
- Delivery of the plan by the CRC through the sentence
- Finalised plans for resettlement are made with the prisoner in their last twelve weeks in custody
- Support (including for those serving under 12 months) continues into the community
- The same provider responsible for the offender's progress both sides of the gate
- CRCs will be contractually obliged to deliver the following services; accommodation advice, employment retention and brokerage, financial advice and signposting services for sex workers and victims of domestic and sexual violence

National Offender Management Service **Rehabilitation Services Contract Management Deputy Directors**

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The Transforming Rehabilitation Programme

The Preferred Bidders for the Community Rehabilitation Companies

Community Rehabilitation Company	Preferred Bidder	Preferred Bidder Composition
Northumbria	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity
Cumbria & Lancashire	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity
Durham Tees Valley	ARCC	ARCC (Achieving Real Change in Communities Community Interest Company), a Joint Venture involving: <ul style="list-style-type: none"> • Changing Lives in Durham Tees Valley CIC, a Probation Staff CIC • Thirteen (formerly Fabrick Housing Group), a Registered Social Landlord • The Wise Group, a Social Enterprise • Safe in Tees Valley, a Charity • Tees Esk and Wear Valleys NHS Foundation Trust (TEWV), a Public Organisation • The Vardy Foundation, a Charity • Stockton Borough Council, a Public Organisation • Darlington Borough Council, a Public Organisation
Humberside, Lincolnshire & North Yorkshire	Purple Futures	Purple Futures, an Interserve-led partnership formed of: <ul style="list-style-type: none"> • Interserve plc, a private organisation • 3SC, a Social Enterprise • Addaction, a Charity • P3, a Charity • Shelter, a Charity
West Yorkshire	Purple Futures	Purple Futures, an Interserve-led partnership formed of: <ul style="list-style-type: none"> • Interserve plc, a private organisation • 3SC, a Social Enterprise • Addaction, a Charity • P3, a Charity • Shelter, a Charity
Cheshire & Greater Manchester	Purple Futures	Purple Futures, an Interserve-led partnership formed of: <ul style="list-style-type: none"> • Interserve plc, a private organisation • 3SC, a Social Enterprise • Addaction, a Charity • P3, a Charity • Shelter, a Charity
Merseyside	Purple Futures	Purple Futures, an Interserve-led partnership formed of: <ul style="list-style-type: none"> • Interserve plc, a private organisation • 3SC, a Social Enterprise • Addaction, a Charity • P3, a Charity • Shelter, a Charity
South Yorkshire	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity.

The Transforming Rehabilitation Programme

The Preferred Bidders for the Community Rehabilitation Companies

Community Rehabilitation Company	Preferred Bidder	Preferred Bidder Composition
Staffordshire & West Midlands	The Reducing Reoffending Partnership	<p>The Reducing Reoffending Partnership (RRP – an Equity Joint Venture) brings together the experience, capabilities and values of 3 leading mission driven organisations which are:</p> <ul style="list-style-type: none"> • Ingeus UK, a private organisation; • St Giles Trust, a Charity; and • Crime Reduction Initiatives (CRI) a Charity.
Derbyshire, Leicestershire, Nottinghamshire & Rutland	The Reducing Reoffending Partnership	<p>The Reducing Reoffending Partnership (RRP – an Equity Joint Venture) brings together the experience, capabilities and values of 3 leading mission driven organisations which are:</p> <ul style="list-style-type: none"> • Ingeus UK, a private organisation; • St Giles Trust, a Charity; and • Crime Reduction Initiatives (CRI) a Charity.
Wales	Working Links	Working Links, a public, private and voluntary company, in strategic partnership with Innovation Wessex, a Probation staff mutual.
Warwickshire & West Mercia	Geo Mercia Willowdene	<p>Geo Mercia Willowdene, a Joint Venture involving:</p> <ul style="list-style-type: none"> • Mercia Community Action Ltd, a Probation Staff Mutual • Willowdene Rehabilitation Ltd, a social enterprise • The GEO Group UK Ltd, a private organisation
Bristol, Gloucestershire, Somerset & Wiltshire	Working Links	Working Links, a public, private and voluntary company, in strategic partnership with Innovation Wessex, a Probation staff mutual.
Dorset, Devon & Cornwall	Working Links	Working Links, a public, private and voluntary company, in strategic partnership with Innovation Wessex, a Probation staff mutual.
Hampshire & Isle of Wight	Purple Futures	<p>Purple Futures, an Interserve-led partnership formed of:</p> <ul style="list-style-type: none"> • Interserve plc, a private organisation • 3SC, a Social Enterprise • Addaction, a Charity • P3, a Charity • Shelter, a Charity
Thames Valley	MTCNovo	<p>MTCNovo, a Joint Venture involving:</p> <ul style="list-style-type: none"> • MTC (Management Training Corporation) – a private company • novo a consortium with a number of public, private and third sector shareholders including, but not limited to: <ul style="list-style-type: none"> ○ RISE – a probation staff community interest company ○ A Band of Brothers - a charity ○ The Manchester College (TMC) – a public sector education provider ○ Sanctuary Supported Living (SSL) – a registered social landlord ○ Thames Valley Partnership (TVP) - a charity ○ Amey – a private company
Bedfordshire, Northamptonshire, Cambridgeshire & Hertfordshire	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity.

The Transforming Rehabilitation Programme

The Preferred Bidders for the Community Rehabilitation Companies

Community Rehabilitation Company	Preferred Bidder	Preferred Bidder Composition
Norfolk & Suffolk	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity.
Essex	Sodexo Justice Services in partnership with NACRO	Sodexo Justice Services, a private organisation, in partnership with NACRO, a Charity.
London	MTCNovo	<p>MTCNovo, a Joint Venture involving:</p> <ul style="list-style-type: none"> • MTC (Management Training Corporation) – a private company • novo a consortium with a number of public, private and third sector shareholders including, but not limited to: <ul style="list-style-type: none"> ○ RISE – a probation staff community interest company ○ A Band of Brothers - a charity ○ The Manchester College (TMC) – a public sector education provider ○ Sanctuary Supported Living (SSL) – a registered social landlord ○ Thames Valley Partnership (TVP) - a charity ○ Amey – a private company
Kent, Surrey & Sussex	Seetec	Seetec Business Technology Centre, a private limited company



SAFER HARTLEPOOL PARTNERSHIP

21 November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: PREVENT UPDATE

1 PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on Government plans to place the Channel strand of the PREVENT strategy on a statutory footing.

2 BACKGROUND

- 2.1 The PREVENT strategy is one of the key objectives of CONTEST, the governments strategy for countering international terrorism. PREVENT aims to stop people becoming terrorists by:
- Challenging the spread of terrorist ideology and threat posed by those who promote it.
 - Supporting vulnerable individuals from being drawn into terrorism and ensuring they are given appropriate advice and support, and
 - Working in key sectors and institutions where there are risks of radicalisation which we need to address.
- 2.2 The Channel programme is a key element of the PREVENT Strategy that uses a multi-agency approach to protect people at risk of radicalisation and existing collaborations between Local Authorities, and other statutory partners such as the education and health sectors, youth and offender management services, the Police and local community to:
- Identify individuals at risk of being drawn into terrorism
 - Assess the nature and extent of that risk; and
 - Develop the most appropriate support plan for the individuals concerned
- 2.3 As such Channel is about safeguarding individuals from being drawn into committing terrorist related activity by intervening early to protect and divert people away from the risk before illegality occurs.

