



# **SAFER HARTLEPOOL PARTNERSHIP AGENDA**



**Friday 20 January 2017**

**at 10.00 am**

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

## **MEMBERS: SAFER HARTLEPOOL PARTNERSHIP**

Councillor Christopher Akers-Belcher, Elected Member, Hartlepool Borough Council  
Councillor Marjorie James, Elected Member, Hartlepool Borough Council  
Gill Alexander, 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 Alastair Simpson, 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, Head of Area, Cleveland National Probation Service  
John Graham, Director of Operations, Tees Valley Community Rehabilitation Co Ltd  
Steve Johnson, 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, Director of Child and Adult 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 Minutes of the meeting held on 23 September 2016.

### 4. PRESENTATIONS

- 4.1 Presentation from City Sanctuary / Justice First

### 5 ITEMS FOR DECISION

- 5.1 Community Safety Strategy 2017-2020 – *Director of Regeneration and Neighbourhoods*
- 5.2 Safer Hartlepool Partnership Domestic Abuse Strategy 2016-2019 – *Director of Regeneration and Neighbourhoods*
- 5.3 Substance Misuse Strategy 2016-19 – *Director of Public Health*

### 6. ITEMS FOR INFORMATION

- 6.1 Durham and Tees Valley Funding Application for Specialist Accommodation Based Support for Victims of Domestic Abuse – *Director of Regeneration and Neighbourhoods*
- 6.2 Prevent Update – *Director of Regeneration and Neighbourhoods*
- 6.3 Safer Hartlepool Partnership Performance – *Director of Regeneration and Neighbourhoods*

### 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 items of business on the grounds that it involves the likely disclosure of exempt information as defined in the paragraphs 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. EXEMPT PRESENTATIONS

- 9.1 Communities Against Violence in Cleveland (CAVIC) – *Cleveland Police* (Para 7)



## **ITEMS FOR INFORMATION**

**Date of next meeting – Friday 10 March 2017 at 10.00am in the Civic Centre, Hartlepool.**



## **SAFER HARTLEPOOL PARTNERSHIP MINUTES AND DECISION RECORD**

23 September 2016

The meeting commenced at 1.30 pm in the Civic Centre, Hartlepool

### **Present:**

Councillor: Christopher Akers-Belcher (In the Chair)

Councillor Marjorie James  
Louise Wallace, Director of Public Health  
Clare Clark, Head of Community Safety and Engagement  
John Bentley, Safe in Tees Valley  
Stewart Tagg, Housing Hartlepool  
Karen Hawkins, Hartlepool and Stockton on Tees Clinical  
Commissioning Group

In accordance with Council Procedure Rule 5.2 (ii) Sarah Wilson attendance as substitute for Barry Coppinger, Police and Crime Commissioner for Cleveland, Inspector Mal Suggitt was in attendance as substitute for Chief Inspector Lynn Beeston and Sharon Barrett was in attendance as a substitute for Julie Allan, Cleveland National Probation Service

Also present: Paul Whitton, Hartlepool Crime Prevention Panel  
Jason Dixon, Cleveland Police

Officers: Danielle Swainston, Assistant Director, Children's Services  
Lisa Oldroyd, Community Safety Research and Development  
Co-ordinator  
Alastair Rae, Public Relations Manager  
Chris Allan, Public Health Registrar  
Angela Armstrong, Principal Democratic Services Officer

### **19. Apologies for Absence**

Apologies for absence were received from Gill Alexander, Chief Executive, Denise Ogden, Director of Regeneration and Neighbourhoods, Chief Superintendant Gordon Lang, Cleveland Police, Chief Inspector Lynn Beeston, Steve Johnson, Cleveland Fire Authority and Julie Allen, Cleveland National Probation Service.

## 20. Declarations of Interest

None.

## 21. Minutes of the meeting held on 29 July 2016.

Confirmed.

## 22. Crime Prevention Panel - Presentation *(Representative from Crime Prevention Panel)*

### **Purpose of report**

To provide an overview of the background, funding objectives and function of the Crime Prevention Panel.

### **Issue(s) for consideration**

The representative from Hartlepool Crime Prevention Panel gave a detailed and comprehensive presentation on the background to the Panel since 2015, the funding objectives, the progress made and the aims and objectives for the future of the Panel. It was highlighted that the Panel had been rebranded with a new logo and the constitution had been updated to reflect today's society. The Panel was utilising social media to undertake community engagement and was forging better links with local communities, Cleveland Police, local organisations and shops.

It was noted that further events were planned to improve engagement with local communities and raise awareness of the Panel and its objectives with the aim of recruiting more volunteers.

The representative from the Panel took the opportunity of thanking the Office of the Police and Crime Commissioner (OPCC) and the Council's Community Safety Team who had had a huge impact on the funding successes which had strengthened the drive within members of the Panel to strive to make Hartlepool a much better place in which to live, work and visit.

A discussion ensued on the reducing number of neighbourhood watch areas and it was suggested that this was something the Panel could look to emulate through partnership panels in various localities across the town. The representative from the OPCC indicated that they were doing a lot of work promoting Cleveland Connect which was a messaging service for residents which could assist residents to establish or reinvigorate neighbourhood watch schemes. A representative from Cleveland Police confirmed that they were working with Cleveland Connected to encourage people to join the scheme.

It was suggested the Panel should contact the Economic Forum with the aim of forging more connections with local businesses and that the Public Relations Manager could include reference to the Panel in future publicity where possible. The representative from the Panel outlined the efforts made to recruit more volunteers and it was suggested that the Council's Adult Education Team may be able to assist with this through its volunteer base.

The Chair highlighted that the Safer Hartlepool Partnership was holding a Face the Public Event at the end of October and it was suggested that the Panel may want to explore the possibility of utilising a stand at this event for further promotion and awareness raising.

### **Decision**

The representative from the Hartlepool Crime Prevention Panel was thanked for the informative presentation.

## **23. Community Safety Grant Funding** *(Director of Regeneration and Neighbourhoods)*

### **Purpose of report**

To provide the Safer Hartlepool Partnership (SHP) with a progress update on community safety initiatives that had been funded by the Cleveland Police and Crime Commissioner (PCC) in Hartlepool.

### **Issue(s) for consideration**

The Head of Community Safety and Engagement presented the report which provided the background to the provision of Community Safety Grant funding. Further details were provided on the Positive Youth Diversionary Activity scheme which was delivered by the Belle Vue Community and Youth Centre as a Targetted Outreach Project. This project delivered a range of early intervention, diversionary and positive activities centred around young people aged 8-19 years who were involved in, or at risk of becoming involved in anti-social behaviour activity. It was highlighted that between April 2014 and March 2016 more than 4,500 contacts had been made with young people where outreach staff had directly engaged with young people signposting them to alternative provision and encouraging engagement with diversionary and educational activities.

The number of referrals received by Independent Domestic Violence Advisor Service (IDVA) had increased from 240 in 2014/15 to 271 in 2015/16 with more than 90% of referrals received from the MARAC and SDVC. It was noted that whilst female victims continue to account for 98%

of referrals, referrals for male victims were evident, but numbers remained low.

It was highlighted that over the two years, PCC funding had been utilised to establish a Single Integrated Offender Management (IOM) Scheme across Cleveland. Whilst both adult and youth re-offending rates in Hartlepool remained above the national average, over the last 12 months (2015/16) the re-offending rate of the Hartlepool Prolific and Priority Offenders (PPO) cohort comprising of 35 offenders had reduced by 32%.

The Restorative Justice Co-ordinator was driving forward the Cleveland Restorative agenda in Hartlepool including:

- Face to face group conferences;
- Community conferences;
- Mediation; and
- Indirect communication.

Since June 2015 it was noted that there had been 42 referrals into the Community Resolution Service with demand for the service on the increase.

In conclusion, it was noted that funding to support the initiatives outlined along with the partnership working with the OPCC to maximise resources had been successful in engaging whole sections of the community affected by crime, anti-social behaviour, substance misuse and re-offending behaviour. Thus assisting the Safer Hartlepool Partnership to address its priorities as set out in the Community Plan 2014/17.

The Head of Community Safety and Engagement informed the Partnership that a stakeholder event was taking place on 21 November 2016 with the Safeguarding Board, Finance and Policy Committee and the Audit and Governance Committee to be invited.

Clarification was sought on the measure used to compare the localised PPO cohort to the national figures. The Community Safety Research and Development Co-ordinator responded that the measure used was out of date but that a local proxy measure could be produced on charges instigated rather than convictions which would be more up to date. It was noted that the statistics produced must be built on timely, local evidence in order to show any improvements made in the local area. It was suggested that the figures be revisited in order to show more accurate local figures.

### **Decision**

- (1) The successes of the initiatives currently funded by the OPCC were noted.
- (2) It was noted that it was intended to apply to the OPCC for grant funding to support the following:

- Youth Diversionary Activities;
- Independent Domestic Advisor Service; and
- Restorative Justice/Community Resolution Service.

## **24. Hate Crime in Hartlepool** (*Director of Regeneration and Neighbourhoods*)

### **Purpose of report**

To provide the Safer Hartlepool Partnership (SHP) with an overview of hate crimes covering the 16 month period April 2015-July 2016.

### **Issue(s) for consideration**

The Community Safety Research and Development Co-ordinator presented the report which provided the definition of Hate Crime with the aim of the Partnership being to increase the reporting of hate incidents. It was highlighted that further analysis had been undertaken to investigate the prominence of hate crime reported and trends and detailed information for the 16 month period April 2015 – July 2016 including hate crimes reported to the Police during the EU referendum was included within the report.

In conclusion, it was noted that nationally a new four year Hate Crime Action Plan had been published which aimed to promote partnership with communities and joined up working to ensure that best practice was understood and implemented. In addition to this, the SHP Anti-Social Behaviour and Communications Task Group continued to take a proactive approach to tackling hate. This was reinforced by the Council and Police issuing a 'Statement of Unity' through the Hartlepool Mail condemning racism and religious prejudice.

The representative from the Office of the Police and Crime Commissioner confirmed that all victims of hate crime were offered support through the Victim Care and Advise Service and where applicable referred to specific support services such as Hart Gables. It was noted that there had been a recent increase in racially motivated crimes but that Hartlepool lead on this issue very well. A discussion ensued on the definition of hate crimes which could be motivated by anything from race, religion and even down to the town where you were born.

The recent successful relocation of the Syrian families into Hartlepool was highlighted and it was noted that they had settled and integrated into the community really well.

The Chair highlighted that the forthcoming Face the Public Event was very much about tackling islamaphobia, racism and other hate crimes and everyone was encouraged to attend this event.



**Decision**

The report and findings of the research undertaken on behalf of the Partnership were noted.

**25. Safer Hartlepool Partnership Communications Update** (*Director of Regeneration and Neighbourhoods*)**Purpose of report**

To provide a progress update on the Safer Hartlepool Partnership's (SHP's) Communications Strategy.

To give consideration to future plans and funding arrangements.

**Issue(s) for consideration**

The Public Relations Manager presented the report which provided an overview of the overarching Communications Strategy of the Partnership and included the annual request to partners organisations to help cover the associated costs of communications/public relations activity. Further detailed information was provided on the following:

- Press Release and Campaigns;
- Face the Public Event and Anti-Social Behaviour Awareness Day;
- Hartbeat;
- Social Media;
- Respect Your Neighbourhood; and
- Action Plan and Campaign Calendar.

The next steps in the implementation of the Communications Strategy were outlined in the report and included the forthcoming SHP Face the Public Event, further development of the SHP website including integration with the Council's website, the ongoing promotion of social media through the Council's corporate platforms and the Domestic Abuse Community Event which was planned for later this year in November along with the Anti-Social Behaviour Awareness Day to be held in February 2017, which was subject to a subsequent report on this agenda.

A brief presentation along with a short film highlighting the issues that lead to hate crime and the effects of those crimes were shown to the Partnership. The Public Relations Manager confirmed that representatives from all secondary schools and colleges would be invited to view the film. It was suggested that a wider audience be invited to view the film, including Chairs of School Governing Bodies and age appropriate children, including those currently being educated within the Pupil Referral Unit.

It was noted that the film will be shown at the SHP Face the Public Event and everyone was encouraged to confirm their attendance as there was a capacity limit at the venue to comply with health and safety regulations.

### **Decision**

- (1) The progress being made to implement the Communications Strategy was noted.
- (2) That SHP Partners to consider contributing towards the cost of implementing the Strategy with the assistance of the Public Relations Team.

## **26. Anti-Social Behaviour Awareness Day**

### **Purpose of report**

To update the Safer Hartlepool Partnership on the Anti-social Behaviour Awareness Day (ASBAD) held in February 2016.

To consider the future of the event and potential support from SHP Partners.

### **Issue(s) for consideration**

The Head of Community Safety and Engagement presented the report which provided the background to the Anti-Social Behaviour Awareness Day which was undertaken on behalf of the Safer Hartlepool Partnership. Details of previous events were included in the report including the young people targeted for involvement, the aims of the event and the range of organisations who participate in delivering interactive sessions. Feedback on previous events had been received with 100% of teachers involved in the event enjoying it and praising the organisation and delivery of the event and it was noted that the Life Choices and Youth Court scenes had been the favourite event of the majority of teachers.

An analysis of student feedback had shown that 94% of students had enjoyed the event with over half electing the Alcohol and Substance Misuse and Youth Court scenes as their favourite. Almost half of the young people considered anti-social behaviour to be a very or fairly big problem in their local area. The majority of young people attending the event had suggested the increased provision of youth activities, more work in schools and events like ASBAD as good ways of tackling anti-social behaviour in Hartlepool. In terms of event outcomes, more than 95% of the young people at the event stated they had a greater understanding of anti-social behaviour and its impact after attending the event.

It was proposed that given the continued success of ASBAD, a further event will be delivered in February 2017, venue to be confirmed, with feedback from attendees at previous events informing how the event should be delivered.

The Assistant Director, Children's Services highlighted that consideration should be given to include raising awareness of e-safety as this was a key area of risk given the universal usage of social media by young people and there was a large proportion of young people at risk of exploitation through online communications.

**Decision**

- (1) The contents of the report were noted.
- (2) The final format of the ASBAD event for 2017 be agreed by the Chair of the Safer Hartlepool Partnership.

**27. Any Other Items which the Chairman Considers are Urgent**

None.

The meeting concluded at 2.45pm.

CHAIR



# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** COMMUNITY SAFETY STRATEGY 2017-2020

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## 1. PURPOSE OF REPORT

- 1.1 To seek approval for the proposed development of the new Community Safety Strategy 2017-20.

## 2. BACKGROUND

- 2.1 Introduced by the Crime and Disorder Act 1998, Community Safety Partnerships (CSPs) have a statutory responsibility to develop and implement a three year Community Safety Strategy setting out how it intends to address crime and disorder, substance misuse, and re-offending issues in Hartlepool.
- 2.2 CSP's are made up of representatives from the seven 'responsible authorities'. These include the Local Authority, Police, Fire Brigade, Community Rehabilitation Company, National Probation Service, Community Rehabilitation Company and Clinical Commissioning Group. CSP's have a number of statutory duties which includes:
- Producing a **Community Safety Strategy** that details how the CSP will tackle the crime, disorder, anti-social behaviour, substance misuse and re-offending priorities in its local area;
  - Producing an annual partnership **strategic assessment** to help identify and better understand local community safety priorities;
  - **Consulting** with local residents and organisations on community safety priorities.
- 2.3 The current Community Safety Strategy which was developed during 2014 will come to an end in March 2017.

- 2.4 This reports sets out a proposed process and timeline for developing a new Community Safety Strategy to cover the period of 2017-2020.

### **3 DEVELOPMENT OF DRAFT COMMUNITY SAFETY STRATEGY**

- 3.1 Work will begin on developing the Community Safety Strategy in January 2017. In line with the Partnerships statutory responsibilities this will include an analysis of local crime and disorder, substance misuse, offending and re-offending issues using a wide range of data sources including Police, Fire, Council and NHS data.
- 3.2 Public perception information gathered from over 250 residents as part of the Safer Hartlepool Partnership 'Face the Public' activities held during October /November 2016 will be used to inform the development of strategic priorities in the draft strategy.
- 3.3 The Strategic Assessment (including data analysis and public priorities) will be presented to the Safer Hartlepool Partnership in March 2017, with a draft strategy being ready to go out for consultation on 15 March 2017.
- 3.4 Subject to approval by the Safer Hartlepool Partnership, the draft Community Safety Strategy will be subject to an eight week consultation period with the consultation exercise comprising of the following:
- An online consultation survey – with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook page and Hartlepool Borough Council Twitter page. The use of local media mechanisms including but not limited to Hartlepool Mail.
  - Targeted emails will be sent to a wide range of public, private, community and voluntary sector representatives and groups containing a link to the online consultation survey.
  - Officers will link into community and residents groups.
  - The draft strategy will be presented to the Health & Wellbeing Board, Finance & Policy Committee, Audit & Governance Committee, Hartlepool Safeguarding Children's Board and Hartlepool Adult Safeguarding Executive Group, Youth Offending Management Board, Hartlepool Youth Council and Neighbourhood Forum's.
- 3.5 It is anticipated that the finalised strategy will be presented to the Partnership in June/July 2017, and subject to the approval by the Partnership will be considered by the Councils Finance and Policy Committee prior to being adopted by full Council in September 2017.

### **4. FINANCIAL CONSIDERATIONS**

- 4.1 There are no financial considerations associated with this report.

## **5. STAFF CONSIDERATIONS**

- 5.1 There are no staff considerations associated with this report.

## **6. SECTION 17 CONSIDERATIONS**

- 6.1 Failure to develop a Community Safety Strategy would undermine the Safer Hartlepool Partnerships ability to fulfil its statutory responsibilities around reducing crime and disorder, substance misuse, and re-offending in Hartlepool.

## **7. LEGAL CONSIDERATIONS**

- 7.1 In accordance with the Crime and Disorder Act 1998 and the Crime and Disorder Regulations 2007 the Safer Hartlepool Partnership is required to produce a three year Community Safety Strategy to set out how it intends to address crime and disorder, substance misuse, and re-offending issues.

## **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 8.1 The strategic assessment and consultation process with an annual refresh will ensure that the needs of all sections of the community are considered when formulating and implementing the Community Safety Strategy 2017-2020.

## **9. CHILD POVERTY CONSIDERATIONS**

- 9.1 There are no child poverty implications associated with this report.

## **10. RECOMMENDATION**

- 10.1 That the Safer Hartlepool Partnership consider, discuss and agree any amendments to the proposed process and schedule for developing and consulting on the new Community Safety Strategy 2017-2020.
- 10.2 That the Safer Hartlepool Partnership agree to a development day to consider the outcome of the strategic assessment and identification of strategic priorities.

## **11. REASON FOR RECOMMENDATION**

- 11.1 The Safer Hartlepool Partnership has a statutory duty to develop a three year strategy aimed at reducing crime and disorder, substance misuse, and re-offending behaviour.

- 11.2 The above proposals outline how the draft Community Safety Strategy 2017-2020 will be developed and how consultation will take place within the requisite timescale.

## 12. CONTACT OFFICER

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# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** SAFER HARTLEPOOL PARTNERSHIP DOMESTIC ABUSE STRATEGY 2016-2019

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## 1. PURPOSE OF REPORT

- 1.1 To seek approval from the Safer Hartlepool Partnership on the Domestic Abuse Strategy 2016-2019 (**attached at Appendix A**).

## 2. BACKGROUND

- 2.1 The current Hartlepool Domestic Violence & Abuse Strategy which was developed in 2012 came to an end in December 2015.
- 2.2 A first draft of the strategy was presented to the Partnership in June 2016 where it was agreed that an eight week consultation process be undertaken in line with the Voluntary Sector Strategy Undertakings.
- 2.3 The overall aim of the draft strategy is to 'send out a clear message that domestic abuse will not be tolerated in Hartlepool, and that we will work together to do all that we can to raise awareness, prevent abuse, protect and support victims, and challenge perpetrators', underpinned by the following strategic priorities:
- **Prevention of Abuse** - Prevent violence and abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.
  - **Partnership Working** - Make awareness of and improve responses to domestic abuse making it 'Everyone's Business' across all agencies, professionals and the wider public. Whilst developing new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcomes for victims and their families.



- **Provision of Services** - Change the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services. Adopting a 'Whole Family' approach we will respond to the needs of victims and their families, addressing the complex issues they face.
  - **Pursuing Perpetrators** - Improve criminal justices responses, tackle offenders and protect victims; reducing risk and supporting the delivery of interventions that lead to sustainable change in perpetrators behaviour.
- 2.2 The consultation process included an online survey with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook Page, and Hartlepool Borough Council Twitter page; the use of local media mechanisms including the Hartlepool Mail; presentations of the draft strategy to the local Finance & Policy Committee, the Domestic Abuse Service User Group; the Youth Council; the Neighbourhood Consultative Forum's and the Safeguarding Children's Board. The consultation period was extended to incorporate a Hartlepool Domestic Abuse Community Event and Domestic Abuse Stakeholder Event.

