Middlesbrough Domestic Abuse Needs Assessment 2017

Contributors

The majority of this report is based on evidence and analysis from the following:

- Middlesbrough Domestic Abuse Support Services (Halo, My Sisters Place, Harbour Support Service)
- Middlesbrough Domestic Abuse Strategic Partnership
- Middlesbrough Community Safety Partnership
- MSCB Safeguarding Forum
- Cleveland Women Network
- Cleveland Police
- Police and Crime Commissioner
- Public Health
- Children Services: Domestic Abuse Internal Audit
- Voluntary and Community groups (Carers Together, Hart Gables, Switch Project)

This needs assessment has also included wide consultation with specialist services, stakeholders, commissioners and service users, perpetrators and children and young people living with domestic abuse.

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1. Executive Summary

Tackling Domestic Abuse remains a priority for Middlesbrough. Preventing and reducing the rate of domestic abuse is paramount if we are to make any progress on our priorities of; achieving equality in the borough, reducing homelessness, improving peoples physical and mental health well-being, reducing the number of children looked after, reducing the levels of offending in the borough and on minimizing the impact on employers in the local economy. Benchmarking Middlesbrough services shows that although we have a good range of services they are fragmented and disjointed which impacts on the effectiveness of the response. Domestic Abuse is a cross cutting theme and effective management is reliant on maintaining a strong system wide partnership. This Executive Summary presents the headlines from a Needs Assessment in relation to Domestic Abuse in Middlesbrough. Where possible it will set out progress against the 2013 JSNA and 2015 DA Strategy. The needs assessment has been carried out on behalf of the Middlesbrough Domestic Abuse Strategic Partnership to inform and make decisions about future commissioning of services. This summary is intended to provide a stand-alone briefing on current intelligence about Domestic Abuse in Middlesbrough. The data used in this report was extracted from Police systems outside of the regulatory statutory data returns, published nationally and locally. Therefore, data in this report may differ from that reported elsewhere regarding crime activity in Cleveland.

National

- Nationally 1.03 million domestic abuse related incidents were recorded by the police in the year ending March 2016. Following investigation the police concluded that a domestic abuse related criminal offence was committed in approximately 41 % (421,185) of the incidents. Of the 1.03 million (609, 935) 59% incidents were not subsequently recorded as a crime.
- It is estimated every year over 950,000 children and young people will witness domestic abuse. Domestic abuse is the most commonly cited factor when children are assessed by children's social care services to determine whether they need support. In 2015-16, there were around 222,000 episodes where domestic violence was cited as a factor. This translates into around 28 new episodes every week in every local authority in the country.

Cleveland

- Cleveland is the second highest, by force area, of all forces in England in relation to rates of domestic abuse related incidents and offences recorded by police per 1000 of population. Middlesbrough continues to be the area with greatest need for support.
- Between 2013 and 2016, there were six domestic homicides in Cleveland local police force areas.

Middlesbrough

- Of the 4921 recorded Domestic Abuse incidents in Middlesbrough between April 2016 and March 2017 2204 were converted to a domestic abuse criminal offence which equates to 44.8% of all incidents.
- In Middlesbrough victims of DA crimes in 2016/17 were predominantly between 20 and 39 years old (63.2%), with an average age of 34.4 years for the total cohort.
- 78.7 % of all police recorded Domestic Abuse Crimes involved a female victim.

- The majority (63.2%) of Domestic Abuse crimes, with an identifiable victim, were committed by a current or former partner.
- 21.9% of victims (356 people) reported experiencing 2 or more DA crimes.
- 232 cases were referred to MARAC in Middlesbrough 27.6 % of those were repeat cases. MARAC referrals are more prevalent in Middlesbrough, making up 35% of total referrals across all four local authority areas.
- Middlesbrough has initiated its first domestic homicide review for several years this will conclude April 2018. The emerging theme is child to parent violence.
- Across the week, 69.6% of Domestic Abuse crimes were committed between 3:00pm and 3:59am (13 hour period). Domestic Abuse crimes peaked on Saturday and into the early hours of Sunday morning (38.6% of DA crimes on Saturday or Sunday). 15.4% of DA crimes were committed between 2:00pm on Saturday and 3:59 Sunday morning.
- Alcohol was identified in 16.9% of all DA incidents reported to police
- Operation Encompass data highlights 30% of total incidents involving children were due to child contact and conflict over access.
- Domestic abuse is, and has been for many years, the primary reason for loss of last settled accommodation in all statutory duty to house (DTH) homeless cases in Middlesbrough. Between 1st October 2016 and 30th September 2017 27 were assessed as eligible unintentionally homeless and in priority need. 22 of those were due to violent breakdown involving partner. 8 of the 27 were assessed as vulnerable having fled violence 81% of statutory homeless applications assessed as priority need violent breakdown involving partner was identified as the primary reason for loss of accommodation.
- 7.4% of all Domestic Abuse crimes, the victim was identified as a parent of the perpetrator.
- Adult social care SAC data in Middlesbrough has recorded 10 cases Domestic Abuse in 2016/ 2017. 106 safeguarding referrals were made where the 'Perpetrator Type' was 'Partner' or 'Family Member'.
- Domestic abuse is not limited to certain areas or communities. There are, however, communities and groups of people in Middlesbrough who are more at risk and disproportionately affected. Recorded crimes are highest in more deprived areas. North Ormesby has the highest rate of DA crimes per 1000 population of any ward in Middlesbrough (45.39 per 1000 pop, 135 Crimes). Central and Newport were also identified as areas of concern.
- Perpetrators of Domestic Abuse are most likely to be aged between 20-29 years. Three areas Newport, Central and Berwick Hills and Pallister, this age category (20- 29 years) make up approximately 45% of all recorded DA crimes. Of the 2017 police recorded DA crimes with an identified perpetrator, 15% (313) took place in Newport area.
- In 2016/2017 2.6 % (58) of all recorded Domestic Abuse crimes the victim was a child. Operation Encompass Data identified 8.3% of all domestic abuse incidents recorded children were witness or present. Of that figure on average there was 1.67 children experiencing incidents, per incident where there was a child involved
- The Middlesbrough in 2016 -2017 Middlesbrough refuge received 178 referrals with 103 of those referrals had to be refused due to no space

Key Challenges

- Understanding and reducing domestic abuse is a challenging area for local partnerships, affecting many different policy agendas, and requiring multi-agency cooperation for effective management. Local areas are being encouraged to align funding streams, in the wake of challenging financial conditions, to ensure commissioned services offer value for money.
- Reporting of incidents remains high and service demand is increasing. Improved screening within various settings is likely to increase the identification of domestic violence and abuse even further and subsequently increase need for support.
- Domestic abuse is rarely a 'one off' incident but rather a pattern of repeated abusive behaviours that tends to increase in severity and frequency over time.
- A number of providers deliver a range of contracts. Referrals have increased across all contracts but conversion rate for some of services is low with less than a third of all referrals engaging with a service.
- Middlesbrough Domestic Abuse Strategic Partnership and the Preventing Domestic Abuse Strategy are underdeveloped and need to be used more effectively to create a shared agenda for Preventing Domestic Abuse across Middlesbrough. Shared understanding of goals and outcomes need to be developed across agencies.
- Multi-agency partnership working although agreed in principle does not always happen in practice, particularly in relation to assessment and planning.
- Stakeholders identified the greatest priorities for improvement for services working with those affected by domestic abuse should be in relation to communication and information sharing
- There is not shared understanding or agreement between voluntary and statutory services regarding referrals, information sharing, safety planning, thresholds, consent or how demand is managed. Victims, families and services find it difficult to navigate their way through a complex maze of disconnected services and systems with different policies and processes.
- A victim's capacity to consent or their capacity to make decisions can fluctuate dependant on the problems they might be experiencing such as mental health or substance misuse and the scale of how coercive abuse might be limiting their freedom. Systems that keep vulnerable victims safe need to work to the same procedures in relation to consent and thresholds.
- Services do not always understand their roles and responsibilities in relation to Domestic abuse and therefore do not take full responsibility for engaging and referring victims, risk assessing and safety planning and/or monitoring victims, perpetrators and children affected by domestic abuse.
- For many victims and children risk is being managed at a front line service level, rather than a statutory lead agency managing a formal process which incorporates full multi agency information sharing and independent challenge and oversight.
- Some front line services are becoming overwhelmed with volume and frequency of referrals in relation to domestic abuse.
- There are missed opportunities to create an inclusive 'whole family' approach to ensure there is a greater balance between resolving issues of abuse with families as opposed to responding to the abuse within families.
- The disjointed nature of multiple agencies involved with supporting individuals with domestic abuse leads to gaps through which people can fall and duplication of response in the initial

stages of a disclosure of domestic abuse. There is not a single service which provides a single point of access.

- Middlesbrough Council as a commissioner of domestic abuse services is not able to routinely access and analyse personalised data for victims, perpetrators or children. Not having access to a robust personalised database which tracks an individual service user journey makes it difficult to effectively monitor impact of funding or if outcomes have improved.
- Improved data collection is needed across all services to understand the levels of local need and monitor effectiveness of referrals routes and pathways.
- It is imperative we sustain and further develop the Independent Domestic Violence Adviser (IDVA) to contribute to a reduction in the victim withdrawal rate and help ensure positive outcomes in relation to the Specialist Domestic Violence Court and successful prosecution of perpetrators.
- Referrals to perpetrator programmes are improving but still amount to a small proportion of those identified via Cleveland Police. Between April 2016 and March 2017 perpetrators were identified using police records (domestic abuse crimes with an identifiable perpetrator) but contract monitoring shows only 134 perpetrators were referred to Perpetrator Programme during October 2016 to June 2017.
- We know from national research that some groups are at greater risk of becoming a victim, including people with disabilities, some ethnic groups and where relationship inequalities exist. Police data and service referral information shows identification and disclosure remains low in high risk groups
- Middlesbrough has high levels of deprivation which is a common risk factor. The changes to the welfare state including, Legal Aid, Child Benefit, Housing Benefit cap, Universal Credit, Under Occupancy rules and the Disability Living Allowance are likely to have a significant impact on domestic abuse survivors and children in Middlesbrough.
- Certain hotspot areas have been identified which correlate with those already highlighted through the community safety joint action groups. Victims and perpetrators with complex need can be chaotic and more than likely regularly come to the attention of wardens, police and neighbourhood officers.
- Middlesbrough refuge and current dispersal properties are not meeting demand and women and children are not always able to access safe accommodation. It is paramount we sustain accessible refuge provision along with developing and retaining safe and affordable emergency and long term accommodation and dispersal options.

Key Recommendations

- Revise the Preventing Domestic Abuse Strategy and develop action plan focusing on key priorities identified within needs assessment.
- Identify and supported committed executive members to take responsibility for preventing domestic abuse agenda.
- The purpose of the Domestic Abuse Strategic Partnership needs to be reviewed and the value added by partners assessed against the strategy and action plan.
- Urgent need to develop a whole system approach to identify and respond to those affected by domestic abuse.
- A clear and consistent referral pathway with a single point of access needs to be developed and agreed with partners.
- Mechanisms need to be developed to ensure regular and sustained communication between community health and social care teams, specialist domestic abuse provision and police to ensure that victims, perpetrators and children access the right support and opportunities for planning and information sharing are maximised.
- A process needs to be established with Adult Social Care to ensure that where applicable a section 42 enquiry is carried out and recorded when either victim or perpetrators of domestic abuse meet criteria for adult social care and safeguarding support as a vulnerable adult
- Develop a strategic multi agency commissioning framework which ensures a consistent core offer of service provision across Middlesbrough shaped to prevent abuse, protect and support victims and children and provide effective interventions with perpetrators.
- The work which had started on a Performance Monitoring dashboard needs to be completed and a nominated and appropriately skilled officer identified who is responsible for data collection and management information. Meaningful trend data in relation to domestic abuse needs to be routinely available to inform Strategic Partnership.
- Services need to be available across continuum of need for high, medium and standard risk cases in order to reduce the frequency of repeat incidents and those escalating into high risk cases.
- Using all available evidence, local information and service data on domestic abuse we should prioritise areas for change and make improvements in quality, access, outcomes and efficiency and determine how the integrated model can be developed or where additional capacity may be required.
- Community Safety Teams have no formal link with front line intelligence in relation to domestic abuse or a full picture around vulnerable Domestic Abuse victims in their areas.
- Consultation with specialist services, stakeholders and victims identified emotional and therapeutic support as the primary need for victims of domestic abuse. The domestic abuse counselling service is in high demand with only a small proportion of Middlesbrough Council funding allocated to this provision. Stakeholders have raised concerns about access to mental health services and the Improving Access to Psychological Therapies (IAPT) service is not funded to work directly with domestic abuse victims.

2. Scope of the Needs Assessment

2.1 The purpose of the Domestic Abuse Needs Assessment is to set out current understanding of issues relating to Domestic Abuse in Middlesbrough, based on analysis of the latest available data, a review of current working and commissioning arrangements and consultation with stakeholders, commissioners, specialist services and service users. The report is intended to inform the Domestic Abuse Strategic Partnership and help determine the partnerships high level priorities. It will provide an appraisal of current arrangements, what further work could be undertaken identify the key issues relevant to developing future commissioning priorities.

2.1.1 This report, was produced between June and September 2017 by Claire Moore Domestic Abuse Operational Coordinator, with support from data analyst Peter Cunningham. Christine Walker from the Commissioning Team and Angela Harding, Family Solutions worker facilitated focus group sessions with service users. The needs assessment has used most recent published formal statistics and local data sets, collected since October 2016 until June 2017 during performance monitoring. The way in which national and local domestic abuse data is collected differs between different sources and organisations. Data is collected over different collection methods and timescales, and sometimes the time lag between the stages in the criminal justice process or a service user start on programmes means that they do not refer to the same cohort of cases. If taken in isolation, national data does not provide the context to enable us to understand the local picture of domestic abuse. Where possible we have tried to include comparative local data sets and knowledge to try and understand local practice and performance, identify issues or emerging trends. The majority of local Police statistics used in this document has been derived by the extraction of data from the Iris system using the qualifier 'QL23' to identify Domestic Abuse cases.

2.2 Middlesbrough council set out the following aims and objectives for the needs assessment; Define the wider strategic and policy context, Identify and report on the prevalence of domestic abuse in Middlesbrough, Review the full range of services and prevention activities, and associated costs, Identify and assess existing service responses, in particular if services are adequately meeting the needs of groups who fall outside of statutory reporting procedures, Inform the evidence base for future service configuration, commissioning and partnership arrangements.

2.3 The needs assessment is based upon a mixed approach to data gathering, including qualitative and quantitative methods. It was conducted in three stages 1) the first stage explored and compared the national and local context, using data sets, reports, available literature and relevant demographic data. It included analysis of existing management information and monitoring data 2) The second stage sought to establish a detailed picture of Domestic Abuse in Middlesbrough, reporting on progress re recommendations from previous JSNA 2015 and Preventing Domestic Abuse Strategy 2015, mapping provision and exploring existing referral process and pathways. It also sought to identify gaps in provision and unmet need. 3) The third stage explored the perceptions, views and experiences of a sample of professionals and key stakeholders involved in Domestic Abuse and completed surveys and focus group sessions with adult victims/ survivors, perpetrators and children who have experienced Domestic Abuse. The themed consultation focused on key areas; effectiveness of current support services, priority areas for victims / survivors, approaches to working with victims and survivors, good practice examples, partnership working, effectiveness of referral, gaps in provision and service improvement. In summary the consultation plan involved;

- Consultation with specialist services coordinated by Chief Executive's of each Organisation reflecting views of staff and collated in electronic survey (June – August 2017)
- In-depth interview with services who could provide advice re unmet need conducted by Domestic Abuse Operational Coordinator (May – June 2017)
- Consultation with stakeholders using electronic survey (108 returns)
- Consultation with local Commissioners (CCG, Public Health, PCC) using electronic survey (1 return PCC)
- Consultation with victims and perpetrators identified by specialist services using electronic and paper based survey (10 week period between July and September 2017) and three focus group sessions with victims/ survivors identified by each specialist provider.

2.4 The majority of Domestic Abuse services that are delivered in Middlesbrough are commissioned by the Local Authority. Contracts for most services are scheduled to cease 31 March 2017. This presents an opportunity to look at improving and transforming local DVA provision, through improved strategic multi-agency commissioning. Commissioning falls into two key areas, shaping and improving existing services in line with best practice models and the procurement of services themselves. It is therefore vital that evidence based services are commissioned and shaped to prevent abuse, protect and support victims and children and provide effective interventions with perpetrators. Middlesbrough Council faces ongoing challenges in respect of reduced revenue due to reduced grant settlements, rising service costs and increased service demand. As a result, organisational transformation is necessary across the Council to achieve effective leadership across departments, improved economic resilience; more effective operating models; joint ventures with key partners; reduced duplication, waste and repeat demand between services. As such, the Council's operating model has developed to support the overall strategic priorities and associated supporting outcomes in the Middlesbrough Mayor's vision 2025 document.

2.5 Domestic abuse is a priority for action both for the Health and Well-being Board and Community Safety Partnership within Middlesbrough. Middlesbrough Council has a strategy to reduce the long-term prevalence and impact of domestic abuse in Middlesbrough, which presently affect multiple victims, perpetrators, children and families, local communities and a whole range of services. It is recognised that no service is equipped to respond to or tackle the issue alone and a multi- agency approach is necessary. Middlesbrough has a strong local presence from multi sector organisations that respond to and help victims. Though the agreed strategy it set out intentions to retain the crisis intervention and support for victims but also recognised that early intervention and prevention should be the foundation of the approach. It recognised that by focusing on early intervention and prevention by challenging behaviours and attitudes, intervening early and recognising how domestic abuse impacts on different family members was vital to stop violence from escalating and reducing harm to victims and children. It identified that where children are at risk or are experiencing domestic violence or abuse, appropriate support would be made available to them to enable recovery and increased resilience.

2.6 Alongside the Middlesbrough 2025, Mayor's vision[1] the Preventing Domestic Abuse Strategy (Appendix A) sets out Middlesbrough Strategic Aims; To engender a local cultural attitude that domestic abuse is unacceptable, To ensure that disclosure is dealt with sensitively and acted upon by all agencies, To break the cycle of domestic abuse within families, To reduce the occurrence of domestic abuse and subsequent impact on children, young people and adults

2.7 For the purpose of this needs assessment, we have adopted the home office definition in respect of domestic violence and abuse.[2] The definition was changed on the 1st April 2013 to include young people (aged 16 and 17 years old) and to capture the issue of coercive control and ensure that patterns of behaviour over time are understood and included as abusive practices. The definition is as follows:

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

Controlling behaviour are 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 are acts of assault, threats, humiliation and intimidation or other abuse, that is used to harm, punish, or frighten their victim. This definition includes 'honour' based violence, female genital mutilation (FGM) and forced marriage (FM).

2.8 Domestic Abuse is a problem which has a devastating impact on victims and their families. It involves a pattern of behaviour and/or incident(s) within an interpersonal relationship. One person repeatedly uses a range of abusive strategies in order to gain power and control over another. The perpetrator uses various tools of power and abuse to create an environment of fear and uses this fear to control his victim(s). Every aspect of a victim's life is infused with power imbalance and abuse which can happen at any time. Physical abuse is only one tool in a range of strategies which may include psychological abuse and threats, financial abuse, sexual abuse within a context of domination and fear. The tactics used by abusers are complex and multiple.

[1] *https://www.middlesbrough.gov.uk/mayors_vision*
[2] *https://www.gov.uk/government/publications/definition-of-domestic-violence-and-abuse-guide-for-local-areas*

Table 1 (*Different forms of Abuse)*

Form of Abuse	Characteristics of behaviour
Physical Abuse	*Threatening or physically assaults, including punching, choking, hitting, pushing and shoving, throwing objects, smashing objects, damaging property, assaulting children and injuring pets*
Sexual Abuse	*Any unwanted sexual contact, including rape*
Psychological Abuse	*Emotional and verbal abuse such as humiliation, threats, insults, swearing, harassment or constant criticism and put downs*
Coercion and control	*Isolating partner from friends and/or family, denying partner access to the telephone, controlling and restricting partner's movements when going out*
Financial Abuse	*Exerting control over household or family income by preventing the other person's access to finances and financial independence*

2.8.1 Female Genital Mutilation (FGM) 'Female genital mutilation involves procedures that include the partial or total removal of the external female genitalia for non-medical reasons' (Home Office Definition 2013) [3] It is mostly carried out on young girls at some time between infancy and the age of 15. Unlike male circumcision which is legal in many countries, it is now illegal across the much of the globe, and its extensive harmful health consequences are widely recognised. Carrying out FGM is a criminal offence under the Female Genital Mutilation Act 2003. It is also an offence for UK nationals or permanent UK residents to carry out FGM abroad, or to aid, abet, counsel or procure the carrying out of FGM abroad, even in countries where the practice is legal.

2.8.2 Forced marriage (FM) constitutes domestic abuse, and where it affects children and young people, child abuse. A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.'(Home Office Definition 2013)[4] A marriage conducted without valid consent of one or both parties, where duress is a factor.

2.8.3 Honour based Violence (HBV) 'So-called honour based violence' is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community' (Home Office Definition 2013) Violence committed to protect or defend the honour of a family and/ or community. Women, especially young women, are the most common targets, often where they have acted outside community boundaries or perceived acceptable feminine/ sexual behaviour. In extreme cases the victim might be killed

2.8.4 Family and intergenerational abuse is when a person perpetrating abuse is the victim's (adult) sibling child or grandchild.

[3] https://www.gov.uk/government/collections/female-genital-mutilation
[4] https://www.gov.uk/guidance/forced-marriage

3. Legislative framework, national policy, strategies and guidance

Domestic Abuse sits within an increasingly growing body of legislation policy and guidance that is applicable to victims perpetrators and children

- Domestic abuse infringes the Human Rights Act 1998: the right to life (Article 2); the prohibition of inhuman and degrading treatment and torture (Article 3) and security of the person (Article 5). This includes a duty to have adequate laws in place to punish those who violate the right to life of others or who inflict on others inhuman or degrading treatment. Parallel rights are included in the UN convention on the Rights of the Child (Article 6 states the right to life, Article 19 the right to protection from violence, injury, abuse, neglect and maltreatment

- The Crime and Disorder Act 1998 places a duty on local authorities and the police to work together with agencies to tackle crime at a low level through the provision of a Community Safety Strategy that should include domestic abuse. In most areas that has led to establishment of multi-agency domestic abuse groups to develop inter agency response to domestic abuse and improve service provision across agencies such as police, housing, specialist domestic abuse services and other voluntary and statutory sector agencies. This was updated in 2004 to place a responsibility on health services to participate.

- Part IV of the family law Act 1996 consolidates previous legislation governing injunctions and protection orders to make civil protection against domestic abuse more effective. There are two main types of injunctions which can be applied for under part IV of the Family Law Act 1996
    1) Non molestation orders for protection from all forms of violence and abuse
    2) Occupation Orders – which regulate the occupation of a shared home

- The Housing Act 1996 sets out clearly those duties a local authority owes vulnerable victims of domestic abuse and other violence. Under part 7 of the act on homelessness the duties are to advise and assist the applicant, and depending on the particular circumstances, provide temporary accommodation while the case is investigated, followed by long term accommodation if the authority confirms that it has a full duty to accommodate the person or household. The Homelessness (Priority need for accommodation) Order 2002 further clarified the statutory duty around 'reasonable to continue to occupy' in the context of violence and set out that 'a person who is vulnerable as a result of ceasing to occupy accommodation by reason of violence from another person or threats of violence from another person which are likely to be carried out' has a priority need.

- The Children Act 1989, The Children Act 2004 and the Adoption and Children Act 2002 including measures for working with children and families in both public and private law. Section 47 of the Children Act places a duty on local authorities to enquire into the welfare of any child suffering or likely to suffer significant harm and to decide if they should take action to safeguard the child's welfare. The Family Law Act 1096 made an amendment to the Children's Act 1989 to give courts the power to exclude someone from the home who is suspected of abusing a child within the home, where an emergency protection order or interim care order has been applied for, or is in place.

- The Children Act 2004 and Every Child Matters introduced a new long term approach to promoting and safeguarding the well- being of children and young people. The Every Child Matters agenda incorporated legislatively in the Children Act 2004 focused on improving outcomes for children at

risk of social exclusion and dictated a new local framework for children services to promote integrated working between services, improved risk assessment, information sharing and detail for practitioners when dealing with children who are exposed to domestic abuse. Section 120 of the Adoption and Children Act 2002 amended the definition of 'harm' so it now includes 'impairment suffered from seeing or hearing the ill treatment of another'.

- The Protection from Harassment Act 1997 legislation was introduced to tackle stalkers and to provide more effective protection for abused women, in particular those who do not live with their abuser. The provisions include the section 2 offence of harassment and section 4 involving the fear of violence. The protection of freedoms act 2012 amended this to outlaw so called 'stalking behaviour'.