3 PLANS TO PUT CHANNEL ON A STATUTORY FOOTING

3.1 At a Home Office briefing held in October PREVENT leads from Local Authorities across the country were informed of plans to place the Channel process on a statutory footing. In general this will reflect the current Channel guidance which was published in 2012 with some minor changes, and will incorporate the following into statute:

- A local authority responsibility for convening and chairing multi-agency panels
- A responsibility on the Panel to produce a support plan for Channel cases following a vulnerability assessment
- A responsibility on the Panel to seek the consent of the person before support is provided
- A duty to co-operate on Panel members (this is likely to include a list of responsible / relevant authorities)
- A requirement that partners pay due regard to guidance issued by the Secretary of State
- A standardised risk assessment to be used by the Police in relation to the threat to the community of terrorist activity, and a duty on the Police to provide the Panel with an overview of the risk assessments undertaken in relation to this threat.

3.2 It is anticipated that the legislation will receive Royal Assent before Christmas. The legislation will not seek to introduce new mechanisms for dealing with Channel cases but will leave this to each Local Authority area to determine as part of its existing processes.

4 MONITORING PREVENT AND CHANNEL RESPONSIBILITIES IN HARTLEPOOL

4.1 As envisaged by the legislation, for the Channel process to work it is crucial that the right agencies and individuals are involved in multi-agency Channel Panels on a local level to ensure that the individual concerned is provided with the right support at the right time in line with the vulnerability assessment. This is likely to be the operational leads from the service areas that need to be around the table supported by the Police Channel Officer.

4.2 Nationally, many areas are dealing with several Channel cases at any one time and meet regularly to discuss progress. Whilst others have very few but continue to meet on a regular quarterly basis to ensure local partners are updated on PREVENT and the work that is being undertaken to address the recommendations in the Local Counter Terrorism Profile.

4.3 To date, Hartlepool has had only one Channel referral since the programme began. This was dealt with by the PREVENT silver lead for the Local Authority who convened a bespoke Panel of relevant partners to produce an action plan which was monitored by the Panel until the risk to the individual had subsided.

- .
- 4.4 Whilst recent high profile cases, and increased awareness raising may lead to an increase in Channel referrals, it is proposed that the current practice of convening a Panel as and when needed should continue to be the Hartlepool approach.

5 RECOMMENDATIONS

- 5.1 The Safer Hartlepool Partnership is requested to note Government plans to place Channel on a statutory footing and comment on the appropriateness of current arrangements continuing.

6 REASONS FOR RECOMMENDATIONS

- 6.1 Creating confident, cohesive and safe communities is a strategic priority for the Safer Hartlepool Partnership.
- 6.2 As outlined in the proposed legislation Local Authorities are the responsible body for convening Channel Panels and a number of members of the Safer Hartlepool Partnership will have a statutory duty to co-operate.

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SAFER HARTLEPOOL PARTNERSHIP

21st November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP
PERFORMANCE

1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2014 to September 2014 (inclusive).

2. BACKGROUND

- 2.1 The Community Safety Plan 2014-17 published in 2014 outlined the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2014/15.
- 2.2 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 2, comparing current performance to the same time period in the previous year, where appropriate.

3. RECOMMENDATIONS

- 3.1 The Safer Hartlepool Partnership note and comment on partnership performance in Quarter 2.

4. REASONS FOR RECOMMENDATIONS

- 4.1 The Safer Hartlepool Partnership is responsible for overseeing the successful delivery of the Community Safety Plan 2014-17.

5. BACKGROUND PAPERS

- 5.1 The following background papers were used in the preparation of this report:-

Safer Hartlepool Partnership – Community Safety Plan 2014-17

6. CONTACT OFFICERS

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6.2 APPENDIX A**Safer Hartlepool Partnership Performance Indicators
2014-15****Strategic Objective: Reduce Crime & Repeat Victimisation**

Indicator Name	Baseline 2013/14	Local Directional Target 2014-15	Current Position Jul 14 – Sep 14	Actual Difference	% Difference
All Recorded Crime	6,193	Reduce	1648	+23	1.4
Domestic Burglary	226	Reduce	88	+13	17.3
Vehicle Crime	447	Reduce	154	+50	48.1
Shoplifting	844	Reduce	275	+63	29.7
Local Violence	1,081	Reduce	275	-40	-12.7
Repeat Incidents of Domestic Violence – MARAC	33%	Reduce	31%	+6	22

Strategic Objective: Reduce the harm caused by Drugs and Alcohol

Indicator Name	Baseline 2013/14	Local Directional Target 2014-15	Current Position Jul 14 – Sep 14	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	694	3% Increase	695 (Aug 14)	18	2.66%
Proportion of substance misusers that successfully complete treatment - Opiate	5%	12%	25% (Aug 14)	-	-14%
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	28%	10%	5.44% (Aug 14)	-	-7.43%
Reduction in the rate of alcohol related harm hospital admissions	M:2378 F:1106 (2012/13)	Reduce	M:2378 F:1106 (2012/13) (latest figures available)		
Number of young people found in possession of alcohol	109	Reduce	17	-24	-59%

6.2 APPENDIX AStrategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2013/14	Local Directional Target 2014-15	Current Position Jul 14 – Sep 14	Actual Difference	% Difference
Anti-social Behaviour Incidents reported to the Police	7,482	Reduce	2,287	+52	2.3
Deliberate Fires	273	Reduce	93	+40	75
Criminal Damage to Dwellings	449	Reduce	101	-15	-13
Hate Incidents	108	Increase	32	11	52

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2013/14	Local Directional Target 2014-15	Current Position Jul 14 – Sep 14	Actual Difference	% Difference
Re-offending rate of young offenders	N/A*	Reduce	Given the changes, need advice on how we will report on this indicator	-	-
First-Time Entrants to the Criminal Justice System	50	Reduce	8	-9	-53
Re-offending rate of Prolific & Priority Offenders	2.8 (115 convictions)	Reduce	Data unavailable		
Re-offending rate of High Crime Causers	6.3 (197 convictions)	Reduce	Data unavailable		
Number of Troubled Families engaged with	242	290	290		
Number of Troubled Families where results have been claimed	156	-	156		

*The reporting has changed for Reoffending. A new cohort starts every 3 months, and is tracked for 12 months (which means you have 4 cohorts at any one time)

6.2 APPENDIX A

Recorded Crime in Hartlepool
July – September 2014

Publicly Reported Crime (Victim Based Crime)				
Crime Category/Type	Jul 13 - Sep 13	Jul 14 - Sep 14	Change	% Change
Violence against the person	315	275	-40	-12.7%
Homicide	1	0	-1	-100.0%
Violence with injury	184	160	-24	-13.0%
Violence without injury	130	115	-15	-11.5%
Sexual Offences	26	37	11	42.3%
Rape	10	11	1	10.0%
Other Sexual Offences	16	26	10	62.5%
Robbery	6	9	3	50.0%
Business Robbery	3	3	0	0.0%
Personal Robbery	3	6	3	100.0%
Acquisitive Crime	780	897	117	15.0%
Domestic Burglary	75	88	13	17.3%
Other Burglary	75	103	28	37.3%
Bicycle Theft	59	48	-11	-18.6%
Theft from the Person	6	7	1	16.7%
Vehicle Crime (Inc Inter.)	104	154	50	48.1%
Shoplifting	212	275	63	29.7%
Other Theft	249	222	-27	-10.8%
Criminal Damage & Arson	297	277	-20	-6.7%
Total	1424	1495	71	5.0%
Police Generated Offences (Non -Victim Based Crime)				
Crime Category/Type	Jul 13 - Sep 13	Jul 14 - Sep 14	Change	% Change
Public Disorder	59	61	2	3.4%
Drug Offences	115	71	-44	-38.3%
Trafficking of drugs	17	21	4	23.5%
Possession/Use of drugs	98	50	-48	-49.0%
Possession of Weapons	12	12	0	0.0%
Misc. Crimes Against Society	15	9	-6	-40.0%
Total Police Generated Crime	201	153	-48	-23.9%
TOTAL RECORDED CRIME IN HARTLEPOOL	1625	1648	23	1.4%