### 3 CONSULTATION AND FEEDBACK

- 3.1 As attached at **Appendix B**, an earlier report to the Domestic Abuse Strategy Group evidences responses to the consultation which were in general support for the strategy and its overall aim and objectives. Without exception all groups consulted acknowledged the continued need for a domestic abuse strategy in Hartlepool, and were supportive of the proposed strategy and the importance of addressing the needs of victims and families affected by domestic abuse across the Borough.
- 3.2 The Hartlepool Safeguarding Children Board noted that the term 'Domestic Violence' and 'Domestic Abuse' were used interchangeably throughout the strategy and suggested that for consistency one term should be used throughout.
- 3.3 The online survey received 42 responses with almost half (48%) of those participating identifying themselves as members of the public, and a further 15% identifying themselves as representatives from Health Services. Analysis of results shows that 97% of respondents were supportive of the overall aim of the strategy, with the four priorities being ranked in order of importance as follows:
1. Prevention of Abuse
  2. Provision of Services
  3. Pursuing Perpetrators
  4. Partnership Working
- 3.4 In terms of what actions can be undertaken by the Partnership to address domestic abuse, feedback from the well attended (100+ participants)

Community Domestic Abuse and Domestic Abuse Stakeholder events held during November 2016, primarily focused on the promotion healthy relationships; improving information sharing with health professionals; increasing awareness of domestic abuse amongst frontline practitioners and the community; and the delivery of targeted interventions to reduce/address the intergenerational cycle/affects of domestic abuse.

#### **4. AMENDMENTS TO THE STRATEGY & ACTION PLAN FOLLOWING CONSULTATION**

- 4.1 As the majority of respondents were supportive of the strategy, its overall aim and objectives and it is proposed that these should remain the same as in the first draft of the strategy presented to the Partnership in June 2016.
- 4.2 Following comments from the Safeguarding Children Board in relation to the interchangeable use of 'Domestic Violence' and 'Domestic Abuse', reference to Domestic Violence has been removed.
- 4.3 Feedback in relation to what actions can be undertaken by the Partnership to address domestic abuse has been used to inform the development of the draft action plan (**attached at Appendix C**).

#### **5. MONITORING OF THE PROPOSED STRATEGY**

- 5.1 Implementation and monitoring of the proposed strategy and supporting action plan will be the responsibility of the Domestic Abuse Strategy Group, chaired by the Head of Community Safety & Engagement. The Chair of the strategy group will be responsible for reporting to the Safer Hartlepool Partnership and Hartlepool Safeguarding Children Board on progress against the action plan.
- 5.2 Output and outcome progress indicators are outlined in the action plan, and both quantitative and qualitative methods will be used to measure the impact of the activities undertaken to address domestic abuse in Hartlepool.

#### **6. FINANCIAL CONSIDERATIONS**

- 6.1 There are no financial considerations associated with this report.

#### **7. STAFF CONSIDERATIONS**

- 7.1 There are no staff considerations associated with this report.

#### **8. SECTION 17 CONSIDERATIONS**

- 8.1 Failure to implement a Domestic Abuse Strategy would undermine the Safer Hartlepool Partnerships ability to fulfil its statutory responsibilities around

reducing crime and disorder, substance misuse, and re-offending in Hartlepool.

## **9. LEGAL CONSIDERATIONS**

- 9.1 Under the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area.

## **10. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 10.1 Effective implementation of the strategy will ensure that those affected by domestic abuse have equal access to services, and that vulnerable victims and their families are safeguarded and protected, including those affected by Honour Based Violence.

## **11. CHILD POVERTY CONSIDERATIONS**

- 11.1 There are no child poverty implications associated with this report.

## **12. RECOMMENDATION**

- 12.1 That the Safer Hartlepool Partnership approves the Domestic Abuse Strategy 2016-2019.

## **13. REASON FOR RECOMMENDATION**

- 13.1 The current Domestic Violence & Abuse Strategy came to an end in December 2015.
- 13.2 The Safer Hartlepool Partnership has a statutory duty to develop and implement strategies aimed at reducing crime and disorder, including domestic abuse.

## **14. BACKGROUND PAPERS**

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

Safer Hartlepool Partnership Report – 17<sup>th</sup> June 2016

[https://www.hartlepool.gov.uk/meetings/meeting/3499/safer\\_hartlepool\\_partnership](https://www.hartlepool.gov.uk/meetings/meeting/3499/safer_hartlepool_partnership)

Minutes of Finance & Policy Committee - 5<sup>th</sup> September 2016:

[https://www.hartlepool.gov.uk/meetings/meeting/3445/finance\\_and\\_policy\\_committee](https://www.hartlepool.gov.uk/meetings/meeting/3445/finance_and_policy_committee)

Minutes of North & Coastal Neighbourhood Forum – 14<sup>th</sup> September 2016

[https://www.hartlepool.gov.uk/meetings/meeting/3512/north\\_and\\_coastal\\_neighbourhood\\_forum](https://www.hartlepool.gov.uk/meetings/meeting/3512/north_and_coastal_neighbourhood_forum)

Minutes of South & Central Neighbourhood Forum – 14<sup>th</sup> September 2016

[https://www.hartlepool.gov.uk/meetings/meeting/3516/south\\_and\\_central\\_neighbourhood\\_forum](https://www.hartlepool.gov.uk/meetings/meeting/3516/south_and_central_neighbourhood_forum)

## 15. CONTACT OFFICER

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## **Hartlepool Domestic Abuse Strategy**

**2016-2019**

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## 1. Foreword

Domestic abuse has a devastating effect on victims, their children, families and the wider community. Often hidden by victims and perpetrators domestic abuse is a crime, and it is unacceptable at any level. It is characterised by patterns of coercive, controlling or threatening behaviour, and can involve physical, psychological, financial, emotional and sexual abuse.

The impact of domestic abuse upon the victim, their children and family members can be sustained, traumatic and damaging. The average length of an abusive relationship is five years, though many victims suffer from abuse for much longer.

A lot of good work to better support people who experience domestic abuse has taken place in Hartlepool, but the case for change is still strong. Tackling domestic abuse effectively requires a multi-agency response, all local agencies have a vital part to play in supporting victims, bringing perpetrators to account and raising awareness of the issue. Many of these agencies are already undertaking significant and valuable work to promote safety and provide effective interventions; however, we know there is still much more for us to do.

By producing this updated strategy, the Safer Hartlepool Partnership aims to send out a clear message that domestic abuse will not be tolerated, and that we will work together to do all that we can over the next three years to raise awareness, prevent abuse, protect and support victims, and challenge perpetrators.



Chair of the Safer Hartlepool Partnership Domestic Abuse Strategy Group

## 2. Defining Domestic Abuse

In March 2013 the Home Office amended the definition of domestic abuse to include controlling and coercive behaviour and incidents involving victims and perpetrators from aged 16 years, to include:

*'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 psychological, physical, sexual, financial and emotional abuse.

**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 of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

This definition includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

The change in definition has also been accompanied by the introduction of new legislative powers making coercive and controlling behaviour, stalking and forced marriage criminal offences, in addition new statutory duties have been placed on agencies to tackle Female Genital Mutilation and Modern Slavery.



### 3. National Policy & Context

Over recent years, national government have increasingly recognised the complex issues relating to domestic abuse and the devastating impact it can have on lives of victims, families and communities.

In March 2016, the Home Office published its refreshed cross-government strategy for tackling violence against women and girls: Ending Violence against Women and Girls 2016-2020. The refreshed strategy aims to achieve real and sustainable progress by ensuring national and local government, local partners and agencies, and communities work together to prevent women and girls from becoming victims in the first place and ensuring those who experience abuse receive the support they need to recover.

The strategy and subsequent action plan sets out the government's approach and framework, focusing on four key priorities;

Prevention of Abuse	Provision of Services
Prevent violence and abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.	Transforming the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services that respond to the needs of victims.
Partnership Working	Pursuing Perpetrators
Make awareness of and responses to violence against women and girls 'everyone's business' across all agencies, professionals and the wider public. Whilst supporting local areas to develop new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcomes for victims and their families.	Improving criminal justices responses, promoting the use of new technology to support prosecutions, tackle offenders and protect victims; and supporting the delivery of interventions that lead to sustainable behaviour change in perpetrators.

As part of the strategy the government will publish a National Statement of Expectations (NSE) setting out what good commissioning and service provision looks like. To promote greater transparency and local democratic accountability, the NSE, will require local areas to publish detailed data in relation to the level of need in their area and the services they are providing to meet that need. In addition, consideration will be given to how existing inspections arrangements can be developed and applied to the multi-agency violence against women and girls service provision.

It is accepted that anyone can be a victim of domestic abuse regardless of their gender, ethnicity, religion, sexuality, class, age or disability, and it can occur across a range of different relationship settings including heterosexual, gay, lesbian, bi-sexual and transgender, as well as within extended families. While perpetrators are often partners, they may also be boy/girlfriends, parents, parents-in-law, siblings or ex-partners.

There are a range of factors and characteristics that can increase the risk of being a victim of domestic abuse, for instance we know:

- One in four women will experience domestic abuse during their lifetime.
- 500,000 people suffered some form of sexual assault in the last 12 months.
- Six women a month are killed by a current or former partner.
- Domestic abuse has the highest rate of repeat victimisation of any crime.
- One in seven children and young people under the age of 16 will have lived with domestic abuse at some point in their childhood.
- Domestic abuse was a factor in more than 60% of serious case reviews where children were seriously injured or killed.
- Women and men with a long term illness or disability are more than twice as likely to be victims of domestic abuse in the last year compared with those without a long-term illness or disability.
- Almost one in three women who suffer from domestic abuse during their lifetime report that the first incidence of abuse happened while they were pregnant.
- It is estimated that 41% of the prison population have witnessed or experienced domestic abuse.
- Almost 20% of domestic abuse incidents were linked to alcohol.
- In 2014, the Forced Marriage Unit gave advice and support in relation to more than 1,200 forced marriage cases.
- It is estimated that approximately 103,000 women aged 15-49 years are living with the consequences of Female Genital Mutilation (FGM).
- Four in ten high-risk domestic abuse victims report having mental health issues.
- One in four lesbians and bisexual women have experienced domestic abuse in a relationship.
- Half of all gay and bisexual men have experienced at least one incident of domestic abuse from a family member or partners since the age of 16 years.

## 4. Domestic Abuse in Hartlepool

Both nationally and locally, understanding the full extent of domestic abuse remains challenging, as it is known to be significantly under-reported. However, in an aim to overcome this issue and obtain a comprehensive picture of domestic abuse issues in Hartlepool we have undertaken a needs assessment using a wide range of data from Cleveland Police, Hartlepool Borough Council, Harbour Support Services and North Tees & Hartlepool NHS Trust.

### 4.1 Estimated prevalence of domestic abuse in Hartlepool

Applying the figures from the latest Crime Survey England & Wales to the local population (aged 16-59 yrs) it is estimated that in Hartlepool:

- 2,200 women & 1,000 men were a victim of domestic abuse in the last year
- 7,200 women & 3,400 men having experienced domestic abuse during their lifetime.
- 700 women and 150 men have experienced some form of sexual assault (including attempts) in the last 12 months.

### 4.2 The cost of domestic abuse in Hartlepool

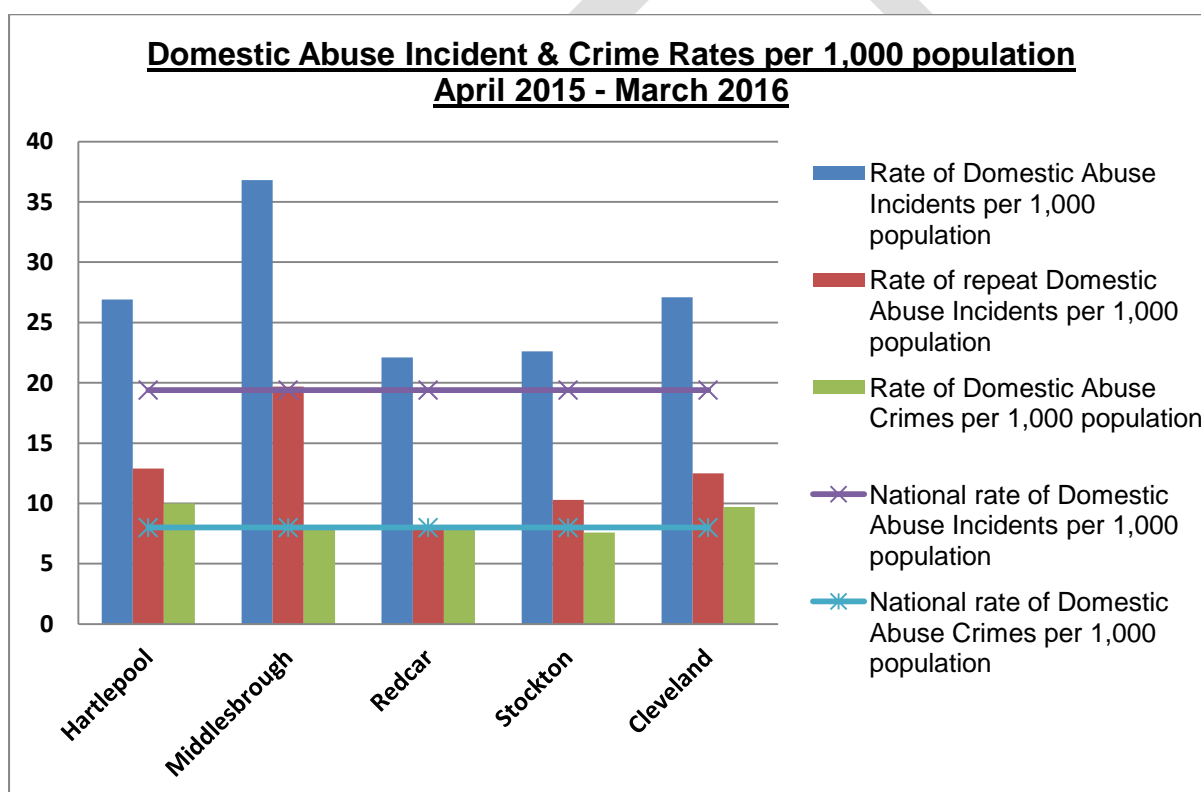
Based on reported domestic related crime in 2015/16 it is estimated that the cost to society of abuse in Hartlepool is at least **£15 million**, the equivalent to £165 per head of population.

- £9 million of the total cost estimate relates to the physical and emotional impact on direct victims.
- £6 million of total cost is in relation to the impact of sexual offences.
- £2.1 million Criminal Justice System.
- £1.2 million Health Services.

### 4.3 Who do victims report domestic abuse to in Hartlepool

Those victims who feel ready to seek help and support are more likely to approach family or friends, with around one in four women reporting/disclosing the issue to the police and health professionals. In the 12 months before accessing the Hartlepool community outreach domestic abuse support service, half of clients had visited their GP, on average 5.3 times in the year before receiving help. For those that chose not to report the abuse the most common reasons given was that the abuse was too trivial or not worth reporting, it was a private/family matter and it was not the business of the police, and the victim didn't think the police could help.

Locally, in Hartlepool both domestic abuse incident and crime rates are higher than the national average<sup>1</sup>. In comparison to our local peers Hartlepool has the second highest rate per 1,000 population for domestic abuse incidents, repeat incidents and domestic related crimes in the Cleveland area.



During the last 12 months up to April 2016 in Hartlepool Cleveland Police recorded 2,490 domestic abuse incidents, of which 930 (37.3%) were recorded as domestic related crimes. In line with the national trend, the number of domestic related crimes recorded in Hartlepool are following an increasing trend which is largely attributed to improvements in police recording practice as a result of changes to National Crime Recording Standards (NCRS), and in response to recommendations highlighted in the HM Inspectorate of Constabulary (HMIC) report Everyone's business: Improving the

<sup>1</sup> National rate of domestic abuse incidents sourced from Public Health Outcome Framework <http://www.phoutcomes.info/search/domestic>; rate of domestic abuse related crimes sourced from CSEW Appendix table 6.02: Rate of domestic abuse related offences recorded by the police, by police force area, English regions and Wales.

police response to domestic abuse that noted inconsistencies in the identification and recording of domestic abuse.

There is a clear relationship in Hartlepool between the level of deprivation in an area and the prevalence of recorded domestic abuse incidents, with more than half of domestic abuse incidents occurring within the six most deprived wards in Hartlepool.

Similar to the national picture, women and girls in Hartlepool continue to be at the greatest risk of domestic abuse with more than three quarters of victims being female, and more than half being aged between 18-34 years. Whilst numbers are much lower than the number of female victims, male victimisation is evident with males aged between 25-44 years being at the greatest risk. One in ten domestic abuse incidents reported to and risk assessed by Cleveland Police were deemed high risk<sup>2</sup>, accounting for largest proportion of high risk incidents across the Cleveland area.

#### **4.4 The profile and needs of domestic abuse victims in Hartlepool**

Analysis of the needs of clients accessing local specialist domestic abuse support services shows that, 73% of clients have children, with almost one third of clients accessing the community outreach service reporting mental health issues, two in ten clients have substance misuse issues and almost one in four clients reported having financial problems, with two thirds of outreach clients (68%) not being in employment, education or training at the time of entry to the service.

In terms of the type of abuse experienced by clients, the majority have experienced jealous and controlling behaviours (83%) or harassment and stalking (73%). Physical abuse is also common (61%). Approximately one out of five (18%) clients disclosed they had been a victim of sexual abuse. The average length of abuse experienced prior to accessing support was 3 years.

#### **4.5 The profile and needs of domestic abuse perpetrators in Hartlepool**

Nine in ten domestic abuse perpetrators are male, with almost two thirds (62.6%) being aged between 18 and 34 years. With many of these male perpetrators, particularly repeat offenders, having been victims of or witness to domestic abuse during their childhood. Almost 20% of male perpetrators were repeat domestic abuse offenders, with one third of perpetrators having a previous criminal record related to domestic abuse. In relation to the complex needs of the perpetrators, the most commonly reported needs were alcohol misuse and drug misuse, followed by financial problems.

Three out of four victims accessing outreach support services report that the perpetrator of abuse was a male ex-intimate partner, with more than two thirds of clients reporting

<sup>2</sup> 'High Risk' criteria – There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact would be serious.

that they did not live with the perpetrator. Whilst female offending is evident numbers remain low.

#### 4.6 How does domestic abuse affect children and young people in Hartlepool

An NSPCC study<sup>3</sup> reported that that one in seven (14.2%) children and young people under the age of 16 will have lived with domestic abuse at some point in their childhood; this is equivalent to 2,500 of Hartlepool's children and young people. In the 12 months up to April 2016, more than 400 incidents of domestic abuse have been identified where children or young people have been present, accounting for 16.1% of all domestic abuse incidents recorded by the Police. In total these incidents have involved more than 700 children and young people.

Local analysis identifies that 20% of young people identified at risk of child sexual exploitation have been a victim or witness of domestic abuse in the last 12 months and 17% have been a victim of a sexual offence, with domestic abuse also being a key factor in children entering the care system, and is commonly associated with an increased risk of youth offending.

### 5. What has been done to tackle domestic abuse in Hartlepool

During the life span of the previous strategy, the Safer Hartlepool Partnership has supported and delivered a number of projects and initiatives to tackle domestic abuse. Outlined below are a few examples of how we have delivered against our objectives between 2012-2015.

#### Objective 1: Prevention and Early Intervention

**Promoted Healthy Relationships** – Reaching more than 3,000 children and young people in Hartlepool, we have delivered a range of programmes in the primary and secondary education setting promoting healthy and respectful relationships. This has been accompanied by the delivery of programmes in Higher Education settings and within the Lesbian, Gay, Bi-Sexual and Transgender (LGBT) Community.

**Implemented a Domestic Abuse Workforce Policy** – To ensure employers recognise and support victims of domestic and/or sexual abuse at the earliest opportunity a workforce policy has been developed and implemented by Hartlepool Borough Council, accompanied by the identification and training of a network of Domestic Abuse Champions.

**Delivered a series of awareness campaigns** - To raise awareness of domestic abuse and increase reporting, and have included a local world cup campaign and Honour Based Violence (HBV) awareness raising sessions.

<sup>3</sup> NSPCC Child Abuse & Neglect in the UK Radford et al (2011) - Figure refers to the UK average.



## Objective 2: Provision of Services

**Commissioned effective support services** - In 2012 we commissioned a range of specialist support services to help victims and their families affected by domestic abuse. Based on a Community Co-ordinated Response Model these services have improved the safety and wellbeing of clients, with:

- 77% of clients reported a reduction in the abuse experienced.
- 86% of clients reported increased feelings of safety.
- 87% of clients reported improved quality of life.

**Improved Refuge Provision** – Through a dispersed property scheme we have improved refuge provision for those made homeless by domestic abuse, including female victims with older children and male victims.

## Objective 3: Partnership Working

**Improved Information Sharing** - In April 2015 we launched Operation Encompass to ensure timely information sharing between schools, police, and social care, to improve early intervention and support for children who have witnessed domestic abuse. In the first 12 months of the initiative more than 700 children and young people have been identified.

**Strengthened Links within the Health Care Setting** – Through the work of the Domestic Abuse Link Worker and training with GP's we have increased the awareness of domestic abuse and specialist support services in the primary and secondary health care setting. We have also embedded domestic abuse referral pathways in sexual health and community health visiting services.