- The Female Genital Mutilation Act 2003 made it illegal for UK nationals to perform FGM outside the borders of the UK. [5]The Serious Crime Act 2015 introduced additional legislation
  Section 70 makes it an offence to assist a non- UK person to mutilate overseas
  Section 71 provides anonymity for victims
  Section 72 makes an offence failing to protect girls from FGM
  Section 73 Introduces protection orders for FGM
  Section 74 places a duty on regulated bodies to inform the police of FGM

- The Domestic Violence, Crime and Victims Act 2004 inserted a new section (42A) into the Family Law Act 1996 making a breach of a non-molestation order a criminal offence and extended the scope of domestic abuse legislation to include victims in same sex relationships, cohabitees and gave those in intimate non cohabitating relationships access to apply for non-molestation orders. Section 5 of the Act created the new offence of "causing or allowing the death of a child or vulnerable adult". This offence enables prosecutions of people who stay silent or blame someone else. The Domestic Violence, Crime and Victims Act 2004 was amended in 2012 by the Domestic Violence, Crime and Victims (Amendment) Act 2012 to include 'causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or vulnerable adult'

- The Forced Marriage (CIVIL) Protection Order 2007 provides access to those who are being/ have been forced into marriage to apply to the court for protection. The Anti- Social Behaviour Crime and Policing Act 2014 made it an offence to force someone to marry.[6]

- The Crime and Security Act 2014 section 24 introduced Domestic Violence Protection Notices (DVPNs) and Domestic Violence Protection Orders (DVPOs) (Home Office, 2011) under this scheme, police and magistrates can prevent a perpetrator from contacting the victim or returning to their home for up to 28 days. A DVPN is the initial notice issued by the police to provide emergency protection to an individual believed to be the victim of domestic violence. This notice contains prohibitions that effectively bar the suspected perpetrator from returning to the victim's home or otherwise contacting the victim. Within 48 hours of its issue the police must submit an application for a DVPO which can extend this 'safety net' for the victim for between 14-28 days. The scheme is designed to allow the victim time to consider their options and get the help they need. DVPOs were implemented by Cleveland Police in March 2014. [7]

[5] https://www.gov.uk/.../file/416323/Fact_sheet_-_FGM_-_Act.pdf
[6] https://www.gov.uk/apply-forced-marriage-protection-order/overview
[7] https://www.gov.uk/government/publications/domestic-violence-protection-orders

- Serious Crime Act 2015 section 76 created a new offence of "controlling or coercive behaviour in an intimate or family relationship". The offence came into force in December 2015. It closes a gap in the law around psychological and emotional abuse that stops short of physical abuse. The offence carries a maximum sentence of 5 years' imprisonment, a fine or both. CPS VWAG data informs us that since the introduction of the offence of controlling or coercive behaviour nationally 309 offences have been charged and reached a first hearing.[8]

- In December 2016 the Home Office published Domestic Homicide Review which outlined key findings from analysis of domestic homicide reviews.[9]
  Since 13 April 2011 there has been a statutory requirement for local areas to conduct a DHR following a domestic homicide that meets the criteria. The purpose of the analysis was to promote key learning and trends from the sample of DHRs with the aim of informing and shaping future policy development and operational practice both locally and nationally. [10]

- The Equalities Act 2014 requires Local Authorities and other public bodies to eliminate unlawful discrimination, harassment and victimisation on the grounds of 'protected characteristics' which include gender, sexual orientation, disability and age.

- The Domestic Violence Disclosure Scheme (DVDS) was launched by Cleveland Police on 8th March 2014. The principal aim of the DVDS was to introduce recognised and consistent procedures for disclosing information which will enable a partner of a previously violent individual to make informed choices about whether and how to take forward their relationship. The scheme allows the police to disclose information about a partners' previous history of domestic abuse or violent acts. The scheme is for anyone in an intimate relationship regardless of gender or sexuality.[11]

- The Care Act 2014 expanded the scope of adult safeguarding to directly include domestic abuse. Adult safeguarding duties apply to an adult who: has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect; and as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.[12] Adult safeguarding concerns should be referred to social care departments as they have responsibility for agreeing that the S42 duty to carry out enquiries are necessary. If S42 enquiries are required, the local authority can carry out the enquiries or require another more appropriate agency /service to carry out the enquiries on their behalf. The principle of safe enquiry is core to all work with victims of domestic violence. The Local Authority will need to consider the expressed views of the victim if it is qualified that they are making a capacitated decision and are not under duress. This may result in consent to share information with other agencies being withheld; in these circumstances there should be a consultation regarding the scenario only with the Police to inform the Designated Senior Officers

[8]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/482528/Controlling_or_coercive_behaviour_-_statutory_guidance.pdf
[9] https://www.gov.uk/government/publications/domestic-homicide-review-lessons-learned
[10]https://www.gov.uk/government/publications/statutory-guidance-for-the-conduct-of-domestic-homicide-reviews
[11]https://www.gov.uk/government/publications/domestic-violence-disclosure-scheme-pilot-guidance

[12] Care and Support Statutory Guidance issued under the Care Act 2014 DoH

(DSO) risk threshold assessment if it is believed a crime has been committed at the point the concern is reported.[13]

- In March 2016, the UK government launched its strategic ambition, to End Violence against women and girls (VWAG) (2016- 2020). It set out a framework for action across a range of issues that adversely impact upon females and recognised the need to transform the societal attitudes that underpin these issues. There is a national drive in the VWAG strategy to ensure every local area has an embedded infrastructure that encourages early disclosure and reporting by victims and survivors and uses multi agency approaches to effectively understand and meet the support needs of victims, survivors and family members through crisis, recovery and on to sustainable positive life outcomes. It promoted a strong message that more needs to be done in relation to prevention of domestic abuse and that a priority is for domestic abuse to become "everybody's business". It recognised the importance of integrating domestic abuse within particular settings, acknowledging particular organisations such as health and housing are "well placed to identify abuse". The ability of those organisations to intervene early and direct victims towards appropriate statutory and non-statutory services was highlighted. The strategy advocated an earlier, quicker and safer response to domestic abuse thus ensuring victims are identified, before the point of crisis, securing their own (and their children's) safety at the earliest possible stage. [14]

- The NHS mandate (2016) also recognised the vital role NHS should play in tackling Domestic Abuse.[15] This sets expectations upon NHS England to help ensure NHS help to identify abuse early and provide or identify the relevant support. National Institute for Health and Care Excellence (NICE) guidelines (Feb 2016) gives guidance for health services and social care on domestic violence and abuse. Based on a review of evidence, it sets out recommendations for training to help staff identify, prevent and reduce domestic abuse. [16]

- DCLG published a set of quality standards in relation to Domestic Abuse and Homelessness which included the following; Safety, Security and Dignity, Rights and Access, Health and Wellbeing, Stability, resilience and autonomy, Children and young people, Prevention. (See Appendix C)

- The Home Office published the National Statement of Expectations and Supporting Local Commissioning toolkit (Dec 2016) both of which have informed this needs assessment. The National Statement of Expectations explains the actions local areas should take to ensure victims of violence against women and girls (VAWG) get the help they need and sets out expectation to see local strategies and services that; Put the victim at the centre of service delivery, Have a clear focus on perpetrators in order to keep victims safe, Take a strategic, system-wide approach to commissioning acknowledging the gendered nature of VAWG, Safeguard individuals at every point; raise local awareness of the issues and involve, engage and empower communities to seek, design and deliver solutions to prevent VAWG.[17]

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[13] https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf

[14] https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020

[15] https://www.gov.uk/.../file/600604/NHSE_Mandate_2016-17.pdf

[16] https://www.nice.org.uk/guidance/qs116/resources/domestic-violence-and-abuse-pdf

[17] https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations

- The Supporting Local commissioning Toolkit was published to demonstrate how commissioning services to tackle Violence against Women and Girls (VAWG) can be done to meet needs effectively. The purpose of the toolkit was to ensure that professionals work together to provide an effective commissioning approach to anyone affected by any form of VAWG. They apply to Local Authorities as the lead accountable body working with local multi-agency partnerships in response to locally driven service reform.[18]

- Women's Aid has published a sector sustainability shared set of standards which highlights 11 priority areas and the standards attached to those. They were prepared to aid commissioners in ensuring that high quality services are being commissioned through the contracting process and to help ensure the provision of a coherent and consistent standard across the VWAG Sector. [19]

- The JTAI published in September 2017 in relation to a series of local authority inspections concerning the multi-agency response to children living with domestic abuse'. The report calls for a national public service initiative to raise awareness of domestic abuse and violence and made a series of recommendation in relation to agencies ensuring a greater focus on perpetrators and better strategies for the prevention of domestic abuse.[20]

- In July 2016 the national domestic abuse charity Women's Aid, in wider partnership with domestic abuse charity Safe Lives launched a comprehensive approach and scheme to tackle domestic abuse called 'Change that Lasts' the purpose is to help women experiencing domestic abuse receive support earlier, and help them to achieve long-term recovery and independence. Women's Aid reviewed approaches to tackling domestic abuse and the systems in place which are currently not working effectively. Survivors frequently reported to Women's Aid that opportunities to help them were missed. The charity developed a new model to provide a framework that facilitates the shortest, and/or most effective route to safety, freedom and independence for each survivor. One of the key principles of Change that lasts is that 'Every point of interaction with a survivor is an opportunity for intervention. It should not be missed, and should never add to the barriers survivors face' .The programme puts the survivor at the heart of it, basing the support given on their individual situation and the resources available to them; for example, support from her friends, workplace, or a family network. 'Change that Lasts' is formed of three main schemes which will work together to get victims of domestic abuse to safety, freedom and independence quickly: 'Ask Me', 'Trusted Professional' and 'Specialist Support Services'.[21]

[18]https://www.gov.uk/government/publications/violence-against-women-and-girls-services-local-commissioning.

[19] https://www.womensaid.org.uk/vawg-shared-core-standards

[20] https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse-september-2016-to-march-2017

[21] https://www.womensaid.org.uk/our-approach-change-that-lasts

- Nineteen Child Homicides [22] was a report prepared by Women's Aid in Jan 2016 during which they conducted an investigation into cases where children had been killed by a perpetrator of domestic abuse, during, or as a result of, unsafe child contact. The report made recommendations in relation to key themes which can be applied across all services working domestic abuse but there were two overarching recommendations that the government, family court, judiciary and CAFCASSs were urged to act upon with urgency mainly national oversight into the implementation of practise direction (12) Child Arrangement and contact order: Domestic Violence and Harm. Key themes which were identified within this which included; The importance of recognising domestic abuse as harm to children, Professional understanding of the power and control dynamics of domestic abuse, Understanding parental separation as a risk factor, The way in which statutory agencies interact with a families where there is domestic abuse Supporting non abusive parents and challenging abusive parents.[23]

[22] Bristol: Women's Aid, 2016

[23] https://www.womensaid.org.uk/launch-of-nineteen-child-homicides

4. The Prevalence and Impact of Domestic Abuse

4.1 Domestic Abuse is a widespread problem with far reaching impact. It is corrosive and escalating in nature, and acknowledged to damage physical and emotional health. Domestic Abuse increases the likelihood of poor life outcomes and damages prospects in terms of education, employment and social and emotional wellbeing. There are many different cultural and social values and beliefs that can contribute to abuse, not least the dynamics around power and control in personal relationships.

4.2 Analysis of National Domestic Abuse data to report on the prevalence of Domestic Abuse remains a challenge. Published national statistics, which include ONS estimates from the Crime Survey for England and Wales (CSEW), Home Office incident and police recorded crimes and outcome data, Home Office index data, P1E data and Crown prosecution data (CPS) on domestic abuse are produced separately from a number of different organisations in England and Wales. The way in which domestic abuse data is collected differs between different sources and organisations. It is collected over different timescales and using different methods.

> **4.2 1** Interpreting police force area data on domestic abuse needs to come with a caveat. The figures presented reflect different local practices, priorities and demands on police forces that could result in different recording procedures at each stage in criminal justice process. [24]The police service works to prevent and therefore reduce crime, including domestic abuse. At the same time, the police want to encourage more victims to come forward and report domestic abuse so that actions can be taken by a wide range of agencies to help victims and bring the perpetrators to justice. Prevention and encouragement are both necessary if domestic abuse is to be tackled effectively. Relying purely on police incident and offence data can provide a misleading picture of how effectively domestic abuse is being tackled. Therefore police data only provides a partial picture of domestic abuse experienced in England and Wales.

4.3 Domestic abuse is also often a hidden crime and it is estimated that only 21% of offences are reported to the police. Nationally, the majority of domestic abuse is perpetrated by men against women but men are also affected. Research suggests that approximately 50% of male victims were also perpetrators of abuse. Nationally 1.03 million domestic abuse related incidents were recorded by the police in the year ending March 2016. Following investigations the police concluded that a domestic abuse related criminal offence was committed in approximately 4 in every 10 (41%) of these incidents (421,185). Of the 1.03 million 609,935 (59%) incidents were not subsequently recorded as a crime and remained as an incident. Domestic abuse related crimes recorded by police accounted for approximately 1 in 10 of all crimes. The majority of domestic abuse crime (78%) consisted of violence against person offences. Violence against the person offences were the most likely to be domestic abuse related comprising a third (33%) of all violent crime. A decision to charge made for 70% of domestic abuse related cases referred to the CPS by the police and convictions were secured for three quarters of domestic abuse related prosecutions. In 68 % of the domestic abuse cases referred to CPS the defendant pleaded guilty, so most of the cases recorded as successful outcomes were due to guilty

[24]https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016

pleas (91%). Nationally, a quarter of domestic abuse related prosecutions were unsuccessful in securing a conviction equating to 25,695 prosecutions. Over half of unsuccessful prosecutions (53%) were due to either victim retraction, victim non-attendance or evidence that the victim did not support the case A quarter were due to victim retraction, where the evidence of the victim supports the prosecution cases, but the victim refuses to be called as a witness or retracts or withdraws the complaint. Victims may not want to be involved in the prosecution for a number of complex reasons, including fear, lack of response or support from agencies. In 22% of unsuccessful prosecutions the defendant was acquitted by jury or magistrates after trial. [25]

4.4. In 2015 100, 000 of the adult domestic abuse victims were considered high and imminent risk of being murdered or seriously injured.[26] Women are much more likely than men to be the victims of high risk or severe domestic abuse. 95% of those subject to MARAC or accessing an Independent Domestic Violence Adviser (IDVA) service are women. On average high-risk victims live with domestic abuse for 2.3 years before getting help and 85% of those had sought help from professionals at least five times before they got effective help to stop abuse. [27]

4.5 Very serious forms of domestic abuse are not uncommon in United Kingdom, domestic homicide accounts for 35% of all homicides in England and Wales, where on average two women are killed every week by their partner or ex- partner. A further 10 women a week are estimated to kill themselves following repeated abuse.[28]

4.6 An analysis of 32 domestic homicide reviews that took place between 2012 and 2014, found that 8 related to older and disabled people. Three were mothers killed by adult sons, four were older women killed by their older partner and one was an older man killed by their younger partner. One in four women and one in six men report being abused by their partner or ex. [29]

4.7 Domestic abuse between parents is the most frequently reported form of trauma for children. In 2015 51% of all hospital victims had children in their household. It is estimated 130,000 children live in homes where there is high-risk domestic abuse. 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. It is estimated every year over 950,000 children and young people will witness domestic abuse (CADDA 2015).

4.8 The UK forced Marriage Unit (FMU) gave advice and support to 371 cases (26%) victims under 18 and 497 cases (34%) involved victims aged 18-25 in 2016 [30]

[25]https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016

[26] Office for National Statistics 2016 https://www.ons.govuk

[27] safelives.org.uk/policy-evidence/about-domestic-abuse

[28] https://www.gov.uk/guidance/domestic-violence-and-abuse

[29] http://www.standingtogether.org.uk/ STADV_DHR_Report_Final.pdf

[30] forced-marriage unit www.gov.uk

4.9 ACPO (Association of Chief Police Officers) report around 500 cases of honour violence each year, but this is believed to be significantly underreported and they warn that young women subject to forced marriage, kidnapping beatings and murder at hands of relatives is likely to be at least 35 times higher.

5. Domestic Abuse in Middlesbrough

5.1 Recently published data shows that Cleveland and Durham Police Force areas have the highest national rates of domestic abuse incidents per 1000 population.

Table 1: *shows the rate per 1000 population of the number of domestic abuse incidents in each of the four local authority areas in Cleveland. (*Domestic Abuse Statistics, ONS, Home Office and CPS, March 2017)

Rate of domestic abuse-related incidents recorded by the police, year ending March 2017.		
Local Authority Area	**Domestic Abuse Incidents (2016 /2017)**	**Rate per 1000 population**
Redcar and Cleveland	3017	22.28
Hartlepool	2767	29.81
Middlesbrough	4921	35.05
Stockton	4606	23.54

5.2 Despite progress locally against objectives within the strategy tackling domestic abuse continues to be a challenging issue. It adversely affects the health and wellbeing of victims and is closely associated with child abuse and neglect as well as social issues including homelessness and substance abuse. Sylvia Walby's report [31] estimates that providing public services to victims of domestic abuse and the lost economic output of women affected by domestic abuse costs the UK £15.8 billion annually. If costs associated with: pain, suffering and premature mortality (which accounts for almost half of all associated costs); provision of health services; the impact on employment and productivity; replacing damaged property, defaulting on personal debts and moving; exposure to domestic abuse among children, child protection services; the response of the criminal justice system, support services and prevention programs; and victim compensation is also taken into consideration the cost to health, housing and social services, criminal justice and civil legal services is estimated at £3.9 billion.

[31] Walby, S (2009), The Cost of Domestic Violence Up-date 2009 Lancaster University

5.3 The six local Authorities commission services to respond to Violence against Women and Girls to the current annual value:

Table 2: *Regional Local Authority Expenditure VWAG 2016 2017 (DCLG Navigator Bid Dec 2016)*

Local Authority	**Annual Spend**
Redcar and Cleveland Borough Council	£386,000
Stockton On Tees Borough Council	£342,000
Middlesbrough Borough Council	£455,834
Darlington Borough Council	£168,000
Hartlepool Borough Council	£250,000
Durham County Council	£971,000
Total	**£2,772,834**

5.4 Middlesbrough investment:

Table 3: *Middlesbrough Local Authority Investment VWAG (2014- 2017)*

Middlesbrough Local Authority			
	Spend on Domestic abuse services	Total Local Authority spend	DA spend as % of total LA spend
2014-15	389,355.00	128,970,000	0.301%
2015-16	356,206,50	137,404,000	0.296%
2016-17	455,834,00	167,173,000	0.272%

5.5 How this investment is used to commission services

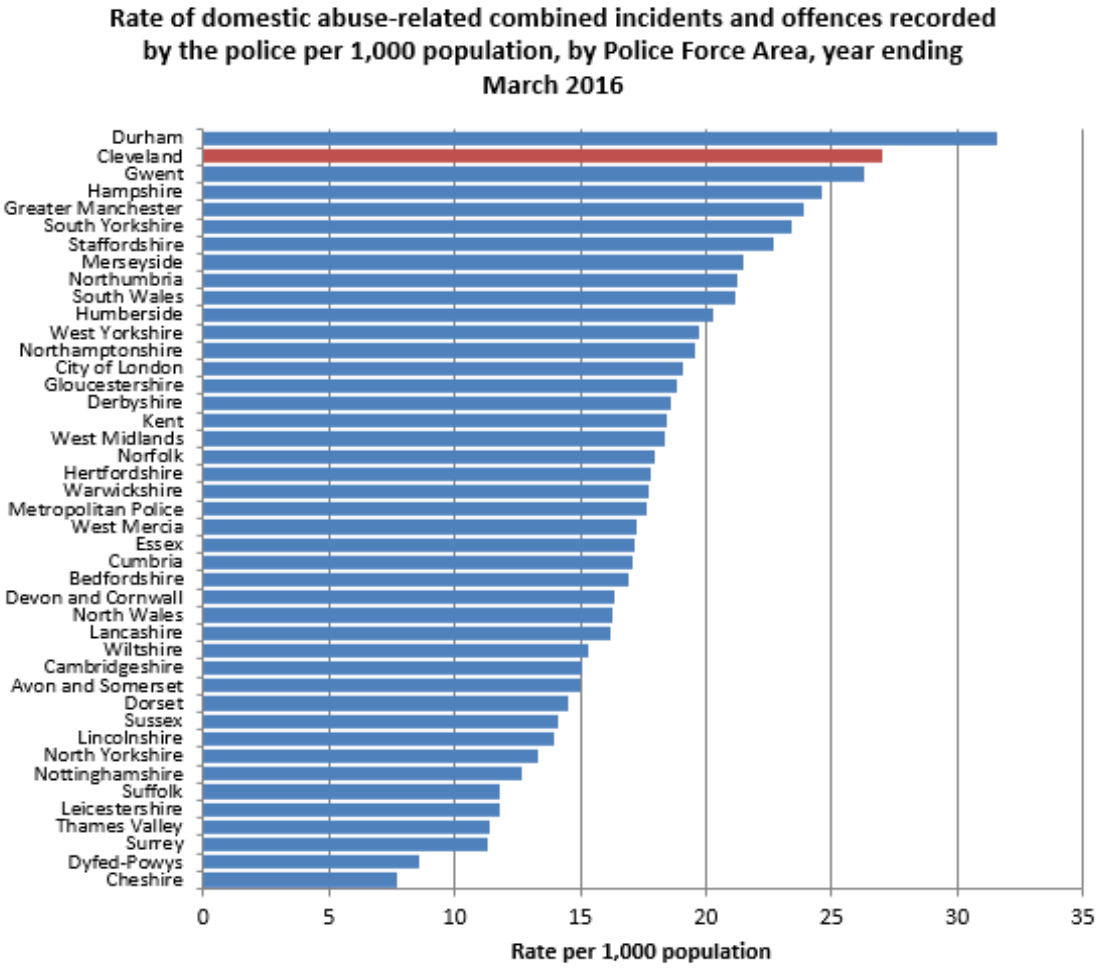
Table 4: *Contracts and Commissioned Services*

Supporting Communities				**Troubled Families**	
Harbour DV Link Worker (First Contact)	£27,000	Harbour Refuge	£164,507	Family Solutions	£33,000
MSP DA Counselling	£15,000	Harbour Outreach	£38,493	Perpetrator Project	£20,000
HALO Project	£55,000	MSP IDVA	£25,000	Family Group Conference	£10,000
Children's DV Service	£76,040	Sanctuary Scheme	£52,413		
Perpetrator Project	£34,999				

5.6 Domestic Abuse is a significant issue in Middlesbrough. It has some of the most deprived areas in England; almost half of its lower super output areas (LSOA) are among the 10% most deprived LSOA nationally.[32] It is an area in which there is a density of risk factors making the prevalence of abuse more likely, including high-levels of unemployment, homelessness, low educational attainment, and high levels of teenage pregnancy and substance misuse. Cultural acceptance, and with it stigmatisation, marginalisation and exclusion, is recognised to be a barrier for effective prevention, reducing likelihood of offending and reoffending, and of victims engaging effectively with support.

5.7 Latest published National Data [33] is available up until March 2016 and is based on data reported by Cleveland Police force area. It can be seen that Cleveland is second highest, by force area, of all forces in England in relation to rate of domestic abuse related incidents and offences recorded by police per 1000 of population. It is third highest in relation to the number of domestic abuse- related offences recorded by police per 1000 of population.

***Figure 1**: Rate of domestic abuse related combined incidents and offences*



[32] https://www.gov.uk/.../statistics/english-indices-of-deprivation-2015

[33]https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2016

Figure 2: *Rate of domestic abuse related offences*

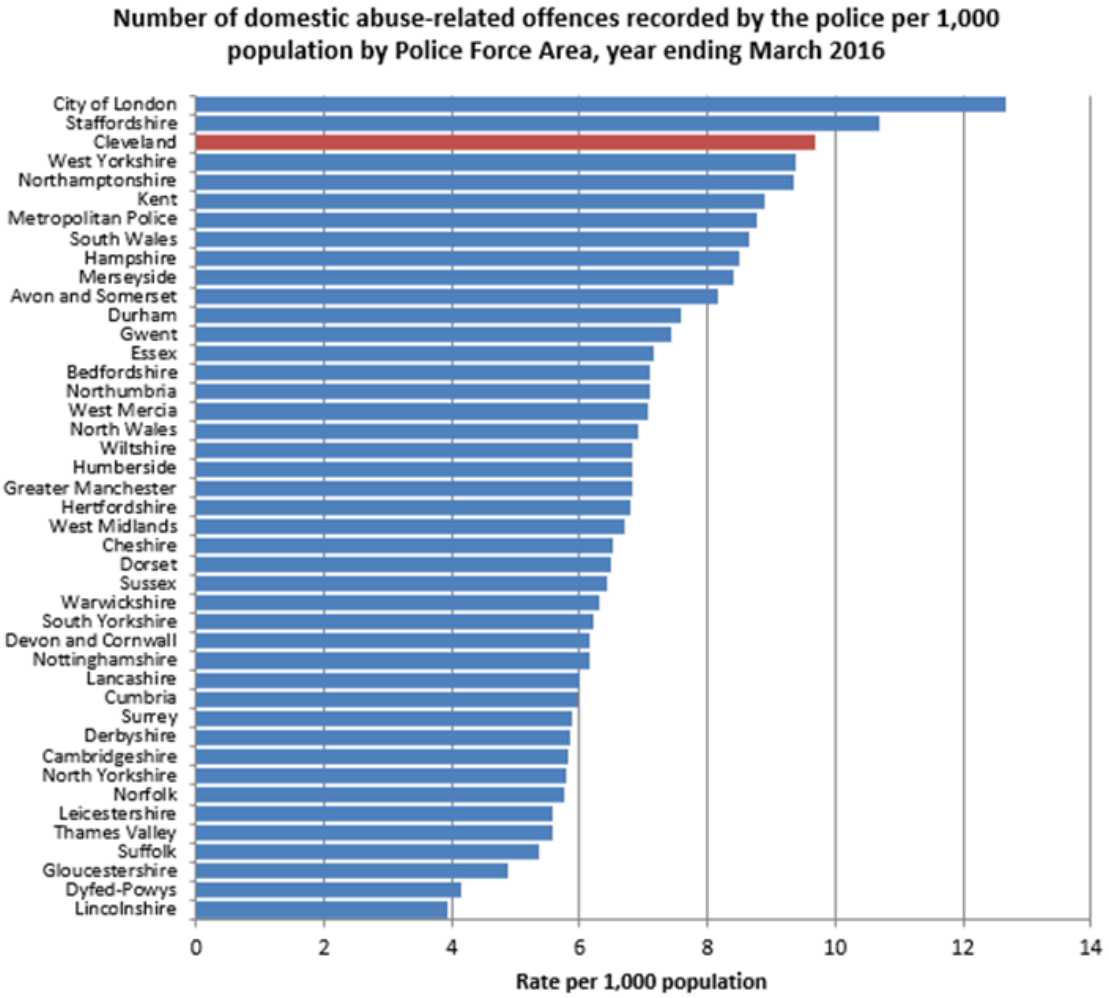
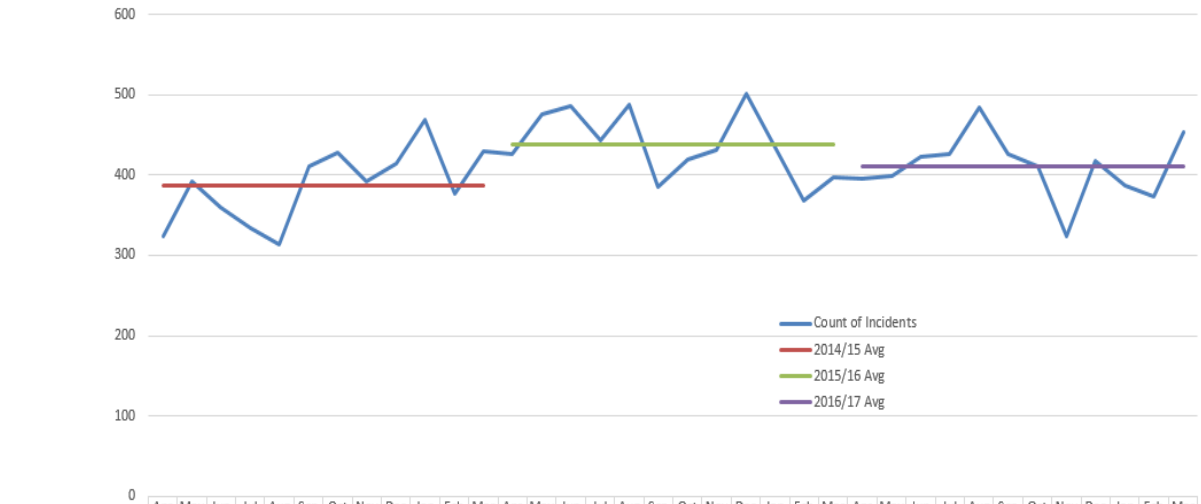


