



Cabinet

Date: 25 April 2012

Scrutiny Commission on Tackling Domestic Abuse – Final Report

Report of the Select Committee for Environment Housing and Transport &
Safer and Stronger Communities

Cabinet Portfolio/Lead Member: Cllr Tracey Dixon, Lead Member Leisure and
Community Safety;
Cllr Jim Foreman, Lead Member Children, Young People and Families

Purpose of the report

1. This is the final report of the Commission on Tackling Domestic Violence report undertaken by the Select Committee.
2. Cabinet is asked to receive the Scrutiny Commission's report, and request that a formal response to the recommendations is prepared by the Corporate Director for Business and Area Management alongside our partners.

Introduction

3. Members of the Select Committee agreed to undertake this scrutiny commission on how the Council and its partners are tackling domestic violence in the borough between September 2011 and February 2012
4. The **Terms of reference** were as follows
 - To find out what arrangements the Council and its partners have for tackling domestic violence and to assess whether they meet best practice.
 - To determine whether there are service gaps, areas of duplication or opportunities to work more effectively and efficiently.
 - To investigate the effects that domestic violence has on children and whether there are any services changes we can make to help children involved.
 - To assess the national guidance, its implications for the future of the service and our capacity to respond.
5. This report outlines what the commission did, what Members found out about the services provided, and what Members recommend can be done to improve services.

What we did

Consultation

6. During the course of the commission, Members consulted with the following list of witnesses:
 - Scott Bentley and Graham Littlewood (Community Safety Officer and Domestic Violence Coordinators – Job Share)
 - Teresa Amour (Tenancy Service Manager)
 - Lee Thompson (Strategic Safeguarding and Risk Manager)
 - Julie Robson (Co-ordinator, Options Service)
 - Alison Moffitt (Commissioning Officer, Children Adults and Families)
 - Kate Curry (Supported Housing Services Manager)
 - Hannah Shepherd (Senior Service Improvement Officer)
 - Sgt Helen Anderson (Public Protection Unit, Northumbria Police)
 - Hazel Hedley (Chief Executive, Impact Family Services)
 - Helen Bowman (STDAPP Co-ordinator)
 - Ken Harrison (Northumbria Probation Service)

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- Detective Inspector Denise Clark (Northumbria Police)
- Louise Pinkney (Senior Worker [Core Services]/Councillor, NECA South Tyneside)
- Christine Johnson (Lead Nurse Safeguarding [named nurse] – STFT)
- Dr Judith Eggerton (GP, Marsden Road Health Centre)
- Amanda Bradley (Head of Children and Families Social Care)
- Claire Amans (Youth Offending Service)
- Stafford Devine (Safeguarding Children Board Business Manager)
- Lynne Yousef (Project Manager, Escape Intervention Services)
- Simon O'Hare (Deputy Justices' Clerk, South Tyneside HM Courts and Tribunal Service)
- Jeanette Smith (Senior Crown Prosecutor, Crown Prosecution Service)
- Derek Curry (Clinical Business Manager, Women's and children's Services, South Tyneside NHS Foundation Trust)
- Carole Drummond Designated Nurse for Safeguarding Adults and Children (NHS South of Tyne and Wear)
- Ceri Bentham, (Clinical Business Manager - Emergency Care, South Tyneside NHS Foundation Trust)

7. The commission held over 7 sessions covering the following areas

Session 1 – Setting the Scene

- How do we define “Domestic Violence”
- How prevalent is it? What different types of need are displayed?
- Who are the different organisations that work to meet these needs? What are their key roles?
- Domestic Violence Forum
- What services do we provide? (overview)

Session 2 – the Victims' Journey

- Options and the Independent Domestic Violence Adviser (IDVA) Service
- Multi-agency Risk Assessment Conference (MARAC)
- Sanctuary Scheme
- Supporting People
- South Tyneside Homes
- Visit to Women's Refuge

Session 3 – Focus on Perpetrators

- South Tyneside Domestic Abuse Perpetrator Programme
- Northumbria Probation Service
- Northumbria Police

Session 4 – Focus on Health

- General Practitioners
- Health visitors
- NECA
- A&E (written evidence)
- Midwifery (written evidence)

Session 5 –Children & Young and People Specialist Domestic Violence Court Arrangements

Children and Young People

- Social Work Services
- Youth Offending Service
- Escape Intervention Services
- WHiST (written evidence)

Specialist Domestic Violence Court Arrangements

- HM Courts and Tribunals Service
- Crown Prosecution Service

Session 6 – Panel Discussion and Conclusions (TBA)

- All agencies/lead Members on panel to answer questions
- Summary/Conclusions
- Draft recommendations
- Women’s Health in South Tyneside (WHiST)

Session 7 - Designated Nurse for Safeguarding Adults and Children

What we found out

Definition

8. The shared Association of Chief Police Officers (ACPO), Crown Prosecution Service (CPS) and Government definition of domestic violence is:

“any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 18 and over, who are or have been intimate partners or family Members, regardless of gender and sexuality.”

9. Family Members are defined as mother, father, son, daughter, brother, sister and grandparents, whether directly related, in-laws or step-family.
10. Domestic abuse can also refer to forced marriage, honour-based violence, female genital mutilation and domestic homicides.

The Local Picture

11. According to the British Crime Survey 1 in 14 women experienced domestic abuse in 2010. In South Tyneside it's estimated that the figure may be almost double this at 1 in 8 women.
12. Between April 2010 and March 2011 there were 3607 domestic violence incidents reported to the Police in South Tyneside. This equates to a rate of 23.7 per 1000 population. In comparison, Gateshead had 23.9 reports per 1000 population, Sunderland 22.2, North Tyneside 21.5 and Newcastle 20.1.
13. From reported incidents of domestic abuse it is estimated in South Tyneside that there may be as many as 2049 known perpetrators of domestic abuse. Including unreported incidents of domestic violence the number of perpetrators in South Tyneside may be in excess of 12,000. 49% of reported incidents to the Police involved children.
14. As domestic abuse is recognised as an under reported crime, with victims often experiencing over thirty incidents before reporting to the Police, the headline statistics are only part of the story and a high reporting rate can be seen as a positive.
15. The Council's Domestic Violence Co-ordinator is the lead support officer for South Tyneside's **Domestic Violence Forum**, which is an open group that has a wide Membership of agencies who play a part in supporting victims or perpetrators of domestic abuse.
16. The Co-ordinator oversees all of the work around the domestic abuse agenda and, in conjunction with the Forum, develops an annual action plan that forms part of the Violent Crime Plan within the Community Safety Partnership Plan.
17. The Domestic Violence Forum also has robust links with the Local Safeguarding Children Board, with the Domestic Violence Co-ordinator sitting the LSCB's Safer Families Sub-Group and the Detective Inspector from the Police's Public Protection and the Forum's Chair sitting on the LSCB's Executive Group.

Service Provision for Victims

18. In addition to the many statutory services that support victims of domestic abuse (e.g. Northumbria Police, the Probation Trust's Community Domestic Violence Programme for Perpetrators, the Council's Housing Options service and the Council's Early Intervention and Safeguarding service), there are a number of specialist services and systems in place in South Tyneside to support victims and perpetrators of domestic violence.

The Options Service

19. This service exists to provide advice, information and practical and emotional support to women who are – or who have been – suffering domestic abuse. It works in partnership with voluntary and statutory agencies to ensure a co-ordinated and responsive service.

20. The Options Service comprises of

- a Core Project
- the Independent Domestic Violence Adviser Service
- the Options BME (Black and Minority Ethnic) Service

21. Three part-time Independent Domestic Violence Advisers (IDVA's) work with the highest risk victims to increase safety of women and their children. They are supported by two part time support workers.

22. Their ten aims and objectives are

- To provide advice and information for women who have experienced – or who are experiencing – domestic abuse and also for their family, friends and colleagues.
- To provide emotional and practical support to women who are experiencing – or who have experienced – domestic abuse and to provide advice on safety planning.
- To provide training and raise awareness of domestic abuse to agencies and the wider community.
- To encourage and facilitate effective communication and the development of partnerships between agencies in order to provide a co-ordinated approach to dealing with domestic abuse.
- To consult clients and obtain feedback as part of their commitment to continuous improvement.
- To work with agencies and clients to identify gaps in service provision and to explore ways of filling these gaps.
- To ensure that staff and volunteers are appropriately trained to equip them for their role.
- To refer clients to the most appropriate source(s) of help and support.
- To be aware of considerations around the Safeguarding agenda and to ensure there are policies and procedures in place to deal with any concerns.
- To provide a safe and supportive environment for women in which they can discuss their needs and concerns.

23. Other than its primary aim to work of working with the victims of domestic abuse and increasing their safety, a secondary aim is to work in conjunction with the South Tyneside Domestic Abuse Perpetrator Programme (STDAPP) to hold men accountable for their actions, assist men to cease abusing and support them through the change programme.

24. In addition to the core programme, there is an **Options BME service** staffed by an Options BME worker. The BME Support Worker is fluent in Hindi, Urdu and Punjabi and able to communicate with clients who speak these languages where English is not their first language. Options BME provide literature in various languages.
25. As well as practical support to Black Minority Ethnic women who have been victims of domestic violence within South Tyneside, the worker can also provide advice on specialist issues such as immigration, forced marriages and honour based killings.
26. On average there are 60 referrals to the service every month.
27. Within the Options project is also the Independent Domestic Violence Adviser (IDVA) Service. The IDVA Service provides crisis intervention and impartial advice to clients who are identified as high risk or medium risk. The team consists of three part time IDVA's.
28. The IDVAs offer crisis intervention for male and female, high risk victims of domestic abuse, support clients through the Special Domestic Violence Court and act as an advocate for clients at the **Multi-Agency Risk Assessment Conference (MARAC)**.
29. The IDVA service strives towards maintaining the principles in which Coordinated Action against Domestic abuse (CAADA) have set out in their publication **Leading Lights Accreditation**.

Freedom Programme

30. This is a twelve week rolling programme which provides information about domestic violence and aims to help women understand the beliefs held by abusive men, illustrate the effects of domestic violence on children and assist women to recognise potential future abusers. The Programme also helps women gain self-esteem and the confidence to improve the quality of their lives.
31. The programme is for any woman who wishes to learn more about the reality of domestic violence and abuse. It is a 12 week rolling programme which means that women can join at any point.
32. It consists of 12 sessions
 - Introduction
 - The Dominator
 - The Bully
 - The Bad Father
 - The Effects of Domestic Violence on Children part one
 - The Headworker
 - The Jailor
 - The Sexual Controller

- The Effects of Domestic Violence on Children part two
- The Liar
- The Persuader
- Resources/The Warning Signs

33. Each programme has room for 15 people and there is a long waiting list for women who wish to enrol.

34. A volunteer talked to Members about her experiences. She explained that she had been a domestic violence victim for over 27 years ago but had enjoyed a highly successful life since then and was now a volunteer on the Freedom Programme.