6.2 APPENDIX A

Recorded Crime in Cleveland**July – September 2014**

Publicly Reported Crime (Victim Based Crime) Jul 14 - Sep 14										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000	Crime	Per	Crime	Per	Crime	Per 1,000 pop
Violence against the person	275	3.0	294	2.2	594	4.4	492	2.6	1655	3.0
Homicide	0	0.0	0	0.0	1	0.0	0	0.0		
Violence with injury	160	1.8	184	1.4	345	2.5	303	1.6	992	1.8
Violence without injury	115	1.3	110	0.8	248	1.8	189	1.0	662	1.2
Sexual Offences	37	0.4	38	0.3	64	0.5	61	0.3	200	0.4
Rape	11	0.1	14	0.1	17	0.1	14	0.1	56	0.1
Other Sexual Offences	26	0.3	24	0.2	47	0.3	47	0.3	144	0.3
Theft	906	9.9	1126	8.4	1751	12.9	1254	6.7	5037	9.2
Domestic Burglary	88	2.2	89	1.5	266	4.7	91	1.1	534	2.3
Other Burglary	103	1.1	207	1.5	165	1.2	128	0.7	603	1.1
Bicycle Theft	48	0.5	60	0.4	121	0.9	92	0.5	321	0.6
Theft from the Person	7	0.1	9	0.1	63	0.5	10	0.1	89	0.2
Robbery – Personal	6	0.1	10	0.1	29	0.2	13	0.1	58	0.1
Robbery - Business	3	0.0	4	0.0	2	0.0	4	0.0	13	0.0
Vehicle Crime (Inc Inter.)	154	1.7	211	1.6	213	1.6	168	0.9	746	1.4
Shoplifting	275	3.0	251	1.9	525	3.9	345	1.8	1396	2.5
Other Theft	222	2.4	285	2.1	367	2.7	403	2.1	1277	2.3
Criminal Damage & Arson	277	3.0	470	3.5	606	4.5	489	2.6	1842	3.4
Total	1495	16.4	1928	14.4	3015	22.1	2296	12.2	8734	15.9
Police Generated Offences (Non -Victim Based Crime) Jul 14- Sep 14										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000	Crime	Per	Crime	Per	Crime	Per 1,000 pop
Public Disorder	61	0.7	63	0.5	171	1.3	88	0.5	383	0.7
Drug Offences	71	0.8	64	0.5	151	1.1	111	0.6	397	0.7
Trafficking of drugs	21	0.2	10	0.1	20	0.1	18	0.1	69	0.1
Possession/Use of drugs	50	0.5	54	0.4	131	1.0	93	0.5	328	0.6
Possession of Weapons	12	0.1	15	0.1	16	0.1	14	0.1	57	0.1
Misc. Crimes Against Society	9	0.1	20	0.1	29	0.2	34	0.2	92	0.2
Total Police Generated Crime	153	1.7	162	1.2	367	2.7	247	1.3	929	1.7
TOTAL RECORDED CRIME	1648	18.1	2090	15.6	3382	24.8	2543	13.5	9663	17.6

6.2 APPENDIX A

Anti-social Behaviour in Hartlepool July – September 2014

Incident Category	Jul 13 - Sep 13	Jul 14 - Sep 14	Change	% Change
AS21 - Personal	521	581	60	11.5%
AS22 - Nuisance	1618	1664	46	2.8%
AS23 - Environmental	96	42	-54	-56.3%
Total	2235	2287	52	2.3%

Anti-social Behaviour in Cleveland July – September 2014

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	521	5.7	831	6.2	1125	8.2	1046	5.6	3523	6.4
AS22 - Nuisance	1618	17.8	1978	14.8	2562	18.7	2357	12.5	8515	15.5
AS23 - Environmental	96	1.1	78	0.6	61	0.4	67	0.4	302	0.5
Total	2235	24.5	2887	21.6	3748	27.4	3470	18.5	12340	22.5
Quarterly Year on Year Comparison	Increased by 2%		Increased by 5%		Increased by 4%		Reduced by -6%		Increased by 1%	



SAFER HARTLEPOOL PARTNERSHIP

21st November 2014



Report of: Director of Regeneration and Neighbourhoods

Subject: SAFER HARTLEPOOL PARTNERSHIP DOMESTIC VIOLENCE ACTION PLAN UPDATE

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on the Domestic Violence and Abuse Strategic Group Action Plan 2014/15.

2. BACKGROUND

- 2.1 The Safer Hartlepool Partnership Domestic Violence Strategy 2012-2015, published in 2012, outlines the Partnership's approach to "break the cycle" of domestic violence in Hartlepool to achieve improved outcomes for everyone affected by the issue.
- 2.2 The strategy sets out the Partnership's four key objectives to address the issue of domestic violence and abuse in Hartlepool which include:
- Prevention and Early Intervention
 - Provision of Services
 - Partnership Working
 - Justice Outcomes and Risk Reduction for Victims
- 2.3 The Domestic Violence Action Plan (attached at **Appendix A**) which was refreshed in May provides an overview of the work that is currently being undertaken by the Safer Hartlepool Partnership Domestic Violence and Abuse Strategic Group during 2014/15. The following provides a summary of progress under each of the strategic objectives.

3. PREVENTION AND EARLY INTERVENTION

- 3.1 One of the key strands of the Preventative and Early Intervention work is to increase awareness of domestic violence and abuse across agencies and communities. As such work is ongoing to disseminate key messages in relation to domestic abuse linked to national and local campaigns, along with several

pieces of work being undertaken to promote healthy relationships. This includes the Healthy Relationship Programme in schools, the Rainbow Respect sessions run by Harbour in conjunction with Hart Gables targeted at the LGBT community, and further targeted work with 16-24 year olds at risk of being victims or perpetrators of domestic abuse. Further awareness raising with year 8 pupils will also be undertaken through the annual ASBAD event in February with all secondary schools participating in this event.

- 3.2 Improving information sharing and the early identification of children and families affected by domestic violence and abuse is another key action to be progressed this year under the prevention and early intervention strand. This is underway with the assistance of funding from the Police and Crime Commissioners Competed Fund with the best practice evidenced in Operation Encompass being used as the starting point for the development of a North Tees multi-agency information sharing hub (MASH). A project co-ordinator, accountable to a project management group set up for this purpose, has recently be appointed to take this piece of work forward. In the initial stages this will focus on improving the timely sharing of information between the Police, Schools, and Childrens services to ensure that children are appropriately supported in the school setting following an incident at a home the previous day.
- 3.3 In recognition of the fact that employers have a key role to play in ensuring victims of domestic violence and abuse receive appropriate support, a draft domestic violence and abuse policy has also been drafted to assist with the prevention and early intervention of domestic related violence and abuse. This is currently being considered by Hartlepool Borough Councils Human Resource and Public Health teams. Once the policy is in place further work will be undertaken to disseminate the policy across the Borough to other employers whether in the public, private, or voluntary sectors.

4 PROVISION OF SERVICES

- 4.1 To improve partnership working, and achieve better outcomes for victims, specialist domestic violence services have been corporately commissioned by Hartlepool Borough Council since 2012. The commissioned service currently includes:
 - Community Outreach Service
 - Support Refuge Accommodation
 - Independent Domestic Violence Advisor (IDVA) Service
 - Counselling Service
 - Male Perpetrator Programme
 - Joint Police and Harbour visits to repeat victims
- 4.2 The service is currently being reviewed using a range of quantitative and qualitative information but in the interim the CAADA report attached as **Appendix B** which covers data from clients engaging with and /or exiting Harbour services covering the six month period prior 1st October 2013 – 31st

March 2014 provides a useful insight in to the impact of the service in relation to Hartlepool victims of domestic violence and abuse.

