



SAFER HARTLEPOOL PARTNERSHIP AGENDA



Friday 15 May 2015

at 1.00 pm

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
Barbara Gill, Head of Offender Services, Tees Valley Community Rehabilitation Co Ltd
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 20 March 2015

4. ITEMS FOR DECISION

- 4.1 Domestic Violence and Abuse Service Review – Presentation - *Director of Regeneration and Neighbourhoods*

5. ITEMS FOR DISCUSSION/INFORMATION

- 5.1 Cleveland Police Anti-Social Behaviour Action Plan – Presentation – *Chief Superintendent of Neighbourhoods and Partnership (Cleveland Police)* (to follow)
- 5.2 Strengthening Refuge Accommodation in Hartlepool – *Community Safety and Engagement Manager*

6. PRESENTATIONS

- 6.1 Victim Services – Police and Crime Commissioner Update – *Police and Crime Commissioner*

7. ANY OTHER BUSINESS WHICH THE CHAIR CONSIDERS URGENT

8. LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006

EXEMPT ITEMS

Under Section 100(A)(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following item of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraph referred to below of Part 1 of Schedule 12A of the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) Order 2006

9. ITEM FOR CONSIDERATION

- 9.1 Verbal Feedback from Domestic Homicide Review – *Chair of the Safer Hartlepool Partnership (Para 2)*

FOR INFORMATION

Date of next meeting – to be confirmed



SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD

20 March 2015

The meeting commenced at 1.00 pm in the Civic Centre, Hartlepool

Present:

Councillor: Christopher Akers-Belcher (In the Chair)
Councillor Chris Simmons, Hartlepool Borough Council
Denise Ogden, Director of Regeneration and Neighbourhoods
Louise Wallace, Director of Public Health
Chief Inspector Lynn Beeston, Cleveland Police
Barbara Gill, Head of Offender Services, Tees Valley
Community Rehabilitation Company
Stewart Tagg, Housing Hartlepool
Karen Hawkins, Hartlepool and Stockton on Tees Clinical
Commissioning Group
Sally Robinson, Assistant Director, Children's Services

In accordance with Council procedure rule 5.2 (ii) Neville
Cameron was in attendance as substitute for Barry Coppinger,
Police and Crime Commissioner's Office, Rachel Parker was in
attendance as substitute for Clare Clark and Andy Witham was
in attendance as substitute for Steve McCarten

Also present:

Sue Hine, Achieving Real Change for Communities (ARCC)
Gilly Marshall, Housing Hartlepool

Officers:

Mark Smith, Head of Integrated Youth Support Services
Laura Stones, Scrutiny Support Officer
Denise Wimpenny, Principal Democratic Services Officer

42. Apologies for Absence

Apologies for absence were submitted on behalf of Clare Clark, Head of
Community Safety and Engagement, Gordon Lang, Chief Superintendent,
Cleveland Police, Barry Coppinger, Police and Crime Commissioner, Steve
McCarten, Cleveland Fire and Rescue Authority and Dave Stubbs, Chief
Executive.

43. Declarations of Interest

None.

44. Minutes of the meetings held on 12 January and 9 February 2015

Confirmed.

45. Future of Community Rehabilitation Company
*(Representative from ARCC)***Issue(s) for consideration**

A representative from Achieving Real Change in Communities (ARCC), who was in attendance at the meeting, provided the Partnership with a detailed and comprehensive presentation in relation to the future of the Community Rehabilitation Company following recent changes to service delivery and the development of the ARCC Consortium. The presentation included an overview of future arrangements in terms of reducing re-offending and focussed on the following:-

- Overview of various partners of ARCC Consortium
- Aims of ARCC
- Requirements of ARCC delivery model
 - new work through Offender Rehabilitation Act
 - working in commercial environment
 - new organisational structure
 - challenging performance criteria
 - working towards new record keeping system and new estate structure
- ARCC designed its model on best DTV practice and current research to reduce re-offending
- ARCC not for profit and will reinvest in the best
- Delivery model continues to address needs led interventions, IOM principles and restorative justice but is different ie
 - focus is more on the individual
 - more holistic and community based
 - principle is short focused mandated delivery with long term post order support
- Durham Tees Valley Community Rehabilitation Company are responsible for delivery of the contract
- ARCC through DTV (CRC) seek to provide confidence to sentencers and communities
- ARCC contract means tough targets
- Key target is that the binary measure of re-offending takes precedence over the frequency measure

- Payment by Results – focus is on reducing re-offending but no money is available for reductions in frequency if the binary measure is not met
- 15% of core funding is at risk from challenging volume and throughput targets
- Important that partners understand targets and risk of unintended consequences as these are not all within the control of Durham Tees Valley Community Rehabilitation Company. If not the contract and service could easily be lost
- To achieve safer communities partners need to work together

Following conclusion of the presentation the Partnership discussed the issues highlighted in the presentation. The representative and Head of Offender Services responded to issues raised by Members. Clarification was provided in relation to the payment by results process following some concerns expressed that the revised arrangements may reduce focus on prolific re-offenders. Emphasis was placed upon the importance of partners working together to ensure efficient service delivery. The Director of Regeneration and Neighbourhoods provided assurances that reducing re-offending was a high priority for the Partnership and remained a key strategic priority for the Council. Reference was made to the Re-offending Task Group of which the Head of Offender Services had been identified as Lead to Chair that Group. The need for representation from ARCC on the Task Group was highlighted.

The Head of Offender Services provided assurances that the intention was to maintain the same high professional standards in compliance with the financial requirements and was pleased to report that the targets were on track to be achieved, details of which were outlined.

The Chair thanked the representatives for their attendance and helpful presentation.

Decision

The contents of the presentation and comments of Members were noted.

46. Youth Justice Strategic Plan 2015-16 (*Director of Child and Adult Services*)

Purpose of report

To provide the Partnership with an update on the progress made against the local Youth Justice Plan (2014-15) and provide the Partnership with an opportunity to support the development of the Youth Justice Plan for 2015-2016.

Issue(s) for consideration

The report provided background information regarding the purpose of the Youth Justice system together with role and functions of the Youth Offending Services. With regard to performance, a review of progress made against last year's plan highlighted that the service had made progress across the majority of the year's priorities. However, there remained key areas for improvement, details of which were set out in the report.

Members were advised of the key challenges for the future which included re-offending and resource issues as outlined in the report. Funding levels from the national Youth Justice Board for Performance had not yet been confirmed although reductions in funding were anticipated due to broader national austerity measures.

The Partnership was pleased to note a decrease in the number of remand episodes in comparison to 2013/14.

With regard to the significant progress that had been made in relation to the Think Family priority and in response to clarification sought on how successful this approach would be once embedded, the Partnership was advised that when analysing circumstances of a number of prolific young offenders the roots of the difficulties often lay within the family environment and there was a need to ensure that the service remained fully involved in local 'Troubled Families' developments which would hopefully improve future outcomes.

The Chair welcomed progress and improvements in performance to date and asked that the Partnership's thanks be conveyed to all members of the team.

Decision

- (i) That progress made against the local Youth Justice Plan (2014-2015) be noted.
- (ii) That the comments of Members be noted and utilised to support the development of the Youth Justice Plan for 2015-16.

47. Community Safety Plan 2014-17 (Year 2) *(Director of Regeneration and Neighbourhoods)***Purpose of report**

To consider for approval the annual refresh (Year 2) of the 2014-17 Safer Hartlepool Partnership Community Safety Plan.

Issue(s) for consideration

The Director of Regeneration and Neighbourhoods reported that the Partnership had considered and approved the draft Community Safety Plan 2014-17 and the Plan had also been considered by the Council's Audit and Governance Committee and Finance and Policy Committee with the proposed annual priorities receiving full support of both Committees. The final version of the Plan was attached at Appendix A and included reference to human trafficking and youth unemployment figures as requested by the Partnership and Finance and Policy Committee respectively.

Members were referred to the four strategic objectives and six annual priorities, details of which were set out in the report. Following approval by the Partnership, the Community Safety Plan would be presented to full Council for endorsement in March 2015.

Decision

That the Community Safety Plan 2014-17 (Year 2) be approved.

48. Counter Terrorism and Security Act 2015 (*Director of Regeneration and Neighbourhoods*)**Purpose of report**

To update the Safer Hartlepool Partnership (SHP) on the Counter-Terrorism and Security Act 2015 which places the PREVENT strategy on a statutory footing by introducing a Prevent Duty for specified public bodies listed in schedule 6 of the Act.

To recommend that the local Prevent Group be re-established to develop an action plan to secure compliance with the Prevent Duty that will be monitored by the Safer Hartlepool Partnership and the Cleveland Silver Prevent Group.

Issue(s) for consideration

The report provided background information to the PREVENT Strategy published by the Government in 2011 which aimed to stop people becoming terrorists or supporting terrorism. The report provided an overview of the draft guidance, current local arrangements in relation to Prevent Activity and a recommendation to reconvene a local Prevent Silver Group. Organisations would be expected to monitor their Prevent activity to demonstrate compliance with the Prevent duty.

Details of the current local multi-agency prevent arrangements as well as details of the requirement to convene a Channel Panel was provided, as outlined in the report.

Members were advised that it was proposed that an action plan for Hartlepool be developed by a local Prevent Group monitored through the Safer Hartlepool Partnership in conjunction with the Cleveland Silver Prevent Group.

Decision

- (i) That the new Prevent duty and implications for the Partnership as the local co-ordinating body for Prevent work be noted.
- (ii) That an action plan be developed by a local Prevent Group that dovetails the Cleveland Silver Group action plan and be overseen by the Safer Hartlepool Partnership and Cleveland Prevent Silver Group.

49. Safer Hartlepool Partnership Performance *(Director of Regeneration and Neighbourhoods)*

Purpose of report

To provide an overview of Safer Hartlepool Partnership performance for Quarter 3 – October 2014 to December 2014 (inclusive).

Issue(s) for consideration

The Community Safety and Research Officer provided the Partnership with an overview of the Safer Hartlepool Partnership performance during Quarter 3, as set out in an appendix to the report. Information as a comparator with performance in the previous year was also provided.

In the discussion that followed presentation of the report, the Community Safety and Research Officer responded to a number of queries raised in relation to crime figures by type. A number of concerns were expressed regarding the significant increase in recorded crime in Hartlepool and the potential reasons for such an increase were debated at length. It was noted that whilst crime figures had increased between August and December, the probation service caseload had declined during the same period.

The Chair of the Youth Offending Board added that a 19.4% increase in crime figures was projected with a 7.4% increase in the force overall. Whilst it was difficult to predict one particular reason for such an increase, it

appeared to be as a result of a combination of factors including capacity issues, reduction in resources, government cuts, with some forces suffering higher cuts than others, outsourcing support staff, a requirement to back record crimes that had not been previously recorded, an increase in demands on the police service, an increase in responsibilities of the police in terms of dealing with non crime related activities, examples of which were provided. Most areas in the country as well as Hartlepool had experienced an increase in house burglary and shop theft. Despite a number of successes in sentencing prolific burglary offenders, crimes of this type were also being committed by offenders from outside the area.

With regard to the objective to reduce the harm caused by drugs and alcohol, it was highlighted that the latest figures available in relation to the rate of alcohol related harm hospital admissions were out of date. The representative from Hartlepool and Stockton CCG advised that national information of NHS outcome ambitions were awaited. However, arrangements would be made for the teams to examine local indicators in terms of hospital admissions with a primary diagnosis of alcohol.

The Chair expressed concerns regarding the disproportionate increase in crime and was keen that this issue be examined in detail to determine why crime in Hartlepool had increased so significantly in comparison to other areas. The impact of the disproportionate number of PCSO's in Hartlepool also needed to be explored. It was suggested that a referral to the Council's Audit and Governance Committee, was an appropriate way forward and the Partnership's views were sought in this regard. The Partnership welcomed a referral to the Audit and Governance Committee.

The need to redirect and share resources from other force areas based on demand was emphasised. Members went on to discuss the success of neighbourhood policing and the impact of Government cuts in the NHS and ambulance services on the workload of the police. The representative from the CCG indicated that the Mental Health team and Ambulance Service would be happy to work with the police to gain a better understanding as to whether there was a contract compliance issue or a gap in service provision.

Decision

- (i) That the Quarter 3 Performance figures and comments of Members be noted and actioned as appropriate.
- (ii) That the disproportionate increase in crime figures in Hartlepool be referred to the Audit and Governance Committee for investigation.
- (ii) That the CCG work with the police in relation to the impact of Government cuts in the NHS and Ambulance Service on the workload of the police.

50. Letter from the Police and Crime Commissioner for Cleveland – National Police Air Services Update

Issue(s) for consideration

The Chair referred the Partnership to a letter from the Police and Crime Commissioner for Cleveland, a copy of which was attached to the agenda documentation, which provided an update on the National Police Air Services.

Decision

The contents of the update were noted.

51. Date and Time of Next Meeting

The Chair advised that the next meeting scheduled for 15 May may not proceed. Confirmation would be provided in due course. The representative from the Police and Crime Commissioner's Office reported that a report in relation to victim support services would be submitted to the next meeting of the Partnership.

Decision

That the information given be noted.

The meeting concluded at 2.30 pm

CHAIR



SAFER HARTLEPOOL PARTNERSHIP

15th May 2015



Report of: Director of Regeneration and Neighbourhoods

Subject: DOMESTIC VIOLENCE AND ABUSE SERVICE
REVIEW

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership on the findings and recommendations of a recent review undertaken in relation to the specialist domestic violence and abuse service.
- 1.2 To request that the Safer Hartlepool Partnership discuss and adopt the service review recommendations.