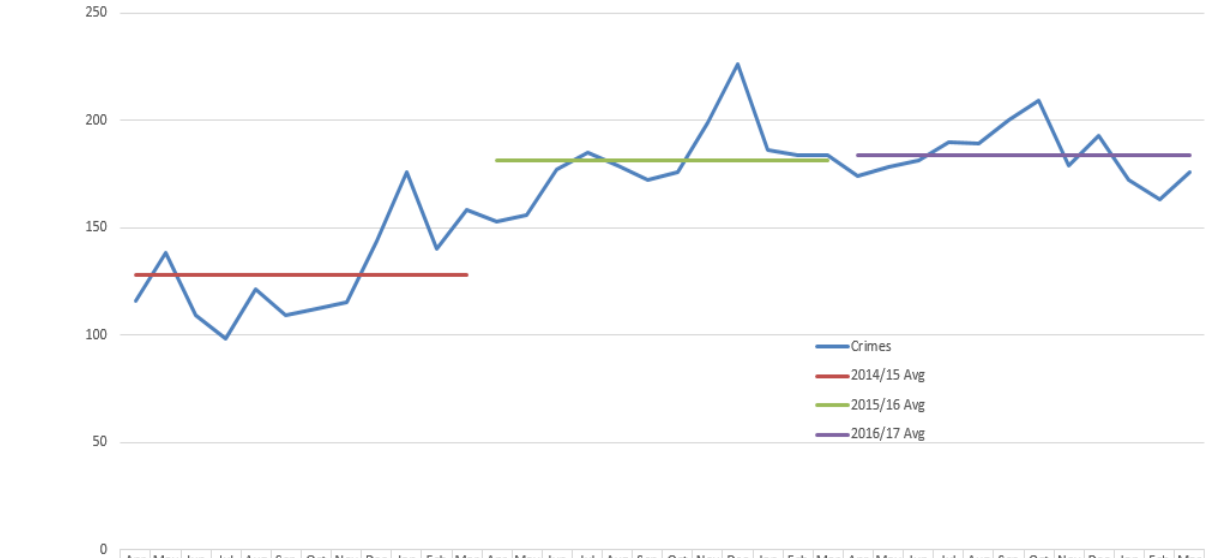
Figure 3: *All Police Recorded DV Incidents (including Crimes) within Middlesbrough*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2014/15												2015/16												2016/17											
Count of Incidents	324	392	359	334	313	411	428	392	414	469	377	430	427	476	486	443	488	386	419	432	502	434	369	397	396	399	422	427	485	427	411	323	417	387	374	453

5.8 Total police recorded incidents of Domestic abuse in Middlesbrough has fallen in 2016/17 when compared to the monthly average in 2015/16 (410.1 and 438.3 incidents per month respectively). This equates to a 6.4% reduction. Of the 4921 recorded domestic abuse incidents in Middlesbrough (April 2016 – March 2017) 2204 were converted to a domestic abuse crime which equates to 44.8% of all incidents.

Figure 4: *Police Recorded Domestic Abuse Crimes in Middlesbrough*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2014/15												2015/16												2016/17											
Crimes	116	138	109	98	121	109	112	115	144	176	140	158	153	156	177	185	179	172	176	199	226	186	184	184	174	178	181	190	189	200	209	179	193	172	163	176

5.9 Domestic Abuse Offences during April 2016 to March 2017 show a slight increase from the corresponding period for 2015/ 2016. There was a peak in number of offences in October 2016 which differs to previous year, December 2015. In Feb/ March 2017 there was significant reduction in relation to domestic abuse offences. When comparing national and local police data sets it is important to note domestic abuse offence recording processes and risk assessment within Cleveland Police were improved/redefined in 2015, which could provide an explanation for the increase in average recorded crime between 2014/15 (128.0 crimes per month) to 2015/16 (181.4 crimes per month). Recorded domestic abuse crimes have increased further to 183.7 per month in 2016/17. Domestic abuse crimes peaked in December 2015 (226 crimes). Main increases were in Assault without Injury, Assault with Injury and Harassment from the same period in 2014.

Figure 5*: Police Recorded Domestic Abuse Crimes in Middlesbrough, Year on Year comparison by Crime Category*

Crime Category	2016/17	2015/16	VAR	VAR %
Violence Against The Person	1667	1661	6	0.4%
Sexual Offences	35	36	-1	-2.8%
Burglary	14	15	-1	-6.7%
Robbery	7	4	3	75.0%
Theft and Handling Stolen Goods	96	69	27	39.1%
Criminal Damage	267	252	15	6.0%
Drug Offences	18	19	-1	-5.3%
Other Offences	99	112	-13	-11.6%
NFIB Fraud	1	9	-8	-88.9%
Grand Total	**2204**	**2177**	**27**	**1.2%**

5.10 Between 2016/ 2017 there were a total of 2204 crimes which were marked as Domestic Abuse. Key crime types marked with Domestic Abuse are violence against the person and criminal damage. When comparing the number of crimes from 2017/16 with the previous 12 months, there is very little change in total number of DA crimes. This slight increase is mainly seen in the categories of Theft and Criminal Damage.

Figure 6: *Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender) All Ages, By Gender and Relationship to Perpetrator (using the field 'MO Relationship' from Iris)*

Relationship	Female	Male	Grand Total	Total %
Former Partner	586	123	705	33.0%
Current Partner	537	118	646	30.2%
Not Identified	238	74	303	14.2%
Parent of Perpetrator	125	39	159	7.4%
Acquaintance/friend	72	51	112	5.2%
Sibling of Perpetrator	52	42	91	4.3%
Other Family Member	38	25	62	2.9%
Child of Offender	33	24	56	2.6%
Other	1	1	2	0.1%
Grand Total	**1682**	**497**	**2136**	

5.11 The majority (63.2%) of domestic abuse crimes, with an identifiable victim, were committed by a current or former partner. There are a high proportion of records with 'Not Identified' in the relationship status (14.2%). Figure 6 illustrates that 33% of all domestic abuse crimes involved a former partner. Separation increases the risk of further violence in domestic abuse cases in the short to medium-term. The Middlesbrough JTAI Audit identified there are still misconceptions that separation amounts to safety and risk has reduced because a victim is planning to leave a relationship or has just left. Although leaving will increase safety over the long term, the most dangerous time for a victim is just before they separate, while they are leaving and shortly after. Safety planning is critical during this period.

Figure 7: *Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender) All Ages, By Gender and Ward*

Ward	Female	Female %	Male	Male %	Grand Total
NUNTHORPE	11	91.7%	1	8.3%	12
MARTON_WEST	18	90.0%	3	15.0%	20
LINTHORPE	36	87.8%	5	12.2%	41
BRAMBLES_AND_THORNTREE	194	86.2%	36	16.0%	225
LADGATE	57	85.1%	12	17.9%	67
ACKLAM	29	82.9%	7	20.0%	35
KADER	14	82.4%	4	23.5%	17
BERWICK_HILLS_AND_PALLISTER	188	82.1%	47	20.5%	229
PARK	90	81.8%	21	19.1%	110
COULBY_NEWHAM	56	81.2%	15	21.7%	69
LONGLANDS_AND_BEECHWOOD	179	81.0%	44	19.9%	221
STAINTON_AND_THORNTON	8	80.0%	3	30.0%	10
NEWPORT	253	79.6%	71	22.3%	318
NORTH_ORMESBY	99	77.3%	29	22.7%	128
PARK_END_AND_BECKFIELD	117	74.1%	45	28.5%	158
HEMLINGTON	60	71.4%	26	31.0%	84
TRIMDON	10	71.4%	5	35.7%	14
CENTRAL	204	70.6%	92	31.8%	289
MARTON_EAST	9	69.2%	4	30.8%	13
AYRESOME	50	65.8%	27	35.5%	76
Middlesbrough	**1682**	**78.7%**	**497**	**23.3%**	**2136**

***Figure 8**: Police Recorded Domestic Abuse Crimes in Middlesbrough during 2016/17, committed within a one hour window*

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Grand Total
00:00 - 00:59	14	11	19	23	18	23	23	131
01:00 - 01:59	7	6	4	12	8	15	29	81
02:00 - 02:59	6	6	5	9	3	14	22	65
03:00 - 03:59	7	3	5	7	4	18	23	67
04:00 - 04:59	2	3	3	5	4	9	5	31
05:00 - 05:59	2	3	4	2	2	13	8	34
06:00 - 06:59	1	1	3	1	4	8	2	20
07:00 - 07:59	3	3	4	1	1	3	6	21
08:00 - 08:59	4	1	3	4	6	3	3	24
09:00 - 09:59	9	7	3	6	5	10	6	46
10:00 - 10:59	13	10	7	7	8	5	11	61
11:00 - 11:59	10	8	7	9	10	12	14	70
12:00 - 12:59	10	7	11	7	4	10	9	58
13:00 - 13:59	5	6	6	5	8	9	8	47
14:00 - 14:59	7	8	7	8	8	14	12	64
15:00 - 15:59	13	8	9	10	11	12	14	77
16:00 - 16:59	10	11	2	12	10	7	16	68
17:00 - 17:59	13	12	8	14	15	11	15	88
18:00 - 18:59	9	16	18	13	14	15	13	98
19:00 - 19:59	4	12	6	12	10	21	14	79
20:00 - 20:59	10	11	10	13	11	21	17	93
21:00 - 21:59	10	21	10	8	8	14	18	89
22:00 - 22:59	19	6	9	14	9	15	13	85
23:00 - 23:59	7	9	6	9	18	15	7	71
Grand Total	**195**	**189**	**169**	**211**	**199**	**297**	**308**	**1568**

5.12 Across the week, 69.6% of DA crimes were committed between 3:00pm and 3:59am (13 hour period). DA Crimes peaked on Saturday and into the early hours of Sunday morning (38.6% of DA crimes on Saturday or Sunday). 15.4% of DA crimes were committed between 2:00pm on Saturday and 3:59 Sunday morning. Explanations of this could focus on the increased contact between victims and perpetrators during weekends, increased issues associated with child contact arrangements for estranged families and increased consumption of alcohol.

Domestic Abuse by Ward

5.13 Domestic abuse is not limited to certain areas or communities, it affects all walks of life. However a breakdown of ward in relation to domestic abuse crimes recorded by police shows that there are definite 'hot' spots in Middlesbrough. There is a higher than average reporting in Middlesbrough regeneration areas but lower than average in more affluent areas.

***Figure 9**: Police Recorded Domestic Abuse Crimes in Middlesbrough during 2016/17, per 1000 pop, by Wards*

Ward	Violence	Sexual Offences	Burglary	Robbery	Theft	Criminal Damage	Drug Offences	Other Offences	NFIB Fraud	Grand Total
NORTH_ORMESBY	33.96	0.67	0	0	3.36	3.70	0	3.70	0	45.39
NEWPORT	22.48	0.61	0.17	0	1.31	2.61	0.26	1.13	0	28.57
CENTRAL	20.37	0.67	0.17	0	1.75	1.67	0.33	0.75	0	25.71
BRAMBLES_AND_THORNTREE	19.15	0.11	0.22	0.11	0.78	3.70	0.11	1.46	0	25.65
BERWICK_HILLS_AND_PALLISTER	17.59	0.21	0.21	0.11	0.96	4.26	0.11	1.28	0.11	24.84
LONGLANDS_AND_BEECHWOOD	15.36	0	0.28	0.19	0.85	3.51	0.28	1.14	0	21.61
PARK_END_AND_BECKFIELD	15.79	0.13	0	0	0.88	3.03	0	0.63	0	20.46
HEMLINGTON	9.03	0.75	0	0	0.60	1.50	0	0.90	0	12.79
AYRESOME	9.31	0	0	0	0.32	1.77	0.48	0.80	0	12.68
LADGATE	9.82	0.18	0.18	0	0.36	1.27	0	0.36	0	12.19
PARK	8.51	0.41	0	0.10	0.62	1.33	0.21	0.41	0	11.59
COULBY_NEWHAM	6.62	0	0.11	0.11	0.11	0.91	0	0.23	0	8.10
ACKLAM	5.54	0	0	0	0	0.87	0	0	0	6.41
LINTHORPE	4.20	0.15	0	0	0.15	1.65	0.15	0	0	6.29
STAINTON_AND_THORNTON	3.46	0	0.43	0	0	0.43	0	0	0	4.33
MARTON_WEST	2.87	0.19	0	0.19	0.19	0.57	0	0	0	4.01
KADER	2.58	0.20	0	0	0.20	0.20	0	0.20	0	3.37
TRIMDON	3.10	0	0	0	0	0	0	0	0	3.10
MARTON_EAST	1.59	0	0	0	0	0.20	0	0.80	0	2.59
NUNTHORPE	2.07	0.21	0	0	0	0.21	0	0	0	2.48
Grand Total	**11.95**	**0.25**	**0.10**	**0.05**	**0.69**	**1.91**	**0.13**	**0.71**	**0.01**	**15.80**

5.14 North Ormesby has the highest rate of DA crimes per 1000 population of any ward in Middlesbrough (45.39 per 1000 pop, 135 Crimes) meaning a person residing in this ward is more likely to experience Domestic Abuse. The rate in North Ormesby is highest in violent crimes, theft and other offences (mainly breach of orders). When looking at actual number of crimes in 2016/17 Figure 10 Newport was highest with 328 crimes, Central second with 308 crimes, Berwick Hills and Pallister were third with 233 crimes**.**

***Figure 10**: Police Recorded Domestic Abuse Crimes in Middlesbrough, by 1000 pop, across two years*

Ward	2016/17	2016/17 Per 1000 Pop	2015/16	2015/16 Per 1000 Pop	Per 1000 Pop Change
CENTRAL	308	25.71	271	22.62	3.09
LONGLANDS_AND_BEECHWOOD	228	21.61	199	18.86	2.75
AYRESOME	79	12.68	67	10.75	1.93
NEWPORT	328	28.57	308	26.83	1.74
LADGATE	67	12.19	59	10.73	1.46
KADER	17	3.37	10	1.98	1.39
NUNTHORPE	12	2.48	8	1.65	0.83
MARTON_WEST	21	4.01	17	3.25	0.76
ACKLAM	37	6.41	34	5.89	0.52
TRIMDON	14	3.10	13	2.88	0.22
LINTHORPE	42	6.29	42	6.29	0.00
STAINTON_AND_THORNTON	10	4.33	10	4.33	0.00
COULBY_NEWHAM	71	8.10	74	8.45	-0.34
PARK	113	11.59	117	12.00	-0.41
BERWICK_HILLS_AND_PALLISTER	233	24.84	239	25.48	-0.64
HEMLINGTON	85	12.79	96	14.44	-1.65
MARTON_EAST	13	2.59	22	4.38	-1.79
BRAMBLES_AND_THORNTREE	229	25.65	249	27.89	-2.24
NORTH_ORMESBY	135	45.39	146	49.09	-3.70
PARK_END_AND_BECKFIELD	162	20.46	196	24.76	-4.29
Grand Total	**2204**	**15.80**	**2177**	**15.60**	**0.19**

5.15 Central has the largest increase, of any ward, in both number of DA crimes and rate per 1,000 population, when comparing 2016/17 with the previous 12 months. The reduction of note is in North Ormesby (-3.70 crimes per 1000 population) although it should be acknowledged that North Ormesby has a very low population in comparison to the other Middlesbrough wards and therefore a small change in number of incidents can have a greater effect on the rate per population.

***Figure 11**: Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender) All Ages, by Age Group and Ward*

Ward	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
ACKLAM	1	3	12	8	10	3	1	0	0	0	38
AYRESOME	0	11	18	23	8	13	4	1	0	0	78
BERWICK_HILLS_AND_PALLISTER	1	28	83	79	31	10	6	0	0	0	238
BRAMBLES_AND_THORNTREE	3	22	84	74	24	13	6	5	0	0	231
CENTRAL	2	26	123	77	38	21	4	3	4	0	298
COULBY_NEWHAM	0	5	15	20	23	4	5	1	1	0	74
HEMLINGTON	0	2	35	28	15	3	3	0	0	0	86
KADER	0	1	2	5	4	0	1	5	0	0	18
LADGATE	1	4	29	18	10	4	2	1	0	0	69
LINTHORPE	0	2	14	9	10	4	0	2	0	0	41
LONGLANDS_AND_BEECHWOOD	1	23	75	47	40	25	8	5	0	0	224
MARTON_EAST	0	0	3	4	3	3	0	0	0	0	13
MARTON_WEST	0	0	5	7	8	1	0	0	0	0	21
NEWPORT	3	34	104	117	41	23	5	2	0	0	329
NORTH_ORMESBY	1	15	48	48	11	4	2	0	0	0	129
NUNTHORPE	0	1	2	1	6	2	0	0	0	0	12
PARK	1	17	27	42	17	7	1	1	0	0	113
PARK_END_AND_BECKFIELD	1	11	55	35	32	18	9	1	0	1	163
STAINTON_AND_THORNTON	0	0	2	2	3	4	0	0	0	0	11
TRIMDON	1	1	6	5	0	2	1	0	0	0	16
Middlesbrough	**16**	**206**	**742**	**649**	**334**	**164**	**58**	**27**	**5**	**1**	**2202**

5.16 It is evident that of the 2202 domestic abuse crimes with identifiable victims 1,391 were between the ages of 20- 49 years. This illustrates the number of crimes experienced by victims within the specified wards and age groups at the time of the offence. Victims of domestic abuse crimes in 2016/17 were predominantly between 20 and 39 years old (63.2%), with an average age of 34.4 years for the total cohort. The majority of wards peak in the age group of 20-29 years, with the noticeable exception of Ayresome, Newport and Park, peaking within 30-39 years and Coulby Newham peaking within 40-49 years. In Middlesbrough the key age groups is between 20 – 39 years old, with a peak between 20-29 years.

***Figure 12**: Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender) All Ages, Rate Per 1000 Pop, by Age Group and Ward*

Ward	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
NORTH_ORMESBY	0.34	5.04	16.14	16.14	3.70	1.34	0.67	0	0	0	43.38
NEWPORT	0.26	2.96	9.06	10.19	3.57	2.00	0.44	0.17	0	0	28.66
BRAMBLES_AND_THORNTREE	0.34	2.46	9.41	8.29	2.69	1.46	0.67	0.56	0	0	25.87
BERWICK_HILLS_AND_PALLISTER	0.11	2.99	8.85	8.42	3.31	1.07	0.64	0	0	0	25.38
CENTRAL	0.17	2.17	10.27	6.43	3.17	1.75	0.33	0.25	0.33	0	24.88
LONGLANDS_AND_BEECHWOOD	0.09	2.18	7.11	4.45	3.79	2.37	0.76	0.47	0	0	21.23
PARK_END_AND_BECKFIELD	0.13	1.39	6.95	4.42	4.04	2.27	1.14	0.13	0	0.13	20.59
HEMLINGTON	0	0.30	5.27	4.21	2.26	0.45	0.45	0	0	0	12.94
LADGATE	0.18	0.73	5.28	3.27	1.82	0.73	0.36	0.18	0	0	12.55
AYRESOME	0	1.77	2.89	3.69	1.28	2.09	0.64	0.16	0	0	12.52
PARK	0.10	1.74	2.77	4.31	1.74	0.72	0.10	0.10	0	0	11.59
COULBY_NEWHAM	0	0.57	1.71	2.28	2.63	0.46	0.57	0.11	0.11	0	8.45
ACKLAM	0.17	0.52	2.08	1.39	1.73	0.52	0.17	0	0	0	6.58
LINTHORPE	0	0.30	2.10	1.35	1.50	0.60	0	0.30	0	0	6.15
STAINTON_AND_THORNTON	0	0	0.87	0.87	1.30	1.73	0	0	0	0	4.76
MARTON_WEST	0	0	0.96	1.34	1.53	0.19	0	0	0	0	4.01
KADER	0	0.20	0.40	0.99	0.79	0	0.20	0.99	0	0	3.57
TRIMDON	0.22	0.22	1.33	1.11	0	0.44	0.22	0	0	0	3.54
MARTON_EAST	0	0	0.60	0.80	0.60	0.60	0	0	0	0	2.59
NUNTHORPE	0	0.21	0.41	0.21	1.24	0.41	0	0	0	0	2.48
Middlesbrough	0.11	1.48	5.32	4.65	2.39	1.18	0.42	0.19	0.04	0.01	15.78

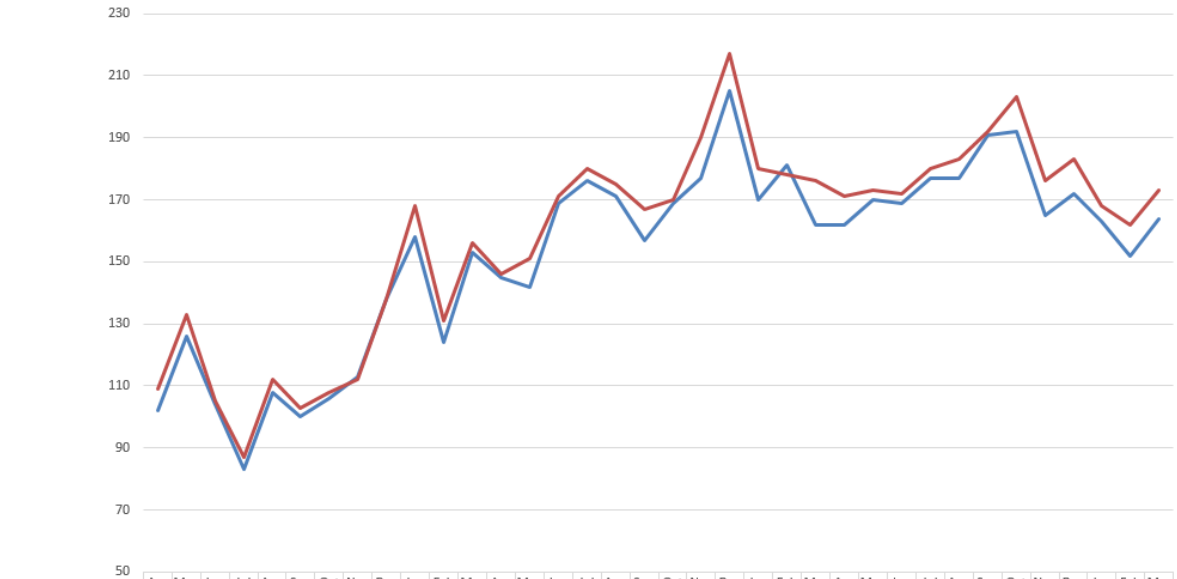
Figure 12 highlights a significant issue in North Ormesby for victims aged 20 – 39 years. The rate per population within this ward for this specific age group is over 65% higher than Newport, which is the second highest in relation to prevalence of police recorded domestic abuse crimes. There is evidence of clear correlation between the rate of DV crimes recorded and levels of deprivation in Middlesbrough wards (IMD 2015). It is evident in Middlesbrough victims living in areas with poor and financially insecure households are more likely to report domestic abuse. In turn, domestic abuse can lead to poverty as it often creates instability, difficulties in holding down employment, forced moves to certain areas, increases in ill health, unemployment and a lack of economic resources which in turn make it harder to leave a violent partner. Victim withdrawal data collected by Cleveland Police in 2016-2017 shows that 47.75% of victims were recorded as having withdrawn. This was an improvement on previous years as in 2015-16 it was 50.37%. The average across Cleveland for 2016- 2017 was 55.03%.

5.17 Previous domestic abuse is an effective indicator that further domestic abuse will occur. The nature of domestic abuse is such that victims and families may encounter one serious incident or crisis after another. Incidents of domestic abuse are rarely one-offs and a pattern of coercive behavior and escalated risk is often common. A high proportion of victims are at risk of staying within repeatedly abusive relationships, returning to their abusive partner or becoming involved in relationships with someone else who is abusive. See below in Figure 16 21.9% of victims (356 people) reported experiencing 2 or more DA crimes within 2016/17. This is almost identical to the proportion in 2015/16 (21.5%, 344 people).