- 4.3 In addition to the core service several separate pieces of work have also been commissioned this year such as the Healthy Relationships Programme identified in section 3, and following Home Office amendments to the definition of domestic violence and abuse to include controlling and coercive behaviour and incidents involving victims and perpetrators from aged 16 years, a Young Peoples Domestic Violence Advisor has been appointed by Childrens Services. The Harbour and Police repeat visits have also continued this year, and following Cleveland Police HMIC inspection into the way the Force deals with domestic violence this practice has now been rolled out across the Cleveland area.
- 4.4 The number of domestic related crimes and incidents recorded by Cleveland Police reveal a decrease in 2013/14 compared to the previous year by 18% and 8% respectively. However the repeat MARAC rate has increased. Work will therefore be undertaken this year through the provision of an enhanced multi-agency response to serial MARAC repeat cases following this approach having some positive results in Middlesbrough.

5 PARTNERSHIP WORKING

- 5.1 Steps to improve Partnership working this year have focused on concerns around the low level of referrals from health professionals into the specialist domestic violence service. The lack of health referrals was identified by the contract management group as a cause for concern, and has also been highlighted in local and national Domestic Homicide Reviews as a gap that needs to be addressed.
- 5.2 In April 2014 a Domestic Violence Health Link worker jointly funded through Hartlepool and Stockton Public Health Departments was appointed to work in the hospital setting to raise awareness of the signs of domestic violence and abuse, and make appropriate referrals, and in May Harbour staff delivered an awareness raising session at Sandwell Park to both staff and patients.
- 5.3 Following discussions with the CCG in June the first GP Training Session was held with practitioners from McKenzie House to raise awareness of Domestic Violence and Abuse and the provision of local support services. Positive feedback was received by practitioners and this training is to be rolled across Hartlepool, with a view to utilising CCG Timeout Sessions. In August 2014 Domestic Abuse routine enquiry training for sexual health practitioners was also delivered. All sexual health clients across Tees will be routinely screened where Domestic Violence and Abuse as an issue is disclosed and with the consent of the victim a referral to local support services will be made.
- 5.4 Effective partnership working through local Multi Agency Risk Assessment Conferencing has also been under the spotlight this year. During the summer of 2014 all four Cleveland MARACs (Multi-agency Risk Assessment

Conferences) were quality assessed by CAADA and although not yet available, feedback on the effectiveness of the Hartlepool MARAC and how it might be improved to ensure better outcomes for victims is expected to be provided soon.

6 JUSTICE OUTCOMES AND RISK REDUCTION

- 6.1 The attached CAADA Insights data provides some encouraging results in relation to the criminal justice process suggesting that of the 38% of clients making a report to the Police, three quarters resulted in a charge. The Crown Prosecution Service proceeded with 100% of cases in which a charge was made, with 92% of cases being heard in the local Specialist Domestic Violence Court, and 17% of clients being granted special measures. A conviction was secured in 92% of cases, and a restraining order was imposed in 64% of cases.
- 6.2 Early 2014 also saw the introduction of new powers for the Police in an effort to improve responses to domestic violence and abuse, and to reduce the risk of domestic violence and abuse occurring in the first place in the form of Domestic Violence Protection Orders (DVPOs), and a Domestic Violence Disclosure Scheme (DVDS). Across Cleveland to date there have been 27 DVDS applications with 6 disclosures being made. There have also been 24 successful applications for DVPOs to date with only 1 refusal and 5 breaches.
- 6.3 Despite some positive outcomes being achieved for victims of domestic violence an abuse, Hartlepool had its second domestic homicide in early 2014. In line with its statutory obligations under section 9 of the Domestic Violence, Crime and Victims Act (2004) which came into force in April 2011 the Safer Hartlepool Partnership is currently undertaking a Domestic Homicide Review in relation to this case which is due to report at the end of the year. One of the key actions following this review will be to ensure that the lessons learnt from the review are implemented and widely disseminated.

7. SECTION 17 CONSIDERATIONS OF THE CRIME AND DISORDER ACT 1998 CONSIDERATIONS

- 7.1 The Domestic violence Strategy contributes to the Safer Hartlepool Partnership's ability to carry out its statutory obligations in ensuring a co-ordinated approach to tackling crime and disorder, substance misuse and re-offending.

8. RECOMMENDATIONS

- 8.1 The Safer Hartlepool Partnership is asked to note the report and consider the progress being made in delivering the Domestic Violence Strategy Action Plan.

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Safer Hartlepool Partnership
Domestic Violence & Abuse Action Plan 2014/15 Overview

Objective 1: Prevention and Early Intervention	
Action	Progress
Deliver key messages in line with national and regional campaigns	☹️
Promote healthy relationships within the primary, secondary and college education setting and the use of 'This is Abuse' teacher resource pack.	☹️
Delivery of targeted healthy relationship interventions to LGBT community and young people aged between 16-24yrs at risk of being victims/perpetrators of domestic violence & abuse.	☹️
Work with key partners to host a series of HBV and FGM awareness raising workshops.	☹️
Implement local pilot of Operation Encompass to support the development of North Tees MASH	☹️
Work with key partners including local business representatives to develop workplace policies and procedures to respond and support employees who may disclose being a victim or perpetrator of domestic and/or sexual violence/abuse	☹️
Objective 2: Provision of Services	
Action	Progress
Undertake a review of locally commissioned domestic violence and abuse services.	☹️
Identify and profile top 10 serial repeat MARAC cases. Utilise a 'Team around' approach to address the needs of victims and perpetrators, using learning from the MARAC plus approach piloted in Middlesbrough.	☹️

Objective 3: Partnership Working	
Action	Progress
Reshape Hartlepool Domestic Violence Forum, identifying key individuals from organizations across Hartlepool to develop a network of domestic violence and abuse champions.	😊
Improve links with health, through the appointment of a Domestic Violence Health Link Worker, awareness raising sessions with staff and patients at Sandwell Park, introduction of routine screening of sexual health clients and rollout of GP domestic violence and abuse training and awareness programme.	😊
Quality assess MARAC in accordance with CAADA guidance.	😊
Objective 4 : Justice Outcomes and Risk Reduction for Victims	
Action	Progress
Assess the IDVA service.	😊
Conduct a SDVC health check audit.	😞
Improve the number of successful prosecutions processed by the SDVC.	😊
Implementation of Domestic Violence Disclosure Scheme (DVDS)	😊
Implementation of Domestic Violence Protection Orders (DVPO's)	😊
Establish a local protocol for reviewing 'near miss' domestic homicides, i.e. serious assaults.	😊

Action incomplete	😞	Action on track	😊	Action complete	😄
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Safer Hartlepool Partnership Domestic Violence & Abuse Action Plan 2012 -2015

YEAR THREE ACTION PLAN

This action plan accompanies the Safer Hartlepool Partnership Domestic Violence Strategy 2012 – 2015 and underpins its implementation. This plan details how we will achieve and monitor the objectives set out in the strategy. The actions contained within this plan contribute to the overarching aim of the strategy which, is to 'break the cycle of domestic violence in Hartlepool, leading to improved outcomes for everyone affected by this issue'.

The Plan sets out actions under four key areas that we aim to achieve:

Objective 1: Prevention and Early Intervention

Through work to prevent violence we will increase awareness and knowledge of the impact of domestic violence, services and options available to intervene early to reduce violence and the escalation of violence.

Objective 2: Provision of Services

We will continue to provide support to victim/survivors, and children whose lives are blighted by domestic violence and to perpetrators and ensure that they face minimal barriers in accessing the support they need.

Objective 3: Partnership Working

We will continue to work closely with our Partners to obtain the best outcome for victims and their families.

Objective 4 : Justice Outcomes and Risk Reduction for Victims

We will take action to reduce the risk to victims and their family. Will we empower and support victims to bring perpetrators to justice through the criminal justice process.