35. She said that clients on the programme share things with volunteers and staff that they had never shared with anyone else. Often clients who were asked to attend the Freedom Programme took time to build working relationships with staff and volunteers. However, as the programme progressed, clients were much more trusting and responsive.

36. She read part of a letter which illustrated how much the programme could change a woman's life.

J, S and P are 3 extraordinary women who not only provided support when domestic violence occurred but provide support, belief and understanding to those who seek help, especially in relation to the programme. Even though I was reluctant and cautious, the programme helped me in ways I never thought possible. These three should be recognised for the work they do and the roles they play. It has made me more aware of relationships and more appreciative, taking a look at my life from an outside perspective helped. Thank you for all the support you have given me during and before many sessions. I left feeling on top of the world and left a stronger person.

Other information about the Options Service

37. At the point of the meeting the Options Service was dealing with approximately 150 cases; however clients dipped in and out of the service. Cases would not be closed until clients said themselves that they did not need any further support.

38. The options service helps in many ways such as

- Contacting and liaising with other agencies on the client's behalf such as: Police, refuges, housing and benefit agencies, court, welfare, legal services etc.
- Confidential, non-judgmental advice on domestic violence issues.
- Personal safety planning and advice
- Escorts to court, solicitors, doctors or other stressful appointments.
- List of local solicitors, with a special interest in domestic violence.
- Other helpful contact numbers
- A safe and confidential place to talk.

39. The project has well established links and works closely with South Tyneside Council's Domestic Violence Forum and Children and Young Peoples' Directorate, South Tyneside Domestic Violence Unit (Northumbria Police), and voluntary organisations such as Victim Support and South Tyneside Women's Aid, WHIST, Drug and Alcohol services and Probation.
40. Options participate in the Essential Junior Rotation in the Public Health Scheme to help educate new professionals in issues relating to domestic violence, as well as delivering presentations to various organisations about domestic violence.

Funding the project

41. During 2011/12 the Core Options Project is being funded by the Primary Care Trust, with support via a grant from the Northern Rock Foundation.
42. In 2011/12 the IDVA Services has this year been funded via a Police Authority grant and some additional funding from the Ministry of Justice. In 2012/13 it was expected that South Tyneside Women's Aid would be provided with additional funding from Ministry of Justice once again.
43. The Options Service very much relies on Primary Care Trust funding as do other key services in this area. Members thought that it was vital to safeguard funding for Domestic Violence services when the PCT ceases to operate and the new commissioning arrangements involving the Council and the Clinical Commissioning Group comes into force.

After Members' questions about the Options Service, the following was established.

44. Many perceive domestic abuse as involving violence against the person only. However, domestic abuse takes many forms including physical, sexual, emotional, psychological and financial.
45. Domestic Abuse is a very underreported crime. Some of this may be down to perpetrator influence but it was suggested that much could be down to the fact that people do not recognise abuse when it occurs. This would suggest that we need to try harder to raise awareness of the various types of abuse that can take place, what can be done about it and where to go for help.
46. It was obvious to Members that partners in South Tyneside were very passionate about safeguarding vulnerable children and adults and as such should be very proud of the services provided.
47. There are some specific barriers to engaging with victims in the BME community. There are a number of domestic violence related issues that are specific to certain communities, such as "Honour Based" Violence and Forced Marriage, which may often not be reported as they are seen as culturally accepted by small minorities.

48. The Freedom Programme helps people to understand how manipulative perpetrators can be by making the victim feel as if they are to blame and the behaviour of the perpetrator is justified.
49. One of the aims of the programme (which includes weekly support group sessions) is to give power back to the client. Each session goes into real depth (where beliefs come from etc) and the programme is felt to be a huge success.
50. Members were told that there is very little Specialist Counselling Services for children in South Tyneside, although Barnardo's do offer a service for children over the age of 11 and Escape Intervention Services could support young people affected by domestic violence.
51. Officers suggested that we should operate the 'red dot' system which is used in some other areas of the country, whereby if a potential victim visited an Accident and Emergency Unit they could visit the toilets and place a red dot (kept on the inside door of the toilet) onto a specimen jar, which would highlight to a nurse or doctor that they were a victim of domestic abuse.

Sanctuary Scheme

52. The sanctuary scheme aims to make it possible for victims to stay in their own homes. The scheme commenced in April 2008 and has received over 170 referrals into the scheme since that time. South Tyneside Homes is one of the key partner agencies that enable the scheme to run (approximately 100 of the referrals had been South Tyneside Homes tenants).
53. Referrals into the scheme are primarily received from the Police, STDAPP, the Options Service and the Places for People Women's Refuge. People of all ages have benefitted from the scheme.
54. Since the scheme has been in operation, there has only been two cases where it was felt necessary to create a "sanctuary room" where the victim can retreat to if felt under threat until the Police arrive at the property. In creating these rooms the scheme works closely with the Fire and Rescue Service to ensure safety standards.

South Tyneside Homes

55. As one of the major services used by victims of domestic violence, South Tyneside Homes has two key areas of responsibility
- to arrange emergency accommodation through the Home Finder's Service
 - securing a longer term housing solution.
56. Over a nine month period in 2010/11, South Tyneside Homes dealt with over 300 internal transfers (32% of these were as a result of domestic violence).

57. The organisation uses a level of discretion, depending on the level of involvement it had in a case. It was suggested that the development of sub regional and choice-based lettings enabled to have even more choice, allowing a victim to move out of the Borough if this was something they wished to do.
58. Often South Tyneside Homes is the first point of contact for a victim and the organisation has procedures in place to enable staff to deal with this and be able to recognise signs of abuse. Safety of the victim and any children or vulnerable adults is always regarded as a priority.
59. A referral and reporting system for domestic abuse has been introduced following a thorough review of policy and procedures in this area. All cases are reported in the same way and given the same level of attention. This review looked at all aspects of front line staff handling, reporting and dealing with victims. A staff group has also been formed.
60. Policy has also been updated to reflect the new approach of the organisation to safeguarding children and vulnerable adults. The policy was approved in April 2011 and procedures were formalised in June 2011. At the time of the meeting it was planned to roll this out across 156 front line staff within the organisation (not only Housing Office staff but also the Income Team and Tenancy Enforcement Team). Training covers key issues around behaviour and perceptions, different types of abuse and what staff need to action in terms of the procedure.
61. A meeting had been held with key officers from Options and the Places for People Women's Refuge to gain their perspective on the training.
62. It was suggested by Members that training for Members in domestic violence policy and procedures would be useful.

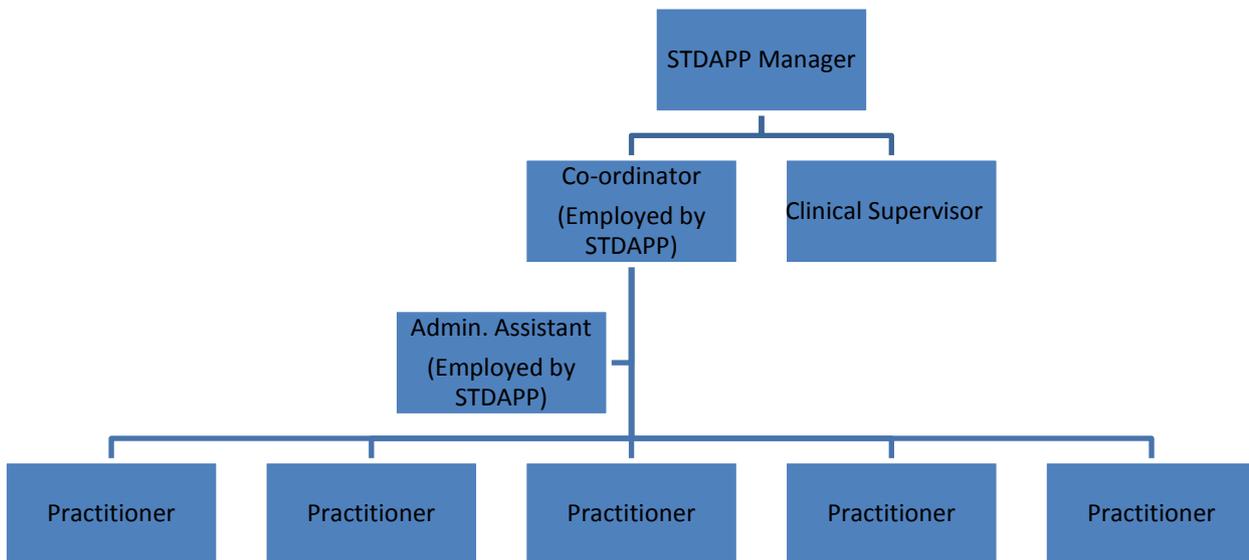
Supporting People/Places for People Women's refuge

63. Supporting People was set up in 2003 (a partnership between South Tyneside Council, the Primary Care Trust and Northumbria Probation) to improve the lives of vulnerable people including people suffering from domestic violence with the aim of promoting their independence to allow them to live in the community.
64. Supporting People hold contracts with a number of supported housing agencies which provided accommodation and floating support to vulnerable clients.
65. Supporting People has a service review programme designed to assess strategic relevance, value for money and cost effectiveness, promote continuous improvement in the quality of the service and listen and respond to the views and ideas of clients, staff and stakeholders.

66. Current supported accommodation and floating support for domestic violence is offered within the current refuge and outreach service. Prior to establishment of the refuge support was offered from Lawe Road. In 2005 the Council worked in partnership with Women's Aid and Places for People to open the new refuge which was suggested had been really successful and was able to meet women's support needs better.
67. The refuge is staffed 24 hours 7 days a week and offers temporary supported accommodation for women and children. There are 8 houses, including 3 which can accommodate women with children and 1 emergency self contained bungalow.
68. Referrals to the refuge are made from a number of agencies inclusive of South Tyneside Homes, South Tyneside Council and Northumbria Police. 12 people can be supported in the refuge.
69. Along with the refuge an outreach service is also available for 18 men and women at risk of domestic violence. All clients have support plans and support continues until the client is ready to end support.
70. At the time of giving evidence the Supporting People budget was £4.2 million. The level of provision for domestic violence represents approximately 4% of this budget.