Figure 16: *Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender), by Number of Offences during 2016/17*

Number of Offences	Number of Victims	% of Victims
1	1269	78.1%
2	243	15.0%
3	61	3.8%
4	29	1.8%
5	9	0.6%
6	8	0.5%
7	2	0.1%
8	1	0.1%
9	1	0.1%
15	1	0.1%
17	1	0.1%
Total	**1625**	

Figure 17: *Police Recorded Domestic Abuse Crimes with Identifiable Victims (Age and Gender) All Ages, by Victim and Crime Numbers*



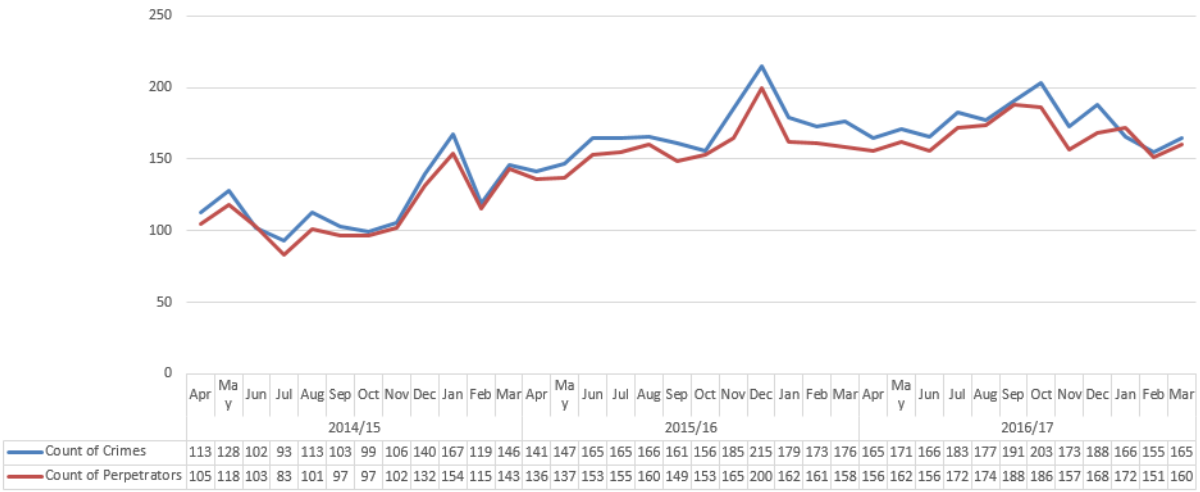
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2014/15												2015/16												2016/17											
Count of Victims	102	126	104	83	108	100	106	113	138	158	124	153	145	142	169	176	171	157	169	177	205	170	181	162	162	170	169	177	177	191	192	165	172	163	152	164
Count of Crimes	109	133	105	87	112	103	108	112	138	168	131	156	146	151	171	180	175	167	170	190	217	180	178	176	171	173	172	180	183	192	203	176	183	168	162	173

5.18 Cleveland Police data captures that victims of domestic abuse were more likely to experience repeat victimisation than victims of other types of crime. Figure 17 demonstrates how the number of crimes correlate with the number of victims. The higher the red line is from the blue line (larger gap between lines in a certain month) the greater the repeat rate of crimes to victims. Again, the data from 2016/17 and 2015/16 is almost identical when comparing totals. The average rate of crimes per victim for both years is 1.31, meaning 1 in 3 victims experienced more than one DA crime in each year.

Figure 18: *Police Recorded DV Incidents (excluding Crimes) within 2016/17,*

Ward	Count of Incidents	Per 1000 pop	Alcohol Related	Per 1000 pop
NORTH_ORMESBY	211	70.95	29	9.75
BRAMBLES_AND_THORNTREE	321	35.95	55	6.16
NEWPORT	412	35.89	79	6.88
BERWICK_HILLS_AND_PALLISTER	325	34.65	54	5.76
CENTRAL	355	29.64	60	5.01
PARK_END_AND_BECKFIELD	196	24.76	37	4.67
LONGLANDS_AND_BEECHWOOD	237	22.46	48	4.55
HEMLINGTON	135	20.31	18	2.71
PARK	173	17.74	24	2.46
LADGATE	87	15.83	16	2.91
AYRESOME	94	15.09	10	1.61
COULBY_NEWHAM	116	13.24	27	3.08
ACKLAM	51	8.83	6	1.04
KADER	44	8.72	12	2.38
LINTHORPE	44	6.59	4	0.60
MARTON_WEST	27	5.16	3	0.57
MARTON_EAST	24	4.78	2	0.40
STAINTON_AND_THORNTON	11	4.76	2	0.87
TRIMDON	19	4.21	1	0.22
NUNTHORPE	12	2.48	1	0.21
Grand Total	**2894**	**20.74**	**488**	**3.50**

Figure 19: *Police Recorded DV Crimes with an Identifiable Perpetrator (Age, Gender and Not Eliminated)*



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	2014/15												2015/16												2016/17											
Count of Crimes	113	128	102	93	113	103	99	106	140	167	119	146	141	147	165	165	166	161	156	185	215	179	173	176	165	171	166	183	177	191	203	173	188	166	155	165
Count of Perpetrators	105	118	103	83	101	97	97	102	132	154	115	143	136	137	153	155	160	149	153	165	200	162	161	158	156	162	156	172	174	188	186	157	168	172	151	160

5.19 Figure 19 demonstrates how the number of crimes correlate with the number of identifiable perpetrators. The higher the red line is from the blue line (larger gap between lines in a certain month) the greater the repeat rate of crimes to perpetrators.

Figure 20: *Police Recorded DV Crimes with an Identifiable* Perpetrators *(Age, Gender and Not Eliminated), by Ward and Age Group*

	Female			Male			Total	Total	Rate Per
Ward	Count of Crimes	Count of Suspects	Rate Per Suspect	Count of Crimes	Count of Suspects	Rate Per Suspect	Crimes	Suspects	Suspect
MARTON EAST	3	3	1.00	10	6	1.67	13	9	1.44
NEWPORT	54	50	1.08	262	182	1.44	311	232	1.34
LONGLANDS AND BEECHWOOD	39	37	1.05	180	125	1.44	216	162	1.33
KADER	2	2	1.00	15	11	1.36	17	13	1.31
NORTH ORMESBY	32	29	1.10	104	72	1.44	132	101	1.31
TRIMDON	2	2	1.00	11	8	1.38	13	10	1.30
BRAMBLES AND THORNTREE	35	28	1.25	194	143	1.36	220	171	1.29
AYRESOME	20	15	1.33	62	45	1.38	77	60	1.28
BERWICK HILLS AND PALLISTER	43	39	1.10	189	139	1.36	228	178	1.28
LADGATE	11	10	1.10	54	40	1.35	64	50	1.28
PARK END AND BECKFIELD	33	31	1.06	121	90	1.34	152	121	1.26
LINTHORPE	5	5	1.00	33	26	1.27	38	31	1.23
HEMLINGTON	21	18	1.17	62	51	1.22	82	69	1.19
COULBY NEWHAM	23	16	1.44	49	43	1.14	70	59	1.19
PARK	19	18	1.06	90	71	1.27	104	89	1.17
CENTRAL	84	69	1.22	215	183	1.17	287	252	1.14
ACKLAM	10	6	1.67	30	27	1.11	37	33	1.12
MARTON WEST	2	2	1.00	19	17	1.12	21	19	1.11
NUNTHORPE	4	5	0.80	8	7	1.14	11	12	0.92
STAINTON AND THORNTON	4	3	1.33	7	8	0.88	10	11	0.91
Grand Total	**446**	**388**	**1.15**	**1715**	**1294**	**1.33**	**2103**	**1682**	**1.25**

5.20 Figure 20 demonstrates where the rate of crimes per perpetrators are higher, indicating where a higher level of repeat offences may take place. Marton East has the highest rate, however, this incorporates very low figures. Newport is the ward that stands out as having both high number of crimes and high rate per perpetrators. Overall the rate per perpetrator is higher for Male, which reflects national data.

Figure 21: *Police Recorded DV Crimes with an Identifiable Perpetrators (Age, Gender and Not Eliminated), by Ward and Age Group*

Ward	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
NEWPORT	22	134	98	38	21	7	2	0	0	313
CENTRAL	18	134	94	40	17	3	1	0	0	288
BERWICK HILLS AND PALLISTER	30	122	59	17	6	4	0	0	0	228
BRAMBLES AND THORNTREE	25	83	68	40	7	5	2	0	0	220
LONGLANDS AND BEECHWOOD	27	81	62	31	19	1	0	1	0	217
PARK END AND BECKFIELD	11	57	46	23	18	3	0	0	1	152
NORTH ORMESBY	19	59	31	28	2	0	0	0	0	132
PARK	14	30	36	22	7	0	0	0	0	104
HEMLINGTON	4	38	24	16	3	1	0	0	0	82
AYRESOME	11	36	22	11	4	1	0	0	0	77
COULBY NEWHAM	9	16	20	21	6	0	0	0	0	70
LADGATE	3	28	20	13	1	1	0	0	0	64
LINTHORPE	5	12	7	11	1	1	1	0	0	38
ACKLAM	0	17	10	11	4	0	0	0	0	37
MARTON WEST	3	2	8	3	4	0	0	1	0	21
KADER	1	6	1	8	1	0	0	0	0	17
MARTON EAST	0	4	6	0	3	0	0	0	0	13
TRIMDON	1	4	5	1	1	1	0	0	0	13
NUNTHORPE	0	4	4	1	3	0	0	0	0	11
STAINTON AND THORNTON	0	6	0	5	1	0	0	0	0	10
Grand Total	203	873	621	340	129	28	6	2	1	2107

5.21 Perpetrators of DA crimes, like victims, are predominantly between 20-39 years of age. However, perpetrators are on average very slightly younger at 33.4 years. Almost all of the wards peak in the age group of 20-29 years, with the exception of Park, peaking within 30-39 years and Coulby Newham peaking within 40-49 years

Figure 22 *Police Recorded DV Crimes with an Identifiable* Perpetrators *(Age, Gender and Not Eliminated), By Rate per 1000 Population, By Ward and age Group*

Ward	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	Total
NORTH_ORMESBY	6.39	19.84	10.42	9.41	0.67	0	0	0	0	44.38
NEWPORT	1.92	11.67	8.54	3.31	1.83	0.61	0.17	0	0	27.27
BRAMBLES AND THORNTREE	2.80	9.30	7.62	4.48	0.78	0.56	0.22	0	0	24.64
BERWICK HILLS AND PALLISTER	3.20	13.01	6.29	1.81	0.64	0.43	0	0	0	24.31
CENTRAL	1.50	11.19	7.85	3.34	1.42	0.25	0.08	0	0	24.04
LONGLANDS AND BEECHWOOD	2.56	7.68	5.88	2.94	1.80	0.09	0	0.09	0	20.57
PARK END AND BECKFIELD	1.39	7.20	5.81	2.91	2.27	0.38	0	0	0.13	19.20
AYRESOME	1.77	5.78	3.53	1.77	0.64	0.16	0	0	0	12.36
HEMLINGTON	0.60	5.72	3.61	2.41	0.45	0.15	0	0	0	12.34
LADGATE	0.55	5.09	3.64	2.36	0.18	0.18	0	0	0	11.64
PARK	1.44	3.08	3.69	2.26	0.72	0	0	0	0	10.66
COULBY NEWHAM	1.03	1.83	2.28	2.40	0.68	0	0	0	0	7.99
ACKLAM	0	2.94	1.73	1.91	0.69	0	0	0	0	6.41
LINTHORPE	0.75	1.80	1.05	1.65	0.15	0.15	0.15	0	0	5.70
STAINTON AND THORNTON	0	2.60	0	2.17	0.43	0	0	0	0	4.33
MARTON WEST	0.57	0.38	1.53	0.57	0.76	0	0	0.19	0	4.01
KADER	0.20	1.19	0.20	1.59	0.20	0	0	0	0	3.37
TRIMDON	0.22	0.89	1.11	0.22	0.22	0.22	0	0	0	2.88
MARTON EAST	0	0.80	1.19	0	0.60	0	0	0	0	2.59
NUNTHORPE	0	0.83	0.83	0.21	0.62	0	0	0	0	2.27
Grand Total	1.46	6.26	4.45	2.44	0.92	0.20	0.04	0.01	0.01	**15.10**

5.22 Figure 22 highlights the issue in North Ormesby of perpetrators aged 20 – 29 years. The rate per population within this ward for this specific age group is over 52% higher than Berwick Hills and Pallister, the next most poorly performing ward within that age group in Middlesbrough. It highlights three areas Newport, Central and Berwick Hills and Pallister, which in this age category make up approximately 45% of all recorded DA crimes, by rate per population. Of the 2107 police recorded DA crimes with an identified or alleged perpetrator, 15% (313) took place in Newport area

Figure 23: *Police Recorded DV Crimes with an Identifiable* Perpetrators *(Age, Gender and Not Eliminated), By Number of Offences during 2016/17*

Number of Offences	Number of Perpetrators	% of Perpetrators
1	1153	74.6%
2	245	15.9%
3	78	5.0%
4	41	2.7%
5	16	1.0%
6	4	0.3%
7	4	0.3%
8	1	0.1%
9	2	0.1%
12	1	0.1%
Total	**1545**	

5.23 In Figure 23 25.5 % of perpetrators committed 2 or more crimes in the period. Of the 392 repeat perpetrators, 67 (17.1%) were female.

6. Domestic Abuse and Protected Characteristics

Domestic abuse incurs significant social, emotional and economic costs to victims, their families and the broader community.[34] Findings in this needs assessment suggest that women are more likely than men to become victims of domestic violence, but that domestic abuse can occur in a range of different relationship types, circumstances and settings. It highlights that some women may be more vulnerable to becoming victims and less capable of exiting violent relationships, depending on their age and living arrangements. Domestic abuse is rarely a one off incident but rather a pattern of repeated abusive behaviours that tends to increase in severity and frequency over time. There is no single cause or factor that leads to domestic abuse but there are certain indicators which agencies should be aware to provide an early signal of risk or propensity of risk increasing. It may begin, continue, or escalate after a couple have separated and may take place not only in the home but also in a public place. It is also evident that situational factors, while not direct causes, may also increase the risk of domestic abuse. Some of these factors include family or relationship problems and financial problems or unemployment. Understanding the complex interaction of attitudes, motives and situational factors underlying domestic abuse is helpful in developing effective prevention strategies

6.1 Domestic Abuse and Gender

Gender is a major consideration in DA victim profiling. The vast majority of reported domestic abuse is perpetrated by men on women. Both men and women experience domestic abuse but it impacts disproportionately on women. Women are at greater risk and more likely to experience severe and/or repeated incidents. [35] In Middlesbrough in 2016/17 there were 3 times more female victims than male. 78.7% of all police recorded Domestic Abuse Crimes involved a female victim. The majority of those who use violence and other abusive behaviours to control and dominate in relationships are heterosexual men.[36] Research shows that men are more likely to inflict violence, threats, harassment and damage to property; and for their behaviour to control, create fear, be repetitive and escalating. In contrast, women were shown to be more verbally abusive, use some violence, to damage their own property and to use a weapon, although the weapon was often to protect themselves.[37] There is a challenge to balance targeting of services to those recognised most at risk (women) whilst not alienating males who are victims, and face additional barriers precisely because domestic abuse is gendered. Ideas of masculinity are thought to make it harder for men to recognise, accept or disclose they are a victim of domestic abuse. Working with male victims is further complicated as it has been shown that a substantial number of male victim referrals involve counter-allegations and that there disclosures of victimisation are dismissed. [38] In Middlesbrough 2016/ 2017 there were 497 police recorded domestic abuse crimes involved a male victim but using demographic data gathered by specialist services we have identified that less than 50 went on to access support.

[34] Laing, L., & Bobic, N. (2002). Economic costs of domestic violence: Literature review. Sydney: University of New South Wales.
[35] SafeLives (2015), Insights Idva National Dataset 2013-14. Bristol: SafeLives.
[36] Mirlrees-Black et al, 1998 The 1998 British Crime Survey
[37] Marianne Hester June 2009 Gender and domestic violence, Bristol University
[38] Jessica McCarrick Men's Experiences of the Criminal Justice System following Female Perpetrated Intimate Partner Violence Teesside University 7 July 2015

6.2 Domestic Abuse and Sexuality

There is limited research available to inform our understanding on the specific risks facing LGBT communities. Domestic abuse is reported as being as common in same sex relationships as heterosexual relationships.[39] Lesbian, Gay, Bisexual or Transgender victims face issues to seeking help, especially if it is their first same-sex relationship and are less likely to report incidents to the police.[40] Issues raised include disbelief, fears of losing their children or of being 'outed' to agencies / family and homophobic attitudes. The service, Hart Gables offering support in Middlesbrough have explained that similar to heterosexual relationships there are often counter allegations which blur the boundaries between victim and perpetrator. Data from Cleveland Police is not available in relation to prevalence DA incidents in LGBT communities and Hart Gables the local specialist service for LGBT do not currently measure this within their database so were unable to provide any intelligence apart from anecdotal information. Awareness training on domestic abuse needs to include reference to the diversity of LGBT communities, the barriers they face and the impact. Monitoring information related to sexuality needs improving and consideration given to how underreporting can be addressed and services promoted.

6.3 Domestic Abuse and Parenting

Domestic abuse may impact on a mother's parenting. Being degraded, belittled and abused can weaken her self -esteem and confidence and the abusers criticism can be internalised and make her question her parenting ability. Abusive partners, including fathers, may try to disrupt the mother-child relationship, through questioning her authority and drawing the child in as an ally in the abuse.[41]. However, mothers commonly describe making conscious efforts to protect their children and their parenting from the effects of domestic abuse, even if they struggle to achieve it.[42] Whilst some mothers' parenting appears to be adversely affected by domestic abuse, there is evidence that their parenting can recover once they are safe, particularly where their lack of social support is addressed[43] Research focusing on perpetrator's parenting is limited, despite the fact that domestic abuse perpetrated by a parent is a significant indicator of failed and dangerous parenting. There is some limited research which indicates that perpetrator's parenting is more punitive. Moreover, perpetrators frequently struggle to acknowledge the impact of their violence and abuse on children.[44] Safe and Together' is a model of working that is child centred and based on recognising victims strengths and putting a focus on how perpetrators behaviour is creating harm or risk of harm to children. The model ensures that fathers who are perpetrators are held to the same standard of parenting expectations as mothers.[45] Setting high standards for fathers, helps children because it guarantees a more comprehensive risk assessment, safety and protective factors for child based services. It aims to shift the focus to a perpetrators parenting. In 2016/17 Middlesbrough Council

[39] Henderson 2003 Prevalence of domestic violence among lesbians & gay men
[40] Donovan et al, 2006 LGBT experiences of domestic violence and homophobic crime
[41] Humphreys et al 2008 Children and Domestic Violence
[42] Lapierre 2010 Women's abuse of their children in the context on domestic violence: reflection from women's accounts

[43] Stanley, N. (2011) Children experiencing domestic violence: a research review. Totnes, Devon: Research in Practice.
[44] As above
[45] http://endingviolence.com/our-programs/safe-together/safe-together-overview/

commissioned Harbour [46] to deliver the Domestic Abuse Children and Young people service. This engages parents, primarily mother as part of the programme. They offer support and guidance to help parents understand impact of domestic abuse on their children alongside the therapeutic intervention they deliver to children. Alongside this Harbour has also recently piloted a Caring Dad programme[47] which helps fathers to understand the impact of their violent behaviour on their children and improve their parenting.

6.4 Domestic Abuse and Disability

Nationally disabled women are twice as likely to experience domestic abuse as women without disabilities and are more likely to be at high risk of serious harm. [48] Review of the high risk Domestic Abuse cases across specialist services showed lower than expected numbers of people with health and social care needs. This may be again because (like victims from BME, LGBT and older victims) domestic abuse is even more underreported or recognised than in the general population. The consequences of a disabled victim not accessing support can be fatal. The Domestic Homicide Standing Together report [49] evidenced that of 32 Domestic Homicide Reviews between 2012 and 2014, eight of those related to disabled victims. As with the other high risk groups, power and control is a significant factor, with perpetrator power over victims increased when there are more barriers to leaving and isolation from the wider society. Victims that have a long term illness and/or a disability are at increased risk [50] but are less likely to report incidents due to fear and dependency[51]. Both men and women with limiting illness or disabilities are more likely to experience partner abuse and are thought to endure it for longer because appropriate support is often not available, they are dependent on their abuser for care, are often isolated and can face difficulty financing and obtaining adaptive equipment. In addition, cognitive impairments can make it difficult to recognise abuse and seek help. Abusers can use forms of abuse which exploit a victim's impairment or condition which further compounds their experience. Evidence also shows disability (and learning difficulties) may be a contributing factor to forced marriage.[52]

6.4.1 The Tees Wide Safeguarding Adults multi agency policy and procedures contain substantial information to support good practice and domestic abuse is a key theme. [53] In 2017 they held a Tees wide Adult Safeguarding conference in relation to Domestic Abuse.

6.4.2 The Middlesbrough refuge is fully compliant with the Equality Act but this will not always be available or safe for Middlesbrough residents. All the specialist services have a flexible model and are designed to deliver support that is tailored to individual needs but contract

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[47] Nicola McConnell, Richard Cotmore, Diane Hunter and Julie Taylor 2016 Caring Dads: Safer Children: evaluation report https://www.nspcc.org.uk/services-and-resources/research-and-resources/2016/caring-dads-safer-children-evaluation-report/

[48] Women's Aid 2007

[49] Nicola Sharp-Jeffs and Liz Kelly Standing Together June 2016

[50] Khalifeh 2013 Violence against People with Disability in England and Wales: Findings from a National Cross-Sectional Survey

[51] Hague Et al 2008 Making the links Disabled women and domestic violence Women's Aid Research

[52] Statistics on Forced Marriage Forced Marriage Unit 2012- 2017

[53] https://www.tsab.org.uk

monitoring information shows a small percentage of those accessing services have a registered disability.

6.4.3 To effectively support carers you are reliant on skills and experience of practitioners within organisations identifying and acting to ensure safety of victim. 1000 18+ registered carers in Middlesbrough working with Carers Together[54]. Particular groups at risk of abuse are identified as those experiencing physical disability, mental health issues or dementia. Carers together complete robust risk assessment and safety planning and have follow up arrangements in place to help monitor and identify changes in how a carer might be coping. A Counselling service is available which can often be used to help a carer particularly in cases where they are subject to abuse or coercion so they increase understanding of their situation and if needed make decisions to leave. The inclusion of domestic abuse in the Care Act 2014 is an opportunity for driving positive change.[55]

6.5 Domestic Abuse and BME Communities

Domestic abuse affects women from all ethnic groups but women from BME communities may face additional risks as part of their experience of abuse. We do not have available local police data to measure number of BME victims in comparison with overall population but we know from national research that reporting and disclosure remains low. Cleveland Women network completed some data analysis with specialist providers in relation to numbers reporting to specialist services and they identified approximately 7.5% of all referrals in one quarter were victims from BME communities. We have learnt through consultation that women from BME communities are less likely to report domestic abuse to police or to access mainstream services because of a perception that these services would not understand their particular situation and respond appropriately. It can be more difficult for some communities and ethnic minorities to access support and leave abusive relationships. For example, in Asian communities' victims have spoken about collusion and abuse from the perpetrator's extended family [56] and some face additional difficulties when trying to disclose or leave an abusive situation due to languages / interpreting problems, fear of 'white' organisations and a loss of a community that has been a shelter from racism and prejudice [57]. Women from BME communities are more likely to experience abuse from multiple perpetrators, are more prone to ongoing violence from extended family members and face pressure from wider community when they leave abusive situation. Women with insecure immigration status, where the victim is dependent on the perpetrator for residential or citizenship status or have no recourse to public funds will also experience additional barriers to seeking help and support.

6.6 Female Genital Mutilation (FGM), Forced Marriage (FM) and Honour Based Violence (HBV)

Challenges are being identified in relation to increasing number of victim fleeing FGM, forced marriage, domestic abuse or honour based violence, particularly those with no access to public recourse or insecure immigration status.

[54] www.carerstogether.co.uk
[55] https://www.gov.uk/government/publications/disability-and-domestic-abuse-risk-impacts-and-response
[56] The Survivors Handbook Women from BME Communities Women's Aid
[57] Wellock, 2010 Domestic abuse: Black and minority-ethnic women's perspectives

6.6.1 Female Genital Mutilation is a practice that takes place worldwide in at least 28 African countries and in parts of the Middle and Far East. It also takes place within parts of Western Europe and other developed countries, primarily among immigrant and refugee communities. UK communities that are at risk of FGM include Somali, Kenyan, Ethiopian, Sierra Leonean, Sudanese, Egyptian, Nigerian, Eritrean, Yemeni, Kurdish and Indonesian women and girls. FGM is a hidden crime, so we don't know exactly how common it is. Female Genital Mutilation (FGM) is illegal in England and Wales under the FGM Act 2003. It is a form of child abuse and violence against women. FGM comprises all procedures involving partial or total removal of the external female genitalia for non-medical reasons. Section 5B of the 2003 Act, introduces a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report 'known' cases of FGM in under 18s which they identify in the course of their professional work to the police. The duty applies from 31 October 2015 onward. From Public Health data[58] published December 2015 there were 1,385 newly recorded cases of FGM reported, with 1,641 total attendances where FGM was identified or a procedure for FGM was undertaken. Multi agency guidance has been developed to help professionals and those with safeguarding responsibilities to identify and assess the risks of FGM, and protect and support children and adults. It is paramount that this is implemented alongside effective recording and monitoring of those at risk.

6.6.2 Routes into forced marriage differ between the communities. Poverty is primarily a factor in African communities and control over sexuality in South Asian, Middle Eastern, Chinese and African communities. Factors perceived to increase the risk of forced marriage include the mental health of an individual, death of a parent, unsuitable sexual behaviour, attempts to bypass immigration and asylum rules and no recourse to public funds. Factors perceived to decrease the risk of forced marriage: better support to victims (at home and overseas), community awareness and education initiatives, community development with parents and young people and awareness amongst practitioners. Published VWAG CPS information[59] shows the volume of forced marriage referrals from the police fell from 90 in 2015–16 to 56 in 2016–17, with a corresponding fall in the volume of defendants charged from 57 to 36. The volume of prosecutions completed fell from 53 in 2015–16 to 44 in 2016–17. The volume of convictions stayed steady at 32, as in 2015–16. The conviction rate increased from 60.4% in 2015–16 to 72.7% in 2016–17.

6.6.3 Nationally the volume of referrals from the police of Honour Based Violence related offences fell from 216 in 2015–16 to 200 in 2016–17, with a corresponding fall from 145 to 136 in the volume of defendants charged. The volume of prosecutions completed fell from 182 in 2015–16 to 171 in 2016–17 the volume of convictions stayed steady – 91 in 2015–16 and 90 in 2016–17. The conviction rate increased from 50.0% to 52.6%. There were 26 police recorded incidents of Honour Based Violence in Middlesbrough in 2015/2016 and 12 in 2016/2017. Monitoring information for Halo a specialist service working with BME in Middlesbrough (see Section 8.15) identified 24 of the 41 victims referred to their service

[58] Female Genital Mutilation - July-Sept 2015, Enhanced Dataset Health and Social Care Information Centre 3 December 2015

[59] Violence Against Women and Girls CPS dataset https://www.cps.gov.uk/Publications/docs/cps-vawg-report-2017.pdf

between Oct 2016 and June 2017 were experiencing or at risk of honour based violence. Current Middlesbrough demographic suggest that predicted levels for the prevalence of cultural associated abuse are low, however that does not mean it does not happen. We need to ensure agencies, particularly health and education sectors, are equipped to identify and respond to Forced Marriage, Honour Based Violence and Female Genital Mutilation.