Objective 1: Prevention and Early Intervention

Through work to prevent violence we will increase awareness and knowledge of the impact of domestic violence, services and options available to intervene early to reduce violence and the escalation of violence.

Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated?	Progress Update	RAG Rating
Increase awareness of domestic violence and abuse across agencies and communities.	Deliver key messages in line with national and regional campaigns	Safer Hartlepool Partnership Communications Group	March 2015	Number of campaigns undertaken	Domestic Violence and Abuse World Cup Poster Campaign delivered in June 2014, raising awareness of support services. Series of Key Messages and campaigns to be delivered during Domestic Violence and Abuse Awareness week – November 2014. Healthy relationships to be included in ASBAD event which targets all year 8 pupils across Hartlepool - February 2015	GREEN AMBER AMBER
	Promote healthy relationships within the primary, secondary and college education setting and the use of 'This is Abuse' teacher resource pack.	Harbour	March 2015	Number of schools and colleges engaged and participating	A report outlining the work undertaken in schools was presented to the Domestic Violence and Abuse Group in September 2014. 3 secondary and 20 primary schools had taken up the offer of providing the service in schools and 724 year 10 and 800 year 6 pupils have engaged with the programme this year. Outcomes achieved include a greater awareness of what constitutes domestic abuse and an increase in awareness that domestic abuse could happen in any intimate relationship; an increase in the belief that boys and girls should be treated equally; and an increase in awareness of where to go for help.	AMBER
Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated?	Progress Update	RAG Rating

Increase awareness of domestic violence and abuse across agencies and communities – continued.....	Delivery of targeted healthy relationship interventions to LGBT community and young people aged between 16-24yrs at risk of being victims/perpetrators of domestic violence & abuse.	Harbour Hart Gables	March 2015	Number of people engaged.	LGBT Healthy Relationships programme launched at the GAYMES. The first session of the Rainbow Respect project delivered by Harbour in partnership with Hart Gables scheduled to take place October - an update on the take up of this project will be provided to the DVA Group at their next meeting in December	AMBER
Increase public understanding of Honour Based Violence (HBV), Forced Marriage (FM) and Female Genital Mutilation (FGM).	Work with key partners to host a series of awareness raising workshops.	Office of Police and Crime Commissioner Halo	March 2015	Number of workshops held and levels of agency/community attendance. Number of referrals into support services.	Links with Office of Police and Crime Commissioner VAWG Action Plan.	AMBER
Improve information sharing and the early identification of children and families affected by domestic violence and abuse	Local pilot of Operation Encompass to support the development of North Tees MASH	Clare Clark, Sally Robinson, Helen Eustace	March 2015	Number of children and families identified for intervention Pilot evaluation	April 2014 - Bid developed and submitted as a part of the Competed Fund to develop 'Operation Encompass' June 2014 – Bid Successful, Hartlepool to be pilot site. September - initial meeting with Police, HBC, and Childrens Services to discuss roll out (DV Group updated 30/09/14). October - project coordinator appointed	AMBER

Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated?	Progress Update	RAG Rating
Employers recognise and support victims of domestic and/or sexual violence/abuse at the earliest opportunity.	Work with key partners including local business representatives to develop workplace policies and procedures to respond and support employees who may disclose being a victim or perpetrator of domestic and/or sexual violence/abuse	Office of Police and Crime Commissioner Steven Carter Clare Clark	March 2015	Implementation of workforce policy. Number of organizations signed up to policy.	A CIPD practical guide for line managers, HR and employees experiencing domestic violence and abuse has been uploaded onto the HBC intranet. October – draft policy in place and currently being considered by HBC Public Health, HR, and the healthy workplace scheme. Meeting to take place November 2014 to develop Cleveland wide approach in line with the Cleveland Police and Crime Commissioner VAWG action plan.	AMBER

Objective 2: Provision of Services

We will continue to provide support to victim/survivors, and children whose lives are blighted by domestic violence and to perpetrators and ensure that they face minimal barriers in accessing the support they need.

Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated ?	Progress Update	RAG Rating
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Locally commissioned services will provide high quality, effective and accessible services which meet the needs of individuals and families affected by domestic violence and abuse.	Undertake a review of commissioned services.	Community Safety	February 2014	Evaluation of quantitative and qualitative data, including support services data, service user focus groups and practitioner questionnaire.	A review of the currently commissioned domestic violence and abuse support service provide Harbour is being undertaken. The outcome of this review will inform future commissioning intentions.	AMBER
Reduce the number of repeat MARAC cases through the provision of an enhanced multi-agency response to serial MARAC repeat cases	Identify and profile top 10 serial repeat MARAC cases. Utilise a 'Team around' approach to address the needs of victims and perpetrators, using learning from the MARAC plus approach piloted in Middlesbrough.	Community Safety Harbour	March 2015	Reduction in MARAC repeats	Serial repeat cases to be identified and profiled to understand: The needs of victims and perpetrators; Current agency involvement Level of engagement with agencies	AMBER

Objective 3: Partnership Working

We will continue to work closely with our Partners to obtain the best outcome for victims and their families.

Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated?	Progress Update	RAG Rating
Establish a network of Domestic Violence and Abuse Champions across a range of public, private and voluntary organizations.	Reshape Hartlepool Domestic Violence Forum, identifying key individuals from organisations across Hartlepool, develop DVA champion role profile and development programme.	Office of Police and Crime Commissioner Harbour Community Safety	March 2015	Establishment of DVA Champion Network. Number of DVA Champions and breadth of organizations.	Links with Office of Police and Crime Commissioner VAWG Action Plan. Local Domestic Violence Forum already exists, action plan to establish DVA champions to be developed.	AMBER
Better engagement with Health	To be developed through the appointment of a Domestic Violence Health Link Worker to work across Hartlepool and North Tees hospital sites, and the local rollout of the Identification and Referral to Improve Safety (IRIS) general practice-based domestic violence and abuse training and referral programme.	Harbour Community Safety CCG	March 2015	Increased referral into support services from Healthcare Professionals	<p>April 2014 - Domestic Violence Health Link appointed.</p> <p>May 2014 – Awareness raising sessions delivered to Staff and Patients at Sandwell Park.</p> <p>June 2014 – GP Training Session held with practitioners from the McKenzie House to raise awareness of DVA and local support services. Referral route agreed with positive feedback, training to be rolled across Hartlepool, with a view of utilising CCG Timeout Sessions.</p> <p>August 2014 – Domestic Abuse routine enquiry training for sexual health practitioners delivered on the 20th & 21st August 2014. All sexual health clients across Tees will routinely screened, where DVA issue is disclosed and referral to local support services will be made, with consent.</p>	<p>GREEN</p> <p>GREEN</p> <p>AMBER</p> <p>GREEN</p>
				Outcome of		

We continue to deliver an effective and well attended MARAC.	MARAC to be quality assessed, in line with CAADA guidance.	Police	October 2014	review CAADA insights data.	Hartlepool MARAC was assessed in June 2014 awaiting report from Police/CAADA.	AMBER
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Objective 4 : Justice Outcomes and Risk Reduction for Victims

We will take action to reduce the risk to victims and their family. Will we empower and support victims to bring perpetrators to justice through the criminal justice process.