2. BACKGROUND

- 2.1 In April 2012 Hartlepool Borough Council (HBC) commissioned Harbour to deliver a specialist domestic violence and abuse support service within Hartlepool.
- 2.2 The current contract commissioners include HBC Community Safety, HBC Adults and Children's Services, and the Police and Crime Commissioner for Cleveland.
- 2.3 As set out in the contract the aims and objectives of the service are to:
 - Provide structured services to meet the specific needs of the victims of domestic violence and sexual violence and their children
 - Provide safe accommodation and associated advocacy and support to reduce risk
 - Empower victims to maintain their own and their children's safety and live free from violence and the threat of violence, and:
 - Change offending behaviour by delivering an accredited programme for perpetrators and related women's supports services.
- 2.4 The review, which was undertaken in the autumn and winter of 2014/15, and covers, in the main, the first two years of the contract, set out to determine the extent to which the services delivered by Harbour are meeting these objectives, along with any barriers to service delivery that need to be

addressed; and the identification of any gaps in relation to the provision of domestic violence and support services in light of local need.

- 2.5 As agreed by the Domestic Violence Strategic Group the methodology used in the review employed a mixed methods approach, comprising qualitative and quantitative elements, and analysis of documentary evidence. Specific activities undertaken include:

- A thorough review of the monitoring data collated by HBCs Contract Management Group
- A review of MARAC data and comparator CAADA national Insights
- Semi-structured interviews with key Stakeholders
- Victim and Perpetrator focus groups
- A survey sent out to front line practitioners both internal and external to the Council

- 2.6 The final report outlining the key findings, conclusions, and recommendations is attached at **Appendix A**.

3. DOMESTIC VIOLENCE AND ABUSE SERVICE REVIEW FINDINGS

- 3.1 Harbour is a local provider of services across the North East with a local base in Hartlepool. The following services are offered in Hartlepool by Harbour as part of their contract with Hartlepool Borough Council:

- Refuge and Resettlement Services
- Adult Outreach Services
- Domestic violence Support within the Children's Service Early Intervention Team
- One to one and group work Counselling Support Service
- Independent Domestic Violence Advisor
- Male Perpetrator Programme

- 3.2 The review of the service found that the service is performing well against a backdrop of continuing need, and as such an option to extend the contract for a further two years has been confirmed with the provider.

- 3.3 Other positive findings coming out of the review were that there was evidence to suggest that individuals have increased confidence in disclosing domestic violence and abuse, and are doing so at an earlier stage, with those benefiting from the service advocating the co-ordinated response received, and reporting reductions in risk and improvements to their feelings of safety and well-being. Although not included in the original contract the Healthy relationships programme which has been offered to primary and secondary schools over the last 2 years also appeared to be having an immediate impact in challenging the attitudes of young people in relation to what a healthy relationship is and what might be expected from such a relationship.

- 3.4 However, some areas for improvement were identified such as strengthening referral pathways in relation to substance misuse and mental health services;

increasing the number of participants on the mens programme; and improving current recording practices.

- 3.5 Some aspects of the service also appeared to be under resourced such as the Refuge and Independent Domestic Violence Advisor service. The provision of a children and young peoples service was identified as a desirable development of the service along with the need for a revised outcome framework that adequately captures what success looks like for victims their families, and the broader community.

4 PROPOSALS

- 4.1 In light of the findings of the domestic abuse service review the final report includes the following recommendation which the Safer Hartlepool Partnership are asked to discuss and adopt:

- (a) The childrens service element of the contract is remodeled to provide a specialist domestic violence service for children and young people, and that in light of this a revised outcome framework is considered that could include the following:
- A reduction in violence and reoffending
 - Increase in criminal prosecutions and convictions
 - Reduced repeat victimisation
 - Improve safety of those who have experienced domestic violence and abuse
 - Enabled independent living and improved economic well-being
 - Improvement in physical health and well being
 - Increased self-esteem and confidence
 - Safe relationships with family members, partners and friends
 - The capacity to be an effective and caring parent and increased confidence in parenting abilities
 - Reduction in emotional, behavioural, and psychological difficulties experienced by children
 - Improve relationships between parents and children where this appropriate and safe
 - Improved family, social, community and personal relationships
- (b) Consideration should also be given to embedding the healthy relationships work in the contract to support the preventative element of the Domestic Violence Strategy, and options and resources should also be explored in relation to Refuge provision, and the Independent Domestic Violence Advisor where the services appear to be struggling with demand.
- (c) Further exploration should be undertaken in relation to how to increase the numbers of men accessing the perpetrator programme, and how the programme might be publicised to encourage take-up.

- (d) That further work is undertaken to improve recording practices, and that this is closely monitored by the contract management group and progress from that group reported to the Domestic Violence Strategic Group.
- (e) In preparation for the commissioning of a new service in 2017 work should be begin during 2015 with relevant partners to put a future commissioning strategy in place that aims to take advantage of the best evidence available in relation to 'what works' in tackling domestic violence and abuse and to adequately assess local need.

5. EQUALITY AND DIVERSITY CONSIDERATIONS

- 5.1 There are no equality of diversity implications.

6. SECTION 17

- 6.1 The specialist domestic violence and abuse service plays a key role in reducing violent crime and assisting the SHP in discharging its section 17 obligations.

7. RECOMMENDATIONS

- 7.1 That the Safer Hartlepool Partnership notes, discusses and adopts the Domestic Violence and Abuse Service Review proposals.
- 7.2 That the Domestic Violence Strategic Group reports back to the Safer Hartlepool Partnership on progress in relation to the proposals laid out in 4.1.

8. REASONS FOR RECOMMENDATIONS

- 8.1 The Safer Hartlepool Partnership is responsible for overseeing the successful delivery of the Community Safety Plan 2014-17.
- 8.2 Domestic Violence and Abuse is a key priority contained with the Community Safety Plan 2014 – 17.

9. BACKGROUND PAPERS

- 9.1 The following backgrounds papers were used in the preparation of this report:-
- 9.2 Safer Hartlepool Partnership – Community Safety Plan 2014-17.

10. CONTACT OFFICER

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HARTLEPOOL DOMESTIC VIOLENCE AND ABUSE SUPPORT SERVICE REVIEW

JANUARY 2015
(HBC COMMUNITY SAFETY TEAM)

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APPENDIX A**Executive Summary**

According to Police statistics Hartlepool continues to have the second highest rate of domestic violence and abuse per head of population in the Cleveland Force area resulting in substantial human and emotional costs for victims, and financial costs for a number of agencies including the Police other criminal justice agencies, health, and social care.

The current specialist domestic violence and abuse service which was commissioned in 2012, and is delivered by Harbour, seeks to reduce/prevent domestic violence and abuse through a co-ordinated response that provides support services for victims; a men's perpetrator programme; and additional support elements within the Childrens Services Locality Teams.

The review of the specialist domestic violence service was undertaken in the autumn and winter of 2014 and covers, in the main, the period April 2012 to March 2014 – the first two years of the contract.

The conclusions drawn from the review are that the service is performing well in responding to victims of domestic violence and abuse, and that there is a good take up of services with numbers likely to increase in the future.

There is also some evidence to suggest that individuals have increased confidence in disclosing domestic violence and abuse, and are doing so at an earlier stage, with those benefiting from the service advocating the co-ordinated response received, and reporting reductions in risk and improvements to their feelings of safety and well-being.

The review also found that the service is being delivered by staff with appropriate expertise and training, empathetic to the needs of service users, with their safety and needs being at the centre of the service provided. Equally, the service is working well in partnership with agencies on a local level with criminal justice outcomes being evident.

Some areas have been identified where the service could be improved such as strengthening referral pathways in relation to substance misuse and mental health services; increasing the number of participants on the men's programme; and improving current recording practices.

The provision of a 'specialist children and young people's service' for children or young people living with domestic violence and abuse in their family is identified as a desirable development of the service, and some aspects of the service appear to be under resourced such as the Refuge service and the Independent Domestic Violence Advisor Service.

The Healthy Relationships Programme in schools was not included within the original domestic violence and abuse contract, but on the evidence available it appears to have had some immediate impact in challenging the attitudes of

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young people in relation to what a healthy relationship is, and what might be expected from such a relationship.

Following the positive findings of the review the overall recommendation is that the option to renew the contract for a further two years is confirmed by Commissioners, and that the Childrens Services element of the contract is remodelled to provide a 'specialist domestic violence service for children and young people', with a revised outcome framework being considered that adequately captures what success looks like for victims their families, and the broader community.

In light of the apparent success of the Healthy Relationships Programme consideration should also be given to embedding the healthy relationships work in the contract to support the preventative element of the Domestic Violence Strategy, and options and resources should also be explored in relation to increasing refuge provision, and the Independent Domestic Violence Advisor where the service appears to be struggling with demand.

It is also recommended that further work is undertaken to improve recording practices, and that this is closely monitored by the contract management group and progress from that group reported to the Domestic Violence Strategic Group. Work also needs to be undertaken to strengthen health referral pathways and efforts to increase the number of referrals into the perpetrator programme should be undertaken.

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APPENDIX A**1 Introduction**

In April 2012 Hartlepool Borough Council (HBC) commissioned Harbour to deliver a specialist domestic violence support service within Hartlepool. The current contract commissioners include HBC Community Safety, HBC Adults and Children's Services, and the Police and Crime Commissioner for Cleveland.

As set out in the contract the aims and objectives of the service are to:

- Provide structured services to meet the specific needs of the victims of domestic violence and sexual violence and their children
- Provide safe accommodation and associated advocacy and support to reduce risk
- Empower victims to maintain their own and their children's safety and live free from violence and the threat of violence, and:
- Change offending behaviour by delivering an accredited programme for perpetrators and related women's supports services.

The current contract is a three year contract which is due to end in March 2015, with an option to renew the contract for a further 2 years pending evidence of satisfactory performance.

This review sets out to determine the extent to which the services delivered by Harbour have met the stated objectives outlined within the Specialist Domestic Violence Service contract along with any barriers to service delivery that need to be addressed; and the identification of any gaps in relation to the provision of domestic violence and support services in light of local need.

As agreed by the Domestic Violence Strategic Group the methodology used in this review has a mixed methods approach, comprising qualitative and quantitative elements, and analysis of documentary evidence. Specific activities undertaken include:

- A thorough review of the monitoring data collated by HBCs Contract Management Group
- A review of MARAC data and comparator CAADA national Insights
- Semi-structured interviews with key Stakeholders
- Victim and Perpetrator focus groups
- A survey sent out to front line practitioners both internal and external to the Council

APPENDIX A**2 Strategic Context**

As evidenced in the national Domestic Violence Against Women and Girls Strategy which was launched in 2011¹, tackling domestic violence and abuse is a key policy area for the current government supported by a national action plan which is refreshed annually.

Reflective of the national strategy the local Domestic Violence and Abuse Strategy which was adopted in 2011 and is overseen by the Safer Hartlepool Partnerships Domestic Violence Group takes a holistic approach to tackling domestic violence and abuse aiming to:

- Prevent domestic violence happening in the first place by challenging attitudes and behaviours which fosters it, and intervening early to prevent.
- Provide appropriate levels of support where violence does occur
- Work in Partnership to obtain the best outcomes for victims and families.
- Reduce the risk to women and children who are victims of domestic and sexual violence to ensure that perpetrators are brought to justice.

In March 2013, the Home Office also amended the definition of domestic violence and abuse, extending it to include controlling and coercive behaviour, and incidents involving victims and perpetrators from aged 16 years. As such the new definition of domestic violence and abuse includes:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, and emotional.

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or pattern of acts off assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.”

The extent of domestic violence and abuse

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Whilst the true extent of domestic violence and abuse is difficult to measure due to significant issues around under reporting, there is no doubt that at national level domestic violence and abuse continues to be an all too common feature of many peoples' lives. Key national statistics from the Crime Survey for England and Wales (2012-13) estimate that 1.2 million women and 700,000 men were victims of domestic abuse in the last year ² – equating to 7.1% of women, and 4.4% of men within the population.

While both men and women can be victims of domestic abuse, nationally, women are more likely to be victims than men and are also much more likely to be high risk victims. Nationally, the risk of experiencing domestic abuse is increased if someone is; aged between 16-24 (women) or 16-19 (men); has a long term illness or disability (which almost doubles the risk); has a mental health problem; and is a woman who is separated. The risk may also be increased by pregnancy or having given birth recently.

People may experience domestic abuse regardless of their gender, ethnicity, religion, sexuality, class, age or disability. Domestic abuse may also occur in a range of different relationships including heterosexual, gay, lesbian, bi-sexual and transgender as well as within families.

The immediate effects of domestic violence and abuse can have a devastating impact on individuals, families, and communities and it is a significant cause of long term problems. As acknowledged by the Early Intervention foundation *'the damaging impacts of witnessing domestic violence and abuse on children can cast a long shadow with inter-generational consequences sometimes leading to a repetition of abuse and violent behaviours'*.³

In addition domestic violence and abuse incidents have a significant financial cost. In 2008/09 the total single year cost of domestic physical violence in the UK was estimated at £21.4 billion⁴ including:

- £3.8 billion to services including the criminal justice system, civil legal services, health care, social services, housing and refuges.
- £1.9 billion cost to the economy based on the victims time off work
- £15.7 billion in human and emotional costs, for example the cost of domestic murders/attempted murders, threatening behaviour and subsequent pain, suffering and fear caused.