Service Provision for perpetrators

71. **South Tyneside Domestic Abuse Perpetrator Programme (STDAPP)** - This programme is for any man who is concerned about his behaviour towards his partner or ex partner and wants to change.
72. STDAPP came about in 2006 when a number of statutory and voluntary agencies highlighted a gap in services.
73. Those agencies that had a vested interest in this area of work came together and either donated funding (Health Authority) or staff time (Barnardo's and Impact Family Services) to the programme. The Primary Care Trust currently pays for the Co-ordinator post and one Administrator post.
74. Research used to support the programme included the number of incidents of domestic abuse reported to Northumbria Police, the number of children reported to be involved in these incidents and the number of incidents which didn't result in a prosecution meaning that the Probation Service's Community Domestic Violence Programme could not be offered



Respect Accreditation

75. Respect is a national body for domestic abuse perpetrator programmes and promotes best practice in work with perpetrators of domestic violence and associated work with women. Respect ensures that models of work covers:

- Safety
- Assess and Management of Risk
- Coordinated Community Response
- Diversity and Equal Access to Services
- Promote Respectful Relationships

76. At the time of the meeting, the organisation was undergoing an inspection accreditation process and was required to meet 105 service standards. The main focus was on partnership working; the service could not work in isolation with men and work needed to be carried out jointly with the Options Service.

77. STDAPP and Options are currently taking part in a 2 year longitudinal study with Respect tracking men and their partners and ex partners to investigate what works in perpetrator programmes in relation to reducing violence and improving safety and freedom for women and children.

Action for Change programme

78. This programme provides Motivational Interviewing, an opportunity for men to identify their abusive behaviour, to learn alternative ways of handling situations in a supportive and non abusive way and time to practice these skills in a safe environment.

79. This consists of :

- 4 one to one assessment sessions
- 4 half day pre group sessions
- 26 weeks core group work covering 7 modules

One to One

Risk Assessment
Understanding of Concerns
Facilitating Change Talk
Programme Collaboration
Remorse Levels

Pre Group

Group Dynamics
Disclosures
Active Work
Core concepts
Form Relationships

Core Group

Rolling Programme
Exploration
Discussion
Reflection
Skills Practice
Midway Review
Leaving Review

Partnership Working

Children's Services

80. From April 2010 to March 2011 STDAPP recorded 169 children on its database, with 51 of these children having some form of Children's Services involvement and 17 were subject to Child Protection Plans. Of the 17 men completing the STDAPP programme last year, 7 of the men had children subject to Child Protection Plans and during their time on the programme 6 of the men's children's were deregistered.

MARAC

81. Last year STDAPP provided information to the MARAC about 21 men whose partners or ex partners were assessed as being high risk or experiencing violence in the future.

Integrated Offender Management (IOM)

82. Since February STDAPP has provided information to the IOM about 10 men who had been in contact with the programme, the IOM is also an opportunity for referrals to STDAPP.

Probation

83. STDAPP worked with 24 men who were subject to a probation order, with 8 of these men being referred by the Offender Manager.

84. When men first come to the programme they undergo a one to one risk assessment, following which a referral is made to the Options Service for the man's partner/ex-partner. The partner also undertakes a risk assessment. Comparisons between the two assessments are then made to determine the level of risk.

85. Officers then consider the man's suitability and look at how willing the man is to collaborate with the programme (called Action for Change). Men (aged 18 years and above) must come to the programme voluntarily. Those men who approached the organisation who have no motivation for change are not suitable for the programme.
86. Sessions consist of active group work and clients are encouraged to practice skills in a safe environment in order to examine how previous situations were handled and determine what triggered the different types of behaviour. Clients are also asked to fill out control logs in order that they can recognise trigger points.
87. Skills learnt during the programme include listening and negotiation skills, assertiveness, how to compromise and how to deal with challenging situations.
88. Risk assessments are updated on a monthly basis during Case and Risk Management Meetings, which take place fortnightly. Information sharing takes place with regard to any third party information. Risks would also be updated if any new incident occurred or, for example, there was a separation, pregnancy or increase in substance misuse.
89. The STDAPP programme is carried out over an 8 month period. This was felt to be a long time commitment for clients who are also being expected to attend other services.
90. Evidence suggests that the programme has a positive effect on reoffending. Members were informed that the cost of an average domestic abuse incident is estimated to be approximately £23,000. The estimated cost of men attending the STDAPP programme is approximately £7,500.

After Members' questions about the STDAPP service, the following was established.

91. There is little service provision in the Borough for male victims of domestic abuse, however the People for Places Women's Refuge Outreach Service has recently commenced offering services to men and the IDVA (Independent Domestic Violence Assessors) service offers support to male victims who are assessed as high risk.
92. If the STDAPP programme achieves accreditation this might attract funding. Officers were unsure what would happen to the current funding from the Primary Care Trust, for two members of staff, once the organisation ceased to operate. This will need to be taken up with the new service commissioners who will be the South Tyneside Clinical Commissioning Group.
93. The programme has had very few referrals from the BME community; there are some specific barriers in engaging with members of the BME community. A number of different agencies are working hard to try and reach Members of the BME communities.

94. Issues around forced marriage are being looked at closely by the Safeguarding Children's Board.
95. The Manager's role is not full time. The post, funded by Barnardo's, manages a number of services.

Multi-Agency Risk Assessment Conference (MARAC)

96. The main aim of the MARAC is to reduce the risk of serious harm or homicide for a victim and to increase the safety, health, and wellbeing of victims - adults and children. In the MARAC, local agencies will meet to discuss the highest risk victims of domestic abuse in their area. Information about the risks faced by those victims, the actions needed to ensure safety, and the resources available locally are shared and used to create a risk management plan involving all agencies.
97. The MARAC has been running since 2008 and meets every fortnight
98. Victims (equating to around the top 10% in the Borough) are identified through a Risk Indicator Check List; 20 questions are asked of the victim when they first make contact with an agency.
99. Representatives from a number of agencies across the Borough come together and share information on cases (the victim, perpetrator, any children involved etc) in order to put in place the best possible safety plan. The plan looks at issues such as children's safety, how to deal with the perpetrator once they have come before the Court for sentencing and also how to reduce the risk of homicide and serious harm.
100. When victims are in the high risk category, it is often very difficult for them to move out of the cycle of abuse; therefore, intensive support and care was required.
101. At the time Members looked at the service, MARAC had recently been through a quality assurance process which began in February and early indications were that the process in South Tyneside was working very well. Whilst there was one red flag area relating to BME clients (low representation of clients on MARAC) this was an issue the agency was aware of already. Training had been put in place to promote this and try to reach minority groups, from which there were very few referrals.

After Members' questions about the MARAC, the following was established.

102. There are currently 5 officers who concentrate solely on Domestic Violence (all high risk category).

103. Due to the excellent relationships between agencies in South Tyneside, partners currently call each other for assistance and would respond to the call straight away. At the meeting, Members were told that there were concerns that this would not happen in the future as services are to be centralised and all of the officers working in the South of Tyne team will not necessarily have previous knowledge of victims and perpetrators in South Tyneside.
104. Referrals are made to the Options Service when clients first complete a Risk Indicator Check List; they are asked if they want support from other agencies. If clients are classed as a low/medium risk they are given the option of attending the core Options Service but if classed as high risk they are referred to an IDVA.
105. If a victim wishes to stay in their own home and move the perpetrator out then measures are put into the home to ensure the safety of the victim and any children, e.g. window and door locks, high fencing (in very exceptional cases sanctuary [panic] rooms have been installed in houses).
106. Agencies sometimes face barriers to supporting victims to keep safe and move on from the abuse. Commonly the victim will get back together with the perpetrator. Often by the time agencies become aware of victims in the high risk category, the perpetrator has such a hold on the victim that it is difficult to break the cycle of abuse.
107. Members discussed the need to educate children on acceptable behaviour. It was suggested that agencies should target schools and teach children about appropriate behaviour in relationships which may in the long run reduce cases, thereby saving money.

MARAC arrangements for 16-18 year olds

108. It has often been a problem to get teenage children to the services they require quickly when they are part of a domestic abuse situation. Subsequently, the Children and Families Board have considered dealing with 16-18 year olds in high risk situations under the MARAC arrangements.
109. This would allow young people in this age group to tap into the dedicated services and support that the MARAC can offer.

Northumbria Probation Service

110. Northumbria Probation Service works with domestic abuse/violence perpetrators as part of its overall responsibilities for safer communities, reducing crime, supporting the needs of victims and promoting the rehabilitation of offenders.
111. The Service covers the whole Borough from two offices (one in Jarrow and one in South Tyneside). An Integrated Offender Management Team is based in Cornwallis Street. This was felt important in that Officers were able to get a picture of what was happening in the community, the level of violence and also the 'hotspot' areas.

112. The Service ensures professionals are trained to identify abusive behaviour and therefore be pro-active in terms of enforcing action.
113. Officers work with a broad range of offenders from the financially motivated offenders to those who have inflicted physical harm and even committed murder.
114. Often an offender might be referred for an unrelated offence (e.g. drink driving) and it might only come to light much later on that there are also issues of domestic abuse.
115. Officers have access to intelligence received from the Police or Crown Prosecution Service. Based on this information, officers will try to build a clear picture, identify risk factors, and establish a plan of how they will work with and challenge the offender.
116. Low and medium risk offenders are asked to attend the STDAPP programme, whereas the medium to higher risk offenders come into a Probation Service programme.
117. At the pre-court or pre-sentence stage the Officer may get to know who is going to go through the Court system and which cases might be dealt with at a Magistrates Court or Crown Court (most of the cases dealt with by the Service were the more serious cases). There might be an opportunity during the process, though the pre-sentencing report, to identify the offender's behaviour, the victim, any history (i.e. who in the family the behaviour had an impact on), where the offender lives or was likely to live, any income/employment/trade, how income is spent, any drug or alcohol related behaviour and any personality related/mental health issues). The report may influence a sentence or programme of work (individual or groupwork programme).
118. At this stage a decision is made as to whether to work with the offender as an individual, on a group work programme and whether work should be carried out in a custodial setting (with high risk offenders a lot of intensive work was carried out in the custodial setting).
119. Whilst in prison the offender is one step removed from the victim, there remains an active role for Officers to play as the offender could still influence the victim via mobile phone or letters encouraging visits (Officers can ask for security and monitoring of communications if this was felt to be necessary).
120. The primary role of Officers is working with people in the community. The Service runs a programme called Citizenship which involves an Officer working with an offender in a structured environment. Offenders would be required to attend a Probation Office, form a relationship with an Officer and work through a process of change.
121. The Court may also add a special requirement (programme requirement) which in the case of domestic abuse would be the Community Domestic Violence Programme CDVP, which is very similar to the STDAPP Programme.

122. During the course of a programme the offender is expected to report and observe. If someone does not attend they would receive a warning. More often than not they are given a second chance but they can be resentenced and, if so, they may then receive a more serious sentence.
123. Groupwork sessions are held one evening each week over a period of 6 months or two sessions per week through the day, for a period of 3 months.
124. Often people struggle with group work and some thought is being given to how the Service could develop an individual programme running along similar lines to the CDVP (to be named the Solo Programme). The programme would be very intensive and there would only be a low number of programmes run due to the high demand on staff.
125. It was suggested that where a person was open to change then there was a significant opportunity for success. However often the whole of the offender's lifestyle has to be addressed (e.g. accommodation, drug and alcohol related issues, employment) in order to assist them move away from the offending behaviour.
126. The Service is working with STDAPP to look at whether, through a Probation Order, those people who are not suitable for groupwork but require more than an individual programme could be accommodated.