Desired Outcome	Action	Lead Officer/Group	Timescale	Performance Indicators/ how will impact be demonstrated?	Progress Update	RAG Rating
Victims receive effective support and guidance when seeking justice through the Specialist Domestic Violence Court (SDVC).	Assess the IDVA service.	Harbour Community Safety	February 2015	Number of victims taking up support Number of successful prosecutions.	This will be incorporated into the review of commissioned services in Hartlepool	AMBER
	Conduct a SDVC health check audit.	SDVC Operational Group	March 2015	Audit carried out	Progress yet to be made	RED
	Improve the number of successful prosecutions processed by the SDVC.	Police/CPS	March 2015	Establish baseline re percentage of successful prosecutions -	The CAADA data set October 2013 – April 2014 highlights the following criminal justice outcomes – three quarters of reports to the police resulted in a charge; the most common charge was common assault (58% followed by harassment 42%) The CPS proceeded with 100% of cases in which a charge was made and 92% were heard in the SDVC with 17% of clients being granted special measures. There was a conviction in 92% of cases and a restraining order was	GREEN

					imposed in 64% of cases.	
Effective use of new tools and powers to protect victims and families from domestic violence and abuse.	Implementation of Domestic Violence Disclosure Scheme (DVDS)	Police Harbour	June 2014	Number of applications made. Number of disclosures made.	DVDS Panel has been established, chaired by the Police and comprising of representatives from Harbour and Probation. To date it is unclear how many applications have been received and disclosures made in Hartlepool. The Cleveland figures are as follows: 27 applications with 6 disclosures (as of October)	AMBER
	Implementation of Domestic Violence Protection Orders (DVPO's)	Police Harbour	July 2014	Number of DVPO's secured	To date it is unclear how many DVPO's have been obtained in Hartlepool. On a Cleveland level there have been 24 successful applications to date with only 1 refusal and 5 breaches	AMBER
Reduce the risk of Domestic Homicides, through effective learning and review of recent cases.	Implement recommendations and organise an event to share the learning from the recent DHR in Hartlepool	Community Safety	March 2015	Recommendations implemented/ Event held and evaluated	DHR currently ongoing – expected to report November / December	AMBER



CAADA Insights Service Report

Harbour Hartlepool

6 Months to April 2014

Strictly Private and Confidential

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Introduction

Purpose of this document

This document summarises the findings of the detailed CAADA Insights 6 month data report for Harbour Hartlepool. The purpose of this document is to:

- Outline the aims and objectives nationally, regionally and for Harbour Hartlepool;
- Summarise the headline data messages for the service;
- Identify areas of good practice and key practice development implications.

National strategic aims and objectives

In March 2012, the Government published a refreshed version of the Tackling Violence against Women and Girls Action Plan¹. The key principles of the action plan are summarised below:

- **Preventing violence** Prevent violence against women and girls from happening in the first place, by challenging the attitudes and behaviours which foster it and intervening early to prevent it;
- **Provision of services** Provide adequate levels of support where violence occurs;
- **Partnership working** Work in partnership to obtain the best outcomes for victims and their families;
- **Justice outcomes and risk reduction** Take action to reduce the risk to women and girls who are victims of these crimes and ensure that perpetrators are brought to justice.

In April 2013, the UK government widened the definition of domestic violence to include 16 and 17 year olds and coercive control – a pattern of controlling behaviour.

CAADA Insights national dataset²

The CAADA Insights national dataset² is a national, aggregated dataset of domestic abuse victim cases collected by specialist services which use CAADA Insights. In August 2013, CAADA updated the Insights national dataset to support the latest annual policy report which was published in February 2014. The dataset contains data from more than **4,500** clients who accessed one of 24 IDVA services in the 12 months prior to August 2013.

The 2012 policy report, 'CAADA Insights into domestic abuse: A place of greater safety', was aimed at local commissioners and policy makers with strategic responsibility for funding health, policing and crime, children's and adults' safeguarding and Troubled Families services. The report demonstrates the best ways to invest limited local funding to keep victims and their children safe, whilst also increasing the effectiveness of other essential public services such as police, child safeguarding and mental health.

The key recommendations of the reports were:

1. Mainstream funding for existing services which support victims at high risk of serious harm or murder;
2. Locate additional IDVA services in A&E and maternity units to create a platform of extra provision;

¹ **HM Government.** Call to End Violence against Women and Girls. Taking Action – the next chapter. Published March 2012.

² **CAADA.** Insights National Dataset 2011-12 Appendix to: A place of greater safety. November 2012.

3. Implement specialist domestic abuse services for children and young people to secure the health and wellbeing of the estimated 130,000 children and young people living with high risk domestic abuse today.

Local context

Harbour Hartlepool

Harbour operates across Middlesbrough, Stockton, Hartlepool, Durham, North Tyneside, Darlington and Redcar and Cleveland. It offers refuge services, adult and children's outreach, a sexual violence counselling programme, a male perpetrators programme, and the Freedom Programme. In addition to direct support, the organisation works to educate the wider community about the issues surrounding domestic abuse by providing training to statutory and voluntary agencies.

In Hartlepool, Harbour offers a refuge service, children and adult outreach services, a sexual violence counselling programme and a perpetrator programme.

Police and Crime Commissioner for Cleveland

In November 2012, Barry Coppinger was elected Police and Crime Commissioner for Cleveland. In the Police Crime Plan for Cleveland³, the PCC outlines his plan to implement a Cleveland delivery plan to support the regional Violence Against Women and Girls' Strategy.

Cleveland Constabulary's approach to tackling domestic abuse⁴

In September 2013, the Home Secretary commissioned Her Majesty's Inspectorate of Constabulary to conduct an inspection into the Police's approach to tackling domestic abuse. In Cleveland, domestic abuse accounts for 3% of calls to the police and 42% of these calls are from repeat victims. Domestic abuse accounts for 8% of all recorded crime.

Of the 3,168 domestic abuse related crimes recorded in the 12 months to the end of August 2013, 28% resulted in a charge.

MARAC

Table 1 MARAC data for the year to April 2014

MARAC	Cases per 10,000 adult female	Total cases	Cases (excl. repeats)	Repeat rate	Police referrals	IDVA referrals
Hartlepool (Teeside)	28.3	109	60	45%	63%	34%

³ Police Crime Plan for Cleveland. A Police and Crime Plan for Cleveland 2014-17.

⁴ **Her Majesty's Inspectorate of Constabulary.** Cleveland Constabulary's approach to tackling domestic abuse. Published March 2014.

Harbour Hartlepool Insights report

Sample

The data in this report is from clients **engaging with and/or exiting** Harbour Hartlepool services in the 6 months from 1st October 2013 to 31st March 2014, who **consented to having their data used for research and monitoring purposes**.

This report will summarise the data collected across all the services, highlighting any noticeable difference in the data collected by each service separately. Due to the low number of forms submitted by the refuge, forms submitted by this service will not be analysed separately. The following forms were submitted by the Hartlepool services:

Table 2 Insights forms submitted in the 6 months to April 2014

Service	Intake	Exit	CCJ
IDVA	43	27	12
Outreach	39	18	3
Refuge	7	3	2
Forms submitted	89	48	17
	87%	87%	100%
Forms used in report	77	42	17

The data received from the IDVA and outreach services has been compared to the CAADA Insights dataset and the Insights outreach dataset, respectively. The Insights national dataset contains data from more than 4,500 clients who accessed one of 24 IDVA services in the 12 months prior to August 2013. The Insights outreach dataset includes information from 1,300 victims of domestic abuse accessing 10 outreach services in the 12 months to August 2013.

Intake data

Referrals

A total of 89 Intake forms were submitted for clients who engaged with the service during the six month period.

Within the six month data collection period, the majority (83%) of clients accessed the service only once. 16% had accessed the service more than once during the data collection period. The IDVA service had a higher proportion of repeat clients (22%), compared to the Insights national dataset (18%). The outreach service had fewer repeat clients (5%) compared to the Insights outreach dataset (19%).

The most frequently recorded referral route into Harbour Hartlepool services was through the MARAC (23%). The other main referral routes were through the police (16%) or through self-referral (14%). Information about referral route was missing for more than a quarter (27%) of clients.

The referral routes varied depending on the type of service. The majority of referrals to the IDVA service were made through the MARAC (44%) or the police (17%). The proportion of MARAC referrals was considerably higher than in the Insights national dataset (4%). Referrals to the outreach service were made through a wider range of agencies, including the police (18%), children's services (16%) and self-referrals (16%). The outreach service received a lower proportion of self-referrals compared to clients in the Insights outreach dataset (28%).