Whilst it is suggested that the overall cost of domestic violence has declined in recent years due a fall in the estimated rate of prevalence, the cost to the public purse continues to be substantial, it being evident, that effectively

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tackling domestic violence and abuse can make considerable savings in terms of human pain and suffering and for the Police, other criminal justice agencies such as the courts and Health and Social Services.

Based on the Strength to Change, Return on Investment Calculations presented to NHS Hull in 2010, preventing one Domestic Violence and Abuse crime results in a saving of £25,000, and preventing one child going into care for a year saves in excess of £40,000. The Home Office also estimate that averting one domestic violence homicide saves in excess of £1million.

The approach to tackling domestic violence and abuse advocated by the Home Office is the Community Co-ordinated Response Model which provides a systemic response to domestic abuse⁵. The model aims to tackle domestic violence and abuse by supporting and protecting victims, but places emphasis on shifting responsibility from the victim to the perpetrator and broader community to prevent domestic violence and abuse from happening. Such models, which exist in a variety of forms, are underpinned by effective women's support networks and male perpetrator programmes, with statutory services ensuring they remain accountable for the protection of victims.

It is this model that most closely resembles the Hartlepool Specialist Domestic Violence Service that was commissioned in 2012. Over the last two years, extensive evidence and guidance in relation to commissioning and delivering effective domestic violence and abuse services has also emerged. This includes; the national Victim Commissioning Strategy published in 2012 by the Home Office;⁶ guidance for domestic violence and abuse service commissioners published by NICE in February 2014;⁷ the HMIC Inspection into Domestic Violence and Abuse published by HMIC in 2014;⁸ and the review into Early Intervention in Domestic Violence and Abuse published by the Early Intervention Foundation in 2014.⁹

These pieces of work alongside evidence emerging from recent research such as Project Mirabal¹⁰, together with local experience, provide a growing evidence base to inform the commissioning of high quality services in the future, that will help to prevent and reduce incidents of domestic violence, and help victims to cope and recover from their ordeal.

Local analysis of the prevalence of domestic violence

Figures obtained from Cleveland Police from April 2013 to March 2014 identify that despite the broadening out of the definition of domestic violence and abuse which is expected to be enshrined in legislation in the forthcoming year, the number of domestic abuse crimes in Hartlepool decreased by 33.9% (-260 offences) compared to 2012/13, with domestic related incidents also

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decreasing by 18.6%. (a reduction of 500 incidents). This represents a total reduction of 780 incidents compared to 2011/12 when the current contract was agreed.

Similar to 2012/13 domestic related violence in 2013/14 also continued to account for more than half (58%) of violence against the person offences in Hartlepool.

Comparison with the rest of the Cleveland Force Area

In 2013/14, Hartlepool experienced the greatest reduction in domestic incidents across the Cleveland Force area. However, as evidenced in the table below despite this reduction, Hartlepool has the second highest rate of domestic incidents per 1000 population in the Cleveland Police Force area.

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	No of Incidents	Per 1,000 pop	No of Incidents	Per 1,000 pop	No of Incidents	Per 1,000 pop	No of Incidents	Per 1,000 pop	No of Incidents	Per 1,000 pop
Domestic Incidents	2166	23.8	2207	16.5	3629	26.5	3513	18.7	11515	21.0
Year on Year Comparison	Reduced by 18.6%		Reduced by 8.6%		Increased by 3.4%		Reduced by 15.2%		Reduced by 10%	

Of the 2166 incidents recorded, 1046 children and young people were present in the home at the time of the domestic incident which equates to 51.3 per 1000 population - again the second highest rate in the Cleveland Force area.

Domestic Abuse Incidents	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Children / Young People	Per 1,000 pop	Children / Young People	Per 1,000 pop	Children / Young People	Per 1,000 pop	Children / Young People	Per 1,000 pop	Children / Young People	Per 1,000 pop
Number of children and young people present in the home at the time of the incident	1046	51.3	1073	38.6	1648	51.9	1581	37.3	5348	43.7

Victims

In 2013/14 women and girls in Hartlepool continued to be at the greatest risk of domestic violence and abuse with more than 80% of victims being female. Of these, one third were predominantly aged between 25 and 34 years, and comparable to the previous year, 115 female victims, (28%), were repeat victims during 2013/14.

The number of male victims during the two year period reduced from 160 in 2012/13, to 109 in 2013/14, and in contrast to female victims, the predominant age group of those reporting incidents is older, with just under half of male victims being aged 40 and over.

Analysis of local data suggests that male victims, older females, members of Black Minority Ethnic (BME) and Lesbian, Gay, Bisexual and Transgender (LGBT) communities are less likely to report or seek help in relation to domestic related issues. As such victims with these characteristics are not

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evident/ represented in the data, or if they are the numbers are very low, with these characteristics not being routinely recorded by Cleveland Police when a crime or incident occurs. Therefore the true extent of issues experienced by these victim groups is difficult to establish.

MARAC Data

The numbers of high risk domestic violence cases that have been referred to the Hartlepool Multi-agency Risk Assessment Conference (MARAC) have reduced by 5% in 2013/14 compared to 2012/13, however the repeat case rate increased from 22% to 34% during the same period.

The number of children in families engaged with the MARAC in 2013/14 was 160, representing a 21% increase when compared to the previous year.

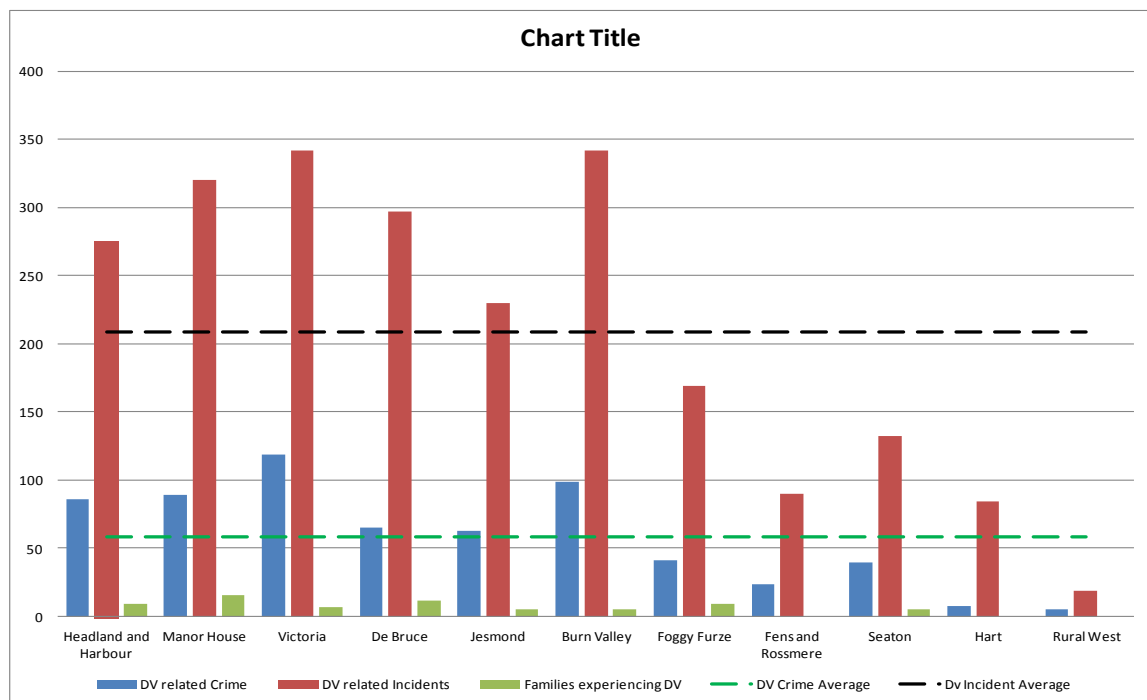
Childrens Services Data

As previous outlined the negative impact of domestic abuse on children can be devastating and long lasting. Often indirect victims, children exposed to domestic abuse are at increased risk of behavioural problems, emotional trauma and mental health issues that may continue into adulthood.

Data obtained by HBCs Childrens' Social Care during 2013/14 1107 reveal that out of a total of 1107 Childrens' Assessments completed 27.8% (308) involved domestic violence concerns. Of these 270 families were classed as white British, and 38 families were classed as non-white British. Of those children assessed, 37.3% were under the age of 5, 28.4% were over the age of 16, and 21.7% fell within the 5-15 age group.

The following chart incorporates information in relation to the levels of domestic violence and abuse across the wards of Hartlepool, together with information provided by Children's Services demonstrating the number of families in each ward presenting to Childrens Centres that have experienced domestic violence, numbers lower than 5 are not represented in the chart.

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As can be seen from the above chart, whilst domestic violence and abuse is evident across all of the wards of Hartlepool, some wards are experiencing disproportionate levels of domestic violence and abuse crimes and incidents compared to others, with 6 of the 11 wards experiencing levels that are higher than the town average. The majority of wards have families presenting to Childrens Centres with domestic violence and abuse issues, however there are two notable exceptions in the Hart and Rural West Wards where none are recorded.

Housing Hartlepool Data

Information retrieved from the Authority Public Protection (APP) indicates that in 2013/14, 49 (5%) out of 948 Housing Hartlepool cases were domestic related which is comparable to the previous year. These are predominantly recorded as intimidation / harassment as opposed to criminal behaviour as detailed on a ward basis in the table below.

Ward	2012/13	2013/14	Actual Diff.	% Diff.
De Bruce	11	13	2	18%
Fens and Rossmere	0	2	2	N/A
Foggy Furze	0	1	1	N/A
Hart	3	0	-3	-100%
Headland and Harbour	6	9	3	50%
Jesmond	3	4	1	33%
Manor House	26	19	-7	-27%
Seaton	4	1	-3	-75%
Total	53	49	-4	-8%

APPENDIX A**Perpetrators**

In 2013/14, 15% of all arrests in Hartlepool were related to domestic violence – a total increase of 261 arrests compared to the previous year.

In total, 534 individuals were arrested and of those 110 individuals were arrested on more than one occasion.

More than 80% of those arrested were males (451), and in 2013 the number of females arrested increased by more than two thirds on the previous year from 49 to 83.

Following arrest, a total of 280 individuals were either charged or cautioned in relation to domestic violence related offences with 88% being male and predominantly aged between 25 and 34 years.

Repeat offending continues to be evident. In 2012/13, 15% of all male offenders were repeat offenders. In 2013/14, this figure increased to 19%.

3 Service Summary

Harbour is a local provider of services with a local base in Hartlepool and operations across the North East of England including Middlesbrough, Stockton, Redcar and Cleveland, Darlington, Durham and North Tyneside. The organisation also works to educate the wider community about the issues surrounding domestic abuse by providing training to statutory and voluntary agencies.

The following services are offered in Hartlepool by Harbour as part of their contract with Hartlepool Borough Council:

- Refuge and Resettlement Services
- Adult Outreach Services
- Domestic violence Support within the Children's Service Early Intervention Team
- One to one and group work Counselling Support Service
- Independent Domestic Violence Advisor
- Male Perpetrator Programme

The contract specified that the specialist domestic violence and abuse service was to be delivered by an appropriately skilled and trained workforce, with interventions prioritising the safety, security, and dignity of service users. The

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service was to be delivered flexibly to meet the needs of service users in a way that respected their right to confidentiality, with robust policies, procedures, and recording practices in place to ensure that the rights, health, and best interests of service users were safeguarded.

The service specification envisaged that the service would contribute to the following objectives within the local domestic violence strategy:

- Preventing domestic violence happening in the first place by challenging attitudes and behaviours which fosters it, and intervening early to prevent.
- Provide appropriate levels of support where violence does occur.
- Working in Partnership to obtain the best outcomes for victims and families.
- Reduce the risk to women and children who are victims of domestic and sexual violence to ensure that perpetrators are brought to justice.

During the course of the contract in response to identified gaps in provision, a number of smaller pilot initiatives not included in the original contract specification, have been commissioned to assist in strengthening delivery of the strategy. This has included work to strengthen the prevention and early intervention strand of the strategy through the Healthy Relationships Programme in Schools, and work to engage and target at risk groups from both a victim and perpetrator perspective.

Following the recommendations of the local Domestic Homicide Review undertaken in 2013, a Domestic Violence Link Worker in the hospital setting together with training for GPs to improve the early identification and referral pathways from primary and secondary health care into the specialist service has also been provided.

Although beyond the scope of this review, reference will be made to these initiatives in conjunction with the core contracted services where relevant.

4 Review Findings

The review findings are based upon interviews with the service provider and key stakeholders; focus groups held with beneficiaries of the service; a review of monitoring data collated by the service provider and CAADA Insights; and also draws on some national research on domestic violence and abuse.

(a) Service wide monitoring information

As envisaged in the original contractual agreement, since the service began in April 2012, quarterly meetings with the provider have been held with key

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strategic managers/commissioners from across the Council. During this period more than 1700 referrals have been made to Harbour which is evidenced in Table A below.

Table A

Service	No of Referrals 2012/13	No of Referrals 2013/14	Actual Diff	% Diff
Refuge	202	157	-45	-22%
Community Outreach	283	241	-42	-15%
IDVA	344	148	-196	-57%
Counselling	74	128	54	73%
Men's Programme	78	65	-13	-17%
Total	981	739	-242	-25%

This data indicates that there were 1700 referrals over the two year period into the services provided by Harbour with the services experiencing the most demand in 2012/13 being the refuge, community outreach and the Independent Domestic Violence Advisor (IDVA) service with the latter receiving 344 referrals - the highest level of referrals during 2012/13.