**Delivered a multi-agency response to high-risk victims** – Through the Multi-agency Risk Assessment Conference (MARAC) a range of agencies including the Independent Domestic Violence Advisor (IDVA) work together to ensure the safety of high risk victims and their family, . During the last 3 years more than 200 cases, involving over 300 children have been referred to the Hartlepool MARAC.

## Objective 4 : Justice Outcomes and Risk Reduction for Victims

**Used new tools and powers to keep victims safe** – Introduced in 2014 Domestic Violence Protection Orders have been used by the Police in Hartlepool on more than 30 occasions to prevent domestic abuse perpetrators from returning to the residence or having contact with the victim.

**Reviewed Domestic Homicides** – During the last 3 years, the Partnership has undertaken two domestic homicide reviews, to identify what lessons could be learned with a view to contributing to preventing and reducing incidents of domestic abuse and ultimately homicides that occur in a domestic setting

**Kept victims safe in their own homes** – Through the provision of expert crime prevention advice and the installation of enhanced security measures we have enabled more than 100 victims of domestic abuse to stay in their home.

## 6. What more do we know

There are groups of people who suffer from domestic abuse that are particularly vulnerable and face additional barriers to accessing support. Whilst domestic abuse is under reported, it is particularly so with these groups of people and therefore we need to develop a greater understanding as to the prevalence and specific issues that they may face. These groups include:

### 6.1 Children and Young People

Domestic abuse harms children and young people as they are affected directly and indirectly by witnessing it, or through the negative impacts on the family unit. Three quarters of children living with domestic abuse nationally witness it personally, and half are directly abused<sup>4</sup>. Children exposed to domestic abuse are at increased risk of behavioural problems, emotional trauma and mental health issues that may continue into adulthood. Unfortunately in extreme cases children can be seriously injured or die as a direct result of domestic abuse.

An NSPCC study<sup>5</sup> reported that that one in seven (14.2%) children and young people under the age of 16 will have lived with domestic violence at some point in their childhood; this is equivalent to 2,500 of Hartlepool's children and young people. The report also stated that in 94% of cases the perpetrator was a male parent physically abusing another parent.

Local analysis identifies:

- More than three quarters (77%) of domestic abuse victims who accessed specialist support services had one or more children aged 16 years and under.
- Domestic abuse was a factor in more than one half (53%) of Looked after Children (LAC) cases.
- 20% of young people identified as risk of Child Sexual Exploitation have been a victim or witness of domestic abuse in the last 12 months; 17% have been a victim of a sexual offence, and one third of young people have substance misuse issues.
- Family and personal relationships, including domestic abuse, are commonly associated with increased risk of youth offending.
- One in four domestic related crimes affecting young people aged 18 years and under involved domestic abuse in a teenage relationship.

<sup>4</sup> Royal College of Psychiatrists, 2004

<sup>5</sup> NSPCC Child Abuse & Neglect in the UK Radford et al (2011) - Figure refers to the UK average.



In addition, the term '**Toxic Trio**' has been used to describe the issues of domestic abuse, mental ill-health and substance misuse which have been identified as common features of families where harm to children has occurred. They are viewed as indicators of increased risk of harm to children and young people. Work in this area has shown that there is large overlap between these parental risk factors and cases of child death, serious injury and generally poorer outcomes for children across all ages<sup>6</sup>. In an analysis of 139 serious case reviews, between 2009-2011<sup>7</sup> investigations showed that in over three quarters incidents (86%) where children were seriously harmed or died one or more of a "toxic trio" were present.

National research undertaken by SafeLives highlights that there is a clear co-occurrence between the 'toxic trio' risk factors, with nearly a third of mothers (31%) and a third of fathers (32%) in these families experiencing domestic abuse issues disclosing either mental health problems, substance misuse, or both. Locally, findings from the Better Childhood Programme root cause analysis of children becoming LAC clearly demonstrates the link between domestic abuse and substance misuse, with 4 in 10 cases involving these issues.

This is supplemented further by domestic abuse support service data, where almost one third (32%) of clients report mental health issues and 19% indicate a substance misuse issue. In terms of domestic abuse perpetrators alcohol (49%) and drug (44%) misuse are common factors, accompanied by mental health issues (24%). In addition, data received from the Hartlepool Action Recovery Team, shows that in the 12 month period ending March 2016, 23.4% (184 clients) adults in drug treatment and 22.5% (89 clients) in alcohol treatment were recorded as living with a child. A further 28.9% (227 clients) of adults in drug treatment and 22.0% of adults in alcohol treatment are parents but not living with their children.

## 6.2 Black, Minority & Ethnic (BME) Community

Whilst BME population in Hartlepool is less than 2%, the issues facing women and girls from BME backgrounds are often complex and they may find it difficult to leave an abusive situation due to cultural beliefs, or concerns such as; bringing shame on the family. In some circumstances the abuse can be viewed as normal behavior, or accepted, and in some cases they do not trust authorities from who they can seek help. There may also be language barriers or they don't know who to talk to or go to for help.

Other issue's that BME young people may face is that of being 'forced' into marriage against their will and without their permission. This is not the same as an arranged marriage where families take a role in choosing and introducing the marriage partners and the marriage is entered into freely by both people.

So called Honour Based Violence and Female Genital Mutilation can also be an issue in some BME communities and are exclusively against women and girls. National research

<sup>6</sup> (Brandon et al, 2008).

<sup>7</sup> (Brandon et al 2012),

indicates that approximately 60,000 girls aged 0-14 years were born in England and Wales to mothers who had undergone FGM. It is also estimated that approximately 103,000 women aged 15-49 years; 24,000 women aged 50 years and over; and 10,000 girls who have migrated to England and Wales are living with the consequences of FGM. Consequently national research suggests that no local authority area is likely to be entirely free from FGM.

Research of latest data<sup>8</sup> from the Health and Social Care Information Centre (HSCIC) about patients with FGM treated within National Health Service (NHS), notes that no females have been identified in the Hartlepool & Stockton Clinical Commissioning Group area. Under the Serious Crime Act, from the 31<sup>st</sup> October 2015 regulated health and social care professionals, and teachers in England and Wales are legally required to report known cases of FGM in under 18-year-olds, which they identify in the course of their professional work to the Police.

### **6.3 People who identify themselves as Lesbian, Gay, Bisexual or Transgender**

Domestic abuse is a considerable problem for Lesbian, Gay, Bi-sexual, and Transgender (LGBT) people, national research shows that many lesbian, gay and bisexual people who have experienced domestic abuse from family members or partners rarely report these incidents to the Police, of those that do, more than half were not happy with the response they received. This means that other agencies need to be proactive in identifying them, with clear referral pathways into support.

Additionally, research indicates that domestic abuse is a very common experience for people who identify themselves as transgender. One study in 2010 found that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviours by a partner or ex-partner.

During the 12 months up April 2016, less than five LGBT clients have accessed specialist support services in Hartlepool.

### **6.4 Adults at Risk**

Both women and men with a long-term illness or disability were twice as likely to experience domestic abuse compared with those without. The 2011 Census provides an estimate of 23,315 in Hartlepool with a long term health condition or disability that restricts their everyday activities. Their disability may restrict their understanding of domestic abuse, isolate them from support networks or limit their ability to seek help.

One route of identification for adults at risk is through adult safeguarding processes, where during 2015, less than 10% of safeguarding adult investigations carried out by Hartlepool Borough Council Adult Services were in relation to domestic abuse, where the alleged perpetrator was a partner or other family member. From April 2016 onwards, in

<sup>8</sup> July 2015 – September 2015

accordance with the Care Act 2014, domestic abuse, sexual exploitation and modern slavery will be recorded by Adult Safeguarding services by individual abuse categories.

## **6.5 Older People**

We know nationally and locally we have a growing older population, however the number of older people reporting that they have experienced domestic abuse is low compared to other age groups. Research suggests that older people are more likely to believe that abusive behaviour within relationships is the norm and socially acceptable. Older people are often economically dependent on their abuser and may find it more difficult to access information and support aimed at people who are victims of abuse.

## **6.6 Victims of Sexual Abuse**

Sexual abuse is often a component of domestic abuse – for example, partners and former partners may use force, threats or intimidation to engage in sexual activity; they may taunt or use degrading treatment related to sexuality, threat the use of “revenge porn”, or force their partners to have sex with other people. Rape and sexual assault are crime, whether or not they take place within marriage or between ex-partners.

# **7. What more can we do**

We know that there is a great deal more to be done to tackle the challenges in reducing domestic abuse in Hartlepool.

Prevention and early intervention remain the foundation of our approach to tackling domestic abuse. Once patterns of abuse are entrenched the harder it is to break the cycle of abuse, support victims to recovery and independence, and deter perpetrators. To do this we will:

## **7.1 Deliver Awareness Campaigns**

We know that victims of domestic abuse are more likely to tell a friend or family member about the issues they are experiencing; therefore we need to develop and deliver an awareness campaign to help people spot the signs of domestic abuse and how they can help victim's access advice and support. In conjunction with our partners we will deliver a range of targeted awareness campaigns raising the profile of abuse in teenage relationships, teen to parent abuse, elder abuse, Honour Based Violence (HBV) and issues affecting Lesbian, Gay, Bi-sexual & Transgender Community.

## **7.2 Promote Healthy Relationships**

The age at which an individual starts to experience or witness abuse which might influence behaviour and beliefs as an adult is crucial. Promoting healthy relationships and challenging abuse in teenage relationships is critical, therefore the continued delivery of our Healthy Relationships Programme forms a core element of our strategy.

### **7.3 Build on the role of Health Services**

We know GP's, Midwives, Health Visitors, mental health, drug and alcohol services, sexual health and hospital staff are all well placed to identify abuse. They have the opportunity to intervene early and direct victims to the most appropriate statutory and non-statutory services. Therefore we need to continue our work with health professionals, raising awareness of domestic abuse, including FGM, and referral pathways into services.

### **7.4 Changing behaviours to prevent abuse and reduce offending**

A sustainable approach to preventing abuse is dependent on changing the attitudes and behaviours of perpetrators. We will work together to ensure that evidence based perpetrator programmes are available to address the needs of offenders.

### **7.5 Provision of Support Services**

We recognise that domestic abuse can happen at any stage of life; therefore it is essential that all victims and families affected by domestic abuse in Hartlepool have access to the right support at the right time to help them live free from abuse. In an aim to achieve this, we will seek to change the way services are delivered to victims and their families, providing support at an earlier stage so that fewer victims will reach crisis point, as well as providing better access to integrated pathways of support to meet the needs of victims experiencing multiple disadvantages including substance misuse and mental health issues.

### **7.6 Partnership Working**

We cannot tackle the issue of domestic abuse in isolation. We know partnership working is effective in helping victims, but we must continue to increase opportunities for victims to come forward and receive help, by working together, sharing information through Multi-agency Risk Assessment Conferences (MARAC's) and the development of a local Multi-agency Children's Hub we will be able to devise risk management and safety plans to protect and reduce the harm faced by victims and their families.

In addition we recognise that employers have a critical role in both identifying abuse and developing workplace policies to support employees who may be victims of abuse, through the Better Health at Work Award we will work with local employers to adopt our domestic abuse workforce policy, offering support through the establishment of a Domestic Abuse Champions Network.

### **7.7 Pursuing Perpetrators**

While we want to stop abuse happening in the first place, where it does happen, perpetrators must be brought to justice. We will continue to ensure that effective sanctions are taken against perpetrators and that they are prevented from influencing children and other vulnerable people from becoming perpetrators in turn. We will use the learning and implement the recommendations from HMIC reports to improve the Police response to domestic abuse.

## **7.8 Specialist Domestic Violence Court's**

Despite the proposed closure of Hartlepool Magistrates Court in 2017, supporting victims through the challenging and often distressing process of bringing an offender to justice remains one of our main priorities. We will ensure victims are supported through the criminal justice process, through the provision of the Specialist Domestic Violence Court (SDVC) and Independent Domestic Violence Advisor (IDVA) services, and will look at opportunities to allow vulnerable victims and witnesses to give evidence in suitable locations away from the court setting.

## **7.9 Restorative Justice**

We will use learning from national studies to improve the understanding of the use of safe and competent restorative justice and how it fits within the criminal justice system, acknowledging wherever appropriate domestic abuse cases involving adults should be prosecuted. Alongside that, we know that victims need support to cope with and recover from abuse. With effective risk assessment and safeguarding in place, restorative justice may help some victims to do this.

## 8. Strategic Priorities

The approach of the Safer Hartlepool Partnership is to build on the progress made during the previous strategy, take into consideration recent research and national policy, consultation and development work that consolidate its strategic objectives for 2016 - 2019 in four key priorities; prevention and early intervention; support; partnership working; reducing risk for victims and bringing perpetrators to justice.

### Prevention of Abuse

Prevent abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.

### Partnership Working

Make awareness of and improve responses to domestic abuse making it 'everyone's business' across all agencies, professionals and the wider public. Whilst developing new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcomes for victims and their families.

### Provision of Services

Change the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services. Adopting a 'Whole Family' approach we will respond to the needs of victims and their families, addressing the complex issues they face.

### Pursuing Perpetrators

Improve criminal justice responses, tackle offenders and protect victims; reducing risk and supporting the delivery of interventions that lead to sustainable change in perpetrators behaviour.

## 9. Monitoring Delivery of the Domestic Abuse Strategy

Underpinned by an outcome performance framework, an action plan has been produced that details how the aim and objectives of the Strategy will be achieved. It is imperative that progress made against the Strategy is managed and monitored. This will be overseen by the Safer Hartlepool Partnership Domestic Abuse Group. The action plan will be monitored on a quarterly basis and reviewed annually by the Safer Hartlepool Partnership to ensure that delivery is being achieved as well as to ensure that it is kept up to date with any changes in national or local policy.

Safer Hartlepool Partnership Domestic  
Abuse Strategy 2016 -2019  
Consultation Results

December 2016



## BACKGROUND INFORMATION

The current Hartlepool Domestic Violence & Abuse Strategy which was developed in 2012 came to an end in December 2015. Work began developing the new Domestic Abuse Strategy in March 2016. Using a wide range of quantitative and qualitative data sources from Cleveland Police, Hartlepool Borough Council Child & Adult Services, Safe Lives, Hartlepool Borough Council Public Health, Harbour Support Services, North Tees & Hartlepool NHS Foundation Trust and local consultation exercises; a local needs assessment was undertaken to ascertain the extent of domestic abuse in Hartlepool and understand the impact it has on those affected by this issue.

The first draft of the strategy was presented to the Safer Hartlepool Partnership Domestic Abuse group in May 2016, incorporating findings from the Needs Assessment.

The first draft of the strategy was approved by the Safer Hartlepool Partnership in June 2016 where it was agreed that an eight week consultation process be undertaken in line with the Voluntary Sector Strategy Undertakings. The overall aim of the draft strategy is to 'send out a clear message that domestic abuse will not be tolerated in Hartlepool, and that the Partnership will work together to do all that it can to raise awareness, prevent abuse, protect and support victims, and challenge perpetrators', underpinned by the following strategic priorities:

**Prevention of Abuse** - Prevent violence and abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.

**Partnership Working** - Make awareness of and improve responses to domestic abuse making it 'Everyone's Business' across all agencies, professionals and the wider public. Whilst developing new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcomes for victims and their families.

**Provision of Services** - Change the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services. Adopting a 'Whole Family' approach we will respond to the needs of victims and their families, addressing the complex issues they face.

**Pursuing Perpetrators** - Improve criminal justices responses, tackle offenders and protect victims; reducing risk and supporting the delivery of interventions that lead to sustainable change in perpetrators behaviour.

The consultation process included an online survey with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook Page, and Hartlepool Borough Council Twitter page; the use of local media mechanisms including the Hartlepool Mail; presentations of the draft strategy to the local Finance & Policy Committee, the

## 5.2 APPENDIX B

Domestic Abuse Service User Group; the Youth Council; the Neighbourhood Forum's and the Safeguarding Children's Board. The consultation period was extended to incorporate a Hartlepool Domestic Abuse Community Event and Domestic Abuse Stakeholder Event.

### CONSULTATION & FEEDBACK

Responses to the consultation evidenced general support for the strategy and its overall aim and objectives. Without exception all groups consulted acknowledged the continued need for a domestic abuse strategy in Hartlepool, and were supportive of the proposed strategy and the importance of addressing the needs of victims and families affected by domestic abuse across the Borough. Feedback is summarised below:

#### Youth Council

Members of the Youth Council were supportive of the strategy and commented on the issues and pressures that face young people in teenage relationships today, in particular the use of social media that is frequently used to post abusive comments and/or indecent images. Whilst members spoke positively about the Healthy Relationship's Programme that is currently delivered in primary and secondary schools across Hartlepool, they felt that more needs to be done to promote healthy relationships and suggested that a student network of Healthy Relationship Champions would be useful for peers in secondary schools and sixth form colleges.

#### Domestic Abuse Service User Group

All members of the Service User Group agreed with the aim and priorities of the strategy, and we reassured that it included the issue of coercive control and teen to parent abuse.

#### Finance & Policy Committee

The draft strategy was presented to Committee in September 2016 who noted the content and requested that Committee Members were invited to the Domestic Abuse Stakeholder Event to learn more about the strategy and inform the development of an underpinning action plan.

[https://www.hartlepool.gov.uk/meetings/meeting/3445/finance\\_and\\_policy\\_committee](https://www.hartlepool.gov.uk/meetings/meeting/3445/finance_and_policy_committee)

#### Neighbourhood Forum's

The draft strategy was presented to the respective Neighbourhood Forum's in September 2016, where Hartlepool Borough Council Committee (Policy) Chairs and local residents were in attendance. The draft was acknowledged and supported by both Forum's, with a Member of the North and Coastal Forum raising concerns about abuse via social media and mobile technology.

[https://www.hartlepool.gov.uk/meetings/meeting/3512/north\\_and\\_coastal\\_neighbourhood\\_forum](https://www.hartlepool.gov.uk/meetings/meeting/3512/north_and_coastal_neighbourhood_forum)

[https://www.hartlepool.gov.uk/meetings/meeting/3516/south\\_and\\_central\\_neighbourhood\\_forum](https://www.hartlepool.gov.uk/meetings/meeting/3516/south_and_central_neighbourhood_forum)

### **Hartlepool Safeguarding Children's Board (HSCB)**

In June 2016 the draft Domestic Abuse Strategy was present and acknowledged at the HSCB development day, a Member of the Board noted that the term domestic violence and domestic abuse was used interchangeably in the document.

### **Hartlepool Domestic Abuse Community Event**

Held on the 25th November 2016 and coinciding with 'International Day for the Elimination of Violence against Women and Girls', the Domestic Abuse Community Event brought together over 55 members of voluntary and community sector representatives from a range of organisations including; West View Friendship Group, Hart Gables, Belle Vue Youth Service and the Wharton Trust. The event comprised of a series of presentations, including a Harbour Service User who shared her story of breaking free from an abusive relationship, this was then followed by a workshop sessions raising awareness of the range of support services that available to victims and families affected by domestic abuse. In addition to sharing views on the strategy participants were also encourage to share their views on:

- How the Partnership can improve awareness of domestic abuse?
- What are the barriers for victims accessing support?
- What are the barriers for perpetrators accessing support?

In summary, participants felt that more publicity and promotion of key messages via social media, community group events, and targeting schools and colleges should be considered as ways of increasing awareness of domestic abuse issues. In terms of barriers to accessing support, participants felt that shame, fear, self blame and not being believed were key issues for victims accessing support, as well as not knowing where to go for help, with the majority of these issues also being cited as common barriers for perpetrators.

### **Hartlepool Domestic Abuse Stakeholder Event**

Open to Members of the Safer Hartlepool Partnership, Finance and Policy Committee, Audit and Governance Committee, Heath & Wellbeing Board, Hartlepool Children Safeguarding Board and Tees Adult Safeguarding Board, the Domestic Abuse Stakeholder Event held on 30th November 2016 brought together three Hartlepool Borough Council Elected Members and over 45 representatives from a range of agencies including Cleveland Fire Brigade; National Probation Service; Durham & Tees Valley Community Rehabilitation Company, HALO, Cleveland Police, Hartlepool Borough Council, Harbour, Probation Services; Fire Brigade; Hartlepool College of Further Education, Changing Futures North East; Manor Community Academy; Kingsley Avenue Primary School; Office of Cleveland Police Crime Commissioner, CAFCASS; Thirteen and the local Clinical Commissioning Group.

## 5.2 APPENDIX B

The event comprised of a series of presentations exploring the impact of domestic abuse on children, vulnerable adults and policing, accompanied by a Domestic Abuse Survivor's story providing a detailed insight into the difficulties faced by victims and their children when trying to break free from an abusive relationship. This was then followed by a round table discussion, examining the four priorities of the draft Strategy and what actions could be undertaken to address them. Analysis of feedback identifies common themes including:

- Education and Awareness;
- Workforce Training and Development;
- Promotion of healthy relationships amongst children and young people;
- Delivery of targeted interventions to children and young people who have been exposed to repeated incidents of domestic abuse;
- Improve pathways and information sharing with General Practitioner's (GP's);
- Gain a greater understanding of victim and perpetrators life journey and critical intervention points;
- Increase knowledge in relation to perpetrator programme unplanned exits, victim withdrawal rates and domestic abuse issues affecting vulnerable adults;
- Explore and test innovative approaches to change behaviour.