6.7 Domestic Abuse and Age

The low rate and representation of victims in 50 – 69 age categories is apparent in both the police data and performance monitoring with specialist services. This reflects national research by Safe lives which evidenced that older victims are more likely to tolerate abuse, for longer periods rather than seek help.[60] As a consequence of so few older victims coming to attention of services this sometimes leads to professionals not recognising or being aware that older victims experience domestic abuse. It has been noted generational attitudes about abuse can mean "older women are far less likely to identify their situation as abuse", which acts as a barrier to the uptake of services. [61] Assumptions about age mean that sometimes when older people present as injured or depressed their condition is presumed to be the result of health and social care needs. An additional barrier older victims also experience is in relation to dependency. Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm.[62] This creates a huge barrier to follow up work with older victims, even once domestic abuse is identified, and contributes to their continued isolation, preventing them from getting the help and support that they need.

[60] Safe Later Lives: Older people and domestic abuse October 2016

[61] As above

[62] http://www.safelives.org.uk/practice_blog/its-our-right-be-safe-any-age-how-can-we-make-it-easier-older-victims-get-help

7. Domestic Abuse and other factors

7.1 Children who abuse a Parent

Children who abuse a parent fall broadly into two categories – adolescents who are abusing their parent(s) (APV) and adult children who are abusing their parent(s).

7.1.1 The Care Act in 2014 has been instrumental in promoting awareness and best practice responses to: An older person with care and support needs being abused or neglected by older children, a carer abused by an adult child with care and support needs (e.g. learning disabilities) and an adult with care and support needs themselves (perhaps a physical disability) being abused or neglected by a child for whom they still have responsibilities or who remains in contact. Potential for domestic abuse in caring relationship tends to be greater when the carer is a partner or close relative and where the carer is trying to support a relative with problematic substance misuse.[63] There are barriers in relation to identifying this abuse particularly as it can be under recognised by health and social care professionals, it is often prolonged abuse which makes it difficult to access help and parents are less likely to report as they tend to blame themselves and often feel torn as they want their child the abuser to get help. More often than not victims would not describe their situation as domestic abuse and therefore do not see themselves in the story of services that could help. Services need to develop responses to the dynamics of this type of abuse in line with Care Act 2014 and ensure that strong partnerships and communication take place between all the agencies that both the carer and child is using. Friends and family or informal networks hold vital information around the level of risk. Adult children who abuse their parents is of particular interest in Middlesbrough as it is an emerging theme in the domestic homicide review which has recently been initiated.

7.1.2 Adolescent to parent violence (APV) is increasing. Anecdotally, police, youth justice workers, social workers and other specialist support services report adolescent to parent abuse as a significant problem and family violence is an increasing part of their case load. As highlighted in figure 6 7.4% of all DA Crimes the victim was identified as a parent. Like other forms of domestic abuse, it is very likely to be under-reported and there are very few services working specifically on this issue. The lack of recognition and recording of this issue means that many families may not recognise that they need support and there is a need for more guidance for practitioners that does not just include a criminal justice response.

7.1.3 Many of these families may be facing multiple issues such as substance use, mental health issues and domestic violence. This highlights the need for all services to be routinely screening for abuse and not making assumptions about family circumstances. Adolescent to parent violence is likely to involve a pattern of behaviour; this can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property, stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of adolescent to parent

[63] Sharp-Jeffs Kelly 2016 Standing Together Domestic Homicide Review (DHR) Case Analysis

violence, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours.

7.1.4 Practitioners may be required to respond to a single incident of adolescent to parent violence (APV), but need to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent. Adolescent to parent violence (APV) poses significant challenges to parents as it inverts traditional familial relationships of power and control. [64]In addition to living in fear of assault, parents who are abused by their children report feelings of shame and blame and are reluctant to report the problem out of a fear of the consequences for their child. The lack of recording and reporting of adolescent to parent violence (APV) within services makes it difficult to determine the extent, but the anecdotal evidence suggests it becoming a significant problem. The problem of adolescent to parent violence (APV) poses a number of challenges to the families experiencing it and practitioners who come across it in their work with families. Parents do not know where to go for help and often find that there is simply no appropriate support available in their area. There are no specialist services in Middlesbrough delivering adolescent parent violence (APV) programmes and no clarity about services ability to identify and manage this type of abuse

7.2 Children and young People living with domestic abuse

Domestic abuse has a significant impact on children and young people. Since 2005, children living in households where domestic abuse is happening are identified as 'at risk' under the Adoption and Children's Act 2002. Section 120 of this Act extended the legal definition of harming children to include harm suffered by seeing or hearing ill treatment of others. One in seven children and young people under the age of 18 will have lived with domestic abuse at some point in their childhood. [65] Children and young people experience domestic abuse both directly and indirectly and the impact of this can be significant in terms of their emotional, behavioural, cognitive and physical well-being. Although not all children will be affected in the same way, living with domestic abuse can seriously affect children's healthy development, relationships, behaviour and emotional well-being. Studies have found that older children living with domestic abuse may use alcohol or drugs as a way of coping with their fear, anxiety and depression. [66] Their experiences can impact on their educational attainment; having problems with memory, attention, language skills and a lower IQ score. Children affected by domestic abuse are also found to be more likely to be excluded from school or become homeless at a young age.[67] They are also at higher risk of offending. [68] The World Health Organisation (WHO) [69] found that children exposed to domestic abuse are four times more likely to become abusive in their own adult relationships. They identified the single best predictor of children becoming either perpetrators or victims of domestic abuse later in life was whether or not they grew up in a home where there was domestic abuse. Whilst it is not difficult to see that some children exposed to domestic abuse may

[64] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf
[65] https://www.womensaid.org.uk/the-survivors-handbook/children-and-domestic-abuse
[66] As above
[67] Mayock and Parker (Safe Lives Blog September2017) Youth homelessness and its intersection with domestic abuse
[68] Hester, M., 2007. Making an impact: children and domestic violence: a reader.
[69] Behind Closed Doors. The impact of domestic Violence on Children

normalise and internalise behaviours they also have individual reactions, their own views and interpretations of the abuse they are living with and their own responses to 'survival in adversity'. It is important to avoid assumptions of 'cycles of abuse' which predict that children will grow up to be a victim or abuser. [70]

7.3 Reducing children looked after due to domestic abuse

The impact on children is significant and a recurring theme identified in child in need and child protection plans. Domestic abuse is the most commonly cited factor when children are assessed by children's social care services to determine whether they need support. In 2015-16, there were around 222,000 episodes where domestic violence was cited as a factor. This translates into around 28 new episodes every week in every local authority in the country. [71]

7.3.1 Locally, 2.6% of all domestic abuse crimes recorded involved a child of an offender. Based on Operation Encompass Data in Middlesbrough 8.3% of total domestic abuse incidents recorded children were witness or present. Of that figure on average there was 1.67 children experiencing incidents, per incident where there was a child involved. Middlesbrough children social care department ability to collate information related to domestic abuse and children has improved considerably but current system makes it difficult to determine prevalence in social work assessments and how many progress into child in need or child protection status.

7.3.2 There is some recognition that victims are at high risk after separating from a domestic abuse relationship. However there is less thought given to the risk that children face on separation. In England, 90% of children live with their mother after separation, but the majority continues to have regular contact with the other parent (dad). Most parents (85%) organise contact themselves and more than half of women who experience domestic abuse want to maintain their children's contact with their father but find that their ex-partner uses contact to continue their violence and abuse which is harmful to children. Changes to Legal Aid since 2013 have led to increasing number of victims being unable to arrange legal representation they need to protect themselves and children in family court. Research conducted by Women's Aid, Rights of Women and Welsh Women's Aid showed that 60% of women take no further action if they are not eligible for legal aid – and delay in seeking the protection of a court can make a victim and her children extremely vulnerable. [72] Analysis of Operation Encompass data (Between April 2016 – March 2017) evidenced clear picture emerging that of the 367 incidents involving Domestic Abuse that were reported to police involved parents who were estranged. When asked about the incident 111 victims stated that child contact and access was a factor in the domestic abuse incident. This is around 30% of the total incidents that involved children.

7.3.3 In Middlesbrough 38.6 % of DA crimes are on Saturday which could correlates with increased issues associated with child contact arrangements for estranged families In many cases victims and perpetrators do not go on to access specialist services and perceive

[70] Laing, 2000. Children, young people and domestic violence

[71] Characteristics of children in need statistics, 2016–17 ttps://www.gov.uk/government/collections/statistics-children-in-need

[72] Child First: Safe Child Contact Saves Lives Women's Aid

increased violence and abuse as an inevitable consequence of the separation. In addition concerns have been raised by specialist services regarding victims disclosing that mediation is being used as another means of imposing power and control and victims feeling powerless to overcome this in the family court environment and in turn, that an ex-partner uses contact to continue their violence and abuse which is harmful to the child. Victims and specialist providers have also raised the difficulties which present when the victims do not meet the threshold for legal aid and therefore are not able to arrange legal representation or advocacy in family court. In very few cases, family court give permission for a worker from specialist provision to go in and support the victim but this is only on very rare occasions. As part of the police transformation fund a family Courts Advice Leaflet for DA victims: has been developed in conjunction with Family Court legal advisors, HHJ Judge Gillian Matthews, CAFCASS, and specialist DA support services. The leaflet's purpose is to reduce the incidence of victim/parents being re-victimised through family court proceedings, and includes basic information on gaining advice/ information on getting police subject disclosure information which can then be used as evidence of DA for the court and CAFCASS, and which can assist with legal aid applications to secure advocacy and representation (to reduce incidence of litigants in person), applying for special measures (Practice 12J), and victim advice on civil remedies/ safety improvement measures.

7.3.4 In January 2016 Ofsted issued new inspection guidance for joint targeted area inspections (JTAI) for children in need of help and protection. Six were carried out in March 2015 -August 2016 on the theme of CSE, a further six were planned September 2016 – March 2017 on the theme of children living with domestic abuse. The JTAI would include an evaluation of the multi-agency 'front door' for child protection and would do this by tracking and sampling the experiences of children and young people affected both directly and indirectly by domestic abuse. A briefing paper was prepared for the Domestic Abuse Strategic Partnership (DASP) on the 23rd September 2016. The recommendation from this Group was that an audit sample would be undertaken. A report was prepared which summarised the findings and learning from the audit. The audit was designed to replicate the JTAI and explore how universal, targeted and specialist services work effectively together to provide services to children. An important part of the audit was to draw lessons from practice and share learning across agencies. This has been progressed via a Children Living with Domestic Abuse sub group formed from representatives from Education, health, CAFCASS, Cleveland Police and specialist services who have developed an action plan to address recommendations made within the report. The JTAI national report has now also been published and has made important recommendations which have been considered within this needs assessment.[73] (Also see Appendix Summary of Middlesbrough Children Living with Domestic Abuse Audit)

7.4 Domestic Abuse in Adolescent Intimate Relationships

Domestic abuse in teenage relationships is increasing. Girls, compared to boys, report greater incidence rate for all forms of abuse. Girls also experienced abuse more frequently and described a greater level of negative impacts on their welfare. Online technologies, such as social media, mobile phones and text messaging are cited in many cases of domestic abuse between young people. Adolescence is a critical time when prevention must begin. Promotion of healthy relationships can

[73]https://www.gov.uk/government/publications/joint-inspections-of-the-response-to-children-living-with-domestic-abuse-september-2016-to-march-2017

prevent abuse as it teaches adolescence the skills they need to negotiate relationship issues and understand consent. Associated factors, both for experiencing and instigating teenage partner abuse, include previous experiences of child maltreatment, domestic abuse in the family and aggressive peer networks.[74] For girls, having an older partner, and especially a "much older" partner, was associated with the highest levels of victimisation. To help us understand and address the issues relating to children who are at risk due to going missing from home and care and / or are at risk of sexual exploitation and trafficking Middlesbrough holds what are called Vulnerable, Exploited Missing or Trafficked (VEMT) safeguarding meetings. In 2016 in Middlesbrough 11 young people were identified as being at risk as part of this process. Under category vulnerable to child sexual exploitation 7 of those who were classed as vulnerable, missing & child sexual exploitation; 3 were classed as child sexual exploitation & missing; 9 classed as child sexual exploitation and 2 classed as child sexual exploitation & trafficked. In 2016 Harbour developed Escape the Trap which is a programme based on the Freedom programme but specifically adapted for young women at risk of domestic abuse. This has been delivered successfully as a bespoke session with vulnerable female and male learners in youth training provision but overall referrals to programme have been low and more work is needed to target services who might be working with young people at risk and increase awareness of prevalence of domestic abuse within young people intimate relationships.[75]

7.5 Domestic Abuse and Financial Hardship

Women who have lived with an abusive partner are also more likely to experience financial difficulties or hardship as a result of the relationship. Experiencing financial problems can act as a barrier to leaving an abusive relationship.[76] Unprecedented changes to social welfare and housing benefit will impact on our most vulnerable victims, particularly young people and women in refuge accommodation. The universal credit benefit (which combines six working-age benefits into one payment) is paid to a single claimant and could expose victims to abuse as perpetrators could limit access to money. This could reduce the financial autonomy of a victim, leave them more vulnerable and make it harder to leave. [77] Department of work and pensions (DWP) are testing payment methods, such as automatic split payment to each partner in varying proportions but only if domestic abuse is disclosed. This relies on victim or Department of work and pensions identifying risk is present.

7.6 Domestic Abuse and Homelessness

Domestic abuse is the most common factor contributing to homelessness in Middlesbrough. Primarily this affects women and their children with many forced to flee their homes in order to escape abuse, disrupting social support networks as well as children's schooling. Victims who have fled their homes need a range of support. It is very unusual for a victim of domestic abuse to need accommodation in isolation and often have a range of emotional, financial and practical support needs. Domestic abuse is, and has been for many years, the primary reason for loss of last settled accommodation in all statutory duty to house (DTH) homeless cases in Middlesbrough. Middlesbrough Local Authority has a statutory duty to provide accommodation to victims fleeing domestic abuse. Whether or not a victim is considered statutory homeless is determined by an assessment under Part 7 of the Housing Act 1996. When making a homeless presentation (either referred or self-referred) a victim of domestic

[74] Barter et al 2009 Partner exploitation and violence in teenage intimate relationships

[75] https://www.gov.uk/guidance/domestic-abuse-resources-for-youth-justice-practitioners
https://www.gov.uk/government/collections/disrespect-nobody-campaign

[76] www.refuge.org.uk/get-help-now/help-for-women/money-worries

[77] Howard and Skipp 2017 Unequal trapped and controlled Women's Aid

abuse triggers the statutory duty to make inquiry and assessment. Middlesbrough local Authority has discharged this duty to Thirteen Housing as part of the Homeless Prevention Contract. Victims often present at homeless prevention if they have been unable to secure refuge accommodation

Table 5: *Statutory Homelessness & Reasons of loss of last settled accommodation*
P1E Official Return Middlesbrough Council

Financial Year	2010/11	2011/12	2012/13	2013/14	2014/15	2015/2016	2016 /2017
Overall Statutory Homeless Acceptances (Part 6, HA 1996, DTH)	79	87	63	77	67	45	27
Statutory Homeless Acceptance, cause Violent Breakdown of Relationship, involving partner (Domestic Violence)	50	57	43	61	54	35	22
Violent Breakdown… as % of overall Homeless Accepts	63%	66%	68%	79%	81%	78%	81%

7.6.1 In Middlesbrough the Homeless Prevention service have good partnerships with specialist services and access a range of accommodation options dependant on needs of victim (and their children). This includes supported accommodation, temporary supported, dispersed accommodation, floating support or good quality B&B for short term use. In a large majority of domestic abuse homeless cases they are able to identify a suitable property via Compass choice based letting (high priority banding) and victims will be placed in temporary accommodation for a short period before moving into a property. The properties identified via compass are unfurnished which can place pressures and financial burdens on the victim. Victims can access the Community Support Scheme for assistance with furniture and white goods overseen by Middlesbrough Council Housing Benefit department but this can only be accessed if they are in receipt of housing benefit. Securing a tenancy via Compass Choice based letting is not always appropriate for all victims.

7.6.2 NACRO[78] have a portfolio of 30 properties in Middlesbrough offering support to vulnerable for vulnerable single women over the age of 18 with or without children-with a housing need/support needs. They have identified that a significant number referred and accepted onto the programme have experienced domestic abuse but I was not provided with data required to evidence this.

7.7 Domestic Abuse and Supported Accommodation

Many women fleeing domestic abuse identify that they need supported accommodation. This might be a refuge or supported accommodation project. There are a number of reasons this is the preferred option. Supported accommodation is furnished, safe and additional staffing support is provided. Victims receive practical support along with specialist advice and guidance. Victims who flee accommodation are often left with debts and housing arrears, defaults due to damage to property and can be at risk of isolation. They can also face other hurdles such as loss of pets, transfer of GP or dentist, disruption with schools, isolation from support networks, leaving furniture/ belongings (no funding for storage or space). For some victims supported accommodation is not option, such as, if

[78] NACRO Homes Agency Teesside https://www.yhne.org.uk/news/nacro-homes-agency-teesside/

they have significant rent arrears, history of arson, are in employment, are male, have older male children or have no access to public recourse. Accessing supported accommodation for vulnerable women or victims, such as Hestia or NACRO can take time due to the referral and assessment and checks which housing provider is required to make. Those checks differ dependant on referral criteria for each organisation but will consider debts/ payment plans, historical and current antisocial behaviour and perpetrator of this, mental health, particularly a history of self- harm or suicide to determine risks or triggers, risk to others, learning difficulties (numeracy and literacy) and physical disability if aids and adaptations would be needed.

7.7.1 Each referral form and assessment is often conducted separately for each service. A victim who may be experiencing trauma and/ or in crisis may then be required to provide information or detail on several different forms. If assessment and checks took place at earlier opportunity, formed part of an overarching assessment for victims and information was shared between housing providers it would reduce the delays in securing suitable accommodation. Victims often remain in supported or refuge for longer periods and have difficulty 'moving on' due to having limited furniture, lack of knowledge of area and historical rent arrears which prevent them applying for properties . Harbour support service have also identified that women in refuge sometimes find it overwhelming to move from safe and supportive environment. To address this they have developed some dispersal options. Refuge staff also refer to supported accommodation but this is high demand in Middlesbrough. There is a chronic need for appropriate accommodation in Middlesbrough to be able to respond to those need rehousing help when fleeing Domestic Abuse.

7.8 Domestic Abuse and Pregnancy

National research suggests 30% of Domestic Abuse starts or escalates during pregnancy[79]. Pregnant women who experience domestic violence and abuse are at increased risk of adverse pregnancy outcomes in addition to risks to themselves[80]. A further study into women receiving antenatal and postnatal care to examine the prevalence of domestic violence and its associations with obstetric complications and psychological health, found that 23% of women involved had a lifetime experience of domestic violence, and 3% had experienced violence in the current pregnancy.[81] Low numbers of women accessing specialist service are pregnant. Services such as Family Nurse Partnership (FNP), midwifes and health visitors are likely to have most contact with women during this period but referrals from those services to commissioned services remain low. The department of health endorsed a routine antenatal enquiry for domestic abuse at the antenatal 12 week appointment. Feedback from midwives has expressed concern that this forms part of a series of questions so the importance of query can be lost and even though it is discouraged partners can be in attendance so this form of routine enquiry leads to very few disclosures.

7.9 Domestic Abuse and Isolation

A victim is more vulnerable if they are isolated from family, friends and other social networks. Problems accessing important support networks or services can increase the risk that someone will

[79] Department of Health: No 5 Domestic Violence and Abuse Professional Guidance

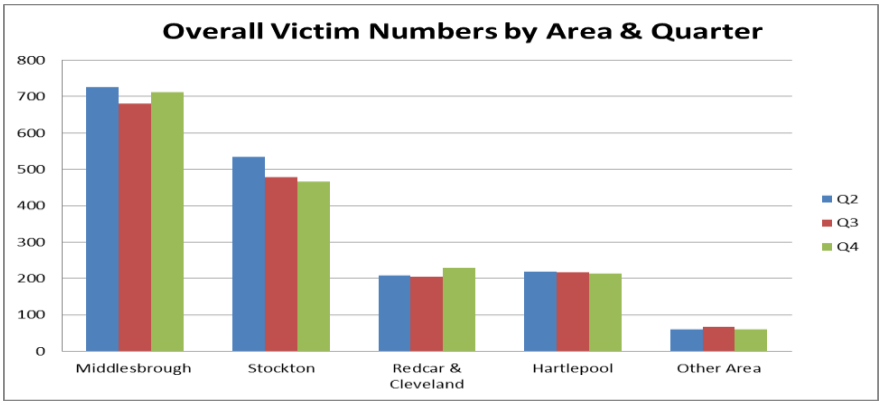
[80] DH Handbook – Responding to domestic abuse: a handbook for health professionals – (Department of Health, 2005)

[81] Lynch and Lynn 2009 A study to ascertain the implementation and impact of the domestic abuse antenatal care pathway in practice and through the views and experiences of the women who have experienced domestic abuse

become a victim of domestic abuse, or continue to experience abuse because they are unable to leave an abusive relationship. Victims have shared that there are a range of potential barriers that can prevent a victim from seeking help from service providers, which include the cost or limited availability of transport; limited awareness of available services, a perception that services will be unsympathetic or judgemental; shame or embarrassment; fear that they will not be believed; fear of the perpetrator and the potential for retribution; lack of understanding about what a service will offer and a perception that services will not be able to offer assistance

7.9.1 Since June 2017 Cleveland Woman Network have been capturing data on a quarterly basis to help inform need in relation to demand versus capacity across the areas. Data collated with specialist providers between January to March 2017 identified that 2154 new victims engaged with services 415 were not engaged with the police (19%). Of that figure 162 were from BME communities (7.5%). Middlesbrough continues to be the area of greatest need for support. The ratio of DV to SV cases was 12:1.

Figure 24 Overall number of victims identified within each area CWN Reporting



7.10 Domestic Abuse and Mental Health

Mental health problems may increase a person's vulnerability to domestic abuse or may develop as a consequence of it. A study in 2012 [82] identified that men and women with mental health disorders, across all diagnoses, are more likely to have experienced domestic abuse violence than the general population. Specialist providers have raised concerns about growing number of victims and perpetrators with mental health issues. Professionals need to be alert to link between domestic violence and mental health problems, and ensure that their patients are safe and are referred for treatment and support for the mental health impact of such abuse. The Hidden Hurt report [83] on violence, abuse and other disadvantages in the lives of women evidenced the overwhelming association between domestic abuse and mental health issues. The report illustrated that over half of women (54%) experiencing sexual and physical abuse- and a third (36%) experiencing extensive physical violence – meet the diagnostic criteria for at least one common mental disorder.

[82] Experiences of domestic violence and mental disorders: a systematic review and meta-analysis' Trevillion, K. et al King's College/ University of Bristol 2012 National Institute for Health Research
[83] Hidden Hurt Scott and McManus Jan 2016 - Agenda – the alliance for women and girls at risk

7.10.1 On a local level consultation identified that increasing number of victims have support needs related to their mental health and are working with services in relation to primary and secondary mental health concerns. Victims through self-reporting across all services identify they are experiencing trauma and dealing with a range of issues such as depression, insomnia, acute anxiety. Depression is identified as a common mental health issue for both victim and perpetrator. When monitoring services we have identified a number of victims/ perpetrators also go on to access support via GP or other specialist services and are referred into Primary Care Psychological Therapies service such as Alliance and Starfish. Alliance delivers sessions in refuge. Those services are funded via clinical commissioning group and are not funded specifically to deal with domestic abuse but have provided some related counselling sessions, such as crisis intervention, anger management and couples counselling. Specialist domestic abuse counselling service monitoring has identified that if domestic abuse is identified as primary need for individuals accessing psychological therapies they are often referred into specialist domestic abuse counselling service at a later stage when the allocated sessions with the primary care service are complete. The demand for specialist domestic abuse and sexual violence counselling is high and continuing to increase.

7.10.2 Specialist domestic abuse services during consultation have raised that they experience difficulties accessing support or arranging assessment for women presenting with serious mental health concerns. The staff in refuge have to deal with some particularly difficult cases which have required high level intervention but have found it difficult to secure the support of mental health professionals. Stakeholders from across all services also identified difficulties accessing appropriate mental health provision for women particularly those who have additional complex needs, such as substance misuse.

7.11 Domestic Abuse and Denial

Minimising or normalising by both partners is noted frequently by front line professionals who are meeting family or are visiting properties identified as experiencing domestic abuse. This requires high level interpersonal skills to challenge and explore this with families. More often than not, families do not consider the impact of behaviour, particularly on children and earlier intervention and is reliant on professionals having tenacity to be able to engage families in further work and effectively challenge and explore what is underlying those types of behaviours.

7.12 Domestic Abuse and no access to public recourse

A major difficulty relates to victims with no access to public recourse. This affects anyone with insecure immigration status and who have no entitlement to welfare benefits, to home office asylum support or to public housing. This could be someone who has been refused asylum, a person who has entered the UK on a spouse visa or a migrant worker unable to gain employment. Unfortunately as most refuges are reliant upon women receiving housing benefit to cover accommodation costs and are often forced to turn away a women with no access to public recourse. Victims need support in order to apply for indefinite leave to remain. This requires they provide specific evidence to demonstrate that they are a victim of domestic abuse and assessment for this takes time. If a victim has no access to public recourse local authorities do have a statutory responsibility under the children act 1989 to ensure that children ‘in need’ or ‘at risk of significant harm’ are fed housed and cared for.