Client profile

More than half (52%) of clients were aged 30 or under. Clients accessing the outreach service were youngest with 56% aged 30 or under. This is a younger client group than in the Insights outreach dataset, where 32% of clients were aged 30 or under.

The majority (86%) of clients who accessed the service were female. One client (1%) who accessed the outreach service was male. Information about gender was missing for the remaining 13% of clients. In every case where the client's sexual orientation was recorded (95%), the client identified as heterosexual. Sexual orientation was missing for the remaining 5% of clients.

All clients (100%) were white British or Irish. No black or minority ethnic (BME) clients accessed any of the service. In the local adult population, 5% of women were from BME backgrounds. None of the clients required an interpreter and one client (1%) had no recourse to public funds.

More than two-thirds (69%) of clients had children. Clients had an average of 2.2 children each. 4% of clients were pregnant. There was social services involvement in more than half (55%) of families at intake. The proportion of clients with children was highest in the outreach service (84%), compared to 56% of clients who accessed the IDVA service. However a higher proportion of IDVA clients had current children's services intervention at intake (74%) compared to outreach clients (41%).

Clients reported a range of complex needs, with mental health problems the most commonly reported. Almost half (49%) of clients reported mental health problems. Almost a quarter (23%) had previously threatened or attempted suicide and 13% had self-harmed. One in five clients (19%) disclosed financial problems and 10% required benefits advice. 16% of clients disclosed alcohol misuse and 9% disclosed drugs misuse.

Mental health problems was the most frequently reported additional vulnerability to each service. In both the IDVA and outreach services the proportion of clients disclosing mental health problems was higher than the respective Insights datasets.

Use of public services

In the 12 months prior to intake, 42% of clients had reported the abuse to the police. On average, clients had made 2.4 reports each. Information about police reports was missing for 34% of clients. The proportion of IDVA clients who had reported the abuse to the police (46%) was considerably lower than in the Insights national dataset (75%). This is likely due to a high proportion of missing data (49%).

One in ten clients (10%) had attended A&E in the 12 months prior to intake. These clients had attended 1.3 times each on average. Information about the clients' visits to A&E was missing for more than half (57%) of clients. There was a particularly high proportion of missing data for IDVA clients (73%). The proportions of clients accessing the IDVA and outreach services who had visited A&E are in line with the respective Insights datasets.

17% of clients had attended their GP in the 12 months prior to intake. These clients had visited 3.1 times each on average. Information about GP visits was missing for all but one (98%) of the IDVA clients, and for a third (39%) of outreach clients. In both cases, the proportion of clients who had visited their GP is lower than the respective Insights dataset, which is likely as a result of the high proportion of missing data.

Circumstances at intake

More than half (58%) of clients were experiencing abuse perpetrated by an ex-intimate partner. Just over a quarter (26%) of clients were in a current intimate relationship with the perpetrator. The outreach service had the highest proportion of clients who were in a current intimate relationship with the perpetrator (45%), compared to 7% of IDVA clients.

5% of clients reported that there were multiple perpetrators of the abuse. These clients accessed either the IDVA service or the refuge. No clients accessing the outreach service reported multiple perpetrators of the abuse. No clients were recorded as at risk of honour based violence or forced marriage.

The average length of abuse experienced by clients accessing the service was 2.1 years. The average length of abuse experienced by IDVA clients was 2 years, which is in line with the Insights national dataset (2.2 years). On average, clients accessing the outreach service had

experienced a shorter period of abuse (2.3 years) compared to the Insights outreach dataset (4 years).

Risk and abuse profile at intake

Based on risk assessment and professional judgement, more than half (55%) of clients were recorded as high risk at intake. 44% of clients reached the MARAC threshold. As we would expect, the IDVA service supported a higher proportion of high-risk clients (78%) compared to the outreach service (39%). Both service supported a considerably higher risk client group than the respective Insights dataset.

The most prevalent abuse type experienced by clients accessing both the refuge and the outreach service was jealous and controlling behaviour. In the three months prior to intake, three quarters (75%) of clients reported experiencing jealous and controlling behaviour. 43% of clients reported high severity jealous and controlling behaviours, which can include control of daily activities, extreme dominance and jealousy, and threats of homicide, familicide or suicide.

More than half the clients (56%) reported physical abuse. 39% had experienced high severity physical abuse. High severity physical abuse can include inflicting broken bones, burns or lacerations, strangulation and use of weapons.

In the three months prior to intake, almost half of clients (48%) had experienced harassment and stalking. A third (32%) of clients had experienced high severity harassment and stalking, which can include constant communication, uninvited visits, loitering and threats to kill.

One in every ten clients (10%) reported sexual abuse. 5% reported high severity sexual abuse, which can include rape, enforced prostitution and intentional transmission of sexually transmitted infections. In 35% of cases, the caseworker did not record whether the client had experienced sexual abuse.

In the three months prior to intake, half (51%) of the clients had experienced at least one form of high severity abuse that was escalating in either frequency or severity. This proportion was higher for clients accessing the IDVA service (80%) than for outreach clients (29%).

Service outputs

Cases closed

Of the 99 Exit forms examined in this report, all cases (100%) were closed and none were marked as inactive. Inactive cases are those where the client has disengaged with the service and cannot be contacted.

Case length and contacts

The average case length for Harbour Hartlepool clients was 0.7 months. Outreach clients had an average case length of 2.6 months, which is in line with the Insights outreach dataset (2.7 months). The average case length for IDVA clients was considerably shorter (0.7 months) and was shorter than the case length of clients in the Insights national dataset (2.1 months).

During their case, the majority (60%) of clients received less than five contacts from their caseworker. Outreach clients received the most intensive support, with 58% receiving five or more contacts. Clients accessing the IDVA service received less intensive support; 7% received five or more contacts. In comparison, 68% of clients in the Insights national dataset received five or more contacts.

Interventions accessed

Clients accessed an average of 3.4 interventions each during their case. The average number of interventions did not differ between services. In the Insights national dataset, IDVA clients accessed an average of 4.2 interventions each. In the Insights outreach dataset, outreach clients accessed an average of 2.8 interventions per client.

The vast majority (83%) of clients were supported with safety planning. 62% were supported at MARAC and more than half (55%) were supported with the police. Less than half (40%) of the clients received support with their health and wellbeing. 38% received support with the criminal court process and a fifth (21%) received support with children. 14% of clients received support with housing. Small proportions of clients accessed support with financial benefits (10%) or civil orders (7%).

A higher proportion of IDVA clients accessed support with the MARAC (78%) compared to the outreach service (47%). A higher proportion of outreach clients received support with their health and wellbeing (76%) compared to IDVA clients (4%).

Criminal and civil justice outcomes

In total, 17 criminal and civil justice forms were submitted across all the services. The number of criminal and civil justice (CCJ) forms submitted by each service was too low to analyse separately, therefore the following analysis summarises the forms submitted across all services.

Criminal justice

At exit, just over a third (38%) of clients had made a report to the police, and a charge was made for 29% of clients. This equates to three-quarters (75%) of reports to the police resulting in a charge.

The most common charge was common assault (58% of cases). There was a harassment charge in 42% of cases.

The Crown Prosecution Service proceeded with every case (100%) in which a charge was made. Of the clients whose cases proceeded to court, the vast majority (92%) had their cases heard at a Specialist Domestic Violence Court and 17% of clients were granted special measures.

There was a conviction in 92% of court cases. In all of these cases, the perpetrator pled guilty. The outcome of the court case was unknown in one case (8%).

There was a restraining order imposed in 64% of cases. The most common penalties, as a percentage of convictions, were fines (64%) and community sentences (55%).

Civil justice

At exit, three clients were supported with civil orders. It is not currently possible to analyse civil justice outcomes for clients due to the low number of forms completed.