### Online Survey

The online survey received 42 responses with almost half (48%) of those participating identifying themselves as members of the public, and a further 15% identifying themselves as representatives from Health Services. Analysis of the results show that 97% of respondents, were supportive of the overall aim of the strategy, with the four priorities being ranked in order of importance as follows:

1. Prevention of Abuse
2. Provision of Services
3. Pursuing Perpetrators
4. Partnership Working

Whilst no additional priorities were proposed during the consultation, one on-line respondent suggested that consideration should be given to amending the overall to the following: 'The overall aim of this strategy is to prevent abuse from occurring, protect victims from its effects, and respond to perpetrators', providing a three stranded strategy (Prevention, Protection, Response) to align inputs and partnership responsibilities to.

In terms of what actions can be undertaken by the Partnership to address domestic abuse in Hartlepool, in addition to those cited in the draft strategy, responses suggested the delivery of simplistic awareness campaigns which are targeted to different victim groups, extending Healthy Relationships interventions to include adults in the home via a whole family approach, improving links and information sharing with General Practitioners (GP's) and bringing more perpetrators to justice.

**\*DRAFT\* SAFER HARTLEPOOL PARTNERSHIP - DOMESTIC ABUSE ACTION PLAN 2016-2019**

**This action plan accompanies the Safer Hartlepool Partnership Domestic Abuse Strategy 2016 – 2019 and underpins its implementation.**

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

**Prevention of Abuse** - Prevent abuse from happening by challenging the attitudes and behaviours which foster it, educating and informing young people about healthy relationships, and intervening early where possible to prevent it.

**Partnership Working** - Make awareness of and improve responses to domestic abuse making it 'everyone's business' across all agencies, professionals and the wider public. Whilst developing new and more integrated approaches to facilitate earlier intervention and co-ordinated action to achieve the best outcome for victims and their families.

**Provision of Services** - Change the way local services are commissioned and delivered, ensuring the provision of accessible and effective support services. Adopting a 'Whole Family' approach we will respond to the needs of victims and their families, addressing the complex issues they face.

**Pursuing Perpetrators** - Improve criminal justice responses, tackle offenders and protect victims; reducing risk and supporting the delivery of interventions that lead to sustainable change in perpetrators behaviour.

<b>*DRAFT* SAFER HARTLEPOOL PARTNERSHIP - DOMESTIC ABUSE ACTION PLAN 2016-2019</b>								
<b>NO</b>	<b>PRIORITY THEME</b>	<b>WHAT DO WE NEED TO DO</b>	<b>HOW ARE WE GOING TO DO IT</b>	<b>WHEN WILL WE DO IT BY</b>	<b>WHO WILL DO IT</b>	<b>DESIRED OUTCOME</b>	<b>PROGRESS UPDATE</b>	<b>RAG</b>
	Partnership	Ensure practitioners have access to local resources to help them address the needs of victims and families experiencing domestic abuse	Develop a local on-line Domestic Abuse Toolkit and Service Directory.	September 2017	HBC Child & Adult Services HBC Community Safety	Practitioners can plan and deliver effective interventions to address the needs of victims and families affected by domestic abuse.		
	Partnership	Understand the impact Operation Encompass has had in relation to addressing Domestic Abuse in Hartlepool	Undertake an evaluation of Operation Encompass.	January 2017	Office of Cleveland Police & Crime Commissioner Teesside University	Operation Encompass will evidence good outcomes for children who experience domestic abuse.		

	Partnership	Ensure that all schools responses via Operation Encompass are consistent and structured*	<p>Develop and implement an Operation Encompass framework to support active intervention with both children and adults.</p> <p>Use local learning from Manor Community Academy.</p>	March 2017	Office of Cleveland Police & Crime Commissioner HBC Community Safety HBC Children Services	Schools understand what domestic abuse is and how to respond families affected by this issue.		
	Partnership	Improve pathways and information sharing with Health Professional in Hartlepool	<p>Children Safeguarding Lead and identify local Adult Safeguarding Lead.</p> <p>Extend Operation Encompass to ensure information relating to domestic incidents where children are present in the household (including unborn babies) is shared with community practitioners (GP, Health Visitor, Midwife, School Nurse).</p> <p>Investigate how coding is completed in relation to DA in patient's clinical notes and is there a way to export that work so that the accurate scale of the</p>	May 2017	Cleveland Police HBC Children Services North Tees & Hartlepool Foundation Trust Hartlepool and Stockton-on-tees CCG	The number of referrals into early help and support services from Health Professionals will increase.		

			<p>problem can be identified.</p> <p>Working with GP leads around information sharing and ensure cases are discussed regularly in surgery and any issues are shared across Health and Social Care.</p> <p>Promote domestic abuse materials to GPs and include domestic abuse in the peer engagement sessions and GP newsletters</p>					
	Partnership	Explore and test innovative approaches to change behaviour	Pilot a Couple Therapy programme where situational violence is evident.	January 2017	HBC Children Service's Changing Futures North East	<p>Reduction in domestic abuse and parental conflict.</p> <p>Improved family functioning, relationships and wellbeing</p>		



	Partnership	Ensure that current MARAC arrangements are effective and addressing the needs of high-risk victims	Undertake a review of MARAC arrangements across Tees.	July 2017	HBC Community Safety Cleveland Police	We continue to deliver an effective and well attended MARAC, and reduce the number repeat MARAC cases.		
	Partnership	Work with local employers to respond and support employees who have experienced domestic abuse	Through the Better Health at Work Award, work with local business representatives to implement domestic abuse workforce policies and procedures  Working with Safeguarding leads for GP practices to ensure that they have a DA workplace policy in surgeries	March 2018	HBC Public Health Office of Cleveland Police & Crime Commissioner  HAST CCG Named GP and colleagues	Employers understand what domestic abuse is and how to respond.		
	Prevent	Promote healthy relationships amongst children & young people	Deliver Healthy Relationship Programmes in Primary and Secondary Education settings in Hartlepool  Work with young people to develop a network of healthy relationship champions in secondary	March 2017  December 2017	Specialist Domestic Abuse Support Service  HBC Community Safety HBC Children Services Hartlepool Youth Council	Improve understanding of respectful & healthy relationships amongst young people.		

			education settings					
	Prevent	Increase awareness of domestic abuse across communities	Develop a communication strategy that will underpin the delivery of key messages in line with national and regional campaigns, focusing on key themes, including: Teen to Parent Abuse Clare's Law E-safety FGM Honour Based Violence Abuse in Teenage Relationships Coercive Control	March 2018	HBC Community Safety	Communities understand what domestic abuse is and how to respond		
	Prevent	Ensure practitioners are equipped with skills and knowledge to spot the signs of domestic abuse and have the confidence to make safe enquiries	Promote the LSCB and TSAB training programme and free on line training general safeguarding awareness and in depth workbooks, topics include Domestic Abuse, Coercive Control, Forced marriage,	April 2018	HSCB TSAB	Confident and resilient workforce able to identify and respond to the needs of victims and families		

			FGM and Teen to Parent abuse.			affected by domestic abuse.  Domestic abuse enquiries become routine of good practice.		
	Provision of Service	Learn from domestic homicide reviews	Review local domestic homicide reviews to identify any gaps in service / lessons that can be learnt in Hartlepool	As necessary	All agencies	Through effective learning and review of recent cases the risk of Domestic Homicides is reduced.		
	Provision of Service	Ensure that the views of victims of domestic abuse are routinely incorporated into service and consistently	Develop a service user consultation programme and incorporate into Contract Monitoring arrangements	September 2017	HBC Community Safety Domestic Abuse Specialist Service Provider	Services are responsive and meet the needs of victims and their families.		
	Provision of Service	Ensure a structured approach to risk assessment where Domestic Abuse is identified	Develop and roll-out DASH risk assessment training programme for practitioners  Work with GP practice safeguarding lead to consider the DASH tool or	April 2018	HBC Child & Adult Services	DASH is embedded and used by frontline practitioners to assess level of risk to domestic abuse victims		

			the Royal Colleges own tool and for the nurses in practice to consider the tools in the Royal college of Nursing work on domestic abuse			and their families.		
	Provision of Service	Support and maximise opportunities for victims to secure access to justice	Explore options for the installation of a live video-link allowing vulnerable victims/witnesses to give evidence outside of the court room setting.	July 2017	HBC Community Safety Cleveland Police Office of the Cleveland Police & Crime Commissioner Her Majesty's Court Service	Victims have increased access to justice.		
	Provision of Service	Gain a greater understanding of victim and perpetrators life journey and critical intervention points.	Map the life journey of victim and perpetrators, linking with repeat MARAC cases and IOM cohort.	December 2017	HBC Community Safety	Delivery of targeted, timely and effective interventions to at risk-groups.		
	Provision of Service	Improve our understanding of domestic abuse issues affecting vulnerable adults, and ensure appropriate referral pathways to specialist domestic abuse support services are in place.	Undertake a case audit to gain a greater understanding of domestic abuse issues affecting vulnerable adults in Hartlepool and map current referral pathways.	September 2017	HBC Adult Services	Clear referral pathways are established.  Increase in the number of referrals into specialist support		

						services from HBC Adult Services.		
	Provision of Service	Commissioned services for Domestic Abuse are creative, evidenced based and consider new ways of working and include the feedback from children and families.	Undertake a needs assessment to inform the development of a domestic abuse service specification  Develop a service user consultation programme	May 2017	HBC Community Safety	Commissioned services will provide high quality, effective and accessible services which meet the needs of individuals and families affected by domestic abuse.		
	Provision of Service	Gap analysis to be undertaken with provider organisations following the joint targeted area inspections deep dive on domestic abuse.	Examine findings of deep dive JTAI's carried out and identify any gaps, develop action plan to address any gaps.	February 2017	Foundations trusts across Tees (North Tees, South Tees, Tees, Esk & Wear Valley)			

	Pursue	Maximise take up and completion rates of Perpetrator interventions	Analyse unsuitable referrals to and unplanned exits from the perpetrator programme.	June 2017	HBC Community Safety Specialist Domestic Abuse Support Services	Perpetrators of domestic abuse are supported to change their behaviour		
	Pursue	Increase opportunities of bringing perpetrators to justice.	Analyse victim withdrawal rates/reasons, and monitor the use of victimless prosecutions and use of DVPO's & DVPN's	December 2017	Cleveland Police HBC Community Safety	Increase in the number of detected domestic abuse crimes		
	Pursue	Ensure victims receive effective support and guidance when seeking justice through the Specialist Domestic Violence Court (SDVC)	Deliver an effective IDVA service ensuring positive criminal justice outcomes	March 2017	Specialist Domestic Abuse Support Service	Increase in positive criminal justice outcomes  Reduction in discontinued cases due to victim/witness issues		

OUTCOME	MEASURED BY
Reduce domestic abuse in Hartlepool	Number of domestic abuse incidents reported to the Police
	Number of domestic abuse related crimes recorded by the Police
	Number of CHUB referrals where domestic abuse is a factor
	Number of referrals to Adult Services where domestic abuse is a factor
	Number of MARAC referrals
	Number of referrals into Specialist Domestic Abuse Support Services
Reduce repeat victimisation	Number of Repeat Domestic Abuse incidents reported to the Police
	Number of re-presentations into specialist domestic abuse support services
	% of MARAC repeat referrals
	Number of Repeat referrals to Children Domestic Abuse incidents reported to the Police
	% of victims who feel safer after receiving support from specialist domestic abuse support services
Victims are safer and have improved resources to remain safe	% of clients exiting specialist support services who report a reduction in abuse
	% of children & young people who feel safer as a result of support from specialist domestic abuse children support service
Victims report improved health, wellbeing and resilience	% of clients exiting specialist domestic abuse support service who report an improved quality of life
	% of clients exiting specialist domestic abuse support service who report increased self esteem
	% of clients exiting specialist domestic abuse support service who report improved capacity to be an effective an caring parent
	% of clients exiting specialist domestic abuse support service who report improved economic wellbeing
	% of domestic related crime that are detected
Victims have increased access to justice	% of domestic related crime where charges are brought
	% of cases where there was a successful prosecution
Perpetrators of domestic abuse are supported to change their behaviour	Number of referrals into perpetrator service
	% of perpetrators successfully completing perpetrator programme
	% of perpetrators that do not commit further domestic abuse offences within 6 months of programme completion

Children and young people living with domestic abuse are identified and referred appropriately	Number of domestic incidents reported to the Police where children are present
	% of domestic abuse related CHUB referrals that result in pathway to Early Help
	% of domestic abuse related CHUB referrals that result in social care assessment
	% of domestic abuse related CHUB referrals that result in referral to domestic abuse specialist support services
	% of domestic related CHUB re-referrals within 12 months
	Number of children placed on a CP plan where domestic abuse, parental substance misuse or mental health is a factor at the time of assessment
	Number of children placed on a CP plan where domestic abuse, parental substance misuse or mental health is a factor at the time of assessment with no prior EHA
Increase the awareness of domestic abuse to improve agency responses to victims and their families.	Number of domestic abuse training sessions provided
	Number of front-line practitioners attended
Improve understanding of respectful & healthy relationships amongst young people	Number of young people participating in Healthy Relationships programmes
	% of young people who have an increased understanding of healthy relationships
	% of young people who know where to seek help about domestic abuse if they needed it
	Number of young people participating in Respectful Friendships programmes
	% of young people who have an increased understanding of respectful friendships





# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Public Health

**Subject:** SUBSTANCE MISUSE STRATEGY 2016-2019

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## 1. PURPOSE OF REPORT

- 1.1 To agree the annual Action Plan to deliver the Substance Misuse Strategy that was agreed at SHP in July 2016.

## 2. BACKGROUND

- 2.1 In accordance with the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area.
- 2.2 The latest Hartlepool Substance Misuse Strategy which was developed in 2011 came to an end in March 2016. A yearly Substance Misuse Plan was developed from the Strategy which also came to an end in March 2016.

## 3. SUBSTANCE MISUSE STRATEGY 2016 – 2019 & ANNUAL ACTION PLAN

- 3.1 Overseen by the Safer Hartlepool Partnership Substance Misuse Strategy Group, work begun on developing the Substance Misuse Strategy in March 2016.
- 3.2 Using a wide range of quantitative and qualitative data sources from Public Health England, Cleveland Police, Hartlepool Borough Council Child & Adult Services, Hartlepool Borough Council Public Health Tees Shared Service, North Tees & Hartlepool NHS Foundation Trust and local consultation exercises; a local needs assessment has been undertaken to ascertain the extent of substance misuse in Hartlepool to understand the impact it has on those affected by this issue.
- 3.3 Key findings from the needs assessment have been used to inform the development of the strategy, including the identification of proposed strategic objectives and priorities.

- 3.4 The draft Substance Misuse Strategy was presented to the Safer Hartlepool Partnership in July 2016, and subject to consultation was approved **(Appendix 1)**.
- 3.5 The draft Substance Misuse Strategy was subject to an eight week consultation period with the consultation exercise comprising of the following:
- An online consultation survey – with links published on the Safer Hartlepool Partnership website, Hartlepool Borough Council website, Hartlepool Borough Council Facebook page, Hartlepool Borough Council Twitter page.
  - The use of local media mechanisms including but not limited to Hartlepool Mail.
  - Targeted emails will be sent to a wide range of public, private, community and voluntary sector representatives and groups containing a link to the online consultation survey.
  - The draft strategy will be presented to the Health & Wellbeing Board, Finance & Policy Committee, Audit & Governance Committee, Hartlepool Safeguarding Children's Board and Hartlepool Adult Safeguarding Local Executive Group.
- 3.6 The consultation has now concluded and the results from all areas have now been acted upon and has become the basis for the Action Plan that will accompany the Strategy during it's lifespan.
- 3.7 The Action Plan will address the objectives set out in the strategy and as this will be a live document it will be monitored and adapted on a quarterly basis **(Appendix 2)**.
- 3.8 There will also be an Annual refresh of the Action Plan until the strategy comes to an end in March 2019. Each refresh will be brought back to this group for approval.

#### **4. FINANCIAL CONSIDERATIONS**

- 4.1 There are no financial considerations associated with this report.

#### **5. STAFF CONSIDERATIONS**

- 5.1 There are no staff considerations associated with this report.

#### **6. SECTION 17 CONSIDERATIONS**

- 6.1 Failure to develop and implement a Substance Misuse Strategy will undermine the Safer Hartlepool Partnerships ability to fulfil its statutory obligations under Section 17 of the Crime and Disorder Act 1998 to formulate strategies to reduce crime and disorder.

## **7. LEGAL CONSIDERATIONS**

- 7.1 Under the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in their local area.

## **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 8.1 Effective implementation of the strategy will ensure that those affected by substance misuse have equal access to services.

## **9. CHILD POVERTY CONSIDERATIONS**

- 9.1 There are no child poverty implications associated with this report.

## **10. RECOMMENDATION**

- 10.1 That the Partnership consider and approve the proposed Action Plan as part of the overall Substance Misuse Strategy 2016-2019.

## **11. REASON FOR RECOMMENDATION**

- 11.1 The current Substance Misuse Strategy came to an end in March 2016, however the action plan has still been live during this consultation period and work has continued to be monitored.
- 11.2 The Safer Hartlepool Partnership has a statutory duty to develop and implement strategies aimed at substance misuse.

## **12. CONTACT OFFICER**

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# **Hartlepool Substance Misuse Strategy**

## **2016-2019**

## Foreword

Substance misuse (Drugs & Alcohol) is the cause of many health and social problems that can devastate individuals, families and communities. It is a significant driver of crime and anti-social behaviour in our local area which adds a significant cost to our local economy.

This strategy establishes Hartlepool's strategic vision and key objectives for the next three years. It sets out a programme of cross-cutting work that can only be achieved in successful partnership.

The key focus is to reduce the harm, or potential harm, that misusing drugs and alcohol has on the individual, their family and the wider community.

The vision of the strategy highlights the need to integrate with our partners in order to educate, prevent, treat and reduce the health, social and economic harms of drug and alcohol misuse.

Hartlepool has a history of providing quality drug and alcohol treatment services for those in need and this strategy sets out how this will continue. The strategy has a focus on prevention and highlights the importance of effective partnership working that will be reflected in each of the themed areas in the subsequent Action Plan that will be associated to the strategy and the overall delivery of our services.

This strategy comprises three main themes:

- Promotion and Early Intervention for young people and adults.
- Supporting individuals and families affected by substance misuse whilst working towards recovery and abstinence.
- Achieve outcomes and sustained recovery by delivering high quality treatment systems.

Underpinning these themes is the need to generate a culture shift, which promotes positive change in the attitude and behaviours towards substance misuse. This can be done by increasing the awareness and understanding to empower individuals to make positive lifestyle choices.

## Contents

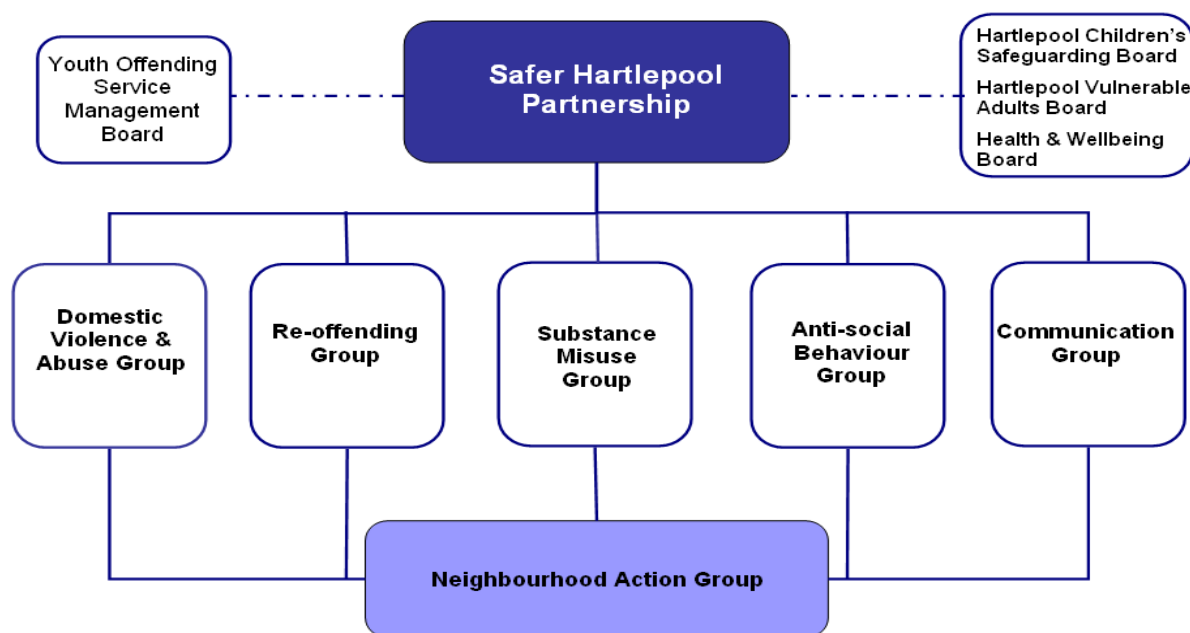
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## Context and Purpose

The Substance Misuse Strategy is required in accordance with the Crime and Disorder Act 1998, whereby Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending in local areas.