As much as possible Middlesbrough local authority uses this provision to try and house victims and children and together but on some occasions it does lead that children have to be taken into care. [84]

7.13 Domestic Abuse and Sexual Violence

Where a perpetrator uses both physical and sexual violence victims are at an elevated risk.[85] In Middlesbrough a strong partnership exists between domestic abuse and sexual violence services. The approach to supporting victims of sexual violence in Middlesbrough includes the Sexual Assault Referral Centre (SARC), Independent Sexual Violence Adviser (ISVA) and SV counselling. The SARC service provides a dedicated service which meets needs of victims of rape and sexual assault. It provides 24 hour crisis intervention and support 365 days a year and victims can be referred or self-refer to service. Middlesbrough Council have contract with ARCH for an ISVA role which is a Middlesbrough based service but is not co located in the SARC service. The ISVA role was first introduced in 2005 via the Home Office Violent Crime Unit. An ISVA receives specialist training to support a victim and help them understand how criminal justice process works. They are independent of statutory services and help victim to receive information to help them make the right decision for them. ARCH are also funded by Middlesbrough council to deliver a sexual violence and abuse counselling service. This provides counselling for recent victims of sexual assault and also works with victims disclosing historical sexual assault or abuse.

7.13.1 VWG CPS data [86] shows that in 2016–17, the volume of rape referrals from the police fell from 6,855 in 2015–16 to 6,611 – a fall of 244 referrals (3.6%), with a corresponding fall of 6.1% in suspects charged. The volume of rape prosecutions completed rose from 4,643 in 2015–16 to 5,190 in 2016–17 – the highest volume ever recorded – a rise of 547 prosecutions (11.8%). 45.0% of rape flagged prosecutions in 2016–17 were perpetrated against child victims. The data on the age of rape victims indicates that over 3,000 (52.3%) of rape victims with recorded age were under 24 years of age – 24.7% were aged 18-24 years (1,425); 18.3% were 14-17 years (1,059); 7.5% 10-13 years (435 victims) and 1.8% (103 victims) under ten years old. The volume of convictions rose from 2,689 in 2015–16 to 2,991 in 2016–17 – the highest volume ever recorded – a rise of 302 convictions (11.2%). The CPS conviction rate stayed steady at 57.6% in 2016–17, compared with 57.9% in 2015–16.

7.13.2 Specification 30 [87] published in February 2016 outlined the public health functions to be exercised by NHS England in regards to the commissioning of Sexual Assault Referral Centres (SARC). This Service Specification covers the period from 2016-17. This document set out responsibilities for commissioning and co commissioning. It defines Local authority responsibilities in relation to Sexual Assault Pathways which includes public health, ensuring any LA commissioned services, such as GUM clinics are integrated in the SA pathway and safeguarding via Adult Safeguarding as defined in Care Act 2014 and for children driven by the Local Safeguarding Children Board (LSCB) which should ensure the effectiveness of child safeguarding procedures and system and promotes the welfare of children in the local area including child sexual exploitation (CSE). To meet the requirements set out in Specification 30

[84] https://www.gov.uk/settle-in-the-uk/y/you-re-the-family-member-of-a-british-citizen/no/on-a-work-visa/tier-5

[85] Blacklock Jan 2001 Domestic violence: working with perpetrators, the community and its institutions

[86] https://www.cps.gov.uk/data/annual_report/ar2017.html

[87] https://www.england.nhs.uk/.../sites/12/2016/02/serv-spec-30.pdf

a new service will be tendered in September 2017 for SARC and ISVA services by Cleveland PCC and NHS England. This will be governed by the Custody Health Care, Liaison and Diversion and SARC Partnership Board and will align with Tees Tackling Sexual Violence Implementation Group. This service will provide co locate SARC and ISVA provision.

7.14 Domestic Abuse and Stalking

Stalkers are more likely to be violent if they have had an intimate relationship with the victim.[88] Stalking, when coupled with physical assault, is strongly connected to murder or attempted murder. Stalking behaviour and obsessive thinking are highly related behaviours. Research finds that intimate relationship stalkers use more dangerous stalking behaviours than non-intimate relationship stalkers.[89] CPS VWAG 2016 data[90] shows prosecutions were commenced for 11,889 stalking and harassment offences in 2016–17; this was a fall of 1,097 offences (8.4%) from 2015–16 when 12,986 prosecutions were commenced. 71.0% were DA-related, a slight rise from 69.9% in 2015–16. There were 959 prosecutions commenced under the newer stalking offences (a fall from 1,102 in 2015–16). Of these 64.8% were DA-related, a fall from 67.6% in 2015–16.16,614 prosecutions commenced for breaches of restraining order offences, a rise of 8.0% from 15,384 in 2015-6 and the highest ever recorded volume. 86.2% of these were DA-related, a rise from 85.7% in the previous year.6, 505 breaches of non-molestation orders started prosecution, compared with 6,672 in the previous year, a fall of 2.5%. 94.8% of these were DA-related, a slight rise from 93.6% in 2015–16.5% of 30 victims who participated in survey identified they had experienced stalking from partner or ex- partner. The independent police complaints commission (IPCC) is to carry out an independent investigation into actions of Northumbria police in relation to death which relate to forces response in following a report of the incident.

7.15 Domestic Abuse and Alcohol

In Middlesbrough alcohol use was identified in 16.9% of all Domestic abuse incidents reported to police, when identified using the 'Alcohol Related' marker on Iris. It is highly likely that sometimes domestic abuse is under reported due to the victim attributing blame on the alcohol. [91] This could be under recorded as it requires a specific marker in relation to the police recording of domestic abuse incident. Alcohol use is a significant risk factor for domestic abuse, with research suggesting that women whose partners frequently consume alcohol at excessive levels are more likely to experience violence.[92]

7.15.1 Specialist services have reported that alcohol is a risk factor in both victims and perpetrators of domestic abuse. There is strong evidence of a relationship between heavy drinking and aggression[93]. One explanation for the role of alcohol in domestic abuse is that the consumption of alcohol may facilitate an escalation of an incident from verbal to physical

[88] August 2006 Stalkers and Their Victims Psychiatric Times/ Trauma and Violence
[89] Logan 2010 Research on partner stalking Putting Pieces Together National Institute of Justice
[90] https://www.cps.gov.uk/data/annual_report/ar2017.html
[91] Gortner, Gollan and Jacobson, 2009 Psychological aspects of perpetrators of domestic violence and their relationships with the victims
[92] National Council on Alcoholism and Drug Dependence. "Alcohol, Drugs and Crime." (2015)
[93] Wells and Graham 2002 Aggression involving alcohol: relationship to drinking patterns and social context

abuse because it lowers inhibitions and increases feelings of aggression[94]. There is also research that suggests that because of its impact on aggression the consumption of alcohol, either by the offender or victim, may increase the seriousness of a domestic abuse incident, the severity of injuries and risk of death. In a study reviewing the years ending March 2013 to March 2015, a third (33%) of homicide victims were reported to have been under the influence of alcohol and/or illicit drugs at the time of the homicide. Around two-fifths (39%) of homicide suspects were reported by the police to have been under the influence of alcohol and/or drugs at the time of the homicide (43% of male suspects and 27% of female suspects). Overall, 25% of homicide suspects had been drinking alcohol.

7.15.2 For many women survivors of abuse, substance misuse and domestic abuse are inter-linked. Women who have experienced domestic abuse are fifteen times more likely to abuse alcohol[95]. The dual issues of abuse and substance are complex, substance misuse is often present in violent relationships and can manifest it in several ways including as a form of abusive control. The needs of clients affected by the dual issues both victims and perpetrators (and any affected children) should not be considered in isolation. Agencies involved with a child family must work together effectively to avoid individual services making decisions without a full picture of the family's history and situation. When responding to complex need it is recognised that services tend to focus on addressing mental health and substance misuse while missing the opportunity to identify and risk assess for domestic abuse, potentially the underlying driver for both issues. [96]

[94] Nicholas R 2005. *The role of alcohol in family violence* Centre for Policing Research
[95] Stark & Flitcraft, 1996 Women at Risk, Domestic Violence and Women's Health.
[96] 2004 CADDA Research Report In plain sight: The evidence from children exposed to domestic abuse

8. Responding to Domestic Abuse in Middlesbrough

8.1 In Middlesbrough the local authority took responsibility for the coordination of the DVA agenda, through the **Domestic Abuse Strategic Partnership** which has been in place since 2013. The group is chaired by the Head of Stronger Communities or Director of Culture and Communities and feeds into the local community safety partnership. Current members of the domestic abuse partnership contribute to a review of the partnership arrangements in place to effectively prevent domestic abuse and inform strategic recommendations for future delivery of the domestic abuse agenda. Middlesbrough Local Authority plays a significant role in providing services and to ensure that a range of provision is in place for victims and their families across this spectrum of need. At a local level partnership working across statutory and voluntary agencies is vital for effective coordinated action against Domestic Abuse. There are a number of groups which report into different structures but whom all work on some aspect of the agenda around VAWG or victimisation. The groups are demonstrated in the table below**;**

Table 6: *Strategic Partnerships*

Organisation Group Remit	**Responsibility**	**Area Covered**
Police and Crime Commissioner	Victim's Strategic Planning Group (VSPG)	Reports to the Police and Crime Commissioner (PCC) on the Cleveland VWAG strategy
Voluntary sector	Cleveland Women's Network	Voluntary Sector forum of agencies coming together across the VAWG agenda Cleveland
Local Criminal Justice Board	Operational Group Specialist Domestic Violence Court (SDVC)	Is directed by and reports to the local criminal justice board and reviews performance of SDVC court
Middlesbrough Borough Council	Middlesbrough Safeguarding Children's Board (MSCB) Tees wide Adult safeguarding board	Coordinates partnerships in relation to the statutory responsibilities for safeguard and promote the welfare of children. To help safeguard adults with Care and support needs. Ensures arrangements in place as defined by Care Act 214
Middlesbrough Borough Council	Health and Well Being Board	Improve integration between practitioners n local health care, social care, public health so service users experience joined up care.
Middlesbrough Borough Council	Community Safety Partnership	Community safety, reduce crime and the fear of crime and reduce antisocial behaviour and working with business and residents on the issues of most concern

8.2 The multi-faceted and complex nature of domestic abuse means that it cannot be addressed by one agency alone. Domestic abuse is a complex issue that cross cuts a number of services areas,

families impacted by abuse will often need to access a range of provision at different points and as such coordination across these is essential. No single agency or professional will have a complete picture of the life of a domestic abuse survivor, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase survivors' safety, hold perpetrators to account and ultimately prevent domestic homicides Interventions required by families experiencing Domestic Abuse may include housing assistance, social care, children and young people's services, health services, protection from the criminal justice system, and support to recover from specialist DVA services. It is the role of the entire Public Service to provide an effective response to Domestic Abuse. Roles and responsibilities of key agencies in relation to Domestic Violence and Abuse

Table 8: ***Roles and Responsibilities***

Agency	Roles and Responsibilities
Cleveland Police	Sanction and detection of any criminal acts relating to domestic abuse. The Cleveland Police Vulnerable Persons Unit (VPU) is a team of specialist officers who investigate criminal offences against vulnerable adults, including Domestic Abuse incidents. Criminal investigations may include physical abuse, sexual abuse, financial abuse, emotional abuse and neglect.
National Probation Service **Durham Tees Valley community rehabilitation company ltd**	Supervision of offenders in the community and provision of reports to the criminal justice courts to assist in their sentencing duties
Adult Social Care	Protecting an adult's right to live in safety, free from abuse and neglect. Sect 42 Enquiry and assessment.
Children Services	Protection of vulnerable children and young people who are likely to suffer significant harm as a result of domestic abuse, such as care proceedings and child protection procedures
Community and acute services	Identification and referral to support services Provision of critical intervention at points of crisis
Drug and Alcohol teams	Recognising and helping people with drug and alcohol problems
Housing	Assessment and provision of housing advice and assistance to those fleeing domestic abuse
Mental Health services	Recognising and helping people with mental health problems

A&E	Provide emotional social and practical support to victims of domestic abuse who might be accessing the A&E unit
Specialist Domestic Violence Courts SDVC)	Partnership involving police, prosecutors, court staff, the probation service and specialist support services for victims. These court systems provide a specialised way of dealing with domestic violence cases in magistrates' courts. Agencies work together to identify, track and risk assess domestic violence cases, support victims of domestic violence and share information better so that more offenders are brought to justice. Runs two days a week IDVAs employed across specialist services work collaboratively and have developed a rota to ensure that cover is provided.
Family Nurse Partnership	A voluntary home visiting programme for first time young mums, aged 19 years or under. A specially trained family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two.
Community Midwife	Community midwives are attached to general practices or hospitals and their work includes home deliveries and antenatal and postnatal care in the community.
Health Visitors / School Nurses	Nurse specialising in community health who supports the well -being of families Work with schools and families to support the well-being of children and young people
Department of work and pensions	Responsible for welfare, pensions and child maintenance policy.
Youth Offending Service	Prevent offending by children and young people
GPs	Looking after patients in their home and community in which they live
Schools **College** **University**	Institutions designed to provide a learning environment. All schools in Middlesbrough are involved with Operation Encompass and since the launch of this initiative has identified key adults in both primary and secondary
CAFCASS	To safeguard and promote the welfare of children involved in family proceedings who have experienced or may be subject to domestic abuse.

8.3 The majority of specialist DVA support services are based in the third sector and have a strong survivor led vision and ethos. In Middlesbrough we have a number of services that are delivering work with victims, Perpetrators and children.

8.3.1 My Sisters Place is a Middlesbrough Based Specialist Service which offers an open responsive service in Middlesbrough through open access. It provides support and therapeutic services to women aged 16 and over. A range of services are offered to victims, including: instant access service to women in crisis including late opening for women in crisis, counselling service including specialist trauma therapy, Independent Domestic Violence Advocates, video link, criminal and civil legal advice and support through the court process, sanctuary Scheme, training and awareness raising and volunteer scheme. Middlesbrough Council awards funding in relation to IDVA, Counselling service, sanctuary scheme and level 3 training. They do not receive funding from any other local Authority.

8.3.2 Harbour Support Services deliver across the region. The organisation runs six refuges for women and children fleeing domestic abuse and provide a 24 hour emergency support linked to women's aid refuge network. They operates adult and children outreach services working in the community, offers a counselling service for victims of sexual violence, IDVA service, freedom programme and delivers both statutory and voluntary perpetrator programmes. Middlesbrough Council awards funding in relation to refuge and outreach provision, perpetrator provision, Children and young people service, Domestic Abuse Link worker secondment. They receive funding from other local Authorities and deliver across region.

8.3.3 Halo Is a Middlesbrough based specialist service which provides support and advocacy to BME victims of Female Genital Mutilation, Forced Marriage, and honour based Violence. It also provides help to people who are victims of trafficking, sham marriages and domestic abuse. It provides emergency help for victims from BME communities who need help to obtain a safe place to live, understand welfare and benefits entitlements, immigration advice, gain police protection and public safety and gain court ordered protection. It offers, specialist support and advocacy for victims of FGM, Honour based violence, Forced Marriage, criminal and civil legal advice and support through the court process, training and awareness raising, volunteers Scheme. Offering support to both victims and perpetrators of domestic abuse from BME communities requires high degree of cultural awareness and sensitivity. A victim disclosing and accessing support is complicated and laden with risks. Middlesbrough Council awards funding in relation to specialist BME service. Service delivers across region but only authority to fund this provision

8.3.4 NACRO SWITCH and ACCOMODATION Project is based in Middlesbrough and works with vulnerable females 16+ to improve confidence and help increase access to employment and training. They do this through a range of approaches including peer mentors and befrienders. They link closely with specialist providers and deliver sessions in refuge and local community venues. The Middlesbrough Accommodation Project is a scheme set up provide supported accommodation to vulnerable victims. Currently have 30 properties in Middlesbrough. They support to women and children and help them access services. They have identified approximately 60% of females accommodated between 2015/ 2016 were experiencing Domestic Abuse. They are not currently funded by any authority to deliver the service.

8.4 In June 2016 it was agreed that all resources and funding for domestic abuse, which previously sat between Public Health, Wellbeing Care & learning, Contracts and Commissioning and Supporting

communities would be aligned under Supporting Communities to work towards a longer term model of delivery. Contract management and performance monitoring sits with Community Safety Partnership and is responsibility of Domestic Abuse Operational Coordinator and Community Safety Commissioner. A performance monitoring framework has been agreed and contract meetings take place on a quarterly basis reviewing service against data provided. In January 2016 performance monitoring was reviewed for all DA contracts funded by Middlesbrough Local Authority. A central dashboard has been developed which allows for more accurate and robust data to help inform the Domestic Abuse Strategic Partnership and measure progress against agreed outputs and outcomes. It has become evident that every specialist provider records and collects data differently, using different systems and it has took some time to negotiate between providers so we could improve the consistency and quality of data so it could be cross referenced against all contracts. Access to robust data, across all services in a victim, perpetrator and children's journey is limited and many statutory services do not have data bases or systems which enable effective recording of domestic abuse incidents. Data analysis needs to be completed routinely and evidenced in a report which can inform the domestic abuse strategic partnership on a bi monthly basis. To improve this a DA dashboard has been developed to help capture and evidence performance monitoring for DA commissioned services.

8.5 Prevention

8.5.1 Dedicated Operational Lead

The appointment of a dedicated Domestic Violence Operational Coordinator in February 2015 has helped make good progress in relation to preventing domestic abuse. The role has responsibility for coordinating the Domestic Abuse Strategic Partnership (DASP), implementing operational plans, overseeing commissioned services, coordinating DA related activity across service areas and developing initiatives in Middlesbrough. This has led to improved partnerships with statutory and voluntary services who are integral to the prevention of domestic abuse. In June 2017 the Operational Coordinator was asked to speak at a Women's Aid national conference for commissioners to share best practice in relation to the development of VWAG services, commissioning and consultation with service users. This role is funded until 2019.

8.5.2 Prevention work in Schools

Middlesbrough recognises the benefits of preventative work but investment in services is still heavily weighted toward the provision of response and support. There are opportunities for long term change which could include increased promotion of equality among children and young people, particularly in their relationships. The JSNA 2014 identified that Prevention initiatives needed to be strengthened in schools. School and education settings represent an environment in which the impact of abuse can be spotted and/or prevented. A programme which could be disseminated across schools to help build resilience and promote health relationships had been developed but it was reported that schools were reluctant to engage. In April 2016 this service was tendered and awarded to Harbour Support Service to deliver the Domestic Abuse Children and Young Person Service. This incorporated one to one and group work therapeutic intervention for children living with domestic abuse but also had specific responsibilities for delivering prevention work in schools. All Primary and Secondary schools were offered age appropriate prevention programmes and during 2015/2016 school engagement improved significantly with prevention work delivered in 39 of 43 schools identified. This directly relates to the launch of Operation Encompass, the revised contract and more robust performance monitoring by the domestic abuse coordinator. The Domestic abuse coordinator has had more opportunity for

strategic influence with safeguarding leads in schools via attendance at the MSCB safeguarding forum and now has education representative on Children living with Domestic Abuse sub group. This could be further developed so it is incorporated into the planned curriculum meaning that it is sustained learning that is re-visited and developed rather than a 'one off' delivery.

8.5.3 Prevention in BME communities

Education is also a critical tool in the fight to change attitudes in relation to FGM, forced marriage and honour based violence. Halo has developed a preventative approach across the four local authority areas establishing 'circle of friends' which invites women from BME communities to attend and participate in sessions covering topics, such has financial inclusion or health and well-being. They have also recently formed partnership with a local mosques and started to introduce women services in this environment as part of a community engagement sessions. Halo has been instrumental in the development and launch of FGM guidance which has been shared via the MSCB safeguarding network forum and which will be an important tool for practitioner in preventing and identifying female genital mutilation (FGM). HALO are delivering training for Children's local safeguarding board (LSCB) in relation to FGM, honour based violence and forced management but have arranged a separate contract with LSCB in relation to funding this. HALO have identified need to complete prevention work in schools in relation to FGM but do not currently have capacity to do this within terms of contract. A service called Women Together has also recently launched which works with black African women using a community engagement model and has identified that significant number of women are identifying domestic abuse. They have been encouraged to agree referral routes and safeguarding processes with individual local authorities and specialist services.

8.5.4 Health

Following a recent Domestic Homicide Review (DHR) in another local authority area training has been delivered across NHS trust to help professionals in A&E effectively identify and risk assess Domestic Abuse. This has increased confidence across the trust and could likely lead to an increase in referrals. The safeguarding lead responsible for that training has identified that confusion occurs for health professionals when they have to make decisions about the most appropriate referral routes and health professionals who engaged in consultation strongly supports any recommendations for a single point of access for referrals.

GP practises can play a key role in relation to prevention work. Multiple attendance at GP and A&E can be a strong warning sign that is indicative of domestic abuse. During consultation it was felt by stakeholders, specialist services and commissioners that GPs were not effective in relation to identifying domestic abuse, but interestingly victim's consultation identified that in at least 3 of the 20 women who participated contact with had GPs led them eventually accessing a service. IRIS model is not embedded in Middlesbrough and further work is needed to improve awareness and understanding of safeguarding processes. Investment needs to be identified to enable mapping of GP practises in Middlesbrough to understand those which have a domestic abuse policy in place and those who have participated on specialist domestic abuse training. The specialist domestic abuse counselling service, has raised that increasing number of referrals are coming from IAPT services which is main referral route for GPs. It is important that local GPs also receive training or guidance to ensure they use professional curiosity and make enquiries to ensure that they do not miss opportunities to address indicators of domestic abuse.

A Standing Together report[97] identified that GPs were in unique position in that they consistently have contact with both a victim and perpetrator. A number of cases have been identified via Operation Encompass referrals in which GPs have referred couples to relationship counselling despite a number of violent incidents being reported. An opportunity was recently identified by a specialist provider which would have enabled Middlesbrough to become a pathfinder site as part of the VWAG transformation fund to help us embed IRIS but Clinical Commissioning Group and Public Health were not able to give strategic backing due to GP practises delivering across South Tees and inability to match fund. Health visitors and community midwives are also key to prevention. Practitioner sessions have been developed with Health visitors facilitated by Family Solutions worker to help improve identification, access to services and use of RIC assessments. Middlesbrough council Public Health department have also recently commissioned and developed 'My little one' App. Women will sign up to this app in early pregnancy and will receive targeted newsletters throughout pregnancy. We have ensured that a domestic abuse self -identification has been included and key messages in relation domestic abuse will feature at points throughout a women's pregnancy. This will strengthen the current process which involves routine enquiry at 12 weeks.

8.5.6 Housing

Voluntary and community organisations and housing providers are uniquely placed to help individuals experiencing domestic abuse. Domestic abuse is very difficult to identify when it occurs in the family home. Having access to people's homes for maintenance purposes and/or regular contact with residents through community development activities enable volunteers or workers to identify signs that otherwise might be hidden. They are trusted and accessible and are seen to be easier approach than the police or other statutory services. This will only be effective if those organisations have clear safeguarding protocols for managing risk and are fully informed of services available. It is of concern that a large majority of those who engaged in stakeholder survey raised concerns about the referral process and seemed lacked information about particular services.[98]

8.5.7 Awareness raising

The 2015 Middlesbrough Domestic Abuse Strategy made reference to victims reporting that they were unsure and not informed about the range of services available in Middlesbrough. This was further reinforced by agencies who explained that they found the referral routes and pathways difficult to navigate. A need was identified to ensure information and resources were well publicised and readily available. In September 2016 the Domestic abuse Coordinator revised information aimed at the community, victims and young people and this is now available for public display via a website. Similarly, victims also reported that the person or agency they disclosed Domestic Abuse was then unable to provide signposting information. In April 2016 a localised leaflet was drafted for practitioners working across Middlesbrough which provides contact information for all services working with DA victims, perpetrators and children. Over 3000 leaflets have been printed and distributed to colleagues in health, education, voluntary and community services and specialist services.

[97] Sharp-Jeffs and Kelly June 2016 Domestic Homicide Review (DHR) Case Analysis
[98] https://www.gov.uk/government/publications/domestic-abuse-and-homelessness-supplementary-guidance

8.5.8 Events and Initiatives

In Middlesbrough the Domestic Abuse Strategic Partnership have continued to coordinate awareness work linked to key events and dates linked to the Violence against women and girls strategy. In July 2016 Harbour Support Services arranged a DA awareness event in Middlesbrough to help promote local services and in May 2017 Tees wide Safeguarding Adults Board arranged an Adult Domestic Abuse Safeguarding Conference the evaluation from both events have been used within this report. Middlesbrough continues to provide support to LSCB Multi Agency Domestic Abuse training which is delivered twice a year.

8.5.9 White Ribbon Award

In November 2016 Middlesbrough Council received the White Ribbon Town Award in recognition of its efforts to work in partnership to prevent domestic abuse. A White Ribbon Action plan was developed with partner organisations and evidenced the strategy, policies, procedures, activities and initiatives which were taking place across the town. The Domestic Abuse Coordinator was responsible for coordinating the White Ribbon Partnership which was drawn together from a wide range of professionals from Middlesbrough council departments, statutory support services, voluntary and community groups, schools/ colleges, sport associations and licensed premises which form part of the night time economy. All contributed strategic and operational objectives to be included in the White Ribbon Action Plan. They were encouraged to identify male ambassadors and champions who had taken the White ribbon pledge and were responsible for promoting the aims of the campaign.

8.5.10 Work Place Policy

In November 2016 Middlesbrough council were awarded White Ribbon Town Award. Developing a Domestic Abuse Workplace Policy was essential part of the accreditation. Workplace colleagues, who are alert to the possibility of abuse and are familiar with the right actions to take, can open the way to protection and freedom from threat, fear and harm for victims of domestic abuse. The Domestic Abuse Operational Coordinator, with guidance from HR service developed a policy and support documents outlining how Middlesbrough Borough Council would engender commitment to prevent domestic abuse and create a safe respectful workplace. This was approved via Trade Union forum and Leadership Management Team (LMT) and was launched September 2017. Middlesbrough council is now is good position to use their influence to encourage more employers to include workplace polices for their staff.

8.5.11 Work place Champions

As part of the drive to increase employer engagement, Cleveland Police Crime Commissioner (PCC) promoted and invested in the development of work place champions. The purpose of champions was to advocate Domestic Abuse workplace policy aims and objectives amongst colleagues. As one of the

larger employers in Middlesbrough there is an expectation that we would support this initiative and be in a position to help it become embedded. To do this effectively we needed to develop a Preventing Domestic Abuse workplace policy and have clear process for developing the workplace champion role. This has been launched in August 2017. The Preventing Domestic Abuse champions which form part of the policy will help raise awareness of the issues in workplace and guide people towards specialist services. Meetings were scheduled from September 2017 and for an interim period will be coordinated by Domestic Abuse Family Solutions Worker based within Early Help. They will be structured as themed meetings, covering issues or aspects of DA which might present in work place such as coercive and controlling behaviour. Regular meetings will also be promoted to stakeholders, such as police, DWP, Health Visitors who are also currently working on developing workplace policies and champions.