After Members' questions about Northumbria Probation Service, the following was established.

127. Some men appear to accept their part in abuse but subsequently are found to be "playing along" rather than really engaging whilst others share what they had done early on in the process but then close up again because of shame. Usually disclosure is a slow, gradual process and offenders need building up before they can go on to the next stage of the process.

Northumbria Police

128. The Public Protection Unit in South Tyneside deal with child abuse, domestic abuse and multi agency public protection arrangements for managing sex and violent offenders in the community.
129. If someone is arrested for a domestic violence offence and come into custody this information is immediately marked on their record. This information is also printed on their Court file as it is not always clear when a person is being charged that the initial call was the result of a domestic violence/abuse incident.
130. The Custody Officer ensures that if an offender comes into custody for a domestic violence offence, they remain in custody with a view to appearing before the next available Court. This is to ensure the victim's safety.

131. If there is enough evidence to charge someone with a domestic violence offence the evidence file is sent to the Crown Prosecution Service for a decision to be made. Consideration is also given to making Orders to protect the victim such as a Restraining Order.
132. The Domestic Violence Court sits each Thursday morning at South Tyneside Magistrates Court; a high number of Magistrates are trained to deal with domestic violence cases.
133. Officers work with other agencies. If someone is arrested where alcohol is a factor of the offence then that person will be seen by an Officer from Turning Point (an alcohol service based in the Police Station). Community Officers are encouraged to give perpetrators information about STDAPP and a STDAPP leaflet is included in an information pack provided to victims.
134. The Integrated Offending Management Panel, chaired by the Police, sets aside a specific part of each meeting for domestic violence perpetrators. If Officers cannot get a victim to engage then the case can be referred to Members of the Panel who look at other forms of control, including Anti Social Behaviour Orders, Housing issues/Orders and Acceptable Behaviour Agreements.
135. Whilst MARAC focuses more on the safety plan for the victim, it also looks at serial perpetrators have offended a number of times with a number of victims. When these people are identified they are placed on a list which serves to alert Domestic Violence Officers that the person has offended previously with a different victim. Should that person begin living with a new partner then that case would automatically move into the high risk category (normally a case where there was only one incident would be classed as medium risk) and Officers would begin to look at a safety plan for the new partner through MARAC.

Health provision

General Practitioners

136. GP's have a significant role in identifying and supporting victims and perpetrators of domestic violence as well as assessing the risk to any children involved. The GP setting provides an opportunity to ask patients about domestic violence; however this is not done as a matter of routine in all surgeries.
137. South Tyneside is a very stable community and very few people moved away. Whole families tend to register with a practice which means that GP's hold information on each family member, often dating back several years.
138. Identification can be direct or indirect. A perpetrator or victim might come to the surgery for specifically help about the abuse. Other times men would have been asked to attend the surgery by their partner and occasionally family Members might attend to express concerns for a relative.
139. A proactive GP may be alerted to the possibility of domestic abuse when they see patients with depression, abdominal pain, as might Accident or Emergency

Units who see people with unclear histories (a whole list of physical symptoms can be linked to domestic abuse). However, very few practitioners have received training on how approach a patient when they have these suspicions.

140. Until recently GP's have not been good at identifying risk and had less contact with Social Services than they should. Now all GP's have received at least two training sessions on domestic violence and have been advised of MARAC procedures.
141. Where a child is subject of a Child Protection Plan and this is linked to domestic violence, it is good practice that the child's records should be regularly reviewed. However Members were not presented with any evidence to suggest that this practice taken up across the board by local GPs.
142. The National Institute of Clinical Excellence are putting together a asking for views on a document on preventing domestic violence which will be circulated to GP's during 2012.

Health Visiting Service

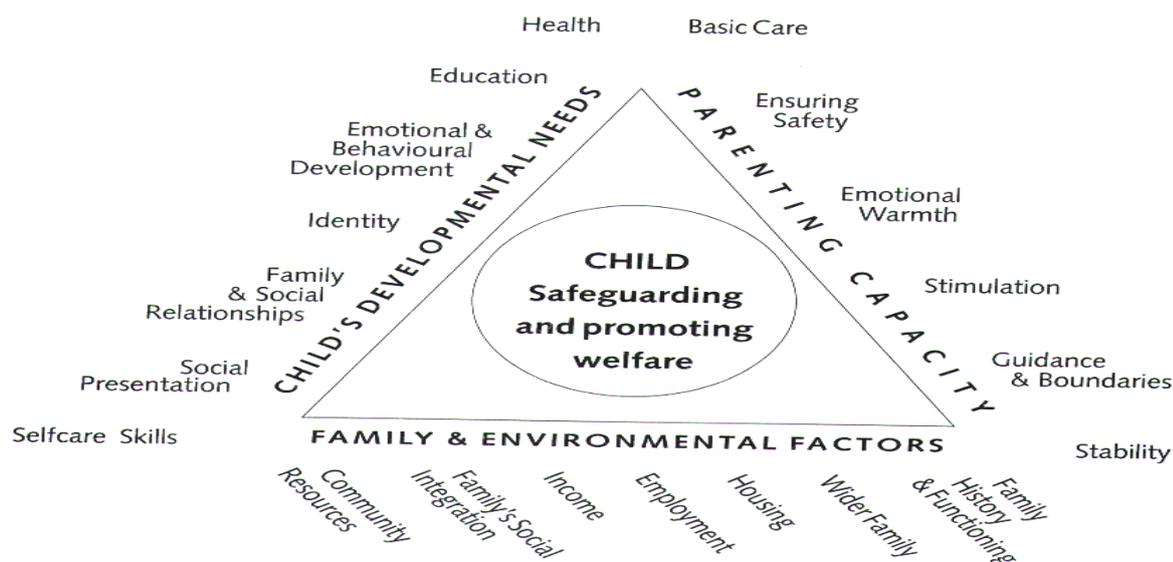
143. The Health Visiting Service is another area where identification and early intervention is crucial.
144. A Rapid Performance Improvement Workshop was held during 2010 which changed local responsibilities in the delivery of the H/V service across SOTW: this involved
 - Increased contacts/home visiting
 - Earlier intervention during the ante-natal period when there are concerns
 - New Child Health Records and recording documentation to support a history of the Family Health Assessment, Significant Events Recording and ROPE documentation
 - An Early Warning Assessment Tool to establish the level of concern to determine the need for universal or targeted support to families
 - Electronic Birth Record to support standardised work, monitoring and data collection
145. The Health Visitor enquires about domestic abuse at every visit if this is indicated on the care plan and it is safe to do so. The Health Visitor students attend action learning sets on domestic abuse and Safeguarding training is seen as an essential skill which is organised for the new qualified Health Visitor in the first 3 months of qualifying as part of their induction programme
146. The newly appointed Health Visitors and School Nurse have an intensive three months programme of supervision with the Safeguarding Nurse Advisors
147. There is a named Liaison Health Visitor who links with Places for People refuge and reports to the generic Health Visitor to improve communication and support to families. She also represents the Health Visitor service on the DV forum and is a member of the Domestic Abuse Training sub-group. She also delivers multi agency Domestic Abuse Awareness Sessions, supports Student Nurses, Health Visitors and Medical Students in understanding Domestic Abuse

148. A Domestic Abuse Policy was developed during 2010 to provide health staff, including Health Visitors with clear standards for practice. The Principles of the policy are:

- Organisational and front line roles and responsibilities
- Statutory framework
- Safeguarding – close liaison and Safeguarding Supervision from the Safeguarding Nurse Advisors
- Good Practice – endorsing a proactive approach to domestic abuse
- Routine Enquiry – Home Office and Department of Health guidance recommending Routine Enquiry as standard practice for health professionals
- Information Sharing – appropriately, proportionately and safely

149. Health visitors support the MARAC process.

Framework for the Assessment of Children in Need and their Families (2000)



NECA South Tyneside

150. Alcohol and drugs can be a factor in domestic abuse both from the perpetrator and victim's perspective. Often drugs/alcohol are used as a coping strategy by someone who is in a situation from which they cannot escape. They can be introduced by a perpetrator who might also be a user and the victim then might become reliant on the perpetrator. Some perpetrators also blame misuse as a reason for abuse.

151. Some agencies can be less sympathetic and are less likely to become involved with victims if they are using drugs or alcohol. Also if the Police attend an incident where the victim is intoxicated then they are less likely to recognise the situation and arrest the perpetrator.
152. Victims are often afraid of involving the Police in case they are arrested for possession of drugs and will not want to risk having their children taken away by Social Services.
153. On initial referral Officers ask clients if domestic abuse is an issue, however people are unlikely to disclose details early on in the process. If domestic abuse is an issue then this information is included in the client's Plan and the Officer might also become involved with other agencies. A risk assessment is also completed and updated at regular intervals.
154. The Senior Worker for NECA is also the Domestic Violence Coordinator and attends MARAC meetings. There is also close working relationships with both Options, the Perpetrator Programme and the other agencies

Designated Nurse for Safeguarding Adults and Children

155. The Designated Nurse for Safeguarding Adults and Children is based in NHS South of Tyne and Wear and has a strategic role in safeguarding. She attends the Safeguarding Boards for both adults and children.
156. NHS South of Tyne has a Domestic Abuse Policy which highlights responsibilities and legal framework as well as guidance as to making routine and selective enquiries regarding possible abuse. As the community provision has now been transferred to South Tyneside NHS Foundation Trust, it is expected that then policy will be employed across the whole of this organisation.
157. She suggested that there is still some work to do with the new Clinical Commissioning Group to understand their responsibilities with regards all aspects of safeguarding.
158. She arranges the training for GPs on safeguarding, including domestic abuse, MARAC process etc. At the time of giving evidence 66 of the Borough's GPs had undertaken this training (which is about half of the GPs in the Borough).
159. There is a post for a named GP for safeguarding who job it would be to represent the GP perspective on safeguarding matters. However, at the time of giving evidence, NHS South of Tyne and Wear had failed to recruit to this post
160. The next stage in the process is to roll out training to other Members of primary care team such as Practice Nurses and Reception staff.