The strategic direction and lead for substance misuse activity in Hartlepool is Safer Hartlepool Partnership (SHP). The strategy is delivered by Substance Misuse Strategy Group that consists of a multi-agency partnership. This partnership ensures an integrated approach alongside our Local Authority and includes key stakeholders such as Police, Public Health England, Probation, Balance, Health and Cleveland Fire. In addition to this, SHP involves a wider range of stakeholders through a number of special interest task groups and forums.

The Substance Misuse Strategy forms part of the following structure and links into the dedicated themed groups under this structure.



Over a number of years, national government have increasingly recognised the complex issues relating to substance misuse and the devastating impact drugs & alcohol can have on lives of individuals, families and the wider communities.

After a number of national drug strategies that promoted maintenance treatment, the strategy launched in December 2010 changed the focus to that of recovery as the central goal and encompassed alcohol as well as drugs. It stressed that recovery is individual and person centred, and requires an effective 'whole systems' approach working with education, training and employment, housing, family support services, wider health services and criminal justice agencies where appropriate.



Public Health England (PHE) suggested the principles for a structured treatment system to promote successful recovery journeys for individuals and their families that include:-

- To maintain or improve access to **early and preventative interventions** and to treatment.
- Ensure treatment is **recovery-orientated, effective**, high-quality and protective.
- Ensure treatment delivers continued benefit and **achieves appropriate recovery-orientated outcomes**, including successful completions.
- Ensure treatment supports people to **achieve sustained recovery**.

Hartlepool is a small unitary authority in the North East region and the third smallest in the country, comprising of some of the most disadvantaged areas in England. Substance misuse adds to a number of these issues by a number of contextual factors.

Population	Health & Wellbeing
Hartlepool has a stable population rate, with low levels of migration.	The health of the population in Hartlepool is generally worse than the England average.
Hartlepool has become more diverse in recent years, although a very small number of the population are from the Black, Minority, Ethnic and Refugees (BMER) community.	There is a higher prevalence of long term health problems, including mental health.
A high percentage of the population in Hartlepool live in five of the most deprived wards in the country, where crime and anti-social behaviour rates are high.	Although Hartlepool has seen a reduction in the number of alcohol relation hospital admissions (ARHA), this still remains higher than the England average.
	Drug use in Hartlepool remains high and has seen an increase in the numbers using NPS, Cannabis and Alcohol.
Deprivation	Housing
Hartlepool has pockets of high deprivation where communities experience multiple issues: higher unemployment, lower incomes, child poverty, ill health, low qualification, poorer housing conditions and higher crime rates.	Strong links exists between the occurrence of anti-social behaviour and the location of private rented housing.
Residents living in more deprived and in densely populated areas have high perceptions of crime and anti-social behaviour and feel less safe.	The percentage of long term empty properties in Hartlepool is higher than the regional average.

Geography	Unemployment
Substance misuse issues are not evenly spread and tend to be concentrated in geographic hotspots, particularly in the most deprived wards in Hartlepool.	<p>Unemployment rates in Hartlepool are above the regional average and more than double the national average.</p> <p>8.7% of young people aged 18-24 years are unemployed.</p> <p>Hartlepool has high rates of people incapable of work due to disability and ill health.</p>

This strategy will have a direct link to other strategies within SHP and will assist in overall delivery of services, looking at the wider determinants of health for vulnerable individuals, their families and the community who may be suffering the consequences of substance misuse.

## Current Situation

Substance misuse is a complex problem that reaches all our communities in Hartlepool. It has far-ranging and harmful implications for individuals, families and communities.

Addressing the needs of those with substance misuse problems is central to tackling local health inequalities, reducing re-offending and improving outcomes for the most vulnerable.

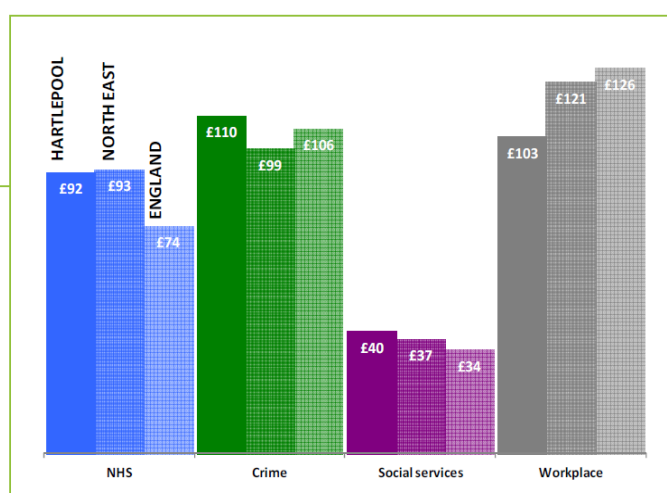
## Alcohol

It is estimated that nationally, alcohol misuse costs society more than £21 billion per year whilst local estimates indicate that costs associated with alcohol misuse in Hartlepool are more than £31 million. This figure equates to an overall cost per head of population of £343; the sixth highest of the 12 local authorities in the North East.

### OVERALL COST PER HEAD:

HARTLEPOOL:       **£343**  
 NORTH EAST:       **£349**  
 ENGLAND:           **£338**

The neighbouring chart shows the cost per head broken down by the four sub-categories.



The above clearly demonstrates the significant impact that alcohol has on the local economy but does not take into account the harm that it causes to communities in Hartlepool.

## Drugs

Drug use and drug dealing continues to be a community concern particularly in our most disadvantaged communities.

In Hartlepool the number of people who are dependent on drugs is more than twice the national average, with more than two thirds of these users accessing treatment services.

Indicator	Hartlepool	National
The estimated number of people in your area who are dependent on drugs per 1,000 population	18.57	8.67
Proportion in treatment	69.8%	52.1%

## Outcomes and Key Priorities

The strategy aims to achieve the following outcomes and priorities, in the community, workplace, business, retail and custody based settings by 2019 and relates to both adults and young people:

- Continuing to make the best use of resources.
- Strengthening working relationships across partner agencies.
- Utilising innovative approaches to tackle drug & alcohol issues.
- Expand on the successes of our treatment services whilst obtaining best value for money.

The Public Health Outcomes Framework (PHOF) published by the Department of Health in January 2012, has a framework that sets out the desired outcomes for public health and how these will be measured. The framework concentrates on two high level outcomes to be achieved across the public health system:

- Increase life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

The outcomes reflect a focus not only on how long people live but on how well they live, at all stages of life. A set of supporting public health indicators will help focus understanding of progress year by year, nationally and locally on those things that matter most to public health.

This strategy will ensure that our objectives are linked to PHOF and contribute to the following PHO's.

- (2.15 PHOF) Successful completion of drug treatment
- (2.18 PHOF) Alcohol Related Hospital Admissions (ARHA)

This strategy will concentrate on delivering on the following priorities to ensure that individuals who are suffering the effects of substance misuse have their needs met.

### **Objective 1:**

#### **Prevention and Early Intervention**

- To promote early interventions to reduce the incidence of dependency in all sections of the population.
- To liaise with Child & Adult Services to safeguard vulnerable children and adults.
- To provide advice and information to address drug misuse and to promote responsible drinking.
- To prevent harm to children, young people and families affected by drug and alcohol misuse.
- To raise awareness of Foetal Alcohol Spectrum Disorder (FASD)
- To ensure families are supported through effective multi agency working.
- To expand understanding of recovery and reintegration across staff, service users, and stakeholders.
- Raise community awareness and improve general understanding of safe drinking limits of alcohol to young people and parents.
- Improve the health of young people, making them aware of the consequences and risks associated with alcohol.
- To use Licensing powers and other legislation to effectively manage the night time economy.
- Reduce incidences of alcohol sales to young people and reduce proxy purchasing and general supply of alcohol to those under the age of 18.
- To continue to monitor sales of alcohol to young people and if needed take formal action to those retailers who fail to heed warnings and advice.
- Develop a responsible retailing ethos and effective partnership approach that embraces Challenge 25.
- To target interventions at groups/ individuals in the community causing most harm to themselves and others.

### **Objective 2:**

#### **Supporting individuals and families affected by substance misuse whilst working towards recovery and abstinence.**

- To tackle drug supply, drug and alcohol related crime and anti-social behaviour through robust enforcement.
- To ensure a 'recovery model' of treatment that responds to individual needs and is based on identified best practice.

- Reduce the availability of illegal drugs and reduce access to New Psychoactive Substances (NPS).
- To improve performance and outcomes against national targets and for the benefit of Hartlepool.
- To ensure that partnership working provides streamlined and effective pathways between specialist and non-specialist services.
- To deliver a robust Hepatitis Immunisation Programme and swift access to treatment to improve the protection within the community.
- To build opportunities for recovery capital for substance misusers i.e. housing, education, employment and family.
- To have robust treatment systems with effective safeguarding measures in place, geared to meet the needs of vulnerable adults, as well as parents and carers with responsibility for children.
- To ensure clear pathways and protocols are in place between treatment, children's services and adult social care services.

**Objective 3:**

**Achieve outcomes and sustained recovery by delivering high quality treatment systems.**

- To provide additional community engagement facilities following treatment.
- To provide rapid access back into recovery support to reduce the effects of lapse.
- To deliver a continued benefit and achieve appropriate recovery-orientated outcomes, including successful completion.
- Reduce youth related anti-social behaviour associated with alcohol consumption.

**Monitoring Progress/Success**

Planning & Commissioning Officers for Public Health will be responsible for overall monitoring of performance against our treatment provider contracts. This will be done on a monthly basis and will ensure that all aspects of each contract are being fulfilled. Information against performance will then be fed into the quarterly updates towards this strategy.

The action plan that will accompany this strategy will require strict monitoring on a quarterly basis, with updates from key stakeholders and partners responsible for delivery.

This will ensure that monitoring will start from a strategic view point down to our delivering providers and then back up through the strategic route and will be reported to the Substance Misuse Strategy Group, who will then feed into SHP on a regular basis.

## Action Plan

Underpinned by an outcome performance framework, an Action Plan will be developed and will accompany this strategy that will detail how the aims and objectives will be achieved.

The action plan will be refreshed annually for the lifetime of the strategy. The action plan will be overseen by the Substance Misuse Strategy Group of SHP, to ensure that the delivery is being achieved as well as ensuring it is kept up to date with any changes in national or local policy.

The action plan will incorporate all of the identified key priorities within the strategy and all the information gathered from Stakeholders during our consultation event and consultation period.

The action plan will be developed following the formal consultation and be an appendices to this document.

# **Substance Misuse Plan 2016-2019**



## Substance Misuse Priorities 2016-2019

Our focus for the Substance Misuse Treatment Plan will concentrate on the following areas of concern:

Annual Priorities 2016 – 2019
<b>Substance misuse</b> – reduce the harm caused to individuals, their family and the community, by illegal drug and alcohol misuse
<b>Blood Borne Viruses (BBV)</b> – reduce the risk of BBV by increasing the uptake of vaccination
<b>Domestic violence and abuse</b> – reduce the risk of serious harm and provide the right response to safeguard individuals and their families from violence and abuse
<b>Anti-social behaviour</b> – ensure effective resolution of anti-social behaviour, divert perpetrators and identify and support vulnerable individuals and communities
<b>Re-offending</b> - reduce re-offending through a combination of prevention, diversion and enforcement activity



## Action Plan

### RAG Status Key:

LAVENDER	Actions not yet planned or underway
RED	Unsatisfactory progress – targets and timescales not being met
AMBER	Good progress being made against targets
GREEN	All targets being met

## Planning Section 1: PREVENTION AND EARLY INTERVENTION

- To promote early interventions to reduce the incidence of dependency in all sections of the population
- To liaise with Child & Adult Services to safeguard vulnerable children and adults
- To provide advice and information to address drug misuse and promote responsible drinking
- To prevent harm to children, young people and families affected by drug and alcohol misuse
- To raise awareness of Foetal Alcohol Spectrum Disorder (FASD)
- To ensure families are supported through effective multi agency working
- To expand understanding of recovery and reintegration across staff, service users, and stakeholders
- Raise community awareness in and around the CAP area & improve general understanding of safe drinking limits of alcohol to young people and parents
- Improve the health of young people, making them aware of the consequences and risks associated with alcohol as recommended by Community Alcohol Partnership (CAP)
- To use Licensing powers and other legislation to effectively manage the night time economy
- Reduce incidences of alcohol sales to young people and reduce proxy purchasing and general supply of alcohol to those under the age of 18
- To continue to monitor sales of alcohol to young people and if needed take formal action to those retailers who fail to heed warnings and advice
- Develop a responsible retailing ethos and effective partnership approach that embraces Challenge 25
- To target interventions at groups/ individuals in the community causing most harm to themselves and others

Key Actions	By When	By Whom	Baseline	RAG Status & Comments
<p>Promote early interventions to reduce the incidences of dependency in all sections of the population through:-</p> <ul style="list-style-type: none"> <li>Increased use of effective screening and IBA</li> <li>Early identification of emerging needs that identify multiple emerging needs for all</li> <li>Utilise CAP and broaden interventions across the town</li> <li>Work towards one system approach for all across all agencies</li> <li>Use of information sharing protocol that will enhance delivery of services for both adults and young people</li> <li>Clear pathways suitable for all</li> </ul>	Ongoing	<p>LA Planning &amp; Commissioning Officer</p> <p>Service Delivery Manager</p>		
<p>Ensure families, especially those with more complex needs are supported to give the best start in life.</p>	Quarterly	<p>Healthy Early Years Co-ordinator</p> <p>Deputy Children Centre Manager</p>		
<p>Strengthen mechanisms in place with partner agencies to tackle drug supply and substance misuse related crime and anti-social behaviour, including:-</p>	Quarterly	<p>Police</p> <p>Service Delivery Manager</p>		

<ul style="list-style-type: none"> <li>Alcohol</li> <li>Legal Highs</li> <li>NPS</li> </ul>				
To have strong links with Night Time Economy Group and ensure feedback on their activity is recorded within this plan	Quarterly	Trading Standards & Licensing Officer		
To continue to provide licensing training to licence holders and staff to encourage responsible trading and reduce instances of underage sales	Quarterly	Trading Standards & Licensing Officer		
Monitor regular sales of underage drinking & test purchasing through age challenge policies.	Quarterly	Trading Standards & Licensing Officer	Report on how many premises tested each quarter	
To provide training and advice to licensed premises on underage sales and responsible alcohol promotions	Quarterly	Trading Standards & Licensing Officer	Report on number of people trained	
Deliver monthly awareness raising campaigns to target users, parents, carer, families and the general community as detailed within the Campaigns Timetable with specific focus on:- <ul style="list-style-type: none"> <li>Substance Misuse</li> <li>FASD</li> <li>Targeted campaigns in line with National Awareness Campaigns</li> </ul>	Monthly	All Agencies  LA Planning & Commissioning Officer LA Planning & Commissioning Officer	Monthly reports on activity against the Campaigns Timetable.	

All monthly campaigns should be in partnership with Community Services who can gather intelligence on hotspot areas.		Named lead for each campaign		
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## Planning Section 2: Treatment & Support - SUPPORT INDIVIDUALS AND FAMILIES AFFECTED BY SUBSTANCE MISUSE WHILST WORKING TOWARDS RECOVERY AND ABSTINANCE

<ul style="list-style-type: none"> <li>To tackle drug supply, drug and alcohol related crime and anti-social behaviour through robust enforcement</li> <li>To ensure a 'recovery model' of treatment that responds to individual needs and is based on identified best practice</li> <li>Reduce the availability of illegal drugs and reduce access to New Psychoactive Substances (NPS)</li> <li>To improve performance and outcomes against national targets and for the benefit of Hartlepool</li> <li>To ensure that partnership working provides streamlined and effective pathways between specialist and non specialist services</li> <li>To deliver a robust Hepatitis Immunisation Programme and swift access to treatment to improve the protection within the community</li> <li>To build opportunities for recovery capital for substance misusers i.e. housing, education, employment and family</li> <li>To have robust treatment systems with effective safeguarding measures in place, geared to meet the needs of vulnerable adults, as well as parents and carers with responsibility for children.</li> <li>To ensure clear pathways and protocols are in place between treatment, children's services and adult social care services</li> </ul>
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Key Actions	By When	By Whom	Baseline	RAG Status & Comments
Increase access to Harm Reduction measures:- <ul style="list-style-type: none"> <li>Greater numbers receiving Hep B vaccinations and Hep C testing.</li> <li>Continuous re-screening for BBV throughout treatment (annually),</li> </ul>	Quarterly	Service Delivery Manager		

<p>where risky behaviour is identified</p> <ul style="list-style-type: none"> <li>• Measure successful completions in drug treatment</li> <li>• Reduce the number of Alcohol Related Hospital Admissions (ARHA)</li> </ul>				
Monitor numbers of individuals on reducing substitute medication prescriptions	Quarterly	Service Delivery Manager		
<p>Monitor and develop options for Tier 4 provision including:</p> <ul style="list-style-type: none"> <li>• Community/Residential Detoxification, to meet the level of need.</li> <li>• Increase opportunities for rapid community detoxification with associated wraparound services.</li> </ul>	Ongoing	<p>Tier 4 Co-ordinator</p> <p>Service Delivery Manager</p>		
<p>Establish a whole system approach to treatment &amp; recovery that is in partnership with additional organisation based on individual need for the client by:-</p> <ul style="list-style-type: none"> <li>• Having clear pathways</li> <li>• Information sharing protocols</li> <li>• Universal Services</li> <li>• Mental Health Pathways (child &amp; Adult)</li> <li>• Strong links to</li> </ul>	Ongoing	Service Delivery Manager		

Housing/Accommodation <ul style="list-style-type: none"> <li>Greater buy-in from universal services to enable re-integration and recover.</li> </ul>				
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### Planning Section 3: Crime, Disorder & Community Safety - ACHIEVE OUTCOMES AND SUSTAINED RECOVERY

<ul style="list-style-type: none"> <li>To provide additional community engagement facilities following treatment</li> <li>To provide rapid access back into recovery support to reduce the effects of lapse</li> <li>To deliver a continued benefit and achieve appropriate recovery-orientated outcomes, including successful completion</li> <li>Reduce youth related anti-social behaviour associated with alcohol consumption</li> </ul>
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Key Actions	By When	By Whom	Baseline	RAG Status & Comments
Monitor ways we deal with individual clients and utilise our partners available to address the client's needs by:- <ul style="list-style-type: none"> <li>Working with Police/PCSOs &amp; Community Safety to gather intelligence in our communities</li> <li>Expanding MDTs for complex/high risk cases</li> <li>Establish good links with relevant staff in all</li> </ul>	Ongoing	All Agencies  Service Delivery Manager  Planning & Commissioning Officer		

<p>organisations as part of good communication and information sharing</p> <ul style="list-style-type: none"> <li>Have input into Communications plan to deliver effective safety messages using a consistent approach</li> </ul>				
<p>Early identification of any issues around Housing/accommodation, Mental Health &amp; General Health to be addressed are addressed upon initial assessments</p>	Ongoing	<p>All Agencies</p> <p>Planning &amp; Commissioning Officer</p> <p>Service Delivery Manager</p>		
<p>Build on work in hot spot areas to develop stronger relationships with members of the public to reassure we understand any issues</p>	Quarterly	<p>Planning &amp; Commissioning Officer</p> <p>Service Delivery Manager</p>		
<p>Have stronger links to our partners who can help in addressing wider issues within the community, especial for young people in relation to Availability, affordability &amp; accessibility:-</p> <ul style="list-style-type: none"> <li>Balance</li> </ul>	Quarterly	<p>Planning &amp; Commissioning Officer</p> <p>Service Delivery Manager</p>		

<ul style="list-style-type: none"> <li>• CAP</li> </ul> <p>Continue to provide support to Balance &amp; CAP in all activities relevant to Hartlepool</p>				
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# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** DURHAM & TEES VALLEY FUNDING APPLICATION  
FOR SPECIALIST ACCOMMODATION BASED  
SUPPORT FOR VICTIMS OF DOMESTIC ABUSE

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## 1. PURPOSE OF REPORT

- 1.1 To inform the Safer Hartlepool Partnership of the Durham & Tees Valley funding application to the DCLG aimed at strengthening specialist accommodation based support for victims of domestic abuse across the sub-region.

## 2. BACKGROUND

- 2.1 As part of the Government's National Violence Against Women and Girls (VAWG) Strategy, on the 3 November 2016 the Department for Communities and Local Government (DCLG) announced a £20 million fund to support the provision of accommodation-based support service reforms to meet the priorities for Domestic Abuse Services.
- 2.2 As set out in the Bidding Prospectus, attached at **Appendix A**, the two year fund (2016/18) will support the provision of core support for refuges and specialist accommodation-based services. The fund will help local areas ensure that no woman is turned away from the support services, whilst also seeking to address the needs of victims from diverse groups, including those with complex needs and those from isolated and/or marginalised communities.
- 2.3 Funding is available for local areas whose bids demonstrate collaboration with one another, bringing together three or more local authorities working across boundaries to meet the needs of domestic abuse victims. The total funding available is up to £100k per local area, but bids of more than £100k which proactively work across a number of local authority boundaries will be considered. Allocated funding will be issued as unringfenced resource grant under Section 31 of the Local Government Act 2003.