On the whole the number of referrals received into the service during 2013/14 was 25% lower than in the previous year with the level of referrals into all but one of the services delivered by Harbour reducing. Of these the IDVA service experienced the highest reduction with 196 (57%) fewer referrals than in the previous year. However during the same period the Counselling service had an increase in referrals of 54 – equating to a 73% increase.

The majority of referrals into the specialist domestic violence service during 2012/13 and 2013/14 were self referrals, followed by Social Care and the Police.

A total of 493 individuals were supported by the service in 2012/13 and 401 in 2013/14.

Where tenure was recorded the table below demonstrates that the majority of clients were living in either the private rented sector, or were tenants with registered social landlords.

Tenure	2012/13	2013/14
Housing Hartlepool	87	78
Private Sector	51	107
Owner Occupier	35	34
Friends and Family	33	50
Other RSL	11	57

APPENDIX A**Victim profile**

During the course of the length of the contracted service, Harbour has invested in systems to improve the information that they are able to provide commissioners, including links with the national Coordinated Action Against Domestic Abuse (CAADA) Insights¹¹ data set.

The first report produced by CAADA in relation to clients engaging with and/or exiting Harbour Services in Hartlepool who consented to having their data shared, covers the six month period from October 1st 2013 to 31st March 2014. This reveals the following:

More than half (52%) of clients were aged 30 and under

The majority of clients who accessed the service were female (86%) and more than two thirds of clients (69%) had children.

Almost half (49%) reported mental health problems, with 23% having previously threatened or attempted suicide, and 13% had self harmed.

One in five (19%) disclosed financial problems and 10% required benefits advice with 16% disclosing alcohol misuse and 9% disclosing drug misuse.

In the 12 months prior to intake 42% of clients had reported abuse to the Police – 10% had attended A&E in the last 12 months; and 17% had attended their GP in the last 12 months.

More than half (58%) of clients were experiencing abuse by an ex-intimate partner, and 5% reported multiple perpetrators of abuse, with the average length of abuse experienced by clients accessing the service being 2.1 years

More than half of clients (55%) were also recorded as high risk at intake; 75% had experienced jealous and controlling behaviour; 56% had been physically abused; 48% had experienced harassment and stalking; 10% reported sexual abuse; and 51% of clients had experienced one form of high severity abuse that was escalating in frequency or severity 3 months prior to entry.

(b) Individual Services**(i) Refuge and Resettlement Service**

The Refuge and Resettlement Service provides emergency safe, supported accommodation, for women and their children fleeing domestic violence until their circumstances are such that they are able to move on. Women can self

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refer, or can be referred into the service from partner agencies with referrals being taken internal and external to the Borough.

The refuge currently provides 6 units of accommodation for women and children. These are a mix of one and two bedroom self-contained flats within a secure building.

A review of the service monitoring data reveals that the majority of referrals into the service during the two year period were self referrals, other services within Harbour, or from Childrens Social Care.

A total of 359 referrals were received by the refuge service during the 2 year period and of those supported 32% were involved with Social Care, 18% had children in need, and 14% had children subject to Child Protection.

Of the 202 referrals received during 2012/13, 47% were declined due to the refuge being full, and in 2013/14 of the 157 referrals received 22 women and 21 children were accommodated. Several of these were long stay clients with complex needs where an extended stay was agreed to be in the long term interests of the women and her children involved. However over the two years of the contract 100% of users were eventually moved on in a planned way into appropriate accommodation.

Of those who were fortunate enough to find accommodation at refuge the majority reported increased feelings of safety (90% in 2012/13 and 68% in 2013/14) on exiting the service, and in contrast to a commonly held perception that refuge provision involves minimum and basic shared facilities with no privacy for women and families, interviews with women who had accessed the refuge over the course of the two years spoke of the high quality of the accommodation and the service received. As one service user explained, ***'it has everything you need, it is safe and clean, and I was pleasantly surprised by the self-contained units'***.

Another older woman who was interviewed explained how she had used the refuge after fleeing a 34 year relationship. She described how she was terrified at leaving the relationship. She had nowhere to go, but realised she needed to leave. Family and friends were able to provide short term accommodation, sleeping on sofas etc but couldn't provide the help and support that she needed. She accessed the refuge via the Councils Housing Services and described Harbour as being her ***'lifeline'***. She was safe and free from abuse as a result of the service provided which was delivered in a friendly and welcoming environment. In her own words ***'Harbour are 'Top Drawer'***

One of the beneficiaries interviewed as part of the focus group session also described how she had aspirations to secure her own property and move on from the refuge, but at the time of the interview this was proving difficult as she was limited in the properties that she could apply for via the compass scheme due to her reliance upon benefits.

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Despite a reduction in the number of referrals to the refuge in 2013/14, demand for the refuge service remains high. 72 referrals have also been received by the refuge in the first 6 months of 2014/15, suggesting a similar level of need to the previous year with the demand for the service outstripping available places within the refuge.

Concerns raised by agencies during the course of this review have identified 'bed blocking' within the service, and lack of available accommodation within the refuge, as a potential threat to effectively providing much needed emergency accommodation to protect and support women and their families from abusive behaviour. One agency representative also wondered how flexible refuge provision is at key times such as Christmas and whether there is any provision for overflow.

Following the concerns raised, discussions with the provider have revealed a number of possible solutions to strengthen refuge support should further funding be made available in the future. This could include the provision of dispersal accommodation involving planned move on from the refuge with the provision of continuing intensive support to strengthen the sustainability of interventions where there is an identified need.

This would free up crisis level emergency accommodation, and having a number of available properties would also provide a flexible resource that could accommodate male victims of domestic violence, who would not be offered accommodation in the refuge, or other victims who would find it difficult to take up traditional refuge accommodation for example due to cultural differences or financial difficulties.

(ii) Community Outreach Service (Adult)

The Community Outreach Service provides direct support for women or men in Hartlepool who have lived with, or who are still living with domestic violence. The support is available to those who will ordinarily live in the Borough and be over the age of 16. Structured support is based around individual needs and could include face to face personal support, telephone support, and /or drop-in sessions, with homelessness prevention; safety planning; choices and options; emotional stabilisation; referral to additional specialist services; and fast-track referrals to other Harbour services being available.

The Freedom Programme is also an important element of this service. This is a free 12-week course that is offered to clients accessing the service and aims to help women to understand the beliefs held by abusive men and the effect of abuse upon children, encouraging participants to help themselves and increase their self-confidence

Outreach support and advice services have long been recognised as an important strand of an integrated community co-ordinated response to

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supporting victims of domestic abuse¹² Such schemes can provide an important source of support and advice for victims free from any other pressures and without the need for them to leave their home.

As one client in interview explained ***‘The help I got was more like having a friend. Its somewhere where you don’t feel that you have to go, you don’t feel pressurised into going if you don’t want. The Police are more official. Here its more like people like us, women like us who have been through the same or similar situations, and they understand more of what we have been through than Police Officers do.’***

During the focus group sessions run as part of this review another client stated that the Freedom Programme had equipped her with the skills to prevent her from entering an abusive relationship the result of which she had been abuse free for over a year. Alongside this specific element of support, the provision of enhanced security measures and advice was also acknowledged as an important element of the services that enable victims to remain in their own home, and reduce the risk of repeat victimisation. A number of positive comments were also made by clients in relation to the support from children’s workers and structured activities for families.

During 2013/14 Harbour received 241 referrals into the outreach service and supported 138 clients in the community. Two thirds of these clients had children living with them, and over the course of the year 50 women completed group programmes.

Monitoring data also suggests that for those who had access to the outreach service during the review period, 88% reported increased feelings of safety and an improvement in their quality of life/well-being on exiting the service.

Referrals into the service come from a number of different sources, with the majority coming from individuals self referring, or Social Care, and the Police. However whilst the numbers into this service during the first 6 months of this financial year (2014/15) have increased from 2013/14, the number of referrals from the Police during 2013/14, declined from 59 to 36 referrals (39%) compared to 2012/13. Similarly, the number of referrals through the ‘Repeat Visit Scheme’ where Harbour and the Police undertake a joint visit to the home of the victim in an effort to encourage the victim to engage with support services, also declined by 97% from 31 referrals in 2012/13 to 1 referral in 2013/14.

In light of this, interviews with colleagues from Cleveland Police Protecting Vulnerable People Unit, have highlighted work underway to strengthen referral pathways from the Police into specialist services it being recognised that whilst those victims categorised as high risk are consistently referred into the

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Multi-Agency Risk Assessment Conference (MARAC), that victims not meeting MARAC risk levels are missing out on the opportunity for support and earlier intervention.

The repeat visit scheme developed by Harbour and the Police a number of years ago with funding support from the towns Joint Action Groups, is also seen by the Police as an important measure that provides reassurance for victims. As one interviewee explained '***the repeat visit scheme is important because it reinforces that the Police and partner agencies are taking the threat seriously***'.

As such alongside other measures designed to improve the Police response to domestic violence and abuse following the recent HMIC inspection¹³, the Police risk assessment process is being amended to include consent to data being shared with third sector organisations to ensure all victims are offered support.

Whilst it is recognised that not all victims will take up the offer of support, with robust engagement protocols needing to be in place within participating third sector organisations to encourage access to services, this should result in an increase in the numbers accessing support services, and prevent /reduce further abuse and suffering.

(iii) Domestic violence Support within the Children's Service Early Intervention Team

This element of the service was introduced in Hartlepool in 2012 when the current contract was procured, and provides Domestic Violence Support within the Childrens Service Early Intervention locality teams. Support is focused on the early identification of domestic violence and abuse issues, including those cases where domestic abuse indicators are apparent within families but no disclosures made, the aim being to reduce incidents and prevent families reaching crisis point and needing specialist services.

Originally based within the locality teams, 2 Harbour staff, each working 30 hours a week, are employed to provide specialist expertise through workforce support and development. This includes support to complete common assessment in relation to domestic violence issues, and working with parenting services in designing and delivering parenting programmes specifically addressing domestic violence and abuse issues, with interventions being aimed at supporting family members to develop non abusive responses to family life and pressures.

Alongside advice and guidance the Harbour workers also manage a specialist caseload, ensuring a swift response for families engaging with the locality

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teams, and supporting parents through court proceedings where appropriate. Workers also provide the necessary links where families are moving out of specialist services but continue to require other interventions.

From a Childrens Services perspective, this service is said to have been effective in raising awareness within those teams by improving knowledge of domestic abuse and increasing the number of domestic abuse issues raised within teams. In addition those involved in delivering the service feel that it has worked very well with the Councils locality teams having direct access to specialist service support resulting in specialist support being provided at an earlier point for families than would have otherwise been the case.

It has been indicated that between June 2013 and September 2014 the two Harbour workers have supported approximately 126 families through the locality teams. However due to information systems not being used by the specialist domestic violence and abuse workers in the localities, actual numbers cannot be confirmed, and the benefits of the service to the families identified have not been fully captured.

Domestic Violence Support within the Childrens Service Early Intervention Team is one service within the overall domestic violence and abuse contract that had not been previously provided in Hartlepool and a number of areas of improvement have been highlighted and addressed during the first two years of the contract, for example in response to concerns about the weakening of specialist services Harbour workers have now relocated to Harbour Offices. Under this arrangement Harbour workers continue to support the localities, ensuring that the locality workers continue to gain the expertise from the organisation, and families affected by domestic abuse are effectively supported and safeguarded against further incidents.

This is an issue that is discussed further on page 27 under areas for improvement, and in the final recommendations of the review.

(iv) Independent Domestic Violence Advice Service

The Independent Domestic Violence Advisor Service (IDVA service) provides a specialist support service to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members, to secure their safety and the safety of their children. The service is provided to victims of domestic violence residing in the Hartlepool area and operates within a multi-agency framework, providing a primary point of contact and responsibility for the development of a workable safety plan.

IDVAs were developed a number of years ago in response to the high witness drop-out rate in domestic violence cases. The IDVA ensures that the court process is fully explained to the victim, and that they are accompanied and physically / emotionally supported to attend court to testify with the aim of gaining a conviction against the perpetrator. In line with national standards it was confirmed by the provider during interview that the Hartlepool IDVA

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operates in accordance with a national model and has undergone a nationally recognised and accredited specialist training package in order to deliver the scheme.

Once referred into the scheme, victims are contacted by the IDVA, who seeks to engage them in the service, help them to overcome fears about going to court and to discuss with them and present to them what options are available. This may involve help with legal assistance for example to obtain injunctions, to move a victim into the refuge as a matter of urgency, to discuss with a housing provider the removal of an individual's name from a shared tenancy, or to fit crime prevention measures to the property. After the high-risk 'crisis period', the IDVA will refer on to other services that can provide additional support and services thereafter.

Due to the nature of the IDVA service, the primary referrers into the service are the court services and the Multi-Agency Risk Assessment Conference (MARAC).

During the first two years of the contract a total of 202 referrals were made to the IDVA service and as highlighted above this figure reduced by 57% or 196 referrals in the second year of the contract. On investigating this further, and whilst no real explanation could be provided by the Specialist Domestic Violence Court Service, this appears to be largely due to a significant decrease (75%) in court referrals - from 215 referrals in 2012/13, to 53 in 2013/14. The number of children in families engaged with the MARAC in 2013/14 was 160, representing a 21% increase when compared to the previous year

However during the first 6 months of 2014/15 the total number of referrals into the service has increased compared to the first 6 months of 2013/14 with the service receiving 43 court referrals (an increase of 104% in comparison to the same period the previous year), and a further 43 referrals through the MARAC process, suggesting that the levels of referrals into the IDVA are returning to 2012/13 figures.