Cleveland Women network, using expertise of local specialist DA services have articulated a common minimum standards across DA specialist services. Implementation of those will help improve awareness and understanding of domestic abuse and promote safe and appropriate responses to domestic abuse. It also helps provide a bench mark for service providers, funders and commissioners in relation to the principles and practice base from which DA services should operate and could be used as an assessment criteria for tender specifications and bidding.

8.6 Early Intervention

8.6.1 Improving Early Identification

The AVA level 1 and 2 identification of domestic abuse e-learning package[99] has been promoted and is available as a free resource for all frontline staff working in the borough. A one full day Domestic Abuse course is also delivered through Local Safeguarding Children Board (LSCB) in partnership with colleagues from Redcar Local Authority. Adult and children social care have also recently commissioned Level 3 Domestic Abuse training across whole of adult and children services and this is reinforced with themed practise clinics coordinated by family solutions worker. Level 3 Domestic Abuse training was commissioned in June 2017 due to the recognition that safeguarding and domestic abuse are interrelated and in order to improve outcomes, services needed to align resources and work in collaboration. It was identified that a key component in improving the quality of interventions was to ensure a consistent package of multiagency training was offered, to increase awareness, practitioner confidence and improve risk assessment and safety planning offered to families experiencing domestic abuse. In past, although Domestic abuse training has been delivered it was sourced by individual teams, led by specialist providers and was not embedded within the wider strategic aims and strategy relating to Safeguarding and Preventing Domestic Abuse. The Training and Development Team, Safeguarding lead and Domestic Abuse Operational Coordinator identified a need to provide consistent, proportionally disseminated training to staff across adult and children social care departments to help improve understanding across the workforce. This was awarded to My Sisters Place a specialist provider in Middlesbrough and the feedback from learners in relation to learning outcomes has been excellent.

[99]https://avaproject.org.uk

8.6.2 Domestic Abuse Link Worker First Contact

Middlesbrough has commissioned a Domestic Abuse link worker for a number of years. The Domestic Abuse Link Worker was seconded from Harbour into the First Contact team within the Local Authorities Children's Service Department. This purpose of role was to ensure that families not meeting threshold for a safeguarding intervention were assessed and provided with earlier access to interventions via early help. The aim of role to prevent the escalation in the pattern of domestic abuse. The First Contact team receives information in the form of safer referrals from a range of partner agencies and police notifications are reported through Operation Encompass. The referrals come from a range of sources but in relation to concerns about Domestic Abuse they primarily come from police vulnerability unit. The domestic Abuse link worker telephone contacts families to refer and signpost to services and promote early help. Demand in this service is very high and no data is available to help provide analysis of impact. The role increases capacity for First Contact as demand on this service is high and large majority of cases feature domestic abuse but it has been highlighted that a significant number of victims have already been referred or accessing a specialist service prior to the domestic abuse link worker contact. Contract due to end March 2018, subject to further funding. How this role is utilised in future is dependent on transformation and developments in Children Services.

8.6.3 Operation Encompass

Operation Encompass was established in Middlesbrough in October 2015 established key partnership working between Cleveland Police, Local Authorities and nominated 'Key Adults' in schools. The aim of sharing information with local schools is to allow 'Key Adults' the opportunity of engaging with the child and to provide access to support that allows them to remain in a safe but secure familiar learning environment. PCC are leading on improvement work following the review of Operation Encompass to ensure that the scheme remains fit for purpose and valued in education/ safeguarding teams. The improvement activities include: refining supervision of the OE officers and using co-location; streamlining of safeguarding referral processes; maintenance, collection and reporting of OE incident data; and development of a strategic governance framework.

8.6.4 Family Solutions Early Help

Troubled families has provided funding to develop a Family Solutions Post which is based in Early Help within Stronger Families. The purpose of this post to provide guidance and consultation to staff and partner agencies to ensure the application of appropriate thresholds, effective information sharing and appropriate and timely interventions take place with families experiencing domestic abuse. The role offers expertise to Early Help colleagues in relation to the integrated whole family approach and helps coordinate work with families promoting effective interventions, learning opportunities and access to commissioned services. This role links in with the Adult Mental Health Practitioner and Adult Substance Misuse Social Worker so there is a unified approach to 'Toxic Trio' within families. The role forms part of the Multi-agency Early Help Consultation Forum and offers oversight on cases that might be at risk of escalation to Level 3 (Stronger Families Family Case Work Team) or 4 (Children Social Care). This role is funded by Troubled Families until 2019 subject to further funding

8.6.5 Domestic Abuse Family Group Conferencing

There is international and national best practise that provides robust evidence that the integrated model is the best solution for the complex problem of domestic abuse. The Integrated Family Approach works with the whole family; predominantly those experiencing situational couple violence to empower both victim and perpetrator to leave situations amicably or stay in a way that keeps them safe. We have learnt that a significant number of families who experience domestic abuse do not access support. Primarily because they decide to stay together and often disengage from domestic abuse services. It was recognised that many of those families still needed support but that another innovative approach was needed. A review of improved outcomes in other areas suggested integrated family approach using a restorative model was effective. In order to pilot this the Domestic Abuse Coordinator secured a funding from troubled families to develop Domestic Abuse Family Group conferencing in Early Help. A contract was agreed with Changing Futures in July 2017 and training was commissioned with the leading family group conference consultant Sharon Ingles (Circles Consultancy). This service, forms part of the Family solutions approach developed within Early Help. It aims to harness a families strengths, help make them safer and find solutions in order to promote the welfare of their children. A clear safe assessment process has been implemented in Early Help and the experienced Family Solutions worker is coordinating this. Nationally this approach has been contested among some mainstream domestic abuse agencies. They have concerns about increased risk of working with the perpetrator of abuse within the family unit. Any future decisions around FGC commissioning will need to consider and be aware of those tensions. This contract will end March 2018 subject to further funding.

Crisis Intervention, Protection and Rebuilding Lives.

8.7 Currently the majority of commissioned local specialist support services are for women only. The domestic abuse outreach service offer support to both male and female victims, irrespective of risk. The recorded number of males accessing provision is low. Low demand for this service does have implications for the long term. In contrast demand for support for women assessed as medium to high risk is far outweighing service provision. A list of services has been mapped for Middlesbrough. It has been evidenced within the needs assessment that pathways are not clear and that there is duplication. There is good coverage of services in terms of quality of provision and geography but data shows variance in numbers accessing service and low conversion rate. At the point of accessing services women and families are at crisis point and often require a risk management approach from services. There is evidence that some services withdraw once a women has engaged a specialist service and she has left but the abuse or threat of abuse may continue after a victim has separated from the abuser and still requires a multi-agency response. It is important to ensure that all adults at risk in this situation have appropriate support to enable them to maintain their personal safety. Some specialist services are facing increasing pressure to meet demand with no additional investment or increase in resource to do this. Due to changes in screening and improved identification, services such as Children Social Care and IDVAs are becoming overwhelmed with pure volume of high/ medium risk cases rather than being able to provide preventative long term interventions. In turn delays due to internal processes and screening with organisations is causing delays in establishing a contact with a victims. Many cases initially assessed as standard risk are regraded with further information.

8.8 Navigator Complex Need and BME
In Feb 2016 Middlesbrough local authority along with another five authorities (Redcar and Cleveland, Stockton, Hartlepool, Darlington and Durham) was successful in securing £720,000 DCLG funding for specialist accommodation based support and service reform to meet the Priorities for Domestic Abuse Services DCLG Bid. The bid proposed a solution to meet an identified gap in provision related to

women from BME communities and women with complex need both who have additional barriers to access supported accommodation or whose needs prevent them accessing refuge accommodation. Through the bid we secured funding to recruit 8 Navigators based in local DA specialist services who would provide crisis intervention for women with complex need / BME (no access to public recourse) who were unable to access or maintain accommodation. A personalisation fund which enables victims to access funding to overcome barriers which might prevent them securing stable long term accommodation. It has also enabled a local authority cross boundary approach to fund a specialist BME refuge provision, emergency accommodation unit and additional dispersal properties to ensure women were not turned away from services. This funding is available until August 2018. [100]

Table 9: *DA Provision in Middlesbrough*

Best Practise Provision	**Middlesbrough Borough Council (MBC) Service Provision**	
Service	Service / Funding	Capacity
Multi Agency Risk Assessment	✓ (MBC contribution)	175
Specialist Domestic Violence Court	✓	Middlesbrough Magistrates Court
IDVA	✓	Funded by PCC. Loss of funding streams. At risk of cuts
Refuge	✓ (MBC fund)	14 Units
Specialist Support Outreach	✓ (MBC fund)	Forms part of refuge contract
IRIS	NO	No service aligned to GPs
Counselling Support	✓ (MBC contribution)	My Sisters Place
Sanctuary Scheme	✓ (MBC fund)	Target Hardening Scheme
Accredited Perpetrator Programme	✓ (MBC fund)	Group work programme delivered in community
Therapeutic Children and Young People Service	✓ (MBC Fund)	Harbour deliver one to one, group work and prevention work in schools

8.9 Specialist Domestic Violence Court (SDVC)
The purpose of an SDVC is to enable police, prosecutors, courts and specialist domestic abuse services to work together to identify and track domestic abuse cases, support victims and witnesses, bring

[100] https://www.gov.uk/government/publications/violence-against-women-and-girls-service-transformation-fund-successful-bids-2017-to-2020

more offenders to justice, inform sentencing and risk management of offenders and thereby reduce attrition and recidivism levels. A multi-agency steering group has oversight of operational functioning of the Middlesbrough SDVC. CPS has recently published the VWAG strategy for 2016-2017[101]. This report highlighted in 2016–17 overall volume of domestic abuse prosecutions nationally had fallen from 100,930 in 2015–16 to 93,590 in 2016–17 – a fall of 7,340 defendants (7.3%). In 2016–17, the volume of DA referrals nationally from the police had also fallen from 117,882 in 2015–16 to 110,833 – a fall of 7,049 referrals (6.0%), with a corresponding fall of 3.3% in suspects charged. The volume of convictions fell from 75,235 in 2015–16 to 70,853 in 2016–17 – a fall of 4,382 convictions (5.8%). The conviction rate increased from 74.5% in 2015–16 to 75.7%, the highest rate ever recorded.
DA prosecutions by CPS area (North East) suggests there were 3,866 domestic abuse prosecutions which equates to 74.7%. 1312 of prosecutions were unsuccessful which equates to 25.3%. This was third highest nationally across all areas.

Nationally the conviction rate for domestic abuse in SDVC's is 75.7%. According to data for provided by My Sisters place from March 2016 to April 2017 in relation to Middlesbrough SDVC CPS proceeded with 186 cases and 124 were supported by IDVA through the Court process, 76 were convicted on a guilty plea, 26 After Trial. In total there were 102 Convictions (54.8%). This is indication that Middlesbrough conviction rate which is much lower than Cleveland and National rate. Restraining Orders in place on 71 cases and video Link was used on 24 occasions. Domestic abuse cases have the highest victim retraction rate. Improving evidence gathered by the police, sustaining IDVA (Independent Domestic Violence Advocacy) linked to the court and the video link which is available within My Sisters place have been identified as integral to reduce rate of retraction.

Table 10: *Stages of Criminal Justice*

Stages of the Criminal Justice Process
Report of an incident to the police
The recording of an offence by the police
The outcome assigned to offences by the police
The referral of a case to the Crown Prosecution Service (CPS) for a charging decision and preparation for prosecution
The process through the court to guilty plea or trial and its eventual outcome

8.10 Police Transformation

Cleveland Police and PCC are partners within a six-force regional, time limited, Police Transformation Fund project which commenced in 2017. It is aimed at improving the understanding, approach and response to DA by testing out a number of themed concepts, set in an action plan framework of connected objectives: Improving Outcomes within Criminal Justice System; Safeguarding and Schools

[101] www.cps.gov.uk/publications/docs/cps-vawg-report-2017.pdf

work; Family & Civil Courts; and, multi-agency safeguarding hub working, including targeted interventions for perpetrators alongside victim safety work. This has led to development of a business case for a major domestic abuse training programme across the police force to transform critical mass knowledge and practice in dealing with and investigating coercive controlling behaviour, putting victims first, understanding trauma impact, responding to their broader needs, and halting escalating abuse where possible and development of a Domestic Abuse Scrutiny Panel, including processes and supporting framework. A terms of reference for the panel has been approved, and an advert/ job description for an Independent Chair for the panel has also been developed, subject to resource identification. Other work has been carried out in relation to Operation Encompass and MARAC strategic review which has been highlighted in the relevant sections.

8.11 Multi Agency Risk Assessment Conference (MARAC)

The Multi Agency Risk Assessment Conference (MARAC) and Independent Domestic Violence Adviser (IDVA) services have a developed system for managing identified high risk cases. Integral to this system is information sharing and partnership working to reduce risk and support victims. In Between April 2016 and March 2017 Middlesbrough MARAC discussed 232 cases. All agencies can and should refer into MARAC but police completed 139 of the referrals last year, and further 70 by an IDVA. The recommended level for partner referrals should be between 25% -40%. Low partnership referrals indicates weak identification of domestic abuse and low application of risk assessment. Cases heard at MARAC and which then have a subsequent incident, which if, reported to the police would constitute a crime, within a 12 month period are classified as 'repeats'. Last year Middlesbrough MARAC's repeat rate was 27.6%. MARAC cases are typically those with many previous incidents and that are escalating in severity, it is therefore expected that around 40% of high risk victims will experience a further incident. A high repeat rate can be a positive indicator that there are effective processes in place for agencies to identify and repeat incidents, but it can also indicate that the MARAC is not effective at reducing risk longer term. Cleveland MARAC is currently subject to a strategic review which is being coordinated by PCC. Further to recommendations Middlesbrough Council has provided funding for an independent MARAC Coordinator to support the development and delivery of the (MARAC) in line with the guiding principles for an effective MARAC, as defined by safe lives. The MARAC review has been initiated and progressed, to improve multi-agency working, and enhance local partnership working. There has been inconsistency in how it is governed which mainly relates to thresholds and accountability. An action plan, terms of reference for the review and proposed steering group, including scoping for an Independent Chair have all been developed to ensure the review is structured and achieves its aims of refreshing the operational MARACs, reducing waste and repeat demand. The ambition is that they will become more efficient regarding risk reduction strategies, to include interventions for perpetrators as well as victims, and to link more effectively with other multi-agency initiatives including IOM perpetrator pilot & VEMT and all local authorities are being asked to contribute £3000 towards the Independent Chair.

8.11.1. Across four local authority areas MARAC referrals are more prevalent in Middlesbrough 35 % of the total referrals. Of the 232 cases referred 70 were referred by an IDVA a further 139 were referred by Cleveland Police. If we compare this with the rate per 1000 population in Middlesbrough it is 1.65.

***Table 11:* MARAC DATA (Cleveland Police)**

MARAC Referrals recorded by the police, year ending March 2017.		
Local Authority Area	**MARAC Referrals**	**Repeat Cases**
Redcar and Cleveland	116	21
Hartlepool	142	34
Middlesbrough	232	64
Stockton	171	50

***Table: 12* Current Contracts**

Provision	**Provider**	**Length of Contract**	**Value of Contract**
Refuge / Outreach	**Harbour**	End: 31 March 2018	£203, 000 per annum
IDVA Service	**My Sisters Place**	End : March 2018	25k per annum extended to March 2018 Additional £5K awarded in April 2017 PCC
DA Counselling Service	**My Sisters Place**	End :March 2018	£15,000 per annum
DA Link Worker	**Harbour**	End: 31 March 2018	£27,500 per annum
CYP Service	**Harbour**	End: 31 March 2018	£76,040 per annum
Perpetrator Programme	**Harbour**	End: 31 March 2018	£56,667 per annum
HALO Specialist BME	**Halo**	End :31 March 2018	£55,000 per annum

8.12 Refuge

Middlesbrough has a purpose built refuge facility with 14 units of AHP capital funded, decent home standard, self-contained accommodation with support, provided by Harbour, in Thorntree (east of town). This provision meets both local and national need. Across the sub-region there are currently 10 Refuge facilities offering 97 units of accommodation. The refuge provides a safe house open to any woman and their children over 18 years who needs to get away from violence, threats, intimidation or bullying from a partner, ex-partner or a relative. Whilst currently there is an effective network of refuge provision across the sub-region, current provision does not meet the needs of all victims. Middlesbrough Refuge Service users have support plan and access to support worker, practical assistance going to GP, budgeting etc., excellent facilities in purpose built building and 24 hour support.

Table 13: 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%

8.12.1 We have a high rate of victims seeking refuge. In previous years, the Refuge has typically received around 178 referrals (requests for accommodation and support) each year. In 2016/17 of the 14 places available in Middlesbrough 59 victims were accommodated. Refuge staff have explained that increasing numbers of complex cases in refuge where the client has issues with substance misuse, offending or mental health. This can be difficult to manage in refuge due to the size of the refuge and the staff capacity.

Table 14: (Between Oct 2016 – June 2017) Refuge

No of referrals	178
No accommodated	59
No offered a space and declined	11
No of children accommodated	33
Number of women declined and reasons	
No space	103
Mental health	2
Alcohol Issues	2
Not DA	3
Unknown	9

8.12.2 Data provided by our Harbour Refuge Service for the period October 2016 to June 2017 shows that of 178 referrals made to the refuge between October 2016 to June 2017 103 victims were declined due to a lack of available space at the time. As demonstrated in table 13 52% were declined access to refuge provision due to their complex needs, 12% due to no access to public recourse. In addition to women not being able to access refuge provision due to complex needs it is also a reason that a woman are asked to leave a refuge. One specialist provider reported that in 2015/16 25% of the women supported in their Refuge provision were asked to leave the refuge due their complex needs which was deemed unmanageable in the refuge setting**.**

8.12.3 An MBC Audit was conducted in refuge 3 March 2017. This was reviewing key areas such as Support plans, Need and Risk, Security Health and Safety, Safeguarding and Complaints and Staff recruitment. The feedback was very positive and the refuge scored 99% of the overall mark. An action

plan was compiled with them which identified minor actions in relation to needs and risk assessment policy with review dates and developing a process for annual feedback from staff and service users. For the purpose of needs assessment we have had access to the consultation survey which took place with residents and have used this to highlight positives and areas for development. A focus group was also completed in Refuge. Considerations need to be in relation to 'move on' victims are remaining in refuge for lengthy stays, complexity of issues facing victims the refuge is not always able to meet their needs, victims have expressed they feel isolated if not able to access shared facilities , how changes with HB will impact in the long term. Ideally the Refuge would be developed as a therapeutic community with robust and consistent timetable of activities focused on behaviour change/ improving motivation to change but recourse issues. High demand for refuge means significant number of victims are unable to access a place.

8.13 Outreach

Outreach forms part of refuge contract and established by Harbour Support services during 2012 and there are 30 family support worker hours and 35 adult support working hours per week. Between October 2016 and June 2017 a total of 379 referrals have been received by the service. Of this number 327 were for females and 52 were for males. The majority of referrals were raised via police, social care or self- referral. The outreach service is the only current provision providing support to both male and female victims and can intervene in the home, Responsive intervention within 8 hours if crisis and provides support to victims for 'move on'. The outreach service conversion rate is very low with only 71 victims engaging with service. Referral and engagement has been reviewed and it seems to relate to inappropriate referrals, contact information not available so unable to contact, victims declined the service and service users being directed to other services. Not having base impacts on visible presence in community. The low demand and engagement with service relates to the confusion identified by stakeholders and overlap with IDVA, Support worker roles in My Sisters Place

Table 14 *October 2016 to June 2017 (Outreach)*

Referral Re accessing	379 25
Source of referral Police / Solicitor/ family court SSD Adult SSD Children Early Help SSD Mental Health Service Housing Self- Referral DV or SV service Health GP Hospital Drug and Alcohol services Victim Support School /college Health Visitor Other	 137 11 67 25 22 10 3 96 16 3 3 1 5 4 14
Outcome of referral	

Did not engage with service Engaged with service	157 71
Safety Plan Completed Risk Standard Medium High MARAC Case	71 54 28 16 15

8.12 IDVA

Middlesbrough Council have funded Independent Domestic Violence Adviser role with My Sisters Place with a recourse grant via Public Health April 2017. The main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members to secure their safety and the safety of their children. Serving as a victim's primary point of contact, IDVAs normally work with their clients from the point of crisis to assess the level of risk. They also discuss the range of suitable options leading to the creation of a workable safety plan. Since they work with the highest risk cases, IDVAs are most effective as part of an IDVA service and within a multi-agency framework. The IDVA's role in all multi-agency settings is to keep the client's perspective and safety at the centre of proceedings. IDVAs support and work over the short to medium term to put victims on the path to long term safety. IDVAs receive specialist accredited training and hold a nationally recognised qualification. The Middlesbrough Council IDVA post, full time equivalent is part of a network of IDVAS across the region employed by specialist providers. In Middlesbrough there are currently 4.5 IDVA's and the full time IDVA is monitored as part of contract in Middlesbrough. The MARAC Review has identified need for consistency in IDVA role across all Local Authority areas and that referrals into MARAC and case management differ between IDVA's employed in specialist services. The office of police and crime commissioner pilot identified a further need for IDVA in remand court.

8.12.1 The National Home Office funding which previously helped fund IDVA provision in Middlesbrough is no longer available. PCC are currently providing grant funding to enable authority to sustain and add value to IDVA service. IDVAs are working across specialist services and a variation in roles and responsibility is noted across all authorities. Cleveland Police have recently recruited an IDVA Coordinator which is hoping to address this and improve identification and referral pathways for high risk victims. IDVAs play a crucial role in both specialist domestic violence courts, MARAC and in crisis intervention. It is critical that we sustain this and ensure we have adequate IDVA resource to meet the demand. The funded IDVA post, works alongside IDVAS in My Sisters Place. As part of their duties they provide cover for Specialist Domestic Violence court caseloads

Table 15 *IDVA network Middlesbrough Data provided by My Sisters Place (1.4.16 to 31.3.17)*

Referrals	1094
Engaged with service	807
Risk	High 391 (48%) Medium 333(41%) Standard 83 (11%)

8.12.2 In Middlesbrough 28 % of high risk cases were repeat situations (victimisation during the previous 12 month period). A better understanding and agreement across all services of how to reduce repeat victimisation is needed through identification and appropriate support and empowerment of survivors and children is needed but this is in a climate when IDVAS are facing unprecedented demand and increasing caseloads.

8.13 Domestic Abuse Counselling Service

Middlesbrough council currently provides funding towards the Domestic Abuse Counselling service in My Sisters Place. The service has been developed over the last 10 years and has grew in capacity to reflect growing demand. It works within the guidelines of the 'British Association of Counselling and Psychotherapy' and all therapists are trained to assist a service user explore all aspects of their life, feelings thoughts and behaviours. Service users are referred and can self- refer into the service and might be in abusive relationship and feel unable to leave, they may have recently left an abusive relationship, struggling with child contact issues and lone parenting and may have experienced multiple abusive relationships. They may access counselling due to experiencing anxiety & panic, depression, low mood, stress, low self-esteem/ confidence, loss, trauma, anger, self- harm, blame. For many women accessing counselling is integral to their long term recovery from abuse. The counselling service does not currently support male victims. The service has been recognised for its robust outcomes and trauma informed practice and was chosen by CORE IMS as one of 8 top performing therapeutic services in the country to become a SILC demonstration site, to take part in research with Birmingham University. The counselling service has a high volume of referrals from mainstream therapeutic services who refer if primary need is identified as domestic abuse. Service has full time Manager who is responsible for coordination, clinical supervision and support over a team of sessional therapists.

Table 16 *(October 2016 to June 2017)*

Referral	246
Re accessing	11
Source of referral	
MSP	72
Police / Solicitor/ family court	15
SSD	4
Mental Health Service	35
Housing	2
Self- Referral	96
DV or SV service	1
Friend and Family	6
Health GP Hospital	13

Outcome of referral	
Did not attend	43
Attended	167
Booked Assessments	181
Cases Opened	168
Cases Closed (Planned way)	147
Ethnicity (Referrals)	
White British	132
White Irish	2
Black British African	3
Indian or Asian British Indian	1
Pakistani	4
Other ethnic group	4
Age (Referrals)	
18-20 years	3
21-30 years	33
31- 40 years	47
41- 50 years	37
51- 60 years	22
60 +	5
Gender (Referrals)	
Male	0
Female	168

Between October 2016 to June 2017 257 DA victims were referred for counselling. This translates into 2,231 booked sessions. Of that figure 1,543 victims attended. 645 sessions were either cancelled or victim did not attend. The majority of victims receive standard therapy which comprises of between 1- 12 sessions. A number of service users accessed Brief intervention Therapy. This is particularly for women in severe crisis or distress. During this period 42 service users were offered this immediate intervention and this comprised of 75 sessions. The counselling service had a robust therapeutic outcomes framework which has recently been chosen by CORE ILC as a SILC demonstration site. It covers measurable improvements in relation to functioning, problems, risk and well- being. Across all four areas improvements, on average were seen in 81.3 % using Core Outcomes monitoring. In relation to improvements in risk this averaged at 88%.