2.4 The deadline date for funding applications was 16 December 2016.

### 3. DURHAM & TEES VALLEY FUNDING APPLICATION

- 3.1 To address the identified needs of domestic abuse victims who are particularly vulnerable or often excluded from current refuge provision; specifically women with complex needs, and victims from BME backgrounds including those with no recourse to public funds, the funding application at **Appendix B** has been developed by the six local authorities across the Durham & Tees Valley area.
- 3.2 This has provided the opportunity to realize the Safer Hartlepool Partnership's ambition to strengthen refuge provision and support services for BME and other victims with complex needs, and working with partners across the sub-region a funding application was submitted to DCLG on 16 December 2016 by Redcar & Cleveland Borough Council.
- 3.3 The bid is based on an effective delivery model that links with existing structures across the sub-region and proposes the creation and provision of:
- **Domestic Abuse Navigator's Network;** the provision of 8 navigators: 2 dedicated to BME support across the region and a further 6 (one in each local authority area) to work in securing accommodation and the provision of appropriate support for victims of domestic abuse with complex needs.
  - **Emergency Accommodation;** providing a short-term safe space on an instant access basis (within 5 hours) to enable a support service to stabilise, identify and address the immediate needs of victim and their family, whilst putting in place a sustainable safeguarding plan that includes safety planning, longer term accommodation, legal protection, financial security and health needs. The service will offer the same intensity of support as refuge accommodation but will be offered via a safe house facility situated in the community which differs from currently commissioned outreach and accommodation services for domestic abuse.
  - **BME Refuge Provision:** will provide specialist accommodation for BME women and children, offering crisis management/intensive support, counselling, legal, resettlement and culturally appropriate specialist support to meet their individual needs. The refuge will be the key BME referral centre for the sub-region partnership and beyond, linking with the HM Border Agency – Forced Marriage Unit and Female Genital Mutilation (FGM) Unit, and will accept referrals for BME women who are at risk or have experienced forced marriage, honour based violence, FGM, domestic and/or sexual abuse or fear for their safety in their local community, including women who have no recourse to public funds.

- 3.3 The bid was discussed and supported by the Safer Hartlepool Partnerships Domestic Abuse Group when it was considered by the Group on the 6<sup>th</sup> December. If successful the bid will secure £722k, of which £106k will be used to enhance domestic abuse support services in Hartlepool over the next two years (2016-18).

#### **4. FINANCIAL CONSIDERATIONS**

- 4.1 There are no financial considerations associated with this report.

#### **5. STAFF CONSIDERATIONS**

- 5.1 There are no staff considerations associated with this report.

#### **6. SECTION 17 CONSIDERATIONS**

- 6.1 The additional provision of funding, if successful, will assist the Partnership in the discharge of their crime disorder obligations under Section of the Crime and Disorder Act 1998.

#### **7. LEGAL CONSIDERATIONS**

- 7.1 Under the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending, including domestic abuse.

#### **8. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 8.1 If successful the bid will enhance the support for victims of domestic abuse, ensuring that those affected by domestic abuse have equal access to services, and that vulnerable victims and their families are safeguarded and protected, including those affected by Honour Based Violence.

#### **9. CHILD POVERTY CONSIDERATIONS**

- 9.1 There are no child poverty implications associated with this report.

#### **10. RECOMMENDATION**

- 10.1 That the Safer Hartlepool Partnership notes the funding application.

## **11. REASON FOR RECOMMENDATION**

- 11.1 Tackling domestic abuse and its impact on individuals and families is a key priority for the Safer Hartlepool Partnership.

## **12. CONTACT OFFICER**

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Department for  
Communities and  
Local Government

# 2016/18 Fund for specialist accommodation based support and service reform to meet the Priorities for Domestic Abuse Services

## Bidding Prospectus

November 2016  
Department for Communities and Local Government



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# Bidding Prospectus

## Summary

1. Government's Manifesto commitment is that ***"We will now work with local authorities, the NHS and Police and Crime Commissioners to ensure a secure future for specialist FGM and forced marriage units, refuges and rape crisis centres."*** In our refreshed Violence Against Women and Girls (VAWG) Strategy launched on 8<sup>th</sup> March this year, we launched our ambition to go further and faster to reform services to support earlier models of intervention with victims, perpetrators and their families, at the same time as maintaining crisis provision to meet the needs of women and girls suffering violence. Our fund will provide support to local areas to achieve this aim with specific focus on domestic abuse services.
2. The VAWG Strategy also made clear that Government will develop a National Statement of Expectations, which will set out a blueprint for all local areas to follow on what good commissioning and service provision should look like.
3. The National Statement of Expectations, currently being developed, will reinforce the importance of bringing local service providers together, understanding local needs, commissioning services accordingly and publishing data about their local needs, and how services are being provided to meet them, and setting out clear leadership and accountability for delivery.
4. The Government is determined to ensure that no victim of domestic abuse is turned away from the support they need. Refuges and other forms of specialist accommodation-based services play a vital role in providing this support. We are looking for local areas to work collaboratively across local authority boundaries to strengthen provision. To help meet this challenge, the Government will provide funding of up to £20 million over two years (2016-2018) to support the provision of accommodation-based support services and the local reforms need to meet the Priorities for Domestic Abuse Services.
5. Our two year fund is available to local areas which demonstrate that they are taking steps to deliver the Priorities for Domestic Abuse Services (see Annex B). The fund is available for the provision of core support for refuges and specialist accommodation-based services, helping local areas ensure that no woman is turned away from the support she needs. Bids should demonstrate evidence-wide assessment of need, and take into account the particular needs of victims from isolated and/or marginalised communities/ BME backgrounds.
6. Funding is available for local areas whose bids demonstrate collaboration with one another to ensure that partnerships are joining up across borders to meet the needs of women who may flee to seek support, and collaborate on securing assets of national significant providing specialist provision.



7. We recognise that men can also be victims of domestic abuse and our approach will be to benefit all victims. However, women are much more likely than men to be victims of high risk or severe domestic abuse, and therefore more in need of refuges and other forms of specialist accommodation based services. We expect our fund will primarily focus on the needs of women and children suffering violence as set out in our VAWG Strategy.
8. The Fund will operate for the 2016/18 financial years. We can only fund bids where work will be complete by 31 March 2018. We will require confirmation that approved funding will be allocated to the named provider(s) in your bid.
9. If you would like to discuss your proposals with the DCLG Team please contact [DomesticAbuse.Fund@communities.gsi.gov.uk](mailto:DomesticAbuse.Fund@communities.gsi.gov.uk) and someone from the team will get in touch.
10. If you would like to discuss your proposals with the local Troubled Families Co-ordinators, please contact the DCLG Troubled Families Team on [families.team@communities.gsi.gov.uk](mailto:families.team@communities.gsi.gov.uk), and they will put you in touch.

## Responding to the Challenge

11. The Fund will support proposals for the provision of core support for refuges and other accommodation-based services, helping local areas ensure that no woman is turned away from the support she needs, and welcomes bids which can demonstrate a) that there is a need for this type of support locally, and b) that the solution proposed is designed to meet the needs of victims. We recognise that victims of domestic abuse will have different needs – so your bid could be for specialist refuge places or for specific groups (ie for women with mental health problems, substance abuse problems, or particular needs of different ethnic communities), or, where this best meets local need, other accommodation based services with specialist support, or other services that enable victims to access this support. We also recognise that there will be demand for some specialist services in particular local areas from across the country (e.g. refuges which cater for the needs of women from particular BME communities) which serves a broader need.
12. Local areas will also need to ensure that provision is made for victims moving away from their home area and those moving into new areas due to abuse. We are looking to receive bids that bring together three or more local authorities working across boundaries to form regional hubs where appropriate.
13. We are open to a range of proposals from local partnerships that demonstrate how the needs of victims could be met through collaborative working across local

authority boundaries to provide or support the provision of refuges or other accommodation-based support services with specialist support. We are also open to proposals for services which enable victims to access this accommodation-based provision.

14. We know that the multi-faceted and complex nature of domestic abuse means that it cannot be addressed by one agency alone. Bids must be put forward by a local authority, but clearly demonstrating their partnership arrangements with other local commissioners including PCCs and health partners, local specialist domestic violence service providers. We are also open to proposals bringing in other service providers. Partnerships must address the needs of victims who are vulnerable or excluded, and for whom the gaps in provision may be particularly acute, including victims from isolated and/or marginalised communities and those victims with complex needs. We are also very interested in bids that demonstrate how the service will be accessible to victims from across boundaries (i.e. regardless of the victim's local authority of origin). Partnerships may include more than one local authority, but with one leading the bid.
15. All bids must help deliver the local strategy for domestic abuse provision, and provide evidence of local need and gaps in provision in specialist refuge bedspaces. Bids may offer ways of improving/ establishing access to these bedspaces, particularly for victims who may have difficulty in accessing these services because of their vulnerability or isolation. Given that tackling domestic abuse and broader service reform is an explicit objective of the national Troubled Families Programme<sup>1</sup> we would also expect bids to articulate how any additional funding would contribute to the areas existing approach and vision.

## Value for money

16. The Government is required to ensure that funding delivers value for money – bids must demonstrate how they will provide additional outcomes over and above current provision. We are interested in high quality outcomes as well as efficient delivery.
17. Proposals must set out the forecast outcomes in a way which allows us to determine their value. It is not the Government's intention in assessing value for money to favour low quality low cost services over high quality services, or generalist solutions over specialist. There are different ways you could do this, but they need to be quantifiable. You may suggest different types of service for

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1

[https://www.gov.uk/government/uploads/systems/uploads/attachment\\_data/file/409682/Financial\\_Framework\\_for\\_the\\_Expanded\\_Troubled\\_Families\\_Programme\\_april\\_2015.pdf](https://www.gov.uk/government/uploads/systems/uploads/attachment_data/file/409682/Financial_Framework_for_the_Expanded_Troubled_Families_Programme_april_2015.pdf)

different people, with different costs and benefits. These services need to meet the DCLG Quality Standards set out in Annex A. Proposals should also meet the Priorities for Domestic Abuse Services as set out in Annex B.

18. The Government retains the right to reject a bid on the basis of insufficient information on value for money. We will reject bids which demonstrate poor value for money (costs exceed benefits).

## Process

19. Bids must be submitted by the local authority where the service will be provided. The local authority is the grant recipient, responsible to their local community for delivering on their bid, and needs – as domestic abuse services commissioner – to be fully involved.
20. As well as addressing shortfalls and fostering service change, a further purpose of this fund is to provide Government with evidence of domestic abuse services and their outcomes for victims of abuse. This evidence will be used in the development of policy solutions to meet our Manifesto commitment to ensure that no victim of domestic abuse is turned away from the support they need.
21. We need to learn from you and your partners how best to deliver services. So although we will not formally monitor each project we fund, DCLG officials will be in contact to understand more about the progress of your work and will arrange visits to a number of projects. We would also like the local authority partner to set out in your proposal your own suggestions for evaluation and judging whether the proposal has achieved its objectives, and your proposals for sharing what you have learned across England. We would welcome your thoughts and suggestions on how well proposals are working.
22. There will be one bidding round to allocate resource funding of up to £20 million which must be spent by 31 March 2018.

## How to apply

Applicants are required to submit bids no later than **5pm on Friday 16 December 2016** to [DomesticAbuse.Fund@communities.gsi.gov.uk](mailto:DomesticAbuse.Fund@communities.gsi.gov.uk)

Bids should be submitted using the attached application form. Bidders are encouraged to limit their application to 5 sides of A4. Bids must include supporting evidence and the requirements for this evidence are set out in the application form.

An officer should be nominated for contact purposes. Please provide a telephone number and e-mail address.

If local authorities have any queries about the bidding process they should contact [DomesticAbuse.Fund@communities.gsi.gov.uk](mailto:DomesticAbuse.Fund@communities.gsi.gov.uk).

## Assessment of applications

Bids will be assessed by DCLG/HO officials, and Ministers will take the final decision on which bids to support. The Bids will be assessed against the following criteria.

Criteria	Points available	Reasons for these criteria
<u>Meet the DCLG Quality Standards as set out in Annex A</u>	Pass/Fail	To make sure that the proposed services are of sufficient quality to meet victims' needs
<u>Meet the Priorities for Domestic Abuse Services</u>	Pass/Fail	To stimulate service change to meet the priorities for domestic abuse services.
<u>Innovative and sustainable solutions</u> Evidence of innovative and sustainable ways of delivering through partnership bids. Filling of accommodation based services with specialist support and improving/establishing access to this support, particularly for victims who may have difficulty in accessing these services because of their vulnerability or isolation.  Scoring system  <b>5 points:</b> strong proposals with very good evidence of	Up to 5	Successful bidders should demonstrate that they have taken an innovative and sustainable approach to tackling domestic abuse providing clear pathways and referral routes for victims.  Bids should evidence transparency of funding to encourage the funding following the victim rather than a particular local authority.

<p>sustainable approaches to address need in accommodation based services and other service provision identified by local need.</p> <p><b>An additional 5 points:</b> strong proposals for leading change. For more experienced local authorities this would be evidenced through the provision of peer support to local authorities with less capacity.</p> <p><b>3 points:</b> good evidence of accommodation based service proposals.</p> <p><b>1 point:</b> very limited or no evidence for accommodation based proposals – actual or proposed.</p> <p><u>Supporting areas' local strategies on domestic abuse and setting out longer term plans for sustainability.</u></p> <p>Scoring system</p> <p><b>5 points:</b> strong proposals with very good evidence of addressing need identified in the local strategy, and with strong potential to lead to a sustainable long term solution.</p> <p><b>3 points:</b> good</p>		<p>Bids should set out how they will further the development of local strategies on domestic abuse, and how they will help create sustainable and long term approaches to supporting victims. This latter must include how the service will be sustained when this funding ends on 31 March 2018.</p>
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evidence of the above <b>1 point:</b> very limited or no evidence of the above		
<u>Partnership working and working across Local Authority boundaries</u>  Scoring system  <b>5 points:</b> strong partnership working exists or is proposed on a robust and evidenced based project plan with very clear milestones, very good analysis of need/risk and very effective mitigation measures identified. <b>3 points:</b> good partnership working proposals. <b>1 point:</b> very limited or no evidence of partnership working actual or proposed.	Up to 5	<p>Successful bidders must demonstrate that they have worked with under-represented groups with complex needs and those from isolated and/or marginalised/BME groups to identify and respond to local need, in preparing the bid. Partnerships must include domestic abuse/accommodation based service providers in particular, namely the local specialist domestic violence refuge service provider and include providers specialising in complex and specialist needs. Partnerships must ensure that there is full representation for providers meeting specialist and BME needs.</p> <p>We want to see such partnership bids demonstrating cross boundary working across Local Authority boundaries to meet identified need and break down barriers to accommodation based service delivery, for those victims from outside of their area. Bids may include one or more local authorities working in partnership or a number of local authorities setting up a regional hub (with one being nominated as the lead authority).</p> <p>Given that tackling domestic abuse and broader service reform is an explicit objective of the national Troubled Families Programme we would expect bids to articulate how any additional funding would contribute to the areas existing approach and vision.</p> <p>We would also be interested in bids that demonstrate leading change through the provision of peer support and sharing best practice across local authority boundaries.</p>
<u>Inclusion of specific provision for BME victims and those from isolated/marginalised communities</u>	Up to 5	<p>Bids should set out how their proposal meets the needs of those from isolated and/or marginalised communities and BME groups who have struggled to access services.</p> <p>We want to see bids that have not only</p>

<p>Scoring system</p> <p><b>5 points:</b> strong proposal demonstrating a strong evidence inclusion of specific provision for BME communities</p> <p><b>3 points:</b> good evidence of inclusion of provision for BME communities</p> <p><b>1 point:</b> very limited or no evidence of specific provision for BME communities, actual or proposed.</p>		<p>considered generic provision but have also considered the needs of those from isolated/marginalised communities and from a BME background.</p> <p>Whilst proposals must reflect local needs, local areas must take into account service provision in their areas which serves a broader national client group i.e. being the only refuge across the country for a particular BME group.</p>
<p><u>Value for money and additionality</u></p> <p>Evidence for value for money. Bids should give a full costing strategy to demonstrate the costs and what they will achieve with the funding. If possible, bids should also identify where more provision can be created across the domestic abuse landscape by leveraging in other sources of funding.</p> <p>Scoring system</p> <p><b>5 points:</b> strong proposal demonstrating very good evidence to show how the funding will support the delivery of the cost strategy, including a breakdown of costs</p>	<p>Up to 5</p>	<p>It is essential that Government programmes show value for money (that the benefits of an action exceed the costs) – which means bids must demonstrate how they will provide genuinely additional provision and outcomes over and above current provision.</p> <p>Bid proposals must set out the forecast outcomes in a way which allows us to determine their value. There are different ways you could do this, but they need to be quantifiable. You need to quantify the number of victims you will be assisting in refuges or accommodation-based services and confirm that these services meet the DCLG Quality Standards set out in Annex A. You must state how many bed spaces in accommodation based provision will be provided by the funding.</p> <p>Bid proposals should also be clear about the benefits/outcomes of funding for service reform</p> <p>It is not the Government's intention in assessing value for money to favour low quality low cost services over high quality high cost ones, or generalist solutions over specialist. Bidders may suggest different types of service for different people, with different costs and benefits.</p>

and activities. <b>3 points:</b> good evidence of value for money in respect of both accommodation based services and service reform. <b>1 point:</b> very limited or unclear evidence of value for money		Government retains the right to reject a bid on the basis of insufficient information on VFM. We will reject bids which demonstrate poor VFM (costs exceed benefits)
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We will also be interested in bids that show where additional funding will be provided by the authority and partners.

**Bids must demonstrate that they have support from the Chief Executive of their authority, and, where relevant, the commitment of partner providers. If the bid involves a number of authorities working in partnership, each partner authority must provide a letter of support from the relevant Chief Executive.**

## Costs and funding arrangements

DCLG would expect to provide around £100,000 maximum per Partnership bid, but will consider bids of more than £100,000 which proactively work across a number of local authority boundaries. Bids should be based on provision of funding up to 31 March 2018 only and should indicate how the service provision will be sustained beyond March 2018. All proposals must involve work being delivered in 2016-18.

**Proposals must set out the total amount of funding sought** and give a high level breakdown of costs, including planned timing. Costs and outputs for 2016-17 and 2017-18 should be distinguished.

Bids which include more than one local authority must designate the lead local authority to which payment is to be made.

Funding will be issued as unringfenced resource grant under Section 31 of the Local Government Act 2003.



# Annex A: Supplementary Guidance on Domestic Abuse and Homelessness

## DCLG Quality Standards

### **Bids must conform to the DCLG Standards**

#### **1. Safety, Security and Dignity**

- Victims can access crisis support at any time and receive a timely response.
- Victims are assessed and offered services on the basis of their individual need for safety and support.
- Victims are assisted to move geographical location if necessary for their safety
- Provision for male victims is located separately from women's services, within dedicated men's services.

#### **2. Rights and Access**

- Service users are believed and listened to and service interventions are respectful of their rights to self-determination.
- Service users with protected characteristics under the Equality Act 2010 can access dedicated specialist services addressing their particular needs.
- Resources are allocated to addressing barriers to access.

#### **3. Health and Wellbeing**

- The physical, mental and sexual health needs of service users are addressed.
- Service users can access individual counselling or group work to build their confidence and resources.
- The organisation works with partners in the sexual violence sector to provide specialist therapeutic support.
- The safety and wellbeing of staff teams is attended to.

#### **4. Stability, resilience and autonomy**

- Service users are supported to take charge of decision-making processes in their lives.
- Service users are encouraged to identify goals and access education, training and employment to maximise their stability and independence.
- Service users have access to resettlement and follow-up services with exit strategies tailored to individual need.

#### **5. Children and young people**

- The safety and wellbeing of children and young people is addressed in risk assessment and support planning.
- Children are able to access support to understand their experiences and build their resilience and confidence.
- Support is provided to parents to develop their parenting resources and maintain their relationships with their children.
- Services are responsive to the needs and views of children and young people.

#### **6. Prevention**

- Children and young people are better informed and educated around consent, healthy relationships, gender inequality and violence against women and girls.
- The organisation contributes to training and awareness-raising activities with other professionals and within local communities.
- The organisation contributes to local strategies for ending violence against women and girls.

# Annex B: Priorities for Domestic Abuse Services

Our Priorities for Domestic Abuse Services apply to Local Authorities as the lead accountable bodies working with local multi-agency partnerships in response to locally driven change and service reform and ensuring that all local partners are involved to ensure that victims of domestic abuse receive the support they need when they need it.

## Context

Domestic abuse is a devastating crime. It can affect anyone regardless of their age, gender, race, religion, class, sexual orientation and marital status.<sup>2</sup> It takes place in every locality across the UK and we are determined that everyone should receive the support they need. In our refreshed Violence Against Women and Girls (VAWG) Strategy, we set out our ambition that service reform should go further and faster to meet the needs of women and girls suffering violence.