For many services, particularly those involved with the criminal justice process, the IDVA is considered to be one of the most important elements of a range of measures which work together to tackle domestic violence and abuse.

A recent assessment of the Hartlepool MARAC undertaken by CAADA¹⁴ in June/July 2014 also highlights the positive contribution the Hartlepool IDVA makes to supporting victims and safeguarding children within the multi-agency setting. The CAADA report notes ***'the IDVA service had attempted to make contact in all cases. When engagement had been successful, safety planning had been completed and up to date information relating to the current risk was shared at the MARAC along with the views and wishes of the victim.'***

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The report goes on to note that in a number of cases the voice of the victim was clearly represented. Specific actions were identified in most cases to feedback to the victim the outcome of the MARAC, and it became apparent during the self assessment that the IDVA was routinely carrying out this action in every case where the victim was engaging with them.

One potential tension highlighted during the review, within this service area is the potential for desired outcomes to be viewed differently and prioritised differently by different agencies. A victim for example might simply want the abuse to stop. Through support, an injunction or possibly the relocation of the victim, this may be achieved without a sentence for the perpetrator.

Whilst this may not necessarily be the favoured outcome for the courts or the Police, who may see a conviction as preferable, the overriding focus of the specialist domestic violence service as outlined in the contract specification, is that the safety, needs, and wishes of the victim come first and service monitoring data suggests that the service is achieving this with 100% of beneficiaries leaving this service feeling safer.

All agencies spoken to during the course of this review were also very clear about the importance of the IDVA service, in that a loss of this service would in essence mean a loss of crisis support for those at high risk and in danger from domestic violence (including children). A consequence would be that many less victims would be willing to come to court to testify, convictions for domestic violence crimes would reduce, and violence and suffering would be allowed to continue in situations where it might have been avoided.

The number of repeat cases being heard at the Hartlepool MARAC is currently 32% which remains within CAADA guidelines of 28-40%. This, according to CAADA, indicates that sound practices are in place across referring agencies enabling the identification of repeat victims. However from the analysis we also know that there are a small number of MARAC repeats that consistently dip in and out of MARAC and that some further resource in supporting these families may assist to reduce the repeat victim rate.

A review of the current service has also highlighted that capacity may be a challenge for the IDVA, with CAADA insights dataset suggesting that the current level of referrals through the MARAC would warrant the provision of 1.5 IDVAs compared to the one post that is currently funded.

As this service is key to safeguarding victims and their families, and to integrated partnership working with the Police, the Specialist Domestic Violence Court, and all partners involved in the MARAC process, further consideration should be given to increasing the level of service to continue to ensure that it works effectively in the future to protect and safeguard all high risk victims and their families from effect of serious domestic violence and abuse.

In the meantime the Middlesbrough MARAC Plus project piloted in 2013 seems to suggest that a more intensive approach with a small number of families has yielded positive results in safeguarding families and reducing the

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number of referrals into the MARAC. The intention locally, to take the learning from Middlesbrough and develop it in Hartlepool, is captured in the Domestic Violence Action Plan, and work should begin as soon as possible to take this forward.

(v) Counselling Service

This service provides skilled and appropriately trained Counsellors to work with victims of domestic violence to help them understand and deal with the difficulties affecting their lives and encourage them to use Counselling sessions to bring about changes they need to make for themselves and their families. Counselling sessions can take the form of one to one sessions or group work as appropriate according to the needs of victims and their preferences.

The Counselling service addresses the immediate and longer – term impacts upon women's mental health and emotional well-being by dealing with the symptoms of inter-personal violence such as depression, anxiety/stress, low self-esteem, self harming and suicidal behaviours and post traumatic stress disorder. These are all factors that can leave victims vulnerable to further abuse from the same or future partners. Therapy builds resilience through a better understanding of self, education, assertiveness, self-esteem and confidence building (all resources that reduce the likelihood of repeat victimisation)

This service is also available to victims of sexual violence (rape, or sexual abuse) in childhood or as an adult. Victims aged 18 or over can self refer or can be referred from partner agencies. However all victims under the age of 18 must be referred by the Child and Adult services duty team and may subsequently be referred to partner agencies that specialise in children and young people who are victims of domestic and sexual violence depending upon the level of need. The service works to the pre-trial therapy protocol and Crown Prosecution Service Guidelines maintaining a robust referral pathway between the Sexual Assault Referral Centre (SARC) and other local service providers.

Whilst referrals in to other services provided by Harbour under the contract reduced during 2013/14, referrals in to the Counselling Service increased by 73% in 2013/14 compared to the previous year. The total number of referrals was 128 which led to 43 individuals taking up support (34%) and of these 16 were victims of sexual offence. Demand for this service is also evident in the first 6 months of 2014/15 where 74 referrals into this service are recorded, and 60 individuals receiving support. It is perhaps due to the current level of demand for this service that there was some concern from at least one referring agency over an apparent 'back-log' in relation to 'non urgent' cases

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with some of the clients being referred having to wait some time prior to being offered an appointment.

However for those accessing the service, monitoring data suggests that this service is having a positive impact on the majority of clients. This reveals that on exit 83% of clients receiving the service reported an improvement in their mental well-being. One female participating in the focus group also described how she had benefited from the Counselling Service following an abusive relationship she had been in with a resulting effect on her physical and mental health. After accessing support she described how her ***'anxiety levels had reduced and was now able to sleep and think straight'***.

The relationship between sexual violence and domestic violence and abuse services across Tees is something that is currently being explored on a Tees Wide basis by the Tees Sexual Violence Strategy Group who are in the process of mapping current provision, alongside undertaking a needs analysis to inform the development of commissioned services in the future.

The outcome of the work being undertaken across Tees should therefore be used to inform the future development of this aspect of the service.

(vi) Mens Perpetrator Programme

The Mens Perpetrator Programme provides a structured rolling programme for men who are violent or abusive to their partners and wish to change their behaviours. Men can self refer, or can be referred by partner agencies but will only get access to the programme following an initial assessment to determine suitability.

The programme offers structured group sessions designed to assist men in understanding why they use abusive behaviour, and how they can change and work towards constructing respectful relationships with women. The Programme runs for 27 weeks in 3 blocks with an assessment being undertaken at the end of each block.

Two basic conditions are set out for men being accepted onto the programme: some willingness on their part to question denying their own responsibility and blaming their partner; and at least some awareness that they alone are responsible for the violence. The programme includes a vulnerability assessment for the victim of abuse and ongoing support thus providing an integrated co-ordinated response to domestic violence and abuse.

The overall number of referrals received into the perpetrator programme during the first 2 years of the contract was 143.

In 2012/13, 78 referrals were made, and after an initial assessment 30 men were offered a place on the programme of which 14 completed (47%).

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In 2013/14, 65 referrals were made into the programme - 13 fewer referrals than in the previous year, and 23 men were offered a place (35%) with 6 men completing (26%).

The majority of men assessed were largely in the 19-35 age group; 18 had substance misuse (primarily alcohol) as a complex need, and over the 2 year period 19 of those assessed had children subject to Child Protection Plans.

Whilst completions are low which reflects high drop out rates with mens programmes nationally, of those men completing the scheme, the monitoring information reveals significant changes in behaviours. Of the women involved with men on the programme, 83% recorded reductions in their incidents of violence (83%), together with a 58% reduction in controlling behaviour, and an improvement in their quality of life.

Interviews with Harbour also highlighted the additional benefits of the mens programme that goes beyond men's behaviour change in providing advice for other organisations on perpetrators, such as those writing reports for family court proceedings, childrens services, CAFCASS, criminal courts, and child protection conferences which represents a substantial contribution to informed decision making by a wide range of agencies locally that are intervening in domestic violence.

As with other Harbour services, the perpetrator programme is constantly reviewed to ensure the service evolves to respond to new evidence of what works, and the service operates in accordance with the national 'Respect' standard – a standard expected when dealing with CAFCASS cases where males are referred onto the programme by the court as a condition of contact with their children. More recently sessions have also been observed by 'Respect' with Respect Accreditation expected to be awarded in February.

A focus group held with those that were currently attending the Hartlepool male perpetrator programme in October 2014, confirmed that at least for those that continued to be involved, the perception was that the content of the programme was effective in communicating its key messages and in offering men alternatives to violence.

There also appeared to be some definite change in their understanding of domestic violence, and there had been a positive effect in terms of coping and dealing with situations more calmly. The level of emphasis on the responsibility of men to change behaviour from the mentors running the sessions was felt to be appropriate, and all welcomed the informal nature of the sessions with the same mentor providing continuity.

All of those involved in the programme also felt that the links with the women's support service, and the checking system, provided the reassurance for their own partners that was needed. Comments from the men in relation to improving this service largely centred on the fact that there were no other ways to engage with the service once the programme was complete.

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It is worthy of note that for many years the effectiveness of male perpetrator programmes has been challenged in relation to their effectiveness in changing behaviour, and reducing violence and abuse. However recent research does acknowledge that these are more likely to be successful where they operate, as the Hartlepool model does, in conjunction with support services to provide an integrated and co-ordinated response to domestic abuse¹⁵.

Alongside significant reductions in physical and sexual violence recent research also seems to confirm that where perpetrator programmes operate within a Community Co-ordinated Response Model, men on such programmes have shown to be more respectful and considerate in communications with their partners and children; and in having a positive impact on contributing to safer, healthier childhoods for children living in families where domestic violence and abuse is an issue.¹⁶

In the face of the available growing evidence in relation to the benefits of men's programmes, an increase in referrals onto to the programmes would appear to be desirable. In this respect a recent pilot project run by Hampshire Police¹⁷ in relation to conditional cautioning would be worthy of exploration. As would, the level of referrals into the mens perpetrator programme from the Hartlepool MARAC.

(vii) Safe Relationships programme evaluation in schools

Although not part of the original contract specification, a Safe Relationships Programme funded by the Safer Hartlepool Partnership, and delivered by Harbour has been offered to schools since 2012, and has been included in this review due to its the links with the early intervention strand of the domestic violence and abuse strategy and the potential impact of the initiative on making long term sustainable change, and reductions in incidents of domestic abuse through changing attitudes and behaviours.

This Programme was initially delivered to year 10 pupils in secondary schools and was well received, but following feedback from teachers who indicated that there was a need for this work to be commenced earlier, the programme was expanded to work into primary schools and is delivered to year six pupils.

Age appropriate programmes have been designed following consultation with professionals, parents, carers, and young people. The programme delivered to year 10 pupils, highlights that domestic abuse can start when young people are forming relationships in their teens and aims to raise awareness of this issue offering advice and support if necessary. The year 6 programme, called Respectful Friendships, is again age appropriate, with the programme covering equality, friendships and stereotypes.

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All schools within Hartlepool have been contacted, and informed of the content of sessions, and have been offered the service. Three secondary schools involving 724 year ten pupils have participated, and twenty 20 primary schools involving 800 pupils have also participated.

Harbour have evaluated the programmes through questionnaires being completed prior to and post delivery of the sessions. This demonstrated the following in relation to the secondary school setting:

- A 26% increase in young people being strongly aware of what constituted domestic abuse.
- An increase of 22% of young people who strongly agreed that domestic abuse could exist in theirs or friends relationships
- A 16% increase of young people believing boys and girls should treat each other equally.
- A 20% increase in name calling being viewed as unacceptable behaviour.
- An increase from 44.1% to 84% in those who strongly agreed that they knew where to get help if needed.

This seems to suggest that the programme in secondary schools is proving useful in promoting positive attitudes and in increasing knowledge of how to access services.

Similarly in relation to year 6 pupils and the 'Respectful Friendships Programme' the results tend to suggest a positive change in beliefs and attitudes in primary school children. Thus at the end of these sessions there was:

- A 23% increase in children strongly believing they knew what made a good friend.
- An increase in 27% of what made a bad friend.
- A 15% positive shift in those saying boys and girls should be treated equally.
- A reduction from 28% to 1.4% of children who thought it was totally acceptable to force a friend to do something they didn't want to do.
- Following the intervention 1% of children still felt that they had nobody to talk to about their worries.

Following these programmes, schools such as Dyke House have approached Harbour to participate in their 'Crime and Safety Awareness Week' aimed at their year 9 students. Harbour also participates in the Anti Social Behaviour Awareness Raising Day (ASBAD) which is delivered by the Councils Community Safety Team to all year 8 students on an annual basis over a

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week in February. This has resulted in large numbers of children across Hartlepool having received some intervention in relation to domestic abuse ensuring they have a good understanding of what a respectful relationship is, the identification of abusive behaviours at an early stage and where to access help and support if they need it.

Whilst it is recognised by many, including the Early Intervention Foundation, that more research needs to be undertaken into the impact of educational interventions and that such programmes when they work need to be embedded in the school curriculum, they also recognise that this should not prevent innovative approaches from being piloted. As such consideration should be given to continuing these programmes in local schools in the future.

(c) Views of the service provider, commissioners, beneficiaries, and other key stakeholders

All of the respondents interviewed were very positive about the service and were clear that it was making a useful contribution to meeting the needs of victims of domestic violence. The service is well advertised with the organisation playing a key role in raising awareness of domestic violence and abuse both in the community and amongst service providers, and providing training to front line services.