Accident and Emergency

161. National data suggests that up to 12% of attendances at Accident and Emergency (A&E) are due to domestic violence. Staff in the A&E department are often in a good position to identify cases.
162. The College of Emergency Medicine produced Clinical Effectiveness Guidelines on the recognition and management of domestic violence in A&E departments in June 2010. These guidelines advise that:
- There should be written information about local domestic violence services available in A&E. Posters in the waiting room and leaflets in the female toilets may encourage disclosure
 - Clinicians should be prepared to ask simple direct questions, if there is any clinical suspicion of domestic abuse
 - Any concerns about child welfare should lead to prompt activation of local child protection services
 - A&E staff should undertake domestic violence training
 - A representative from the A&E department should attend local Multi-Agency Risk Assessment Conferences (MARAC)
 - Contact details of the MARAC coordinator and domestic violence coordinator are available to all staff in the A&E department
163. There is written information relating to local domestic violence services in the A&E department in the form of posters, leaflets and cards. Information is available in waiting areas and female toilets.
164. Staff from the A&E department access the Domestic Abuse Awareness Training provided by South Tyneside Domestic Violence Forum. In addition staff access training in relation to safeguarding children and safeguarding adults.
165. A&E staff are trained to pick up on verbal and non verbal cues, and where there is any clinical suspicion of domestic abuse A&E staff will attempt to create time alone with the potential victim to ask simple direct questions. They offer advice, support and provide signposting to local domestic violence services.
166. Clear documentation will be made in relation to the severity and extent of any injury. Where serious injuries are found or a patient is felt to be at serious risk staff will liaise with the police as appropriate.
167. If there are any concerns over an injury presenting to the A&E department, but not so obvious as to alert Social Care immediately, staff can contact a Named Nurse who can in turn issue low level “cause for concern” alerts

168. Staff will clarify whether there are children living with the victim or perpetrator and where children are involved then a safeguarding referral will be made as standard practice.
169. Until recently information from A&E has been routinely provided to local MARAC meetings, however due to temporary staffing constraints this has not been possible in recent weeks. At the time of submitting this evidence (March 2012), work was underway to ensure that A&E is able to contribute to the MARAC process.
170. Contact details of the MARAC coordinator and domestic violence coordinator are available to all staff in the A&E department
171. The Designated Nurse for Safeguarding Adults and Children suggested that it can be a problem that Adult and Children A&E departments are now separate so that sometimes it is difficult for staff to look at a situation from a whole family perspective.

Midwifery Service

172. It is recognised that women who experience domestic abuse may have particular difficulties using Health Care Services. For example, the perpetrator of domestic abuse may try to prevent a woman from attending appointments or a woman may be afraid that disclosure of the abuse will worsen her situation.
173. Maternity Services therefore have a pivotal role to play in engaging with women for over 9 months with planned contact and are uniquely positioned to identify, assess and respond in supporting women who experience domestic abuse.
174. The over-riding principles for the identification and response to domestic abuse disclosures are:
- All service users should be asked if they have experienced domestic abuse.
 - Information about abuse will be documented in the screening/risk assessment documentation.
 - The safety of the women will be immediately assessed, where there is a disclosure.
 - All women who are subjected to domestic abuse will be signposted to appropriate support services.
 - Women who are identified at risk or for those where domestic abuse is confirmed will be robustly followed up with a plan agreed by the woman.
175. A Domestic Abuse Policy was developed during 2010 to provide health staff, including Midwives with clear standards for practice. Routine Enquiry is managed in accordance with Department of Health Guidance (2005) NICE 2010. Pregnancy and Complex Social Factors - A Model for Service Provision for Pregnant Women with Complex Social Factors.

176. Annual workshops are provided for all Midwives to inform them of their role and responsibilities for domestic abuse and how to incorporate the process as normal part of their midwifery assessment.

177. All women (over the age of 16) are routinely asked about domestic abuse on point of first contact and then on an ongoing basis through the pregnancy risk assessment process; this is particularly important where the partner is present with them during appointment as is often the case. In such situations where there is a suspicion of domestic abuse then strategies are employed to see a woman on her own, at the earliest possible opportunity.

178. A Midwife is employed to work with vulnerable adults, this includes a specialist interest in women who have been subjected to domestic abuse. Two midwives have undergone additional training and act as a resource to other staff as well as to lead on training. Routine screening is carried out at the first ante-natal contact and throughout the pregnancy, this will be triggered by the following;

- If a woman makes frequent appointments for vague complaints
- If a number of appointments are missed without adequate explanation
- Injuries/illness observed that is in-consistent with explanations/multiple explanations or where a woman plays down the injuries
- If the woman is always accompanied by the partner
- Where there is a history of alcohol drugs or abuse

179. There is a tool to establish the level of concern and to determine the need for universal or targeted support to families.

- Credit size cards are given out to women offering advice and signposting.
- More flexible appointments are provided to women when appropriate.
- A phone number that is agreed with the woman and one which it is safe.
- The woman is offered a named midwife, who will take responsibility for and provide the majority of their antenatal care.
- The woman's GP is advised with her permission

180. Midwives have links with both statutory and voluntary agencies this includes;

- Liaison with Health Visitors and family nurses.
- Children's Hospital and Social Care Services
- Adult Health Services where pregnant women are referred through the Accident and Emergency Department.
- General Practitioners
- Women's Refuge
- Contribute to MARAC process
- MAPPA, through a nominated representative
- Other Maternity Services – where women transfer their care 'in or out'
- An inter-NHS Alerting mechanism

Social Care for children

181. Between January and August 2011 there were 2348 reported domestic abuse incidents of which 1101 involved children. Domestic abuse is the primary cause of referrals to Children's Social Care and a key factor in the majority of Child Protection cases. It has been identified as a priority area for the Local Safeguarding Children Board.
182. All cases are fed through the referral and assessment process and managed through the Well being Panels and the Common Assessment Framework to ensure that early support is provided.
183. There is a strong protocol in operation with the Police; this will need to be maintained as the Police go through restructure.
184. Training is given across the board to ensure that staff have adequate skills through the Local Safeguarding Children Board, Domestic Violence Forum and through E- Learning. There is also training for people working in schools.
185. There remains an issue in up skilling a wider range of professionals including Health visitors, Scholl Nurses, Drug & Alcohol Workers.
186. There are some areas that were identified by the Head of Children and Families Social care that need to be addressed. These were
- The range of services for children and young people affected by Domestic abuse.
 - Addressing abuse in teenage relationships
 - Child to parent abuse.
 - Earlier identification
 - Changing local culture
 - New service models for "think family" initiative (evidence based programme for ensuring better outcomes for children at risk)

Escape Intervention Service

187. This Project offers an early intervention/ preventative service including complimentary therapy for young people aged 11 – 18 years and their parents and carers. The service was launched in November 2008.
188. When the project was established there were no services to which young people could be referred for help. Whilst the project only works with young people aged 11+ years, many calls are received from staff in primary schools asking Officers to work with younger children. The project does not have the capacity to do this as it does not have any funding for such a service expansion.
189. A young person experiencing high levels of anxiety might become very angry and/or frustrated. They might initially be referred to the service for anger management but on closer investigation the real issue could be something that

had happened previously within the family e.g. a negative role model who was aggressive and violent towards the young person.

190. Referrals are received from the Options Services and Social Services; Social Workers refer young people to the project who they find difficult to refer elsewhere. The Project tries not to refuse services to anyone.
191. Officers work closely with the homelessness project for young people. Often young people present having been forced out of the family home by their parent(s), often for financial reasons (once the child becomes older and the parent no longer received benefits from the Government) or because that young person is seen as a problem within the family and it is easier for the parent to let go of them and concentrate on younger siblings.
192. Increasingly young people present with mental health problems. Whilst a referral may be made to CAMHS there is a 12 month waiting list. There is a danger that young people referred to CAMHS can end up in the Youth Justice system before they can be seen.
193. The Project tackles issues relating to domestic violence/abuse on a daily basis, in a variety of forms.
194. Service provision (not just for domestic abuse) includes
 - Assessment of individual need.
 - Counselling service with all issues including bereavement/loss, domestic violence issues, substance misuse, gambling within the family, bullying, victims of crime or any other forms of discrimination
 - Anger management training to increase education, training or employment opportunities
 - Support groups for young people and parents who have experienced bereavement
 - Outreach delivery of services, e.g. schools, community based agencies
 - Mediation service, i.e. between young people and family members/parents, between parents and school, to improve and develop positive relationships
 - Range of complementary therapies including reflexology, aromatherapy massage, Indian head massage to reduce stress, anxiety and depression
 - in young people and enhance their ability to cope in new situations/environments
 - Complementary therapies will be offered to parents of young people attached to Escape Intervention Services to reduce stress and anxiety levels
 - Bereavement/loss training for professionals working with young people
195. It has previously been fortunate enough to secure a £490,000 Big Lottery Fund to provide activities to young people. However, at the time of giving evidence to the commission however, the project had not secured continued funding.

Unions

196. There is a Woman's Officer in every branch of the Unison and if an employee is absent from work due to domestic violence representatives will advocate on their behalf.

Specialist Domestic Violence Court (SDVC)

197. The SDVC aims to encourage victims of domestic violence to come forward and report cases and to remain engaged with the Criminal Justice System throughout the process. In essence, the specialist court programme is a co-ordinated community response to domestic violence which combines both criminal justice and non-criminal justice interventions and forms a multi-agency response that creates greater victim safety and brings perpetrators to account.

Role of the Crime Prosecution Service (CPS)

198. The role of the CPS is, following an investigation by the Police, deciding whether a suspect should be charged. In doing this they have to look at the evidence and whether it passes the test of "reasonable doubt". They will also look at whether there is a reasonable prospect of conviction. They will also consider whether prosecution is in the public interest and consider the views of the victim.

199. Considering evidence may involve

- Analysis of 999 tape
- Statements from neighbours and children
- CCTV footage
- Photographs from the scene
- Photographs of injuries
- Medical evidence

Specialist Domestic Violence Court

200. The Specialist Domestic Violence Court is a specialist way of dealing with Domestic abuse cases. It represents a partnership approach between the Police, Prosecutor, Court staff, Magistrates, Probation Service, Witness support and then Independent Domestic Advisers.

201. The aim of the Court is to allow agencies to come together to identify, track and risk assess domestic violence cases. They support victims and increase information sharing so that offenders are brought to justice.

202. It is vital to ensure that victims remain engaged with the court process, but this is sometimes not possible.

203. Some measures that are taken to protect the victim include

- The use of screens to prevent the witness seeing the defendant
- Giving evidence in another room by way of a TV link
- Use of communication aids (e.g. hearing loop)
- The playing to the court of a witness video recorded statement which has been previously taken by the Police
- Using a separate entrance.

204. Sometimes there can be meetings set up prior to a court hearing to build trust and confidence in the measures being taken and familiarise the victim with the court.

205. Areas where the representative of the HMS Courts and Tribunals Service felt could be improved were.

- Victim satisfaction
- Timelines on proceedings
- Attrition rates (rate at which victims drop out of the process)

Role of the Independent Domestic Violence Advisers (IDVAs)

206. The IDVAs have a pivotal role in the Domestic Violence Court proceedings. They provide Independent Support to the victim and help them through the trial by liaising with the victim and other partners in the court process. They provide a full range of outreach and crisis support to the victim throughout.