We know that there are real challenges to be overcome in achieving this ambition. Much domestic abuse is hidden, whilst many victims of domestic abuse need to flee from their local area to access services and stay safe. A DCLG and Home Office summer 2015 review of domestic abuse service provision found that services struggle to meet the needs of some victims of domestic abuse, namely those (i) with complex needs, (ii) from isolated and/or marginalised communities or (iii) from a BME background.

We know that some local authorities and partnerships have excellent practice in taking on these challenges and we want all local areas to rise to the level of the best. Real change will only happen at local level. The Priorities for Domestic Abuse Services set out what local areas need to put in place to ensure their response to domestic abuse is as collaborative, robust and effective as it can be. Our strategic vision is ambitious – we will only achieve it by working together with you on the frontline.

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

- A Two Year Fund for specialist accommodation based support and service reform to meet the Priorities for Domestic Abuse Services.

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<sup>2</sup> Crime Survey for England and Wales (CSEW) and Multi-Agency Risk Assessment Conference (MARAC) data indicate that the majority of victims are women. This is why our approach is framed around violence against women and girls.

- From next year, a VAWG Service Transformation Fund which will support programmes and approaches to make a systemic change to local service provision and evaluate the impact of different approaches.
- A network of experts in VAWG and service transformation to work collaboratively and constructively with local areas to help identify what needs to be done in your area, and how you can implement plans for improvements.

**We expect service provision to:**

- Ensure that no victim is turned away from the support they need at the time they need it, through understanding the risks they face and the full extent of their need to keep them safe and promote their long term safety and wellbeing.
- Put the victim first, providing flexible services that meet their needs and enables them to make their own choices and to live independently as soon as possible.
- Respond to the needs of diverse groups, including those with complex needs and those from isolated and/or marginalised communities, BME, LGBT and older victims.
- Meet the needs of victims from within and outside the local area, recognising that many victims move from their local area to be safe
- Take a strategic approach to service commissioning, based on data about need and evidence of what works.
- Be led by clear, accountable local leadership, joining up across agencies and areas to provide better services, pools budgets for maximum flexibility.

**Here is a checklist of questions to clarify the steps to take in meeting these priorities.**

**Ensures that no victim/survivor is turned away from the support they need at the time they need it, through understanding the risks they face and the full extent of their need to keep them safe and promote their long term safety and wellbeing.**

- Have you taken steps to raise local awareness of all forms of domestic abuse, available services and support in the area?
- Do all your local partners understand the full extent of the needs of diverse victims and do you all share an ambitious goal of the immediate and long term safety and wellbeing of victims/survivors?
- Do front line professionals in your area including universal services as well as specialist providers, recognise when victims need help and provide them with support they need or offer them routes to appropriate support?
- Do you listen to what victims say they need to help them to be safe and to recover?

**Puts the victim first, providing flexible services that meet their needs and enables them to make their own choices and to live independently as soon as possible**

- Are you providing clear but flexible pathways and choices for survivors from danger to safety and independence?
- Does this include planning for move on accommodation or community-based support to enable survivors to stay safe in their own homes?
- Are you providing victims with routes back into the community, education and employment, such as 'life skills', access to training and other development opportunities to move towards independence?
- Do you draw on service user experience when you design and commission services?

**Responds to the needs of diverse groups, including those with complex needs and those from isolated and/or marginalised communities, BME, LGBT and older victims**

- Do you provide services which meet the needs of those with complex needs?
- Have you taken steps to understand the barriers that prevent survivors from isolated and/or marginalised communities from accessing and using services? Do you know what they are? If not have you asked what the barriers are?
- Do you use the expertise and knowledge of specialist services/workers to deliver a multi-agency approach to identify and deal with barriers to access to services?

**Meet the needs of victims from within and outside the local area, recognising that many victims move from their local area to be safe**

- Have you opened provision to victims from outside your local area, recognising the victims from your area are likely to be supported elsewhere?
- Are you collaborating with other local authorities to allow victims easy movement from one area to another whilst ensuring their safety?
- Are you joining up with other areas to secure specialist services, looking at commissioning these in partnership, or on a sub-regional level?

**Takes a strategic approach to service commissioning, based on data about need and evidence of what works**

- Do you have robust, local data that gives an accurate picture of local need, drawing on data from specialist organisations and not solely rely on data from statutory agencies?
- Do you plan your local strategy to meet need on the basis of data, evidence and risk assessment outcomes?

- Have you agreed an outcomes framework to measure how your strategy improves outcomes for victims, and do you use these outcomes when planning commissioning cycles?
- Is your commissioning informed by survivors' voices and do you have a process for measuring survivor satisfaction?
- Do you have a process for independent scrutiny?
- Do you consider long-term sustainability of service providers in addition to funding cycles?

**Be led by clear, accountable local leadership, joining up across agencies and areas to provide better services, pools budgets for maximum flexibility**

- Do you have a single accountable lead to bring together all local service partners to assess need and commission services to reflect this?
- Are you pooling funding streams across agencies to maximise the use of resources and outcomes for diverse survivors?
- Are you ensuring an effective multi-agency response to domestic abuse to achieve outcomes as soon as possible?
- Have you got an open, inclusive and transparent decision making and appeals process?

# Application Form

2016/18 Fund for refuges, specialist accommodation based support and service reform to help local areas meet the Priorities for Domestic Abuse Services.

**Name, address & contact details of applicant lead local authority:**

**Names of partners:**

**Amount of grant sought:**

Profile of bid 2016/18:

	16/17	17/18
Support		
Service reform costs		
Staff costs		
Other		
Total		

How many victims will be helped – adhering to the standards set out in Annex A – by the funding

**Summary of Bid (Bid proposals must set out what the local demand is for – refuges, or any other accommodation type, service improvement to meet the Priorities for Domestic Abuse Services, and how the bid addresses it)**

Title and description of bid – what is the proposal and what are the aims?

How will it achieve them?

What resources are requested and what for?

How many bed spaces<sup>3</sup>, will the proposal provide and will these be provided in refuges, Sanctuary schemes, dispersed housing (with support) or other housing provision?

What mechanisms are in place to ensure that named domestic abuse service providers in the bid receive the appropriate funding?

What service change will you put into place to deliver the priorities for domestic abuse services?

<sup>3</sup> Number of victims units (for victims and their children).

## **Supporting evidence**

### **Partnership working and working across Local Authority boundaries**

- Which other organisations do you work in partnership with locally to tackle domestic abuse?
- What are your proposals for further developing partnership working and how will this funding help build those relationships?
- What accommodation based support do you provide to victims from other areas and what are the challenges in doing so?
- What actions are you proposing to take to support victims across local authority boundaries and from areas other than your local authority?

### **Inclusion of specific provision for BME victims and those from isolated/marginalised communities**

- What actions are you taking to ensure that smaller BME organisations are included in bid proposals?
- What is your proposal for assessing the needs of isolated and /or marginalised communities in your area and coming into your area?
- What actions are you taking to make provision for local specialist support and protect specialist services of importance beyond the local area?

### **Value for money and additionality**

- How many domestic abuse victims do you currently support and what is the current cost per victim for general/specialist support?
- What more will you be able to achieve with this additional funding?
- How will you capture the outputs and benefits gained from this funding and how will this feed into local area strategies and longer term sustainable solutions for domestic abuse?
- What estimate have you made of the costs incurred for example if staff are hired with the funding, the approximate annual cost per person and dates of employment?
- What assessment have you made of the level of resource and what measures are you putting into place to deliver the commitments set out in your bid beyond March 2018?

### **Deliverability**

- What assessment have you made of the level of resource required to deliver the commitments set out in your bid?
- How have you ensured these resources will be in place beyond March 2018?



Any other information which you wish to have taken into consideration

**Completed forms (including signature by Local Authority lead partner(s) to be submitted by 5pm 16 December 2016 to:**

[DomesticAbuse.Fund@communities.gsi.gov.uk](mailto:DomesticAbuse.Fund@communities.gsi.gov.uk)

**6.1 APPENDIX B****Name, address & contact details of applicant lead local authority:****Redcar & Cleveland Council**

**Names of partners:** Middlesbrough Borough Council, Hartlepool Borough Council, Darlington Borough Council, Durham County Council, Cleveland Police, Durham Police, Cleveland Police & Crime Commissioner, Durham Police & Crime Commissioner, Harbour Support Services, My Sister's Place, Foundation, EVA Women's Aid, HALO, Wear Valley Women's Aid, and Thirteen Care and Support.

**Amount of grant sought:****Profile of bid 2016/18:**

	<b>16/17</b>	<b>17/18</b>
<b>Support</b>	<b>£38,000</b>	<b>£117,000</b>
<b>Staff Costs</b>	<b>£60,000</b>	<b>£180,000</b>
<b>Other</b>		<b>£325,000</b>
<b>Total</b>	<b>£98,000</b>	<b>£622,000</b>

**How many victims will be helped – adhering to the standards set out in Annex A – by the funding**

295

**Summary of Bid****NAVIGATOR PROJECT FOR WOMEN WITH COMPLEX NEEDS**

This bid brings together six local authorities and a range of Voluntary Sector agencies delivering specialist Domestic and Sexual Abuse services spanning the Durham & Tees Valley area. By coming together we have developed a sub-regional, co-ordinated and innovative approach to better address the identified needs of victims who are particularly vulnerable or sometimes excluded from current refuge provision; specifically women with complex needs, and victims from BME backgrounds including those with no recourse to public funds.

**PROPOSED DELIVERY MODEL**

Based on an effective delivery model that links with existing structures across the sub-region our proposal will see the creation and provision of:

- 1. Domestic Abuse Navigator's Network;** working across the sub-region, and comprising of eight Domestic Abuse Navigator posts, two of which will provide dedicated and specialist BME support. These posts, based within specialist domestic abuse and BME specialist support services, will draw upon the skills and expertise within each of their organisations whilst also bridging a gap between them. They will make and receive referrals across geographic boundaries, not solely limited to those within the sub-regional partnership, but from across the North East and beyond.

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The Navigator service will provide responsive needs led intervention to ensure all service users have consistent and immediate support, including:

- Wrap around support to ensure individual needs are met which might include victims accessing safe accommodation, support to get there, meeting financial and cultural needs (initial risk assessment, Civil and Criminal Legal Advice, DIY Injunctions and Legal Aid work, Safeguarding.)
- Coordination and multi-agency liaison to address substance misuse, mental health needs in partnership with commissioned services in each locality.
- Work with existing refuges, where placements have broken down, and outreach services to plan a safe move with the client and their family.
- Working closely with the local authority, social and private sector landlords, and supported accommodation providers to help victims move on to long term accommodation and independence, freeing up valuable resources for other victims needing help.
- Move on will be assisted through utilising a personalisation fund which will be available where required to assist in securing accommodation, providing the essentials required to establish a new home or for target hardening properties once a secure tenancy has been established, or to remove barriers which are negatively impacting on a families/individuals continued engagement with the service.
- Support complex need victims of domestic abuse to remain in their home, if safe to do so via homeless prevention and local sanctuary scheme.
- Support with communication with professionals. To address any perceived power imbalances, victims lack of understanding of professional or legal status and positively challenge resistance.
- The service will include a duty rota shared between providers to ensure that victims can be supported out-of-hours where necessary. This will support the police in their policy to ensure victims are not left with their abuser due to a lack of accommodation, leaving them at risk. This is not to replace the use of Domestic Violence Protection Order's where it is appropriate to do so.
- This support would include support to identify long-term housing, benefits checks, managing universal credits, emotional support, links into Independent Domestic Violence Advocates (IDVA's) and Independent Sexual Violence Advocates (ISVA's), legal advice, target hardening in long term housing, access to mental health services, substance abuse/recovery services, health appointments, safety planning, education and employment and more. This will require a co-ordinated keyworking approach to each case.

2. **Emergency Accommodation;** providing a short-term safe space on an instant access basis (within 5 hours) to enable a support service to stabilise, identify and address the immediate needs of victim and their family, whilst putting in place a sustainable safeguarding plan that includes safety planning, longer term accommodation, legal protection, financial security and health needs. The service will offer the same intensity of support as refuge accommodation but will be offered via a safe house facility situated in the community which differs from currently commissioned outreach and accommodation services for domestic abuse. Although, it is recognised that the accommodation offer within each authority may vary, the core principles of the delivery model will remain consistent. We expect the primary referral route to be from refuges including those in the national Women's Aid network where access has been refused due to the complexity of needs, social care, and housing teams.

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- 3. BME Refuge Provision:** will provide specialist accommodation for BME women and children, offering crisis management/intensive support, counselling, legal, resettlement and culturally appropriate specialist support to meet their individual needs. The refuge will be the key BME referral centre for the sub-region partnership and beyond, linking with the HM Border Agency – Forced Marriage Unit and Female Genital Mutilation (FGM) Unit, and will accept referrals for BME women who are at risk or have experienced forced marriage, honour based violence, FGM, domestic and/or sexual abuse or fear for their safety in their local community, including women who have no recourse to public funds.

The specialist partners in this bid are active members of the local strategic partnerships in relation to domestic abuse and currently deliver commissioned services across the sub-region. Together we will ensure this new approach is fully and seamlessly integrated into the existing provision.

We are confident this collaborative proposal will improve the provision of timely and responsive support for victims of domestic abuse, and is welcomed by the respective Police and Crime Commissioner's and Police Forces who acknowledge the benefits it will bring to referral pathways and protecting vulnerable/high-risk victims, whilst also complementing and supporting their whole system approach to domestic abuse and regional VAWG strategy vision "to work together with those affected by domestic violence to bring about meaningful change and strengthen our families and communities".

### DELIVERY TIMETABLE

Service providers and local authorities involved in development of this bid already have a well-established infrastructure across the sub-region and can confidently commit to having this service ready to operate from 1st February 2017.

A partnership Project Management Board (PMB) will form which will ensure project is well defined and commit resources accordingly. This PMB will be accountable for the progress and direction of project and will provide overall guidance and expertise. Funding will be allocated to specialist providers so appropriate staff can either be recruited or seconded into role.

Funding will be disseminated accordingly between specialist providers in relation to the management of personalisation fund with clear performance monitoring framework defined within Local Authority areas, informed by respective Local Authorities performance data relating to projected need/demand.

Housing providers have been identified and preliminary discussions have taken place in relation to provision of Safe House and BME Refuge facility and other accommodation, meeting the standards set out in the prospectus. Suitable properties would be identified and prepared during January 2017.

We will ensure conceptualisation and shared understanding via Navigator practice clinics which will provide clarity regarding roles and responsibilities of project. Clear and direct communication between agencies will be promoted and clear guidelines given regarding inclusion criteria for the project, which will ensure a consistency service offer across the sub-region. Local Authorities leads will have responsibility for ensuring outcomes are measured and reported to the management board.

**PARTNERSHIP WORKING AND GOVERNANCE**

This programme will be overseen by a PMB made up of the Statutory and Voluntary agencies involved in this bid. The PMB will:

- Provide governance and decision-making for the programme
- Report to local Domestic Abuse Strategic Partnerships and Health and Wellbeing Boards
- Monitor progress, outcomes and value for money and ensure consistency across the sub-region
- Work with partners to implement appropriate pathways and co-ordination of services
- Ensure that the partners identified in the bid receive the appropriate funding
- Further develop partnership working with relevant agencies

The PMB will also steer changes and improvements to service delivery to ensure this is in line with priorities for Domestic Abuse Strategic Partnership's across the area.

This approach will be a catalyst for change, providing innovation and developing and strengthening partnerships between local authorities and specialist providers. It will create an opportunity to develop a flexible service which can respond immediately to the needs of victims and their families who seek help; but for whom services often struggle to provide effective solutions. It will create a network of intensive support, using whole system approach which is focused on finding solutions rather than responding purely to crisis.

We have a strong partnership approach and are committed to development of a coordinated service delivery model on a strategic and operational and level. This will involve

- Six Local Authorities in the sub-region
- Cleveland Police
- Cleveland Police & Crime Commissioner
- Durham Police & Crime Commissioner
- Regional Cleveland Women and Girl's Network
- Troubled Families
- Children and Adult Safeguarding Boards
- Health (Public Health England, South Tees Health Authority & Clinical Commissioning Group
- Specialist Women's Services
- Local housing providers (social housing, private landlords and supported housing providers)
- Drug and alcohol treatment and recovery services
- Mental health services
- Other voluntary sector support services

In each Local Authority area the Domestic Abuse Strategic Partnership has provided the platform to ensure that the structures and services are in place for effective strategic planning and co-ordinated multi-agency working around domestic abuse to improve outcomes for victims and their families. Our long-term priority continues to be the prevention of domestic abuse. This proposal has strong partnership support from all the DASPs in each authority and will lead to closer working between all six local authorities, police, health services and the specialist providers in those areas. We strive to work with all relevant services in our authority area, and maintain links with agencies across the region. Commissioning frameworks are based on a whole life model so we are in position to maximise funding opportunities with other service areas/ organisations and neighbouring

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authorities with a co-ordinated approach. This approach will provide a consistent offer to domestic abuse victims in, or from outside the sub-region and we will make better progress to embed early intervention and prevention activities for women with complex needs.

### EVIDENCE OF NEED

Across the sub-region there are currently 10 Refuge facilities offering 97 units of accommodation, there is currently no specialist BME provision. All existing Refuge accommodation is provided in tandem with a specialist support services that meet the standards set out in the prospectus. They form part of a coordinated community partnership response within each local authority area to victims of domestic abuse in crisis.

Both nationally and locally, local authorities have had to make difficult decisions regarding funding of accommodation based services but the importance placed on 'traditional' refuge places has meant that the numbers of placements available has remained static. Sustaining refuges are essential across the sub-region due to the safety they provide for local families and for those who require this provision out of their local area. Whilst there is an effective network of refuge provision across the sub-region, current provision does not meet the needs of all clients and gaps remain, particularly in terms of women from BME backgrounds and those with complex needs. As demonstrated in Table 1, 18.3% of women were declined access to refuge provision, more than one half of these women were declined due to their complex needs. In addition to women not being able to access refuge provision due to complex needs it is also a reason that a woman could be asked to leave a refuge. One specialist provider reports that in 2015/16 one quarter of the women supported in their Refuge provision were asked to leave the refuge due their complex needs which were deemed unmanageable in the refuge setting.

Table 1: Current Durham & Tees Valley Refuge Provision 2015/16

Refuge Referrals 2015/16	Durham & Tees Valley
Number of Referrals	1,005
% Declined	18%
% Declined due to complex needs	52%
% Declined due to No Recourse to Public Funds	12%
% Declined due to previous eviction	10%

In terms of timely access to accommodation, currently there is no 'instant access' safe housing available for victims that have a complexity of need or risks are too high. Evidence from MARAC research demonstrates that housing is a key issue in engaging with clients with complex needs and that the 'window of opportunity' is small. Services need to be able to respond to vulnerable women in 'real time' i.e. meet the needs at the point of access and create a safe space for action.

An effective response to women from BME backgrounds and those with complex needs requires specialist services to integrate and provide support around the individual, focusing on prevention and early intervention. Historically, public services have struggled to support women with multiple needs. Cultural and organisational factors can militate against joined up working, and it is often only at the point of crisis that services intervene. Therefore they, particularly women from BME backgrounds, are under-represented in current domestic abuse care and support provision.

Despite some areas of the sub-region having the highest number of asylum seekers per head population across the UK, there is currently no specialist refuge provision for BME women in the sub-region that can offer the cultural understanding and appropriate help and

## 6.1 APPENDIX B

support that is needed to address Honour Based Violence, FGM or Forced Marriage issues. Both nationally and locally, the number of BME women accessing support services remains low, with cultural and language being barriers preventing victims seeking help. Local data shows that less than one in ten clients accessing specialist support are from a BME background.

### ANTICIPATED OUTCOMES

Improved measureable outcomes we anticipate are as follows;

- Clear and consistent referral process for victims, front line professional and specialist providers
- Increased engagement with support services
- Reduction in hospital admissions / attendance at A&E
- Reduction in offending rates
- Healthier lifestyles
- Measured improvement in psychological well being
- Improved family functioning
- Increased feelings of safety
- Improved quality of life
- Sustainable and settled tenancies
- Improved understanding of early intervention and increased confidence amongst front line professionals as they have service available to them to adopt 'every contact counts' model victims of domestic abuse with complex need.

These outcomes will be measured through evaluation mechanisms to monitor provider performance, and via evaluation through the PMB.

### VALUE FOR MONEY

This proposal will support a minimum of 295 individuals against current provision and funding sought will be additional to existing funding provision and not replacement funding. A Council report in 2010 calculated cost to the authorities to be circa £13m each year and cost of assisting individual victims of domestic abuse to be as high as £41,169 in complex cases.

Homeless Link has estimated the cost to the economy for each homelessness household at £26,000. This partnership will seek to work with 295 victims/families at unit cost of £1670. The service will therefore not only provide sustainable outcomes for victims of domestic abuse currently not supported by specialist services, but may also bring about potential savings of nearly £25,000-£40,000 per family.

### SUSTAINABILITY AND EXIT STRATEGY

Across the partnership commissioning cycles are not aligned. However, this approach will offer a significant opportunity to increase provision to meet identified gaps and provide vital learning that can inform commissioning decisions and possible service redesign. The approach will see closer working with housing providers, both private, registered social landlords and with local authority housing options services with the potential to make efficiencies in the future. The partnership is committed to sharing good practice and learning with the region and will ensure this is disseminated across the North East and anyone else who is interested in learning from this innovative approach.