An examination of the current contract specification reveals that some of the good practice identified in recent publications is a feature of the current service provided by Harbour. As evidenced in the JSNA 2012¹⁸, the commissioning process benefited from analysis of local need, together with learning from local and national initiatives in relation to good practice in 'what works' in tackling domestic violence and abuse.

At this time the recognised benefits of joint commissioning arrangements to avoid gaps in provision, and duplication of service also led to a more integrated specialist domestic violence and abuse service being commissioned corporately by Hartlepool Borough Council. This included the Councils Community Safety, and Adults and Childrens Services, who developed the contract specification following extensive consultation with other statutory, and voluntary sector organisations, and survivors of domestic violence and abuse.

This nationally recognised model for tackling abuse - the Community Co-ordinated Response Model, has recently been endorsed by NICE who published detailed recommendations and guidance for commissioners of domestic violence and abuse services in February 2014. The NICE recommendations are broad and far reaching but include: the development of integrated care pathways; creating environments which support safe and appropriate disclosure; improving access to services which includes a

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comprehensive referral pathway; and the provision of tailored services which take account of the needs of different population.

Similarly in stipulating that the needs of the victim are at the heart of service planning with safety being prioritised, the current service meets the requirements of the National Victims Commissioning Strategy¹⁹.

Planned improvements in the way the Police refer into the service will also ensure that the commissioners of victim services comply with EU Directive in relation to rights to victim support services for all victims of serious crime as enshrined in the national Victims Code.

For local strategic managers the joint commissioning approach is one that has worked well for victims, and needs to be replicated and encouraged. According to one strategic manager ***‘Joint commissioning enabled gaps and weaknesses to be identified, increased our ability to maximise resources, and improved partnership accountability creating a seamless service for victims. This approach should be built on in future as it can only result in better outcomes for victims and their families’***.

Interviews with key strategic managers also provided overwhelming support for Harbour as the appropriate organisation to deliver the domestic violence and abuse service as they had a number of years of experience delivering the service locally with in depth knowledge of the local area and were now recognised as ***‘experts in that particular field with strong links across the Tees Valley’***.

In contrast to other local authority areas having one provider also afforded some degree of certainty for partners in relation to where a referral could be made which ensured a single referral point into services available for those in need.

A survey of front line practitioners undertaken in September 2014, although yielding a low response²⁰, indicated that the majority (70%) of practitioners participating in the survey, found the services provided by Harbour relatively easy to access, with a further 90% of those participating believing that the services provided by Harbour had a positive impact on their clients.

From a provider perspective there were good working relationships between commissioners and practitioners that had included healthy debate and a willingness to work flexibly. Joint commissioning had also improved co-ordination of services for victims of domestic violence and abuse - a view that was reiterated by the victims and survivors participating in a focus group convened for the purposes of the review.

Interviewees commented that the service had given them empowerment to break away from abusive relationships and described the service as non-

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judgemental, accessible and inclusive. They described the accommodation as providing a feeling of safety and appreciated the links to specialist legal services and the target hardening service.

Those participating in the focus group were all in general agreement that without the service they would most probably be in the same situation or going from one bad relationship to another. As evidenced previously one victim accessing services via HBC Housing described the services as a '*lifeline*' that had given her life back.

Whilst CAADA data did not become available until June 2014 and covers a six month period from October 2012 and does not therefore provide a directly comparable dataset with the Harbour data provided for the first two years of the contract, there is a great deal of evidence within CAADA Insights to demonstrate that the service is delivering positive outcomes for the majority of clients entering the service from both a criminal justice perspective and safety and well being perspective.

From a Criminal Justice perspective, CAADA report that out of 38% of clients that had made reports to the police, a charge was made for 29% of clients. The Crown Prosecution Service proceeded with every case in which a charge was made and a conviction was secured in 92% of court cases, with a restraining order imposed in 64% of cases.

In relation to Safety and Well Being outcomes, at the point of exit, 33% of clients reported no abuse in the previous month, and there were no clients experiencing high severity, escalating abuse – representing a reduction from 64% at intake.

Based on risk assessment and professional judgement, caseworkers also recorded that there had been a moderate or significant reduction in risk for almost three quarters of clients (71%). However self reports from clients indicated that their own feelings of safety were higher, with 76% of clients reporting that they felt safer compared to intake and 76% reporting that their quality of life had improved, and a further 91% of clients feeling empowered and confident to access support in the future.

CAADA data also highlights a number of areas of good practice compared to the national dataset including: clients accessing the outreach service at an earlier stage in the abusive relationship with the average length of abuse experienced by outreach clients being slightly shorter than in the national dataset; and the age profile of outreach clients was younger than in the Insights dataset. This suggests that the victims of domestic abuse are accessing the service at an earlier stage of an abusive relationship in Hartlepool which will ultimately result in reductions in incidents of domestic abuse, and longer term cost savings for local services.

A second area highlighted by CAADA as good practice was that the profile of clients going into the service matches the specialist nature of the service ie

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the majority of clients accessing the outreach service were non-high risk, while high risk clients were being supported by the IDVA service, and accessed support with the Police, MARAC process, and criminal court process.

Client and caseworker outcomes were also positive, with client reported outcomes being particularly positive, and the proportion 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 national insights dataset.

Harbour have informed that they are seeking to set up a panel across the organisation comprising of volunteers and ex-service users to independently review service standards and recommend areas for improvement. This is still in the developmental stage but must be seen as a positive development towards improving the service with the knowledge and experience and expertise of those who are in the best position to determine what services are needed.

Areas for improvement

Whilst all stakeholders recognised the threats in relation to future funding, and the capacity to deliver sustained outcomes for victims and their families within the current economic context that was impacting on all organisations, they were all nonetheless in agreement that the outcomes sought by the contract were directly or indirectly relevant to their own services areas carrying the potential to reduce demands on their own service area due to the prevention of further and/or escalating violence.

From a Childrens Services perspective, on the ground links with Childrens Services Preventions Teams, were highly valued. It being recognised that the knowledge and expertise of Harbour workers who for a time were co-located with Childrens Services Preventions Teams were fundamental in changing outcomes for victims and families affected by domestic violence and abuse.

However this was also an area where there had been a long debate between commissioners and the provider about the favoured model of delivery and contract specification. From a commissioners perspective the rationale for the model of delivery had been to pre-empt problems by raising awareness and enhancing pathways to services for families affected by domestic violence and abuse.

However from a provider perspective this model of delivery was resulting in a weakening of the level of specialist support for victims and families as specialist workers were becoming generic Family Support Workers. In addition this was the only element of the contract specification that had been prescriptive about the number of hours which were to be dedicated to the early interventions team. In the providers view this was leaving the rest of the service thinly spread and there were concerns that commissioners were not

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getting value for money - teenage abuse was also a significant issue which could be included in future service delivery.

A suggested alternative approach would be to provide a specialist 'childrens and young peoples' service' within the contract with a set of agreed outcomes. This is the approach that has been recommended by CAADA²¹ and others, including NICE²² and the Early Intervention Foundation²³, to secure the health and well being of the estimated 130,000 children and young people living with high risk domestic abuse nationally.

As such this review provides an opportunity to revisit this element of the service with an agreed model to improve outcomes for children and young people affected by domestic violence and abuse.

A second area for improvement raised by commissioners was that whilst there seemed to be some very positive results being recorded, together with an acknowledgment that there had been some improvement in data recording, that the true impact of interventions was unknown due to the limited data available. The potential for Harbour to improve their data recording practices was also raised by CAADA in their six month summary report produced in June 2014.

During interview Harbour representatives recognised that this was a challenging area. The organisation had invested in their own data collection systems including Lamplight, and had invested in the CAADA dataset over the last year. Staff training was also ongoing as they become used to using the systems and recognise the importance of data recording to inform interventions and the future development of the service.

As pointed out by CAADA, improving data recording in relation to referral routes and use of public services prior to accessing the services would help with cost benefit analysis; and capturing the right data in relation to complex needs would ensure interventions are tailored to the specific needs of clients including whether the client has experienced sexual abuse so that appropriate support can be offered.

A third area for improvement related to potential barriers in accessing services. This included a perception amongst some of those practitioners participating in the survey that there was a lack of substance misuse knowledge amongst Harbour workers. The lack of clarity in relation to referral pathways between Harbour and the local substance misuse service was also raised during semi-structured interviews where it was suggested that referrals

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were being made into Harbour from the specialist substance misuse service, but that there was no reciprocal practice from Harbour workers.

A review of monitoring data does reveal that referrals into and out of the Harbour service in relation to the specialist substance misuse service are evident, but the number of referrals are low. This seems to support the views of both the provider and other strategic managers that local approach to tackling domestic violence and abuse would benefit from the further involvement of health partners in terms of strengthening integrated care pathways.

Opportunities

For all of those interviewed, the services that had been provided produced an integrated response to the issue of domestic violence and abuse. Each element of the service was perceived to be important to joining up responses for victims of domestic abuse, with the perpetrator programme strengthening the holistic approach, and education in schools being seen as an important element in an overall strategy for reducing incidents longer term. Specialist work with young people experiencing or at risk of domestic violence and abuse was a particular concern for many stakeholders and one that needed to be addressed if the intergenerational cycle of abuse was to be broken.

It was highlighted by Childrens Services that further opportunities for improving identification, and intervening early where abuse is a concern, will be provided through the development of the Multi-Agency Safeguarding Hub in Hartlepool which is expected to be established during 2015. For the Police and Crime Commissioners Office opportunities to improve police accountability in protecting victims and the provision of appropriate support were being provided through a successful bid for funding which would enable the use of Police body worn cameras to provide evidence when attending domestic abuse incidents; court video witness links to third sector premises; and the provision of pre-trial therapy for victims of sexual abuse.

Further work commissioned by the Safer Hartlepool Partnership, following the Domestic Homicide Review in Hartlepool in 2013, and which aims to raise awareness in the primary and secondary care setting to create safe environments for disclosure through the expansion of the GP sessions, and the hospital based link worker were also seen to be important. Work between the Councils Community Safety team and the Safer Hartlepool Partnership Clinical Commissioning Group (CCG) representative had meant that some inroads had been made with GPs over the last year, with 'session plans' delivered by Harbour being modified to ensure they are more appropriate to fit in with GP 'time-out' sessions. Progress has been slow in relation to take up but the opportunity to improve the GP referral route through these sessions is clearly evident

Other opportunities identified by stakeholders involved identifying and targeting high risk groups who are hard to reach including male clients, LGBT clients; and those from ethnic minority communities. As recognised by

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CAADA, there may be a number of awareness raising activities aimed at public and other referring agencies that could be undertaken to increase the number of clients from these groups.

Learning from other areas on 'what works' and taking innovative approaches were also crucial to improving services to prevent domestic violence and abuse, as were opportunities for joint commissioning that built on existing approaches which were also seen to be particularly relevant and pressing within the context of organisational change, and the emergence of new partners in the commissioning landscape such as Public Health, Clinical Commissioning Groups, and Police and Crime Commissioners. In the Police Crime Plan for Cleveland for example the PCC outlines his delivery plan for Cleveland to support the regional and national Violence Against Women and Girls Strategy and from 2015 will have specific commissioning responsibilities in relation to Victims Services.

During semi-structured interviews it was noted that the PCC is already working closely with the Safer Hartlepool Partnership to secure mutual objectives and is currently contributing towards the IDVA service to ensure a better deal for victims and witnesses.

Whilst health partners have not to date been involved in the commissioning process, the opportunities for joint commissioning in the future was something that a number of stakeholders were keen to raise with one interviewee commenting that irrespective of funding **'health partners need to have a higher profile'** locally. This was an issue that was also raised during interviews with the Councils Public Health Team who responded positively in relation to contributing their expertise and providing a supporting role in relation to improving integrated care pathways in future commissioning arrangements.

4 Conclusion

The service is performing well in responding to victims of domestic violence and abuse, and there is some evidence that the prevalence of domestic violence and abuse is decreasing in Hartlepool with figures obtained from Cleveland Police identifying that the number of domestic abuse incidents has decreased from 2846 in 2011/12, to 2166 in 2013/14.

Monitoring information indicates that there is a good take up of services but the number of referrals decreased across the service during 2013/14. This could be linked to the decreasing trend in recorded incidents of domestic abuse in Hartlepool. However numbers referred into the service during the first 6 months of 2014/15 have increased, and there may be further increases in the future due to work being undertaken to improve referrals from agencies such as the Police, and GPs.

Individuals have increased confidence in disclosing domestic violence and abuse, and are doing so at an earlier stage, with those benefiting from the

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service advocating the co-ordinated response received, and reporting reductions in risk and improvements to their feelings of safety and well-being.

The service is being delivered by staff with appropriate expertise and training, empathetic to the needs of service users, with their safety and needs being at the centre of the service provided and robust policies in place to secure this.

Equally, the service is working well in partnership with agencies on a local level with criminal justice outcomes being evident. There is also a good relationship with commissioners and the provider, but in some areas it is evident that referral pathways could be strengthened, particularly in relation to substance misuse and health services.

Current recording practices are resulting in opportunities being missed to ensure the most appropriate services are being offered to those entering the service, and to provide a more comprehensive measure of the success of the service for commissioners to shape the direction of domestic violence and abuse services in the future.

Some aspects of the service appear to be under resourced such as the refuge service and the IDVA service. The current service could also be strengthened by providing a 'specialist children and young people's service' who are experiencing domestic violence and abuse.