Women's Health in South Tyneside (WHiST)

207. WHiST work with women age 16 years plus living in South Tyneside. Their work with women around domestic abuse includes providing a counselling service, providing other kinds of individual support, running courses where women can improve feelings of confidence, well being and self esteem, providing a crèche and attending the South Tyneside DV Forum.

208. Women living with domestic abuse can also access any of their services from drop in coffee bar to exercise classes, with or without identifying themselves as living with abuse.

Counselling Service

209. WHiST counselling service offers women Person Centred counselling. The length of time a woman can see a counsellor is decided by the woman and the counsellor. For some women this might be a few months and for others it can be years. They have a counsellor who can provide CBT if the Counselling Coordinators and the woman feel this would be beneficial. Women are referred to our counselling service by GPs, mental health workers, Voluntary Sector projects such as Options and South Tyneside Women's Aid and in the main by

women themselves. They might come initially identifying abuse as the issue but often the initial referral reason can be something different and the issue of domestic abuse might emerge over time. Women can also access specialist counselling around rape and sexual abuse at WHiST. This is provided in partnership with Tyneside Rape Crisis Centre.

Personal Development Courses

210. Women living with or having lived with domestic abuse can access a wide range of courses aimed at building their confidence and self esteem. These include Assertiveness and Confidence Building, Wellness Recovery Action Planning (WRAP), Anxiety, Stress and Low Moods, New Beginnings and Rebuild.
211. Rebuild is a course specifically aimed at women who have or are living with domestic abuse. A grant from Lloyds TSB funds this course. The same grant also funds New Beginnings a course for non abusing mothers whose children have been abused. Both courses are facilitated by two tutors/group workers.
212. Although WHiST has offered New Beginnings before, the current run is the first being offered from this grant and there has only been one session to date. Rebuild has had one complete run in our Easter programme.
213. Rebuild focuses on helping women understand domestic abuse, power and control and the dynamics of an abusive relationship. It also worked extensively on identifying ways in which women can rebuild their self esteem and see how they can make positive changes in their lives.
214. The course goes at the women's pace and incorporates issues that are relevant for women at that moment. During the recent run there were a high number of women who had involvement with social services around child protection because of a partner's abuse and some had their children removed. The course is adapted week by week by the group workers to support women with these issues.
215. At the end of the course the women who completed evaluation said that they felt better able to trust their own decision making, that they had identified how they might behave differently in certain situations if they happened again, that they felt more confident and that they felt they knew where and how to get more support if they needed it. All of the women progressed on to further courses at WHiST including New Beginnings and Assertiveness and Confidence Building but also on to Tai Chi.

Other kinds of support

216. Women living with domestic abuse can access any of our services. As WHiST offers so many services under one roof women can attend without feeling identified and stigmatised.

217. WHiST operates an open door policy. This means that any woman who walks in off the street will receive support. It might involve making an appointment and attending on another day. It is also the case that distressed women turn up at WHiST and are offered support there and then. This can involve time to off load, to get upset, to find some clarity about what they want to do or to be referred to other services including Housing or Specialist Domestic Violence services like Options and the Refuge.

Involvement in the South Tyneside Domestic Violence Forum

218. Their Counselling Coordinators attend the DV Forum when they can through their small staff team of 5 full time office posts. Staff have been involved in International White Ribbon day events and in providing training with the forum sub group. The volunteer team has taken part in art workshops around domestic abuse producing masks for the march on White Ribbon day. The volunteers also took part in the bag pack in Jarrow organised by the forum. .

Funding Arrangements

219. **Options:** Joint funded by the Northern Rock Foundation and the Primary Care Trust (PCT). Future funding from the Northern Rock Foundation was to be on a “tiered” basis (100% funding in the first year, reducing in subsequent years in order to encourage the identification of alternative funding streams);

220. **Independent Domestic Violence Advisers (IDVAs):** There were two IDVA posts funded by the Northumbria Police Authority and the Ministry of Justice. Funding was in place until March 2013, however, there was some uncertainty about whether this would continue after this date.

221. **Places for People’s Refuge and Outreach Service:** This was funded via the Supporting People budget together with a contribution from the PCT as well as fundraising activities. It was noted that the service sometimes accepted victims of abuse from other areas, via a reciprocal arrangement, to help in cases where distance from the perpetrator was considered to be advantageous.

222. **South Tyneside Domestic Abuse Perpetrator Programme (STDAPP):** This 36 week modular programme was commissioned by the PCT who also provided funding for it. The scheme required perpetrators to demonstrate a willingness to change behaviours and participants would be slotted into group-work sessions when it was felt that they were ready to do so.

223. **The Escape Intervention Service** has previously been funded by the Big Lottery Fund to provide activities to young people. At the time of giving evidence to the commission however, the project had not secured continued funding.

224. NHS South of Tyne and Wear and the Local Authority are currently reviewing Community Child and Adolescent Mental Health Service (“tier 2”) provision. Members feel that it is vital that adequate provision is provided within the service specification for children who have experienced domestic abuse.

225. **WHiST** and **NECA** are both funded by the Local Authority.

226. **The Domestic Violence Coordinator post** is funded 50% from PCT (Public Health) funding, and 50% Council funding

227. The current PCT funding that is provided to the Options and the Places for People Refuge is provided as grants, so that might cause an issue when the Public Health funds transfer to the local authority as it will be unlikely that they will be allocating grants in the same way.

Conclusions

228. **Partnership arrangements are good.** Agencies work well together through the Domestic Violence Forum and through the MARAC service. There is clearly a good understanding between agencies about each other's role and lots of close working relationships
229. **Funding of the range of services is complex.** There is a "cocktail" of funding between, the council PCT, Police, Ministry of Justice and other agencies. There was some anxiety amongst Members that funding of some services could be affected by new commissioning arrangements and the transfer of public health funding to the Council. The PCT told Members they are working hard to make sure that there is some continuity in funding through the transfer.
230. There is a lack of **specialist interventions for children** who have been victims of Domestic Abuse other than that provided from the mainstream Social Care service and The Escape Intervention service (whose funding for 2012/13 is yet to be secured). There is a particular issue with **addressing abuse in teenage relationships**. A recent NSPCC report found that fewer than 20% of cases are reported by young people because they believe it is an acceptable part of their relationship and do not believe they can stop it.
231. There are **few service interventions tailored for male victims of domestic abuse**. The Places for People Outreach service do provide some support as do Victim Support and the IDVA service. But there is very little take up. The most obvious reason for this is that males are not comfortable accessing a service which is perceived as for women only.
232. There is a **significant drop out rate from the court system**. Whilst there are a range of services there to assist victims through the system, quite often the perpetrator exerts an influence on the victim and they drop out of the court proceedings. The **timeliness of proceedings** was seen as a big influencing factor on the rate at which victims drop out of the process
233. There would also appear to be some work to do to ensure that the Domestic Violence Coordinator role and the commissioning role work more closely together. Members feel that the Coordinator is in a unique position to oversee the whole of the service provision and therefore advise as to the nature of services that are commissioned.

Recommendations

- R1 It is essential that all services continue to be funded. Specifically work being undertaken by NHS South of Tyne and Wear on transition of Public Health Commissioning to the Council needs ensure that those services currently funded through Public Health are covered by the new commissioning arrangements.
- R2 The Domestic Violence Coordinator role needs to be reviewed to ensure that there is some synergy between this and the commissioning of services across the various agencies.
- R3 Interventions for child victims of Domestic Abuse should be reviewed and put into a formal framework leading to an enhanced service provision for safeguarding children and meeting their specific needs. This should be specifically included in the service specification for the Community (tier 2) Child and Adolescent Mental Health Service that is currently being undertaken and included in commissioning plans.
- R4 There should be some service interventions specifically targeted at dealing with perpetrators and victims of teenage abusive relationships.
- R5 A review of arrangements for supporting victims through the court scheme should be undertaken and changes implemented to minimise the drop out rate. Specific attention should be paid to reducing the time the court process takes.
- R6 There should be consideration given to how interventions for male victims can be more tailored to suit their needs and encourage more male victims to engage with services.
- R7 There should be session with and in schools which highlight acceptable behaviour in a relationship and within a family. These sessions should start at an early age and be age sensitive in their delivery.
- R8 Further Work should be undertaken by the Domestic Violence BME sub-group regarding needs of BME communities to ensure that they are aware of the services available to victims of domestic abuse.
- R9 There should be a review of the distribution of information and literature on domestic abuse and services available to ensure that there is maximum awareness amongst professionals and public.

Financial and Value for Money Implications

234. There are financial implications in relation to the continuation of a number of services, including the IDVA service and the South Tyneside Domestic Abuse Perpetrator Programme.

Legal Implications

235. There are no legal implications for Cabinet to consider.

Risk and Opportunity Implications

236. There are no risk implications for Cabinet to consider.

Equality and Diversity Implications

237. Promoting equality and diversity is a priority objective of the Community Strategy and underpins the Council's core values. Meeting the requirements of the Act demonstrates our commitment to equality and diversity, and will help build on the already good work we are doing.

238. An equality check is not required at this stage as this is a scrutiny report making recommendations to Cabinet. An equality check will be carried out before any arrangements described in this report are implemented. The framework will set out how we plan to meet the public sector equality duty and other provisions of the Equality Act.

Environmental and Sustainability Implications

239. There are no environmental and sustainability implications for Cabinet to consider.

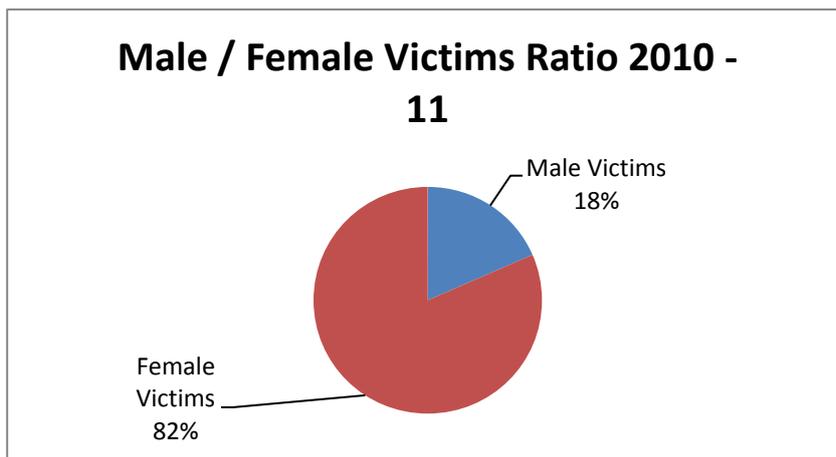
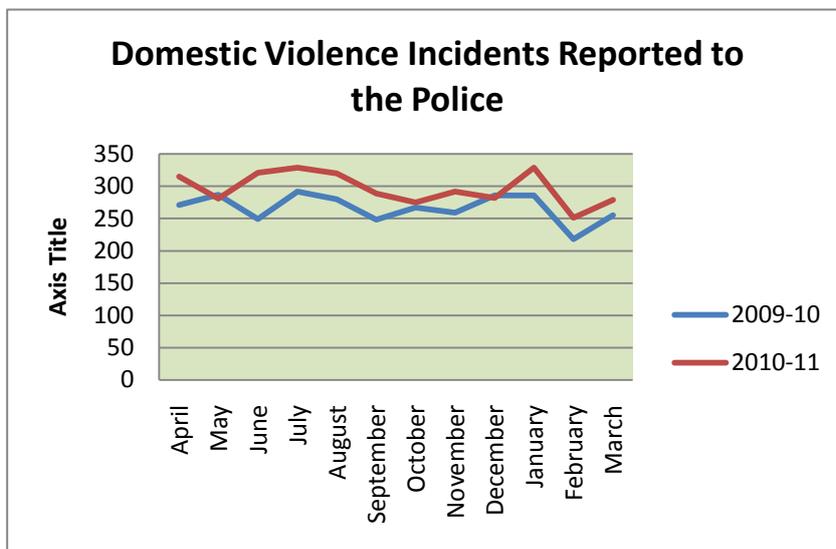
Report Recommendation

240. Cabinet is asked to receive the Scrutiny Commission's report, and request that a formal response to the recommendations is prepared by the Corporate Director for Business and Area Management alongside our partners.