Client safety and wellbeing outcomes

Circumstances at exit

At the point of exit, 76% of clients were not living with the perpetrator. Of the clients not living with the perpetrator, two-thirds (69%) reported no ongoing contact with the perpetrator and 25% reported some contact. A higher proportion of outreach clients reported ongoing contact (46%) compared to IDVA clients (10%). Where there was ongoing contact, the most common reason for this contact was children (75%).

Reductions in abuse

At the point of exit, one in three clients (33%) reported no abuse in the previous month. A slightly higher proportion of IDVA clients reported a cessation of abuse – 33% of clients compared to 29% of outreach clients. There were reductions in each abuse type. The largest reduction was in the proportion of clients experiencing sexual abuse at exit compared to at intake.

No clients were experiencing high severity, escalating abuse at case closure. This is a reduction from 64% of clients at intake.

Caseworker and client reported outcomes

Based on risk assessment and professional judgement, caseworkers recorded that there had been a moderate or significant reduction in risk for almost three-quarters (71%) of clients leaving the service. This risk reduction was deemed to be sustainable for at least six months for 73% of these clients. Caseworkers' perception of risk reduction was less positive for outreach clients – 59% recorded that there had been a moderate or significant reduction in risk, compared to 81% of IDVA clients.

The majority (76%) of clients reported that they felt safer compared to intake. Outcomes for clients exiting the outreach service were particularly positive – 88% of clients said that they felt safer than they did at intake, compared to 74% of IDVA clients.

Most clients (76%) reported that their quality of life had improved. Of clients leaving the IDVA service, 78% reported that their quality of life had improved, compared to 82% of clients leaving the outreach service. In both cases, clients reported outcomes were higher than in the respective Insights dataset.

91% of clients were confident to access support in the future. A slightly higher proportion (94%) of outreach clients reported that they were confident in accessing support in future compared to IDVA clients (89%).

Client reported outcomes were missing for around 12% of clients. There was a higher proportion of missing data for IDVA clients (11%) compared to outreach clients (around 8%).

Best practice and successes

Clients are accessing the outreach service at an earlier stage in the abusive relationship.

The average length of abuse experienced by outreach clients was nearly two years shorter than in the Insights outreach dataset. The age profile of outreach clients was also younger than in the Insights outreach dataset. This suggests that victims of domestic abuse are accessing the service at an early stage of the abusive relationship.

The profile of clients accessing each of the services was in line with the specialist nature of those services. The majority of clients accessing the outreach service were non-high risk while high risk clients were supported by the IDVA service, and accessed support with the police, the MARAC process and the criminal court process.

Caseworker and client reported outcomes were positive, with caseworkers judging a moderate or significant reduction in risk for the majority of clients leaving the service.

Client reported outcomes were particularly positive – the proportions of clients who reported that they felt safer, their quality of life had improved and they felt confident accessing support in future were all higher than the respective Insights dataset.

Development points for discussion

Caseholders did not consistently record the client's referral route into the service. It is important to record the primary referral route for every client, as this data shows which referring agencies have contact with the client and can inform judgements about how well established care pathways are within the local community.

The profile of clients was predominantly female, and every client was white British or Irish and heterosexual. The service may wish to consider how to increase identification and referral of high risk clients who are in 'hard-to-reach' groups, including male clients, those who are lesbian, gay or bisexual and those from ethnic minority communities. There may be a need for awareness-raising activities aimed at the public and other referring agencies to increase the number of clients from these groups.

There were high proportions of missing data for questions about the clients' use of public services. This data is important as it shows clients' help seeking behaviour prior to accessing the service and whether links can be made with referring agencies that may have contact with the client. Public service use data can also be used in cost benefit analysis. Caseholders should record the approximate number of times in the last 12 months that the client has reported the abuse to the

police, been to A&E as a result of the abuse (or because they are accompanying a child injured as a result of the abuse), or been to visit their GP for any reason. We do not expect this figure to be exact but ask that clients give estimation. If the answer is zero, caseholders should enter a zero rather than leaving the response blank.

There were high proportions of missing data for some of the complex needs questions. In particular this information was not recorded for IDVA clients. An initial risk assessment will establish any complex needs and should be completed with every new referral to the service. It is important to ensure that caseworkers ask these questions as it will help them to gather a more comprehensive picture of the context to which the abuse is occurring in. From this caseworkers can ensure that interventions are tailored to the specific needs of clients.

Caseholders are not consistently recording whether clients have experienced sexual abuse. In one in three cases, the caseholder did not record whether or not the client had experienced sexual abuse. The proportion of missing data was particularly high for IDVA clients (56%). An initial risk assessment will establish the client's experience of all abuse types and should be completed with every new referral to the service. It is important to ensure that all clients are asked about their experiences of sexual abuse and offered the appropriate support.

Less than half of the clients (40%) received support with health and wellbeing. Only one client (4%) who accessed the IDVA service received support around their health and wellbeing. Given that almost half of clients reported mental health problems at intake, we may have expected more clients to have accessed support with their health and wellbeing. Health and wellbeing interventions include support to access services, improving coping strategies and making improvements to support networks.

IDVA clients received fewer contacts and had shorter cases than clients in the Insights outreach dataset. Analysis of the Insights national dataset showed that safety and wellbeing outcomes for clients increased as the intensity of contact increased and that service users who accessed more interventions were less likely to be experiencing ongoing abuse at the point of exit. The average case length for IDVA clients was 0.7 months. CAADA recommends that IDVA clients are supported for at least 3 months. The average case length is likely to increase over time as longer cases are closed.

Appendix 1: Data Compliance Report

Invalid forms

Intake Forms

Of the 89 Intake forms submitted by the Harbour Hartlepool service in the 6 month period, 77 were used in the report.

- 12 forms were from clients who appeared more than once in the data set⁵

Exit Forms

Of the 48 Exit forms that were submitted in the 6 month period, 42 were used in the report.

- 1 form was rejected because key data items were missing from exit
- 5 forms were from clients who appeared more than once in the data set

Civil and Criminal Justice Forms

All of the 17 CCJ forms that were submitted in the 12 month period were used in the report.

Missing Data

Questions for which data was missing for 10% or more of clients have been highlighted in Table 8 below.

Table 3 Summary of missing data (missing for >10% clients)

Form	Question	
Intake		
Demographic information	Referral route	27%
	Gender	13%
	Community care payments	22%
Complex needs	Threatened or attempted suicide	17%
	Self-harm	25%
	Financial problems	18%
Length of abuse	Average number of years abuse	19%
Use of public services	Client attendances at A&E	57%
	Clients reporting abuse to police	34%
	Clients attendances to their GP	69%
Type of abuse	Sexual abuse	35%
	Harassment and stalking	22%
Escalation in abuse	Frequency of sexual abuse	38%
Exit		
Type of abuse at exit	Sexual abuse	21%
	Harassment and stalking	19%
Level of abuse at exit	Sexual abuse	50%
	Harassment and stalking	13%
Escalation in abuse at exit	Severity of sexual abuse	50%
	Frequency of sexual abuse	50%
	Severity of harassment and stalking	13%

⁵ The CAADA Insights Reports are based on client level data rather than case level data, providing an accurate number and profile of clients accessing services that is not distorted by repeat cases. For repeat clients, the most recent intake or exit data is used. That is, where two forms of the same type from the same service and have the same client ID, but different barcodes and dates, the form with the most recent intake date (for intake forms) or exit date (for exit forms) is used. Forms of the same type with the same barcode are considered a duplicate case and are not included in the analysis.

	Frequency of harassment and stalking	13%
Caseworker reported outcomes	Sustainability of risk reduction	13%
Client reported outcomes	Feelings of safety	12%
	Feelings of fear	19%
	Quality of life	14%
	Confidence accessing support	10%

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