In the face of the available growing evidence in relation to the benefits of men's programmes, an increase in referrals onto to the programmes would seem to be desirable.

Educating young people in relation to healthy relationships has been highlighted by the majority of stakeholders as an important strand in preventing domestic abuse longer term. The Healthy Relationships Programme was one service not included within the original domestic violence and abuse contract, but on the evidence available it appears to have had some immediate impact in challenging attitudes of young people.

5 Recommendations

Following the findings of this review which suggests that service is performing well against a backdrop of continuing need, it is recommended that the option to extend the existing contract for a further two years is confirmed, with the Childrens Services element of the contract being remodelled to provide a specialist domestic violence service for children and young people, to be agreed by the Commissioners and the Provider prior to April 2015.

That in light of the above, a revised outcome framework is considered by Commissioners and the Provider that adequately captures what 'success looks like' in terms of the benefits to service users; services; and the broader community. This could include the following:

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- A reduction in violence and reoffending
- Increase in criminal prosecutions and convictions
- Reduced repeat victimisation
- Improve safety of those who have experienced domestic violence and abuse
- Enabled independent living and improved economic well-being
- Improvement in physical health and well being
- Increased self-esteem and confidence
- Safe relationships with family members, partners and friends
- The capacity to be an effective and caring parent and increased confidence in parenting abilities
- Reduction in emotional, behavioural, and psychological difficulties experienced by children
- Improve relationships between parents and children where this appropriate and safe
- Improved family, social , community and personal relationships

Consideration should also be given to embedding the healthy relationships work in the contract to support the preventative element of the Domestic Violence Strategy, and options and resources should also be explored in relation to Refuge provision, and the Independent Domestic Violence Advisor where the services appear to be struggling with demand.

Further exploration should be undertaken in relation to how to increase the numbers of men accessing the perpetrator programme, and how the programme might be publicised to encourage take-up.

It is also recommended that further work is undertaken to improve recording practices, and that this is closely monitored by the contract management group and progress from that group reported to the Domestic Violence Strategic Group.

Finally, in preparation for the commissioning of a new service in 2017 work should be begin during 2015 with relevant partners to put a future commissioning strategy in place that aims to take advantage of the best evidence available in relation to 'what works' in tackling domestic violence and abuse and to adequately assess local need.

This should include evidence from both a national and local perspective including those services that have been commissioned locally not forming part of the current review.

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Stakeholder Interviews / Review participants

Service Users (Mens Perpetrator Programme)

Service Users (Harbour Support Services)

John Lovatt (HBC Children and Adult Services)

Louise Wallace, Sharon Robson, and Karen Clark (HBC Public Health)

Rachelle Kipling (Office of Cleveland Police and Crime Commissioner)

Lynn Beeston (Cleveland Police Hartlepool District Commander)

Helen Eustace (Cleveland Police Protecting Vulnerable Persons Dept)

Neil Harrison (HBC Children and Adult Services)

Karen Hawkins (Stockton and Hartlepool North Tees Clinical Commissioning Group)

Danielle Swainston (HBC Children and Adult Services)

Danielle Chadwick (Harbour Services Manager)

Caron Barnfather (Harbour HR & Business Development Manager)

Lesley Gibson (Harbour Chief Executive)

Rachael Williamson (Harbour Children's Services Manager)

Practitioner Survey – Domestic Violence Services



The Safer Hartlepool Partnership is conducting a review into the commissioned domestic violence and abuse support service in Hartlepool, currently provided by Harbour. Harbour currently provides a range of services to help victims and their families who are affected by domestic violence, which include:

Community Outreach

This service is available at venues across Hartlepool and can involve 1 to 1 support and / or attendance at group sessions. The service can also offer advice to people concerned about family and friends who are affected by an abusive relationship.

Refuge

Harbour Hartlepool Refuge offers 6 self contained flats which can be used by women who need accommodation because they are leaving an abusive relationship.

Independent Domestic Violence Advisor (IDVA)

The IDVAs are specially trained advisors who work alongside criminal justice agencies to provide specialist support to victims of domestic abuse.

Counselling

Harbour's counselling service supports men and women aged 18 and over who have been affected by experiences of sexual abuse or rape.

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Men's Programme

Harbour provides a programme for men who have been violent or abusive to a partner or ex-partner but want to take action to change their behaviour.

Freedom Programme

The Harbour Freedom Programme is a 12 week course that will help women to understand the beliefs held by abusive men and the effects of abuse upon children.

Children's Work

Work with children aged between 0 and 18 years who are living with or have lived with domestic abuse.

If, as a practitioner, you have accessed any of the services outlined above, we would be grateful if you could complete the following questions to share your views on the service that you and your clients received. Please return this form by no later than Friday 10th October 2014 to Fiona Stanforth, Community Regeneration Officer at fiona.stanforth@hartlepool.gov.uk or by post to the Civic Centre (Level 4), Victoria Road, Hartlepool, TS24 8AY.

Thank you in anticipation.

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Organisation

1. Which HBC department or organisation do you represent? (Please tick one box only)

HBC – Children’s Services ☐ ₁

HBC – Adult Services ☐ ₂

HBC – Regeneration ☐ ₃

HBC - Neighbourhoods ☐ ₄

HBC – Public Health ☐ ₅

Police (Protecting Vulnerable Persons) ☐ ₆

Probation ☐ ₇

Fire Brigade ☐ ₈

Health ☐ ₉

Other – please state below ☐ ₁₀

2. On a scale of 1 – 5, what impact does domestic violence have on your service area? (Please circle)

1

2

3

4

5

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Big impact ←————→ Low impact

Clients

We would be grateful if you could please provide some details about the range of clients you work with who are affected by domestic abuse. Please complete all sections that are appropriate.

3. What gender are your clients?

Male ☐ ₁

Female ☐ ₂

4. Please indicate the age range of victims of domestic violence and abuse?

Adults (18 years and over) ☐ ₁

Young people (11 – 17 years) ☐ ₂

Children (0-10 years) ☐ ₃

5. Please indicate the age range of perpetrators of domestic violence and abuse?

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Adults (18 years and over) ☐ ₁

Young people (11 – 17 years) ☐ ₂

About the service

6. Please indicate which service(s) you have accessed to support your client? (Please tick all that apply)

Community Outreach ☐ ₁

Refuge ☐ ₂

Independent Domestic Violence Advisor (IDVA) ☐ ₃

Counselling ☐ ₄

Perpetrator Programme ☐ ₅

Freedom Programme ☐ ₆

Children's Work ☐ ₇

7. On a scale of 1 – 5, how easy was it to access these services? (Please circle)

1

2

3

4

5

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Easy to access ←————→ **Difficult to access**

Please provide further details below in relation to accessing services.

8. **Please rate (5 being excellent and 1 being poor) the quality of the service received? (Please circle)**

1 2 3 4 5

Excellent ←————→ **Poor**

If you wish to provide any additional comments in relation to quality of service, please do so below.

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9. Overall, do you believe these services have had a positive impact on your client(s) in addressing domestic violence and abuse issues?

Yes ☐ ₁

No ☐ ₂

If no, please state reasons why below.

10. Do you believe there are any gaps in the current service provision?

Yes ☐ ₁

No ☐ ₂

If yes, please state what these are below.

Not sure

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Any additional comments?

- 11. Please use the space below to share any additional comments on the commissioned domestic violence and abuse support service.**

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THANK YOU FOR TAKING PART IN THIS SURVEY

The information collected about you will be securely held and no personal data will be disclosed. Hartlepool Borough Council is the Data Controller.



SAFER HARTLEPOOL PARTNERSHIP

15th May 2015



Report of: Chief Superintendent of Neighbourhoods and Partnerships (Cleveland Police)

Subject: CLEVELAND POLICE ANTI-SOCIAL BEHAVIOUR ACTION PLAN

1. PURPOSE OF REPORT

- 1.1 To present for discussion the Cleveland Police draft Anti-Social Behaviour Action Plan.

2. BACKGROUND

- 2.1 Following concerns about high levels of anti-social behaviour across the Cleveland Force area, and identification of the need to improve Police responses to anti-social behavior in HMICs (Her Majesty's Inspectorate of Constabulary) PEEL (Police Effectiveness, Efficiency, and Legitimacy) Inspection in 2014, Cleveland Police have produced a draft Anti-Social Behaviour Action Plan which is attached at **Appendix A** for discussion and comment, with a progress update on actions taken also attached at **Appendix B**.

3. SECTION 17

- 3.1 Anti-social behaviour in Hartlepool has followed an increasing trend over the last 2 years, with Hartlepool consistently experiencing the second highest recorded rate of anti-social behaviour across the Cleveland Force area. The Police are a key partner in reducing anti-social behaviour. The attached Action Plan outlines how Cleveland Police aims to reduce levels of anti-social behaviour across the Cleveland Force area in the future.

4. RECOMMENDATIONS

- 4.1 That the Safer Hartlepool Partnership notes, and discusses the draft Cleveland Police Anti-social Behaviour Action Plan.

5. REASONS FOR RECOMMENDATIONS

- 5.1 The Safer Hartlepool Partnership is responsible for overseeing the successful delivery of the Community Safety Plan 2014-17.
- 5.2 Promoting Confident, Cohesive and Safe Communities and reducing anti-social behaviour is a key priority contained with the Community Safety Plan 2014 – 17.

6. BACKGROUND PAPERS

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

Safer Hartlepool Partnership – Community Safety Plan 2014-17.

7 CONTACT OFFICER

Gordon Lang
Chief Superintendent of Neighbourhoods and Partnerships
Gordon.Lang@cleveland.pnn.police.uk

APPENDIX A

**ASB RESPONSE**

Latest Update:
29.12.2014

No	Issue	Action Required	Lead / Owner	Timeframe	Progress
1.1		Redefine Neighbourhood Policing in Cleveland after review of present arrangements.	C/Supt Lang	March 2015	
1.2		Address key themes from the Performance Scrutiny Panel (20th November 2014) quarterly consultation report by the Police and Crime Commissioner and from recent analysis of ASB to identify and address cross cutting issues.	Supt Coates	January 2015	
1.3		Work with partners to understand how to redefine engagement with communities to ensure that local priorities are identified and addressed in line with the New Neighbourhood Policing approach.	Supt Coates	March 2015	
1.4		Undertake a geographic approach to identify key locations, streets, premises, people identified as contributory factors to the Cleveland	Supt Coates	January 2015	

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		ASB problem and work with partners to implement long term solutions.			
1.5		<p>Instigate and evaluate corporate operations dedicated to tackling ASB and Violence linked through geographic areas to include.</p> <ul style="list-style-type: none"> • OpTranquility – Night Time Economy • Op Impact – ASB/Open Space Violence 	<p>C/Supt Gudgeon Supt Coates</p>	January 2015	
1.6		<p>Research and benchmark good practice from other forces and implement in Cleveland as appropriate to local context. Research to include,</p> <ul style="list-style-type: none"> • Nottinghamshire • Durham • Leicestershire 	Dave Nixon	January 2015	
1.7		<p>Develop a detailed understanding of the factors, external to police administrative processes that can explain the significant disparity between levels of ASB in Cleveland and other forces across the country. To commission academic research to;</p> <ul style="list-style-type: none"> • To conduct a literature review of causes of ASB and successful interventions, highlighting studies of most relevance to the current position in Cleveland. 	A/C/Supt Simpson	January 2015	

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		<ul style="list-style-type: none"> • To identify sociological, economic, demographic and cultural factors contributing locally to the high incidence of ASB. • To identify or otherwise peculiar factors associated with the Cleveland area that could explain the disparity with other areas. • To conduct a study in relation to ASB in Cleveland and one or more of the most similar force areas to explore similarities and differences between reported ASB and perceptions of ASB. • To present a report to Cleveland Police detailing the findings of the research and recommendations for the future. 			
1.8		Initiate and roll out Victims First Policy to address vulnerable and repeat callers suffering issues associated with ASB.	C/Insp Prudom	January 2015	
1.9		Make best use of Police Constables and PCSO allocation and use of powers in light of new legislation in relation to ASB.	Supt Coates	January 2015	
1.10		Ensure tasking at all levels is focused on identified issues surrounding ASB along with effective evaluation.	C/Supt Roberts	January 2015	

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1.11		Hold quarterly Neighbourhood Inspector problem solving forums to develop and share best practice.	Dave Nixon	February 2015	
1.12		<p>Co-ordinate with partners early intervention in the following areas.</p> <ul style="list-style-type: none"> a) Young People – Diversion, RJ b) Premises – Engagement with Landlords c) Alcohol – Substance Misuse, Licensing d) Mental Health – Cleveland Care Concordat e) Multi Agency Days of Action f) Troubled Families – Develop links to IOM g) Integrated Offender Management – Create centralised multi-agency hub in Holme House Prison 	Dave Nixon	<p>March 2015</p> <p>To develop an early intervention strategy</p>	

5.1 APPENDIX B

RESPONSE TO HMIC CRIME INSPECTION 2014

INTRODUCTION

On 27th November 2014 the HMIC inspection into crime gave Cleveland Police a “Requires Improvement” rating in relation to how effective the force is at tackling Anti-Social Behaviour (ASB).

The report made particular reference to the fact that the incidence of ASB in Cleveland is very high. It is the highest rate per 1000 population in the country and more than twice the England and Wales rate.