Domestic Violence Update

Domestic Violence Incidents

Official reports of domestic violence in South Tyneside are broadly in line with regional and national trends. Between April 2010 and March 2011 there were 3607 domestic violence incidents reported to the Police in South Tyneside. This equates to a rate of 23.7 per 1,000 population. In comparison, Gateshead had 23.9 reports per 1000 population, Sunderland 22.2, North Tyneside 21.5 and Newcastle 20.1. (Source: Northumbria Police, PPU).



Domestic Violence Crimes

In South Tyneside, of the 3,607 incidents handled by the Public Protection Unit, 829 resulted in an arrest (23%). In comparison, the rates of arrest in the other Tyne & Wear regions varied between 25% to 32%.

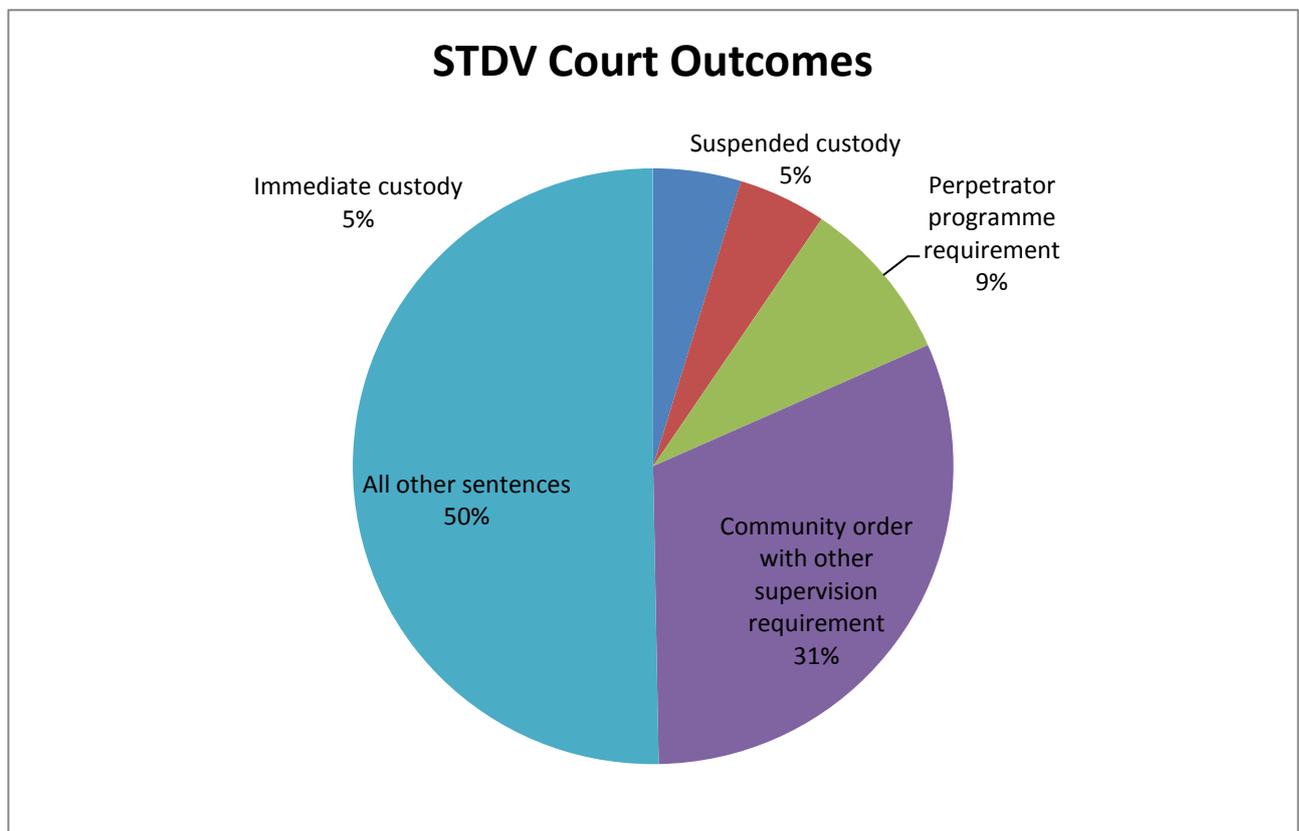
Appendix 1 – domestic abuse data

South Tyneside also had the lowest percentage of cases involving children, 49%. Other areas in the region range from 50% to 54% (Source: Northumbria Police, PPU).

Magistrates' Court Data

	Sunderland	South Tyneside	Gateshead	North Tyneside	Newcastle	N'land
Annual Percentage of incidents resulting in arrest	34%	23%	26.75%	26%	27.75%	28.75%
Total percentage of arrests charged to court	28.25%	41.25%	24.75%	36%	41.5%	39.75%

Outcomes	Sunderland	South Tyneside	Gateshead	North Tyneside	Newcastle	N'land
Immediate custody	22	8	20	7	16	6
Suspended custody	29	8	9	11	22	13
Perpetrator programme requirement (suspended sentence or community order)	24	15	16	6	28	16
Community order with other supervision requirement	98	53	34	33	56	47
All other sentences	182	85	159	108	140	104



MARAC Data

Percentage reduction in repeat victimisation for those domestic violence cases being managed by a MARAC.

Repeat victimisation refers to a violent incident occurring within 12 months of the original incident coming to the MARAC.

Current Performance

South Tyneside appears to compare favourably, both regionally and nationally, in dealing with the risk of repeat victimisation. The latest national data available identifies that in the twelve month period October 2009 to September 2010, the repeat rate for domestic violence nationally was 21.5% and the North East repeat rate of 27.88. This compares with a repeat rate in South Tyneside of 19%, relating to 155 cases in total, 29 of these repeats and 186 children involved.

Offenders

There were 399 offenders in the study period, 359 male and 40 female.

Of the male offenders;

97% identified as White English

54% were aged between 20 and 34 peaking in the 20 to 24 age group

63% were unemployed

59% had alcohol issues

3% drug issues

87% of the offences took place in the house

72% were physical assault

(The sample of female offenders in the study period was insufficient to enable a conclusive analytical profile)

Victims

There were 494 victims, 421 female and 73 male.

Of the female victims;

97% identified as White English

The peak age for the victims is 18 to 24, with 16 victims being under 19 and 4 under 15.

50% identified as being assaulted by their partner

13% ex partner

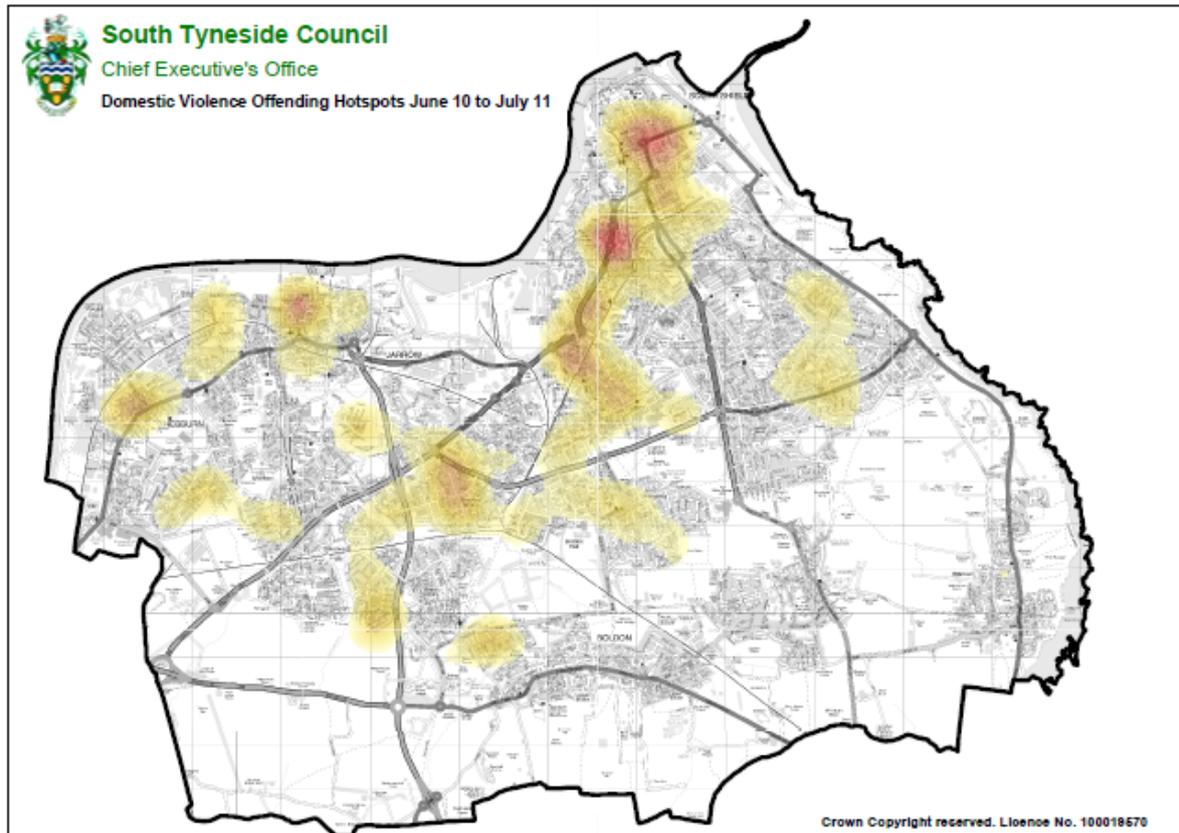
7% son

7% by husband

(The sample of male victims in the study period was insufficient to enable a conclusive analytical profile).