## **6.1 APPENDIX B**

We would seek to evidence the need to build this approach into the coherent, community response to domestic abuse in the region by evaluating outcomes and using evidence to inform future commissioning decisions so that the approach is mainstreamed into local offers.

This innovative approach will provide a significant opportunity to increase service provision across the sub-region and meet key identified needs and gaps. We intend to ensure that stock of accommodation is invested in, and can be sustained via rents and mainstream budgets where appropriate. We will also be working with local housing teams in relation to housing benefits in line with changes around the Local housing allowance, ensuring that accommodation can continue to operate within existing funding structures.

### **MATCH FUNDING**

Whilst the partners are unable to provide a monetary match to the funding available, each service provider has agreed to provide management supervision, access to IT and telephony systems as part of their contribution towards the project. In addition, and where available, Local Authorities will utilise existing homelessness grant funding to provide access to existing services to provide additional security to accommodation and / or access to bond schemes and prevention funds to facilitate access to accommodation.

Where accommodation units are to be sourced, authorities will assist in the sourcing of appropriate accommodation and provide links with social and private landlords within the respective areas

The Local Authorities and statutory partners will also commit to officer time to implement and actively participate in the PMB and the performance management of the programme robustly. This will include a robust evaluation of the programme.





# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** PREVENT UPDATE

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## 1. PURPOSE OF REPORT

- 1.1 To inform the Safer Hartlepool Partnership of the recent decision to proscribe National Action under the Terrorism Act 2000.

## 2. BACKGROUND

- 2.1 Following debates in Parliament, on 16 December National Action became the first extreme right-wing group to be proscribed as a terrorist organisation. As a result, being a member – or inviting support for – the organisation will be a criminal offence, carrying a sentence of up to 10 years' imprisonment.
- 2.2 National Action is a neo-Nazi group that was established in 2013 and has branches across the UK, and has been proscribed following an assessment that it is 'concerned in terrorism'. The group's online propaganda material, disseminated via social media, frequently features extremely violent imagery and language. National Action also promoted and encouraged acts of terrorism after Jo Cox's murder.
- 2.3 As reported to the Partnership in September, as part of the Hate Crime Report, Members of the Partnership were informed that National Action have been active locally with stickers being posted in the Centre of Hartlepool.
- 2.4 National Action is a racist, antisemitic and homophobic organisation, and by proscribing the organisation it is hoped that it will prevent its membership from growing, stop the spread of poisonous propaganda and protect vulnerable young people from its toxic views.
- 2.5 **Appendix A** provides further information in relation to National Action which could be disseminated throughout SHP member organisations to ensure all staff are aware of the group and that it is now a proscribed group.

### **3. FINANCIAL CONSIDERATIONS**

- 3.1 There are no financial considerations associated with this report.

### **4. STAFF CONSIDERATIONS**

- 4.1 There are no staff considerations associated with this report.

### **5. SECTION 17 CONSIDERATIONS**

- 5.1 Designating National Action as a proscribed group will assist the Partnership in tackling their statutory duties under the Crime and Disorder Act 1998 and their Prevent Duty under the Counter-Terrorism and Security Act 2015.

### **6. LEGAL CONSIDERATIONS**

- 6.1 Under the Crime and Disorder Act 1998, Community Safety Partnerships have a statutory responsibility to develop and implement strategies to reduce crime and disorder, substance misuse and re-offending, including domestic abuse. Partnership members also have a statutory duty to undertake measures to prevent terrorism under the Counter-Terrorism and Security Act 2015.

### **7. EQUALITY AND DIVERSITY CONSIDERATIONS**

- 7.1 National Action is a group whose views stand in direct contrast to the core values the vast majority of people in Hartlepool share, (as evidenced in the Councils 'Statement of Unity') earlier in 2016. Proscribing the group reinforces the need to ensure that we protect and safeguard all communities from divisive ideology.

### **8. CHILD POVERTY CONSIDERATIONS**

- 8.1 There are no child poverty implications associated with this report.

### **9. RECOMMENDATION**

- 9.1 Members of the Safer Hartlepool Partnership are asked to note the decision to proscribe National Action and ensure that they raise awareness of this throughout their own organisations.

## **10. REASON FOR RECOMMENDATION**

- 10.1 Members of the Safer Hartlepool Partnership have a statutory Prevent Duty which requires them to take measures to prevent terrorism.

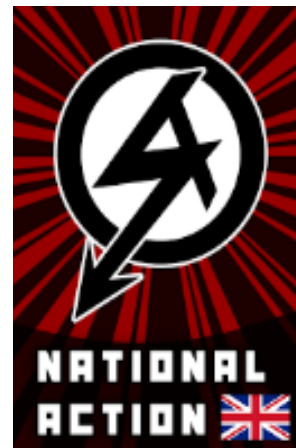
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## Who are National Action (NA)?

- National Action (NA) are an **Extreme Right Wing (XRW)**, neo-Nazi, **British Nationalist Socialist** group.
- As of 16<sup>th</sup> December 2016 National Action have been **proscribed** by the Home Office under the **Terrorism Act 2000**.
- NA first attracted significant media attention in 2014 for their provocative street demonstrations and actions on several university campuses.
  - They demonstrated **openly racist, anti-Semitic and homophobic views**, largely inspired by Adolf Hitler and the Nazi regime.
  - The group spread its ideology through **Social Media, stickering, leafleting, graffiti and street demonstrations**.
- NA have carried out **recruitment campaigns** to increase their membership. They ran a campaign online to specifically recruit female members, the "Miss Hitler" competition, and they have carried out stickering and leafleting on University campuses.



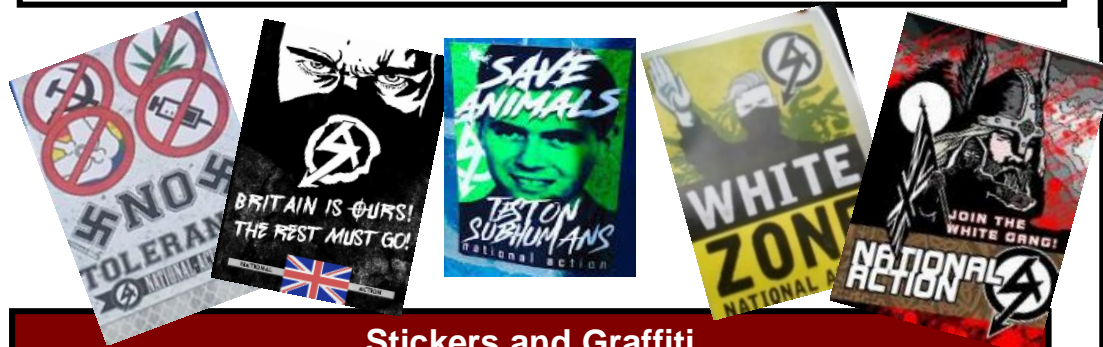
## Protests, Events and Demonstrations

- NA members have held and attended several demonstrations across the UK in 2016; often alongside other far right groups. They used deliberately **inflammatory rhetoric and banners** at these demonstrations, in order to attract attention and promote their cause. They have carried out **counter-protests** against left wing groups, and at public locations, to take photographs of themselves carrying out **Nazi salutes**. NA have held 'pop up food banks', supplying provisions to white homeless people.



## Online Activity

- NA had a **strong online presence** on several sites, which enabled them to actively and widely promote their views, and gain further support and following.
- They used Social Media platforms and maintained a website. NA used images of **Hitler and Nazi iconography** online and posts online have been particularly **inflammatory and offensive**. The group openly supported Thomas MAIR in the murder of MP Jo Cox.



## Stickers and Graffiti

- NA have used **stickers, leaflets and posters** to promote the group and spread their message across the UK. NA **targeted university and educational premises** with recruitment material, as well as bar and nightclub districts and other public areas, on lampposts, sign posts, and bus stops.



## As of 16<sup>th</sup> December 2016, National Action have been proscribed by the Home Office under the Terrorism Act 2000

### Terrorism Act 2000 – Proscription Offences

#### S.11 Membership

*A person commits an offence if he belongs or professes to belong to a proscribed organisation.*

#### S.12 Support

*A person commits an offence if he invites support for a proscribed organisation.*

#### S.13 Uniform

*A person in a public place commits an offence if he wears an item of clothing, or wears, carries or displays an article, in such a way or in such circumstances as to arouse reasonable suspicion that he is a member or supporter of a proscribed organisation.*

#### Information sought...

In order to effectively safeguard communities, we ask for any information regarding National Action activity taking place in your respective areas; including, but not limited to:

- NA material, including Flags, Banners, Stickers, Leaflets, Posters and Graffiti
- NA Demonstrations, Protests, Stalls and Events
- 'Pop up food banks' or outreach work targeting only white homeless people
- Details of any persons linked to or carrying out any of the above activity, including inviting or encouraging support for NA

**If you become aware of any individual or material linked to National Action, please contact your local Police Force.**







# SAFER HARTLEPOOL PARTNERSHIP

20<sup>th</sup> January 2017



**Report of:** Director of Regeneration and Neighbourhoods

**Subject:** SAFER HARTLEPOOL PARTNERSHIP  
PERFORMANCE

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## 1. PURPOSE OF REPORT

- 1.1 To provide an overview of Safer Hartlepool Partnership performance for Quarter 2 – July 2016 to September 2016 (inclusive).

## 2. BACKGROUND

- 2.1 The updated Community Safety Plan 2014-17 published in 2016 outlines the Safer Hartlepool Partnership strategic objectives, annual priorities and key performance indicators 2016/17.

## 3. PERFORMANCE REPORT

- 3.1 The report attached (**Appendix A**) provides an overview of Safer Hartlepool Partnership performance during Quarter 2, comparing current performance to the same time period in the previous year, where appropriate.
- 3.2 In line with reporting categories defined by the Office for National Statistics (ONS), recorded crime information is presented as:

**Victim-based crime** – All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

**Other crimes against society** - All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state. The rates for some crime

types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

#### **4. EQUALITY AND DIVERSITY CONSIDERATIONS**

4.1 There are no equality of diversity implications.

#### **5. SECTION 17**

5.1 There are no Section 17 implications.

#### **6. RECOMMENDATIONS**

6.1 The Safer Hartlepool Partnership note and comment on performance in Quarter 2.

#### **7. REASONS FOR RECOMMENDATIONS**

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

#### **8. BACKGROUND PAPERS**

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

Safer Hartlepool Partnership – Community Safety Plan 2014-17

#### **9. CONTACT OFFICER**

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**Safer Hartlepool Partnership Performance Indicators – Quarter 2 - 2016/17****Strategic Objective: Reduce Crime & Repeat Victimisation**

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
All Recorded Crime	8133	Reduce	2321	286	14.1
Domestic Burglary	333	Reduce	100	19	23.5
Vehicle Crime	567	Reduce	151	36	31.3
Shoplifting	1246	Reduce	314	-9	-2.8
Local Violence	1821	Reduce	576	102	21.5
Repeat Incidents of Domestic Violence – MARAC	45%	Reduce	22%	-11	-23

**Strategic Objective: Reduce the harm caused by Drugs and Alcohol**

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Number of substance misusers going into effective treatment – Opiate	653	3% increase	659	-39	-5.6
Proportion of substance misusers that successfully complete treatment - Opiate	4.1%	12%	6.1%	-	-0.8
Proportion of substance misusers who successfully complete treatment and represent back into treatment within 6 months of leaving treatment	25%	10%	16.5%	-	4.2
Reduction in the rate of alcohol related harm hospital admissions	126	Reduce	50	16	47
Number of young people found in possession of alcohol	31	Reduce	0	-12	-100

Strategic Objective: Create Confident, Cohesive and Safe Communities

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Anti-social Behaviour Incidents reported to the Police	6705	Reduce	2136	224	11.7
Deliberate Fires	421	Reduce	128	4	3
Criminal Damage to Dwellings	532	Reduce	168	31	23
Hate Incidents	129	Increase	50	13	35

Strategic Objective: Reduce Offending & Re-Offending

Indicator Name	Baseline 2015/16	Local Directional Target 2016/17	Current Position Jul 16 – Sep 16	Actual Difference	% Difference
Re-offending rate of young offenders	1.7	Reduce	1.5	-0.2	-11.8
First-Time Entrants to the Criminal Justice System	35	Reduce	11	1	10.0
Offences committed by Prolific & Priority Offenders	343	Reduce	121	-121	-35.3
Number of Troubled Families engaged with	307	530	407		
Number of Troubled Families where results have been claimed	35	168	91		

**Recorded Crime in Hartlepool April 16 – June 16**

The Office for National Statistics (ONS) has developed a new approach to presenting crime statistics to help ensure a clearer, more consistent picture on recorded crime for the public.

Previously, national organisations (i.e. ONS, HMIC, and the Home Office through the police.uk website) have taken slightly different approaches to the way that they categorise groups of crime types and to the labels they use to describe those categories.

Following a public consultation, a new crime “tree” (the crime types organised into a logic tree format, see link below) has been devised and this will now be used on the crime and policing comparator to present recorded crime and solved crime information.

**Victim-based crime**

All police-recorded crimes where there is a direct victim. This victim could be an individual, an organisation or corporate body. This category includes violent crimes directed at a particular individual or individuals, sexual offences, robbery, theft offences (including burglary and vehicle offences), criminal damage and arson.

Publicly Reported Crime				
Crime Category/Type	Jul - Sep 15	Jul - Sep 16	Change	%
<b>Violence against the person</b>	<b>474</b>	<b>576</b>	<b>102</b>	<b>21.5%</b>
Homicide	0	0	0	N/A
Violence with injury	231	246	15	6.5%
Violence without injury	243	330	87	35.8%
<b>Sexual Offences</b>	<b>52</b>	<b>54</b>	<b>2</b>	<b>3.8%</b>
Rape	17	17	0	0.0%
Other Sexual Offences	35	37	2	5.7%
<b>Robbery</b>	<b>9</b>	<b>12</b>	<b>3</b>	<b>33.3%</b>
Business Robbery	1	1	0	0.0%
Personal Robbery	8	11	3	37.5%
<b>Acquisitive Crime</b>	<b>917</b>	<b>1009</b>	<b>92</b>	<b>10.0%</b>
Domestic Burglary	81	100	19	23.5%
Other Burglary	97	107	10	10.3%
Bicycle Theft	47	58	11	23.4%
Theft from the Person	9	8	-1	-11.1%
Vehicle Crime (Inc Inter.)	115	151	36	31.3%
Shoplifting	323	314	-9	-2.8%
Other Theft	245	271	26	10.6%
<b>Criminal Damage &amp; Arson</b>	<b>425</b>	<b>462</b>	<b>37</b>	<b>8.7%</b>
<b>Total</b>	<b>1877</b>	<b>2113</b>	<b>236</b>	<b>12.6%</b>

### Other crimes against society

All police-recorded crimes where there are no direct individual victims. This includes public disorder, drug offences, possession of weapons and other items, handling stolen goods and other miscellaneous offences committed against the state.

The rates for some crime types within this category could be increased by proactive police activity, for example searching people and finding them in possession of drugs or weapons.

Police Generated Offences				
Crime Category/Type	Jul - Sep 15	Jul - Sep 16	Change	%
<b>Public Disorder</b>	<b>64</b>	<b>89</b>	<b>25</b>	<b>39.1%</b>
<b>Drug Offences</b>	<b>57</b>	<b>65</b>	<b>8</b>	<b>14.0%</b>
Trafficking of drugs	16	11	-5	-31.3%
Possession/Use of drugs	41	54	13	31.7%
<b>Possession of Weapons</b>	<b>16</b>	<b>19</b>	<b>3</b>	<b>18.8%</b>
<b>Misc. Crimes Against Society</b>	<b>21</b>	<b>35</b>	<b>14</b>	<b>66.7%</b>
<b>Total Police Generated Crime</b>	<b>158</b>	<b>208</b>	<b>50</b>	<b>31.6%</b>
<b>TOTAL RECORDED CRIME IN HARTLEPOOL</b>	<b>2035</b>	<b>2321</b>	<b>286</b>	<b>14.1%</b>

**Recorded Crime in Cleveland July – September 2016**

Publicly Reported Crime Jul 16 - Sep 16										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
<b>Violence against the person</b>	<b>576</b>	<b>6.3</b>	<b>594</b>	<b>4.4</b>	<b>1142</b>	<b>8.4</b>	<b>1009</b>	<b>5.4</b>	<b>3321</b>	<b>6.0</b>
Homicide	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Violence with injury	246	2.7	245	1.8	446	3.3	464	2.5	1401	2.6
Violence without injury	330	3.6	349	2.6	696	5.1	545	2.9	1920	3.5
<b>Sexual Offences</b>	<b>54</b>	<b>0.6</b>	<b>56</b>	<b>0.4</b>	<b>115</b>	<b>0.8</b>	<b>101</b>	<b>0.5</b>	<b>326</b>	<b>0.6</b>
Rape	17	0.2	20	0.1	32	0.2	30	0.2	99	0.2
Other Sexual Offences	37	0.4	36	0.3	83	0.6	71	0.4	227	0.4
<b>Theft</b>	<b>1021</b>	<b>11.2</b>	<b>1207</b>	<b>9.0</b>	<b>1873</b>	<b>13.8</b>	<b>1664</b>	<b>8.9</b>	<b>5765</b>	<b>10.5</b>
Domestic Burglary	100	2.5	114	1.9	236	4.1	174	2.2	624	2.6
Other Burglary	107	1.2	176	1.3	212	1.6	152	0.8	647	1.2
Bicycle Theft	58	0.6	61	0.5	97	0.7	77	0.4	293	0.5
Theft from the Person	8	0.1	19	0.1	55	0.4	30	0.2	112	0.2
Robbery – Personal	11	0.1	10	0.1	36	0.3	26	0.1	83	0.2
Robbery - Business	1	0.0	3	0.0	2	0.0	2	0.0	8	0.0
Vehicle Crime (Inc Inter.)	151	1.7	166	1.2	260	1.9	233	1.2	810	1.5
Shoplifting	314	3.4	340	2.5	516	3.8	517	2.8	1687	3.1
Other Theft	271	3.0	318	2.4	459	3.4	453	2.4	1501	2.7
<b>Criminal Damage &amp; Arson</b>	<b>462</b>	<b>5.1</b>	<b>548</b>	<b>4.1</b>	<b>622</b>	<b>4.6</b>	<b>588</b>	<b>3.1</b>	<b>2220</b>	<b>4.0</b>
<b>Total</b>	<b>2113</b>	<b>23.2</b>	<b>2405</b>	<b>18.0</b>	<b>3752</b>	<b>27.6</b>	<b>3362</b>	<b>17.9</b>	<b>11632</b>	<b>21.2</b>

Police Generated Offences Jul 16- Sep 16										
Crime Category/Type	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop	Crime	Per 1,000 pop
Public Disorder	89	1.0	70	0.5	200	1.5	138	0.7	497	0.9
Drug Offences	65	0.7	51	0.4	139	1.0	80	0.4	335	0.6
Trafficking of drugs	11	0.1	12	0.1	26	0.2	15	0.1	64	0.1
Possession/Use of drugs	54	0.6	39	0.3	113	0.8	65	0.3	271	0.5
Possession of Weapons	19	0.2	17	0.1	22	0.2	19	0.1	77	0.1
Misc. Crimes Against Society	35	0.4	40	0.3	52	0.4	40	0.2	167	0.3
Total Police Generated Crime	208	2.3	178	1.3	413	3.0	277	1.5	1076	2.0
TOTAL RECORDED CRIME	2321	25.5	2583	19.3	4165	30.6	3639	19.4	12708	23.1

**Anti-social Behaviour in Hartlepool July – September 2016**

Incident Category	Jul 15 - Sep 15	Jul 16 - Sep 16	Change	% Change
AS21 - Personal	715	724	9	1.3%
AS22 - Nuisance	1162	1370	208	17.9%
AS23 - Environmental	35	42	7	20.0%
<b>Total</b>	<b>1912</b>	<b>2136</b>	<b>224</b>	<b>11.7%</b>

**Anti-social Behaviour in Cleveland July – September 2016**

Incident Category	HARTLEPOOL		REDCAR		MIDDLESBROUGH		STOCKTON		CLEVELAND	
	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop	ASB	Per 1,000 pop
AS21 - Personal	724	7.9	867	6.5	1192	8.7	1282	6.8	4065	7.4
AS22 - Nuisance	1370	15.0	1754	13.1	2358	17.2	2217	11.8	7699	14.0
AS23 - Environmental	42	0.5	68	0.5	77	0.6	60	0.3	247	0.4
<b>Total</b>	<b>2136</b>	<b>23.4</b>	<b>2689</b>	<b>20.1</b>	<b>3627</b>	<b>26.5</b>	<b>3379</b>	<b>18.0</b>	<b>11831</b>	<b>21.5</b>
<b>Quarterly Year on Year Comparison</b>	<b>Increased by 11.7%</b>		<b>Reduced by 3%</b>		<b>Increased by 2%</b>		<b>No Change</b>		<b>Increased by 1%</b>	