The report concludes with three recommendations:

- Within three months, Cleveland Police should take steps to ensure it has effective engagement with local people to understand their priorities and to take action to resolve them.
- Within three months, Cleveland Police should review the abstraction of neighbourhood officers to assure itself that officer abstractions are not having a negative impact on its ability to deliver effective neighbourhood policing, engagement with the community and tackle anti-social behaviour.
- Cleveland Police should immediately conduct analysis to understand the reasons for the high incidents of reported anti-social behaviour and the increased reports of anti-social behaviour over the last twelve months. By March 2015 the force should have begun implementation of an action plan to tackle this.

RESPONSE

As a consequence of the HMIC observations/recommendations, the following actions have been taken.

What we know about ASB

- Work to identify key locations, streets, premises and people identified as contributory factors to the Cleveland ASB problem has been carried out on a geographic basis.

In the current picture almost two thirds of anti-social behaviour (ASB) is nuisance, followed by a third categorised as personal with the remaining small amount classified as environmental ASB. Although the type of ASB reported varies greatly, 45% is youth related and 12% is alcohol/drug related (based on incident qualifiers).

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Middlehaven is the main ward for ASB in 2015 throughout Cleveland representing 5% of the force total. It was the second highest ward in 2014 and also features as a key ward for criminal damage offences in 2014.

Hotspots for non-domestic criminal damage largely correlate with identified ASB hotspots, in that seven of the top 10 wards for non-domestic criminal damage are also strategic/long term ASB hotspots or currently suffering high levels of ASB, identified through TCG or patrol clocks.

Of the ASB occurring between 2000-0500 hours on a Friday, Saturday or Sunday (into Monday morning) between 15% and 23% (dependent on the LPA) occurs within defined night time economy areas.

Strategic/long term areas suffering anti-social behaviour

The ten wards identified as being strategic/long term ASB hotspots resulting from a recent document OD/66/15 are:

- Middlehaven, Middlesbrough LPA
- Stockton Town Centre, Stockton LPA
- Victoria, Hartlepool LPA
- Gresham, Middlesbrough LPA
- Headland & Harbour, Hartlepool LPA
- Manor House, Hartlepool LPA
- South Bank, Redcar & Cleveland LPA
- Kirkleatham, Redcar & Cleveland LPA
- Mandale & Victoria, Stockton LPA
- Parkfield & Oxbridge, Stockton LPA

Nuisance is the main incident type within each of these ten areas with the majority being youth related. There are key repeat locations and streets within each and there is no change in temporal analysis in that incidents increase towards the latter end of the week and over the weekend during an evening.

Middlesbrough LPA

ASB in Middlehaven and Gresham is included within the 'strategic hotspot' in TCG and also forms part of the current 'force hotspot'. At present there is an increase in the Pallister/Park End wards with youths throwing missiles at passing vehicles and setting fires which is a TCG hotspot currently.

Redcar and Cleveland LPA

ASB in South Bank is a current TCG hotspot with youths congregating in large groups on the recreation ground causing a nuisance and throwing missiles and also around Tesco. Kirkleatham is on the patrol clock. There is also a current problem with youths throwing stones from bridges on the A174 and fire setting in Eston but again, this is a TCG hotspot.

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Hartlepool LPA

ASB in Victoria is included in current TCG hotspot. Manor House was a TCG hotspot at the end of 2014 and is currently on the patrol clock. Headland & Harbour is highlighted on the patrol clock. Hart ward (specifically for ASB) is currently a TCG hotspot.

Stockton LPA

Stockton Town Centre is the strategic TCG hotspot and Mandale & Victoria is on the patrol clock for ASB.

Analytical work undertaken by the Force Analytical Function Team

ASB is analysed and highlighted within TCG, either within current hotspots and as a hotspot or trend in its own right if necessary. In addition, more localised ASB concerns are raised on the patrol clocks for each LPA. Repeat caller documents are supplied to Hartlepool and Middlesbrough on a monthly basis and Stockton receive a quarterly ASB and criminal damage report (repeat caller work is also undertaken by the Partnership Analysts in Hartlepool, Redcar & Cleveland and Stockton). In addition, ad hoc documents are produced when requested or self-generated. For example, during February the 'Strategic/long term ASB hotspots' document was produced, in addition to 'Crime and ASB' on Hartington Road, Stockton, 'ASB surrounding Norfolk Shops, Middlesbrough' and 'Night time economy crime and ASB' in Middlesbrough.

How We are Tackling It

Strategic Demand Reduction

- With concerns over the abstraction of neighbourhood officers, the imbalance generally within the force and a need to ensure neighbourhood policing is fit for future challenges in terms of demand, responsibility and capability, the force Business Transformation Unit (BTU) are undergoing a review of the Neighbourhood Command. This is running alongside work to try to establish what exactly are the demands placed upon the force and how are we resourced to tackle them. This work is ongoing at the time of compiling this report.
- The Force has introduced a Telephone Investigation Unit where certain categories of crime are dealt with over the telephone. Additionally we have instigated an appointments system for Neighbourhood Officers and are expanding the existing Response appointment system. Whilst there is still a requirement for Neighbourhood Officers to assist with the daily demand responsibilities, it is reported that there is a little more time to engage and problem solve. Additionally the Force has introduced a Strategic Demand Reduction Strategy which is driven by the Head of Neighbourhood Command through a strategic board which covers Mental health, Alcohol and Substance Misuse, Troubled Families, IOM and Engagement and Partnerships.

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- We are looking to build upon developing work in Middlesbrough through the Local Area Alcohol Action Group. The work is focused on responding to the Government's Alcohol Strategy Consultation to tackle alcohol-related crime and disorder, reduce street drinking, reduce alcohol-related health issues and reduce the burden on Accident and Emergency Units. Work has been ongoing in Middlesbrough and we are looking to find finance to spread across the force.

Engagement

- The Force is seeking out best practice in terms of how we understand our communities and therefore enable us to re-energise our engagement strategy. We are working with local authority partners to develop our understanding of local communities.
- An initial meeting has been held with the company Mutual Gain who specialise in building social efficacy into communities via training for police, partners and community members themselves. Further discussions are to continue and the possibility of a local authority partner is being explored.
- The electronic communication system Cleveland Connected is developing well. In January we sent out 28,200 emails to members of the community. This has steadily risen and in April 2015 we sent out 68,000 messages to the community. There has commenced a training programme for NPT officers around social media use. The objective is to have in every Sergeant-led neighbourhood team an identified person(s) who can maximise use of Twitter and Facebook. In April Cleveland Police had 22,500 followers on Twitter and reached 123,500 people on Facebook.

Tactical Options

- A dedicated force ASB operation has been instigated and is showing signs of improving the general picture. Operation Impact is based upon academic theory around police presence and visibility. Basically, the operation is staffed by neighbourhood officers with PCSO's and they patrol known ASB hotspots. In line with the academic research they remain in the area for around 15 minutes before moving on to the next location. The research carried out by Durham University maintains that for up to 15 minutes the presence of uniformed officers in an area engenders a feeling of safety and reassurance. After that length of time those public feelings start to become that of concern. The operation has been well received by staff who consider it to be a genuine part of the role and reported ASB is falling. Further work needs to be done around this however, to directly associate the two, i.e. falling crime and Operation Impact.
- ASB has been made one of four key force priorities and the tasking processes have acknowledged this in Pacesetter briefings. Additionally Local Policing Areas (LPA) have been furnished with a better picture of daily ASB occurrences in their area.

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- An initiative with the Troubled Families (TF) programme has commenced around the top ten most troublesome families in each LPA. A monthly meeting takes place where all partners including TF decide a plan of action to tackle those most responsible for causing ASB. I believe bringing the TF resources into this process represents change in a positive way. This initiative will be reviewed to test the impact.
- The force is undergoing a procurement process to identify a multi-agency case management tool. We have had several demonstrations of such products and are keen to progress in partnership to a system which will support real time partnership working. A visit to Sussex Police has highlighted the E-CINS system and the in force procurement process has commenced.

Horizon Scanning/Benchmarking

- The force has carried out a benchmarking exercise and approached a number of forces in relation to their approach to ASB. Visits to Durham and Northumbria have been carried out with exchange of ideas and best practice sharing.
- Additionally we have requested a peer review from Nottinghamshire Police into our approach to Burglary. Whilst not specific to ASB, the review did cover the Intelligence Department, including the products produced by the analytical department. As a consequence, an action plan of recommendations is being progressed.
- A tender process to identify an academic body to investigate why Cleveland has the prevalence of ASB that it does has been completed. Durham University are the successful bidders and will be commencing their work in the near future.

Internal Policy

- A policy designed to identify and address vulnerability in callers to the police in relation to ASB, and other matters, is about to be rolled out. The Victims First Policy is aimed at identifying levels of vulnerability in people calling for assistance by carrying out a risk assessment, grading that risk and then ensuring appropriate action. The policy will be owned by the Neighbourhood Command and will feature heavily in the day to day work of neighbourhood officers.
- The powers allocated to PCSO's have been reviewed in light of the new ASB legislation. The additional power of dispersal is going to be included in those powers already at the disposal of PCSO staff.
- A demand reduction strategy for the force has just been launched. This will be shared with our partners. As an assistance to bringing the strategy to life, the

5.1 APPENDIX B

force has engaged with the Early Interventions Foundation with a view to some practical assistance.

29.04.15

**Chief Superintendent Gordon Lang
Neighbourhood & Partnership Policing**



SAFER HARTLEPOOL PARTNERSHIP

15th May 2015



Report of: Community Safety & Engagement Manager

Subject: STRENGTHENING REFUGE ACCOMMODATION
IN HARTLEPOOL

1. PURPOSE OF REPORT

- 1.1 To update the Safer Hartlepool Partnership plans to strengthen refuge accommodation in Hartlepool.

2. BACKGROUND

- 2.1 The current refuge and resettlement service in Hartlepool provides emergency, safe, supported accommodation for women and children fleeing domestic violence until their circumstances are such that they are able to move on.
- 2.2 The service is provided as part of the overall specialist domestic violence and abuse commissioned service delivered by Harbour which currently offers 6 units of accommodation for women and children comprising of a mix of one and two bedroom self-contained flats within a secure building in Hartlepool.
- 2.2 The existing refuge is well utilised with occupancy levels during 2013/14 and first three quarters of 2014/15 being at 96% and 97% respectively. However, 101 referrals were declined during 2013/14 and 86 were declined in 2014/15 due to the lack of space.
- 2.3 Levels of demand for the refuge service was considered by the recent review of the specialist domestic violence and abuse service. The review found that during the first two years of the contract a total of 359 referrals were received by the service. Of those supported 32% were involved with Social Care, 18% had children in need, and 14% had children subject to Child Protection arrangements. Several of these were long stay clients with

complex needs where an extended stay was agreed to be in the long term interests of the women and the children involved.

- 2.4 Concerns raised by agencies during the course of the review identified 'bed blocking' and lack of available accommodation within the refuge, as a potential threat to effectively providing much needed emergency accommodation to protect and support women and their families from abusive behaviour. The refuge experiences 'bed blocking' as women are ready to move on but are unable to secure suitable permanent housing, or they don't feel ready for full independent living. Additionally for some women the move from the intensity of the refuge to independent living is difficult, even with some move on support, and a more gradual transition would be preferable.
- 2.5 Other issues identified that could be prohibitive in relation to victims accessing current refuge provision include:
- Women with large families are reluctant to move into the refuge due to lack of space
 - Rent levels for refuge accommodation can be prohibitively expensive for women who are working and not eligible for full housing benefit
 - Male victims including those from the LGBT community cannot be accommodated in the current provision
 - Victims from the BME community unable to take up traditional refuge accommodation because of cultural differences
- 2.6 The service review recommended that additional refuge provision should be made available if funding support could be found and that this could take the form of a pool of flexible dispersed properties to complement our existing refuge provision provided in tandem with a high quality support service but tailored to the needs of the individual victims and their families which may change over time in line with revised risk assessments.
- 2.7 On this basis an application for funding to strengthen refuge accommodation was subsequently submitted to the DCLG which was successful. This will provide 6 Council owned dispersed properties with an enhanced support service provided by Harbour for victims of domestic abuse, and will assist with planned 'move on' from the refuge with the provision of continuing intensive support to strengthen the sustainability of interventions where there is an identified need.
- 2.8 The additional provision will also free up crisis level emergency accommodation, and provide a flexible resource that could accommodate a broader range of victims, including male victims of domestic violence, who would not be offered accommodation in the refuge, or other victims who would find it difficult to take up traditional refuge accommodation for example due to cultural differences or financial difficulties.

3. SECTION 17

- 3.1 The specialist domestic violence and abuse service plays a key role in reducing violent crime and protecting and safeguarding vulnerable individuals assisting the SHP to discharge its section 17 obligations.

4. RECOMMENDATIONS

- 4.1 That the Safer Hartlepool Partnership notes the plans to strengthen refuge provision in Hartlepool and the opportunity to extend the service to a broader range of victims through the provision of dispersed accommodation in Hartlepool .

5. REASONS FOR RECOMMENDATIONS

- 5.1 The Safer Hartlepool Partnership is responsible for overseeing the successful delivery of the Community Safety Plan 2014-17.
- 5.2 Domestic Violence and Abuse is a key priority contained with the Community Safety Plan 2014 – 17.

6. BACKGROUND PAPERS

- 6.1 The following backgrounds papers were used in the preparation of this report:-

Safer Hartlepool Partnership – Community Safety Plan 2014-17.

7. CONTACT OFFICER

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