Location of Domestic Violence Incidents

The following maps identify the locations in South Tyneside with the highest prevalence of Domestic Abuse crimes being reported.



Health

According to the British Crime Survey just over half (54%) of victims of partner abuse in 2008 suffered some injuries or emotional effects as a result of the abuse:

- The most common effects were mental or emotional problems (26%), minor bruising or a black eye (20%), scratches and stopping trusting people or having difficulty in other relationships (14% for each).
- Women were more likely (59%) than men (45%) to have experienced injuries or emotional effects as a result of abuse.
- Around one-quarter (27%) of those who had suffered injuries or emotional effects as a result of the partner abuse had seen a doctor, nurse or other health worker because of their injuries or problems in the last year.
- The majority of the victims who had sought medical help had seen a GP or gone

Appendix 1 – domestic abuse data

to a doctor's surgery (77%). Over one-quarter of the victims (27%) had been to a hospital casualty or accident and emergency department, and 11% had been to specialist mental health/psychiatric services.

Financial Impact of Domestic Violence

Meta- analysis from a range of research studies indicates that victims may need support in many aspects of life, including employment and housing. According to the 2008/09 British Crime Survey (BCS):

- One in ten people (10%) who had experienced partner abuse had to take time off from work in 2008/09 due to the abuse.
- Six in ten (60%) victims who had taken time off from work had taken less than a week off in the last year, but about two in ten (22%) had taken a month or more off in the last year due to the partner abuse.
- 4% of victims had lost their job or had to give up working as a result of partner abuse in the previous year.
- Housing needs of victims of domestic violence are critical as victims (and children) are often forced to move out of the family home to escape the abuse and need appropriate and safe alternative accommodation.

Children

According to a recent synthesis of developmental and neuro-scientific research, the earliest relationship between young children and those who are closest to them have an especially potent influence on their early development (Shonkoff and Philips, 2007).

- Every year it is estimated nationally that 750,000 children witness domestic violence. Although not every child is affected in the same way, this can cause serious emotional harm in both the short and long term.
- In families where there is domestic violence, children may also be physically and sexually abused. Researchers estimate that in 30-60% of domestic violence cases, the abusive partner is also abusing children in the family.
- A family experiencing domestic violence is 23 times more likely than a family without that characteristic to abuse their child in the first five years of life.
- In both 2009 and 2010 approximately half of all incidents reported to Police involved children. This equates to the Police attending on average 142 domestic violence incidents each month involving children.

Appendix 1 – domestic abuse data

As the section on health needs explains earlier, it is estimated that in 30-60% of domestic violence cases a child will also be being directly abused. Taking the average number of incidents South Tyneside Police attend each month involving children(142), numerically this equates to anywhere between 43 and 85 children being directly abused.

Domestic Violence Victims Profile

Northumbria Police crime data identifies that between July 2010 and June 2011 there were 460 crimes specifically recorded as Domestic Violence, however, a number of cases may also be identified as 'violence in the home' rather than the general definition of domestic violence. A breakdown in this figure indicates that 377 of the victims were female, 71 (19%) male, and in the remaining cases the victim was identified as 'Regina'. Further analysis suggests that 23 of the individuals were 'repeat victims', 18 twice and 5 three times.

Ethnicity

Domestic violence affects women from all ethnic groups, and there is no evidence to suggest that women from some ethnic or cultural communities are any more at risk than others. However, the form the abuse takes may vary; in some communities, for example, domestic violence may be perpetrated by extended family Members, or it may include forced marriage, or female genital mutilation. Women from Black or minority ethnic communities may also be more isolated, or may have to overcome religious and cultural pressures, and they may be afraid of bringing shame onto their 'family honour'. Statistically, however, 97% of the female and 91% of the male victims were reportedly categorised as being White British.

Alcohol and Drug Related

Official statistics would clearly appear to highlight a strong link between domestic violence and substance misuse. Of the 377 cases relating to female victims, 214 of these were recorded as being alcohol related, 8 drugs related and 13 both.

Relationship to Perpetrator

Domestic violence can happen anywhere to anyone of any race, religion, culture or economic status. Domestic violence affects both partners, their children, other family Members, friends and colleagues. Domestic violence can occur in ANY intimate relationship, including same-sex relationships and including by women towards men.

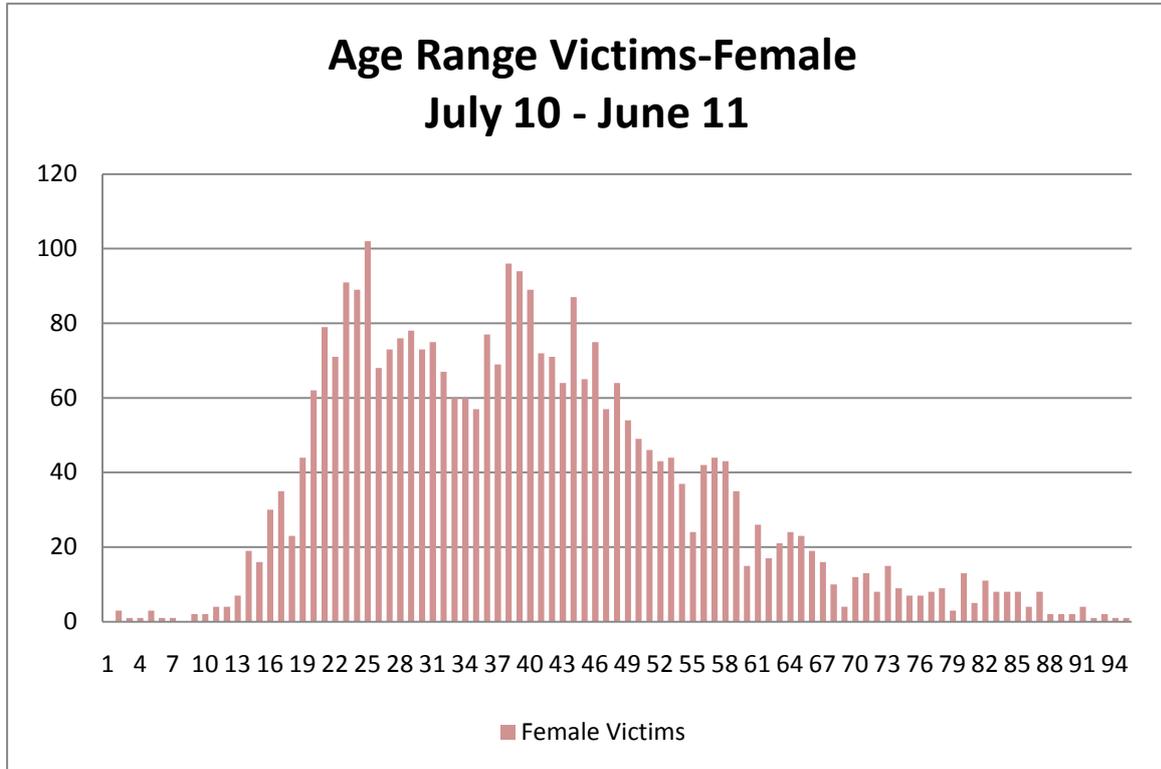
Female Victims:

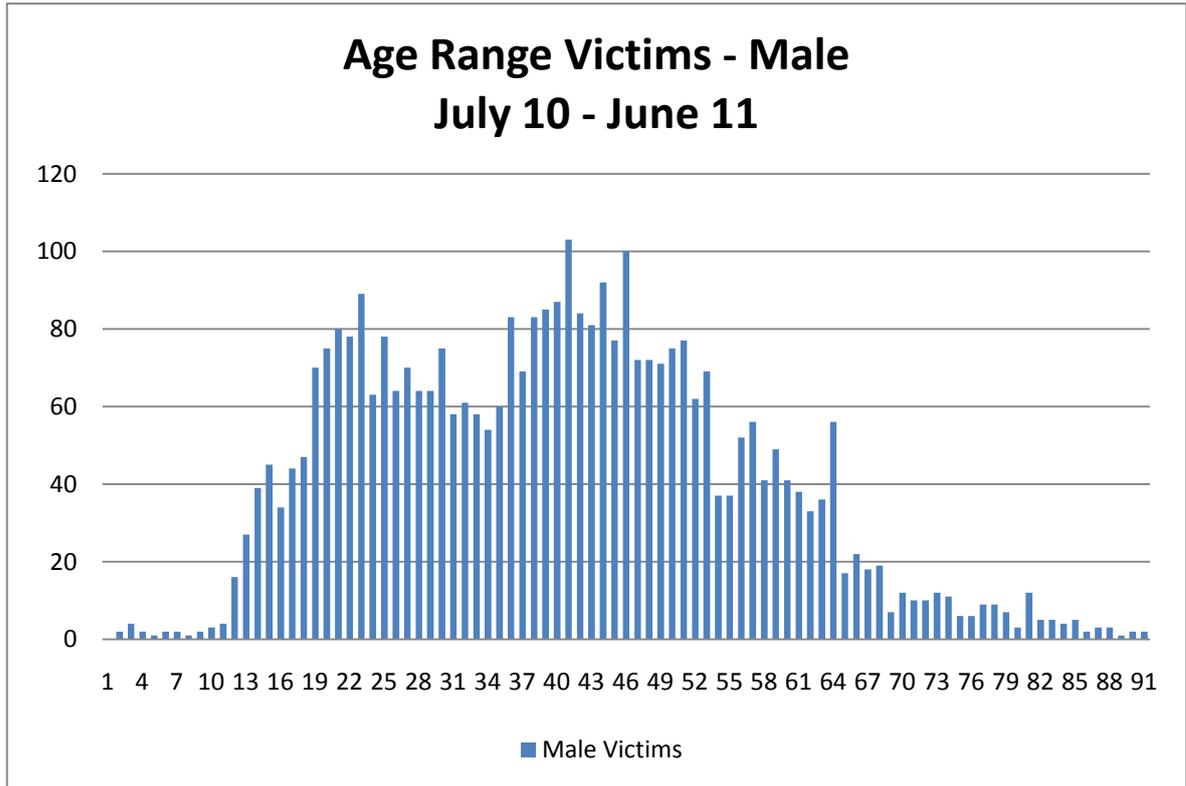
- Partner 39%
- Ex Partner 27%
- Husband 10%
- Boyfriend 6%
- Son 5%

Appendix 1 – domestic abuse data

Male Victims:

- Ex Partner 22%
- Partner 12%
- Son 20%
- Brother 15%





Scrutiny Commission on Tackling Domestic Abuse – Final Report

The following is a list of the background papers (excluding exempt papers) relied upon in the preparation of the above report:

Background Paper	File Ref:	File Location