8.14 Sanctuary Scheme

The Sanctuary Scheme is a partnership initiative, which aims to enable victims at risk of domestic abuse to remain within their own households safely. The initiative currently forms part of the Homeless Prevention and Advice contract (End March 2019) and is delivered in partnership between My Sisters Place and Thirteen Housing. Following safety planning and risk assessment a victim is offered an individually tailored package of support along with practical safety adjustments to the property. The Sanctuary Scheme which forms part of the Homeless Advice service is key to a preventative approach. Having a highly skilled Sanctuary Coordinator to coordinate the range of

organisations involved in a Domestic Abuse crisis situation is paramount. Ensuring timely interventions take place (police visit to make property safe, safety measures at court, permission for adaptions) and alongside this providing sufficient funding to ensure effective target hardening has to be prioritised. The earlier the sanctuary scheme is able to intervene and arrange for measures to be put in place the more likely the victim will feel they can remain in home. The Sanctuary Scheme received 171 referrals between April 1st 2016 and 31st March 2017. Of that figure 118 the majority of referrals internal from My Sisters Place. 20 were referred by Cleveland Police. 160 victims were assessed and 144 clients had physical works put in place. 609 support sessions took place over that period. Consideration should be given to review of target hardening options to ensure which is most effective and best value, process so adaptions completed at earliest opportunity (ideally within 24 hours) how you promote to services

Table 17 *Sanctuary Monitoring (April 1st 2016 – March 2017)*

Total Referrals	171
Source of referral MSP Police SSD Refuge Housing Self- Referral	 118 20 2 15 1 7
Referrals Assessed	160
Number assessed as suitable	144
Number actioned for works	129
Total visits in Year (Initial, one week, one month)	609
Ethnicity (Referrals) White British Indian Pakistani Other not recorded	 161 1 3 4
Age (Referrals)	
Gender (Referrals) Male Female	 1 170

8.15 Halo

Middlesbrough council has commissioned Halo for 4 years. It previously sat with Public health and was monitored using the supporting people framework. In consultation with Halo we have adapted performance monitoring to help us understand the range and reach of the support they offer. HALO has an important function providing support to agencies and specialist services around additional barriers victims from BME communities face and provides Ad hoc support guidance and annual training to LSCB and other services. HALO received 41 referrals in Middlesbrough between October 2016 and June 2017. Over half the referrals related to victims at risk of honour based violence. They have a high conversion rate in relation to engagement with 99.9% of all victims referred in

Middlesbrough engaging with service. 14 of the victims have attended Hope Programme. Halo delivers peer support sessions called circle of friends which they open up to wider community and they reported 240 individuals had attended those during that period. Only a third of total caseload is from Middlesbrough area Of the 8 Middlesbrough service users who left service between April and June 2017 100% reported reduced levels of abuse and no further incident, 100% reported feeling heard and valued and increased confidence, 50% felt they had improved well- being, 50% felt safer, 25% reported they now had access to benefits and finances had improved and a further 25% reported children felt safer and risk of harm had reduced. Halo has a developed clear referral pathway with Police and is delivering a range of community / Awareness raising activity which is valued by victims. Considerations need to be in relation to developing paperwork and outcomes monitoring, all training delivered, including LSCB will be included future specification, Prevention re schools (FGM honour based violence) and how it might link with prevention offer. A specialist BME service is a valued resource it should not be considered only route for victims from BME communities victims have shared that in some cases they prefer to access mainstream services and demographic data form all commissioned services evidences this. Lead practitioners can still benefit from receiving specialist advice and guidance from the service.

Table 18 *Halo Monitoring (Oct 2016 – June 2017)*

Referrals	41
Repeat	3
Origin of Referral	
Police	2
SSD	7
Self-referral	8
DA or SV service	5
Health Visitor	0
Mental Health Service	5
Hospital	0
School / College	7
Engaged with service	40
Ethnicity of Referrals	
Black British African	3
Asian or British Pakistani	31
Asian or British Bangladeshi	2
Asian or British Indian	2
Other Ethnic Group – Not recorded	
Gender	
Male	1
Female	40
Risk Indicators (victim maybe subject to one or more)	
Domestic Abuse	20
Multiple Perpetrators	10
Forced Marriage	8
Honour Based violence	24
Historical sexual abuse	2
Estranged from family and friends	5
No access to public recourse	6

Support Offered (victim may receive one or more support)	10
Benefits	19
Immigration	32
Community engagement	20
Health Service	4
Counselling	25
Emotional	17
Language	17
Legal	11
Cultural support	11

8.16 Perpetrator Programme

Middlesbrough Council has commissioned Harbour to deliver a respect accredited Perpetrator Programme. There is some evidence forming of impact and behaviour change with revised process to monitor outcomes. Perpetrator programmes have an important role in continuum of change but we have evidenced in Middlesbrough that we have a high level of attrition and completion rates are low. Harbour during February 2016 to April 2017 received 134 referrals. Conversion rate is low 52% of all referrals attended an assessment with just under half going on to complete a programme. 74 women were contacted during assessment and offered women safety role but only 22 then engaged with this service. A number of risk factors have been identified as associated with perpetrators of domestic abuse. These include age, low academic achievement, low income or exclusion from the labour market, social disadvantage and isolation and exposure to, or involvement in, aggressive or delinquent behaviour as an adolescent[102]. A study conducted by My Sisters Place (high risk victims MARAC cases) found that, among those women who had experienced high risk prolonged domestic abuse, the most commonly reported aspects of the male perpetrator's behaviour (and therefore risk factors for violence) were drinking habits, general levels of aggression and controlling behaviour.

8.16.2 It is important when we consider the effectiveness of programmes that we do not focus purely on re offending rates but consider views of victims and their children and ensure they feed into evaluations. In Middlesbrough certain challenges have also been identified in relation to this. A large majority of women in Middlesbrough refuse the women safety role which forms part of the commissioned perpetrator service which enables monitoring and 'check in' with victims and children. Many refuse as they are already engaged with another specialist service. Others, such as a victim identified in a focus group refuse the service as they perceive it as a service for the perpetrator and they want no connection to this. Further work is needed to address this.

8.16.1 A significant majority of those attending programme do so because of restrictions imposed to their parenting. The Domestic Abuse perpetrator programme needs to align with Children Services as very often perpetrators engagement with the programme forms part of the Child Protection plan and they have been directed to engage in a behaviour change programme. In Middlesbrough 50 of 64 men assessed for programme reported children were

[102] Flood & Fergus 2008; NSW Office for Women's Policy 2008

subject to child protection. This can create tensions as timescale for conference and referral and acceptance onto a programme do not always coincide. Harbour provide specialist reports to Family and Criminal Court, CAFCASS, Children Services and Child Protection conferences to allow evidence based decision making. It is important that services, particularly those working with children understand that attendance on programme does not provide evidence of change unless a report or evaluation has been provided to that effect.

8.16.3 Harbour have recently delivered a pilot programme called Caring Dads. This is a programme to help men consider the issues which might be impacting on parenting and has been developed for perpetrators. It is a therapeutic course which encourages men to reflect on parenting behaviour and values and how their own experiences of parenting might impact.

8.16.4 In April 2016 My Sisters Place secured external funding to pilot an Early Intervention perpetrator project - Route 2. This was aimed at low risk perpetrators and offered one to one intervention and support. Route 2 also has a robust assessment process and works towards removing resistance to enable someone to access support. In Middlesbrough agencies, mainly social care teams and police now have two options to refer if an individual is identified as a perpetrator of domestic abuse. This has created some tensions and confusion. Although the roles of both services differ, it is evident from reviewing data sets over the course of the year that having an alternative service has impacted on engagement with the perpetrator programme. The main reason identified by referring organisations is that Route 2 offers one to one and for a shorter period of time compared with the programme. Rather than this influencing the decision of the referrer the main consideration needs to be in relation to securing consent (barrier to engagement if perpetrator not aware of referral), providing relevant up to date information about the perpetrator, what are specific outcomes that need to be met and what issues need to be addressed (reduction of risk and behaviour change).

8.16.4 Part of this relates to the issues that evidence nationally in relation to 'what works' with perpetrators is weak. There is support for interventions that call the perpetrator to account but scepticism about how this is done. The primary response is considered to be via a criminal justice pathway, however in reality there is significant 'fall out' between 'report to court'. It is fair to say the majority of perpetrators are not prosecuted giving no discernible benefit to the victim. Criminal justice has to remain the first choice for offenders, but where this is not going to provide the sanction needed to protect victims, other interventions need to be available to shift responsibility of stopping abuse from the victims to the perpetrators. Middlesbrough does not have a whole system response to those that perpetrate abuse. Significant progress has been made in our approach to domestic abuse in recent years but we have struggled to address those who perpetrate abuse and reduce rate of repeat incidents.

8.16.4 Cleveland Police have recently launched an IOM model with perpetrators. They have identified the top 10 perpetrators (split between CRC and MARAC) in each local authority area and are adopting what is described as a holistic model to deter and divert perpetrators from domestic abuse and provide rehabilitation interventions via existing programmes Route 2 and Perpetrator Programme. It is early stages of project so unable at this stage to measure impact of project.

Table 19 *Harbour Perpetrator monitoring (Oct 2016 – June 2017)*

Referrals Repeat	134 7
Deemed Not suitable at referral	7
Origin of Referral Police SSD Adult SSD Child Early Help Self-referral DA or SV service Health Visitor Mental Health Service GP Probation Other	 1 3 68 8 34 0 0 2 1 4 11
Attended Assessment	64
Completed 24 week Programme	33
Male Female	32 1
Ethnicity of those attended Assessment White British Asian or British Pakistani Asian or British Asian Other Ethnic Group – Not recorded	 46 6 6 6
Of those attended assessment	
Gender Male Female	 31 1
Risk Indicators (perpetrator may disclose one or more) Alcohol Misuse Mental health	 15 2
Of those assessed Children Subject to Safeguarding CP Plan	40

18.16.5 Harbour have facilitated the completion of Perpetrator Surveys with participants who attended most recent perpetrator programme. This has enabled ensure the views and thoughts of perpetrators are captured within this needs assessment. The response to the electronic perpetrator survey which was shared with specialist services was nil returns. 10

men completed survey, they were predominantly white British. 6 were aged 35- 44, 2 20- 24 and 2 25- 34. 8 admitted they been abusive 2 felt they had been accused of abuse. The majority of domestic abuse disclosed was either physical and/ or emotional. Verbal abuse and coercive behaviour was also disclosed by half of the participants. 8 of the perpetrators were abusive to their long term partner and the same figure also had dependent children. The domestic abuse had taken place less than a year ago for 6 of the perpetrators, 2 more than a year ago, 2 more than two years ago. They were asked how soon they were contacted by an agency and in 8 of cases this was within a few days the remaining 2 within four weeks. 9 of perpetrators were looking for help to change behaviour, 1 was told to do it by SSD. All felt the service most help was Harbour who delivered programme, one of the participants also felt the GP had helped. Encouragingly 9 participants felt the programme had given them greater knowledge of domestic abuse, had stopped them being abusive, had increased understanding of impact on children and victim, behaviour had changed, and had led to increased confidence and ability to cope. 5 had to help to access other services and one of participants felt Harbour had been instrumental in helping them find work. When they were asked how the programme had helped them 8 support, 9 being listened to, 9 staff were knowledgeable, 6 felt they were treated with respect, 7 felt it had helped them talking about experience of abuse and violence. None of the participants felt there was something they were unhappy with. When asked what we needed to do differently in Middlesbrough they felt it was important that programme is promoted widely '***it changed me for the best, it has given me open mind about domestic abuse and could change someone else'***, 'I ***have learnt a lot from the course as to domestic abuse/ violence and I believe have changed and got the right tools available to make use without the use of abuse. I was reserved at first but over the course I spoke more openly'*** and **'it *opens your eyes to what you are doing wrong'***. Some suggestions for developing the programme included ***'Show real local news articles around Teesside and include feedback form perpetrators***', '***show class videos and clips to make it more intense and perpetrators can identify what point abuse starts and the impact'***

8.17 Children and Young People Service

Children and Young People Therapeutic service is delivered by Harbour Support Services and was recommissioned in Nov 2016. The purpose of the service is to promote and improve the safety and recovery of children/young people (age 3- 19) in Middlesbrough area who are affected by domestic abuse. The service provides therapeutic support and intervention which includes one to one, group work and / or a combination of both and this is offered to children who are at risk or are experiencing domestic violence or abuse, to enable long term recovery and increased resilience. The service also works with Head Teachers, PSHE leads and practitioners to ensure schools have access to effective high quality resources for teaching about healthy relationships and have developed a prevention programme which can be accessed by all primary and secondary schools. This prevention model has also been extended to work with targeted groups in settings such has training provision / residential establishments to promote healthy relationships through developing emotional intelligence and reliance in young people. The service employs a full time senior support worker, a part time support worker and additional support is offered by an initial contact officer and service manager who works across the areas. They have developed age appropriate evaluation tools to measure outcomes and support children in a range of settings. The children and young people service delivers in community hubs and has become well established which has helped reduce barriers to engagement. There are still some barriers to engagement some parents are difficult to engage and refuse consent because of

concerns about how it might impact on children and are anxious about issues resurfacing. This is addressed by CYP using trusted professionals to help meet family and reassure them. Closer ties with social care staff and Early Help, perhaps as part of screening panels will help ensure good progress is maintained. 75% of those referred to service engage with assessment. During the monitoring period between Jan2016 and June 2017 124 child participated in group work, 34 received one to one support. 35 schools received prevention offer, 35 prevention programmes were delivered, 20 children were involved in targeted group work, 1509 students received advice and support, 33 received one to one sessions in school and 1509 evaluations were completed.

Table 20 *CYP Contract Monitoring (Jan 2016 – June 2017)*

Referrals	*206*
Repeat	*20*
Source of referral	
Children social care	*66*
Early Help	*19*
SSD	*34*
School / college	*30*
Self -Referral	*30*
DA Service	*16*
Health visitor	*6*
Police	*2*
MH services	*2*
Other (Not recorded)	*1*
Engaged with Assessment	*155*
Assessment completed	*91*
Risk Indicators at referral	
Emotional well -being difficulties	*37*
Disability	*5*
Behavioural	*20*
Resides in refuge	*6*
School exclusion	*10*
Gender (Total caseload 219)	
Male	*115*
Female	*104*
Age	
2-6	*65*
7-10	*68*
11-14	*63*
15-17	*23*

8.18 Switch Project NACRO

Switch Project is not funded by Middlesbrough council but offers support to women who have experienced domestic abuse. It is a service based in Langridge centre in Middlesbrough and accepts referrals from specialist services and statutory services such as DWP and GPs in order to provide

befriending support to women. The overall aim is to assist women into employment and training which for victims can be a route to safety. They service provides low level engagement activities and intervention which is fundamental to ensure women sustain good progress in the long term. The project is currently at risk as lottery funding is due to end in March 2017. The service has had very high demand and long waiting lists but it is valued by victims and was highlighted in the refuge audit as victims had worked with them. Middlesbrough Council have linked with current manager of service to provide advice re options to try and help sustain the provision in future but currently no funding is available apart from Public Health Grants which do not fund staffing or building costs.

9. Specialist Service, Stakeholder and Commissioner Consultation

9.1 Stakeholder Survey
A Stakeholder Survey was shared between June 2017–September 31st 2017. Leads within each organisation were contacted and were responsible for disseminating this across their teams. The response overall was disappointing. We did have 108 returns across a broad range of services but some key services identified in need assessment such as police and GP did not participate.

9.1.1 We learnt from the survey that those who participated work primarily with women and children. Only 15% worked directly with perpetrators. 60% felt services were working fairly well in relation to supporting individuals who experience domestic abuse. Participants were asked how well services worked together in relation to information sharing, communication, adopting a similar approach, planning, timely support, timely referrals and assessment. Across all areas around 55% felt they worked fairly well but 25% felt they did not work well together at all. When asked how they felt it could be improved **communication between services** and **information sharing** were identified in 75% of the responses. Others felt that it could be improved if there was more effective communication on a strategic level, multi -agency training, implementation of whole family approach, referral Process and pathway - shared documentation and shared understanding of approach and agreed protocol were also recommended.

9.1.2 Communication and **information sharing** also factored in a large majority of responses when asked what would be two greatest priorities for improvement. Other responses suggested included need for support for both victim and perpetrator, more intense support to be offered to each person, improved access into Mental Health service, a gateway service so it can be fast tracked re benefits, housing, more counselling, Consistency for families, reduced waiting time, Families only engage if part of statutory plan, regular updates on service provision, more flexibility in approach to deal with cases on individual basis, someone who works after closing hours, family therapy and avoid duplication

9.1.3 45% felt that referral process and pathways were flexible and based on choice but a further 42% did not know. When asked how it could be improved **one point of contact** and **agreed time scales for referral and support** were suggested by the majority. Others highlighted which will be considered within overall assessment better communication from referral agency, a need to understand who does what – clear pathway, access for support on a weekend, male victims, multi- agency working, reduce waiting times, strategies/ Interventions to supporting family after crisis and during the maintenance period, more frequent planned multi agency meetings, embed pathways in community, with family, referrals based on needs of family and flexibility of approach.

9.1.4 Participants were asked what services they had referred to in relation to domestic abuse. Primarily this was identified as s**pecialist domestic abuse service** and/or **adult and children safeguarding**. The higher percentage of referrals for those services suggests many referrals a following crisis rather than early intervention or prevention. Only 7% had referred to early help. When asked the two best things about how services helped the family an **immediate response to referral** and **tailored support and advice** featured heavily. As identified in victim survey support needs were primarily identified as need for **emotional and therapeutic support**, closely followed by **information and signposting**, **safety advice and planning** and **housing advice and assistance**. 60% of those who responded felt support for domestic abuse needed to be long term.

9.1.5 Participants were asked to comment in relation to satisfaction with individual commissioned services. Overall satisfaction with commissioned services was good. Across all services, no service was identified as not very good. In relation to improving outcomes, IDVA, DA counselling and Refuge received a higher proportion of positive responses. The main strengths of specialist domestic abuse services were identified as **specialist knowledge**, **committed staff** and that they were based in **Middlesbrough.**

9.1.6 Participants were asked what they considered unmet need or gap in provision. Many of the suggestions put forward do already have funding or investment and services are delivering some of this work but this again reinforces overall lack of knowledge about what is available. A lot of suggestions reflected those identified in the victim consultation. **Front line staff do not have knowledge of services, awareness with young women, marketing and campaigns targeting BME communities, too long following incident re intervention, understanding capacity to protect and risk assessment carried out across all services, family therapy, specialist service with more resource, family choice, voice of the child, more perpetrator programmes, work in School, provision for children under 3 years, children towards parents, provision for IDVA in Crown Court , out of hour's provision, need stronger links with A&E and GP**

9.2 Specialist Service Consultation

The consultation was shared with leads for each specialist service who were asked to complete survey drawn from experience and views of specialist service. This was a representative sample and involved four services working directly with victims, perpetrators and children experiencing domestic abuse, Halo, Harbour, My Sisters Place, Switch and NACRO Accommodation Project.

9.2.1 The specialist services identified needs in relation domestic abuse for victims and survivors as primarily **emotional and psychological well- being** closely followed **by children (safety and contact**), **victim's safety** and **housing and financial support**. This reflects the same needs, in order of priority as victims identified during consultation.
Perpetrators needs were identified as **emotional psychological well -being**, **coping mechanisms, help to change behaviour, mental health issues, suicide ideation / attempted suicide, alcohol related arguments and improved relationships with partner and children.**
Children's needs were identified **as safety, emotional support, improved relationships with parents and prevention / awareness.**

9.2.2 The specialist services involved in the consultation identified they try to meet needs of service users by being **victim led, accessible, ensuring instant access, trauma informed approach, outcome**

focused, goal setting, listening, offering a tailored approach and managing risk. Specialist services felt the greatest challenge in relation to meeting needs was **staffing resource, access to sanctuary scheme, process in statutory provision, commissioning cycles, insecure budgets, basic needs not being met (benefits/ housing**) which impact on effectiveness of specialist support and no specialist IDVA. All of the specialist providers felt the scale and frequency of DA had increased over last two years.

9.2.3 In relation to identifying strengths in relation to domestic abuse services responses differed but **included information sharing, working relationships, delivering trauma Informed services, additional funding, Best Practice model, expertise, experience and equality of service provision.** Specialist providers were asked to identify unmet need or gaps in provision. They raised the following **emergency access for victims to secure accommodation, adult perpetrators, young perpetrators, early Intervention with perpetrators, accessibility – referral and identification vulnerable groups such as Older people, LGBT, Learning Difficulties and Disabilities is low, child to parent abuse and violence, Sexual violence BME communities, trauma Services for victims of FGM, BME Perpetrator Programme**

9.2.4 Specialist providers were asked to reflect on things we need to do differently. The raised **early identification, better joined up working, clarity on roles and responsibilities, clarity of role of IDVA, referrals and where they should be directed, consult with specialist services as they best placed to identify needs and gaps, commissioning which focuses on outputs and outcomes limits flexibility of the service, innovation and new developments.**

9.2.5 All of the specialist providers felt the current referral pathway for victims and survivors was **not** flexible, responsive or based on choice and 75% felt it was not understood by stakeholders, statutory or voluntary agencies. They felt it could be improved mainly by having **a referral pathway between statutory support and specialist services which is defined, having emergency access, support for perpetrators promoted widely and addressing tensions between choice and risk which arise because most referrals are based on RIC (CADDA risk assessment)**

9.2.6 Specialist providers were asked how effective services were in supporting families affected by domestic abuse. Schools, Police, A&E, Midwives, Children and adult safeguarding, Early Help, and Solicitor scored higher in relation to effectiveness. Mental health services, Housing, CAB were lowest. They were asked how well do different services work together in relation to information sharing, communication, assessment, adopting a similar approach, planning and tailoring support timely referrals and responsive interventions. 60% of participants felt in relation to Information sharing, communication, assessment and adopting a similar approach that services were working together fairly well. Whereas 40% felt this was not very well or not very well at all. **Planning and offering flexible support when working together were deemed particularly poor**. Only one area was considered to be working very well with 80% of specialist providers considering services worked well or fairly well together to offer timely referrals. Specialist services suggested services could be improved with collective responsibility for responding to referrals defining roles and responsibilities transparency with funding and information sharing agreements to reduce duplication with paperwork and assessments.

9.3 Commissioners Survey

A survey was carried out with commissioners who currently have responsibilities or who are funding domestic abuse services in local area. A lot of what is identified reflects what we have learnt from stakeholder, specialist provider and victim survey but main points are summarised below.

9.3.1 Main Priorities for improving services for those affected by domestic abuse in relation to **Victims and survivors** was identified as balance between prevention, early intervention and effective victim, children and perpetrator services, Investment and development of prevention opportunities, Greater development of needs based and trauma informed responses to DA and additional IDVA provision to ensure effective victim support and to maximise positive outcomes within criminal justice pathways, Further development of outreach provision to victims to maximise opportunity for engagement, and identify and meet their needs and wishes, easier and faster access routes to safe accommodation and support facilities. Continued target hardening with additional support measures to keep victims safe and prevent displacement. Joined up working and relevant information sharing between commissioned providers. In family circumstances with DA, the support that they receive that is appropriate and timely and agencies share information to ensure the support is seamless.

9.3.2 Perpetrators Perpetrator is a child or young person, the prevention and support for that individual, and to ensure that pathways with regards to information sharing about reported incidents and development of intervention and support options for perpetrators, including early intervention offer, promotion through arrest referral, liaison and diversion service, accommodation to maximise prevention of continued harassment and abuse, ensure compliance with court orders, reduce likelihood of reoffending, and encourage take up of support interventions to change behaviour.

9.3.3 Children Seamless support and information sharing to ensure everyone concerned with the family is aware, Frontline responders to adopt and embed and understand what their role should be Through the Eyes of a Child' practice approach, commissioning for therapeutic services and healthy relationships work, abuse within teen relationships.

9.3.4 Identified funding priorities identified relate to Public Health consultation with children and young people and OPCC IDVA provision and domestic abuse support to ensure response to all risk levels in all local authority areas across police force area, Early Intervention IDVA coordinator worker, perpetrator support and intervention. When asked if provision was consistent and coherent across the VWAG Sector they felt there was a not a coordinated or consistent approach particularly in relation to children and young people's services The presence of providers with different access points/ referral mechanisms was noted to be confusing for many referrers. In relation to meeting needs of service users commissioners identified they use surveys, focus groups, link and communicate with victim's service's stakeholders, ranging from service users, frontline workers as the experts, to other partners and commissioners. They do this to try and understand scale, crime types, demography, locations, and to continually monitor and review local needs and gaps, as well as emerging need types.

9.3.5 PCC felt promoting and support innovations and new models of work proposed from the VCS and internal/ external partners, for instance pilot schemes, joint working and co-location opportunities was also an effective way to meet needs. The greatest challenge in relation to meeting needs of service users was felt to be lack of coordination, lack of an overarching Cleveland wide approach, potential cuts to services or cessation, VWAG sector is underfunded and lack of communication on priorities by partners. 100% felt scale and frequency of domestic abuse had increased over the last two years. Commissioners were asked what the main strengths were in

relation to domestic abuse specialist services and initiatives in Middlesbrough the following were identified; newly commissioned CYP service more effective, well established services committed to excellent standards, front line knowledge, experience and understanding of pathways support from trained support advocates/ workers, good operational joint working between services to support victims, strong profile, with nationally recognised models of work/ evaluated pilots, and local providers securing national funding streams, and ensuring link with federated networks, Providers bringing in additional external Unmet resources to local economy, providers at the forefront of innovative service delivery.

9.3.6 Commissioners were asked to identify unmet need or gaps in and they raised the following young people/ teenagers vulnerable to or experiencing initial signs of abusive behaviour within intimate and family relationships, Male victim, LGBT, BME victims and perpetrators, disabled and older victims, perpetrators with multiple needs. Suggested ways we can do things differently were identified as **pathways are often unclear or not simple enough** and therefore avoided, **early intervention for victims and perpetrators (particularly accommodation and support)** requires further investment and development., additional service provision to ensure onward referral support is picked up and maintained until vulnerability/ risk is reduced, complex need women need specific and flexible accommodation and support provision.

9.3.7 Commissioners were asked how referral and support pathways could be improved responses were as follows; **Development of multi- agency safeguarding/ children's hub, single point of contact in PVP, detailed clear information should be collected from initial incident and shared to specialist services at the earliest opportunity, specialist services should act upon the information as soon as possible, communication with referrers/ other providers/ key safeguarding agencies, one referral form across all services, positive communication and acceptance of different services and comprehensive training on DA.** Commissioners felt most effective services supporting domestic abuse were, specialist domestic abuse services, A&E, Health visitors, midwives, Children and adult safeguarding and Early Help. In relation to not effective GP, Mental health, sexual health services, criminal justice services scored lowest. When asked how well services worked together in relation to information sharing, communication, adopting a similar approach, assessment, tailoring support to meet needs and timely referrals responses were split between fairly well and not very well. Planning and adopting a similar approach was deemed particularly poor. How, if at all could partnerships with other agencies joint working on VWAG be improved **simple pathways, MASH model, Cleveland wide strategic group and strategy.**

10. Victims and Survivors Voice

10.1 Putting victims and survivors at the centre of service delivery is central to how we commission services. Domestic Abuse victims and survivors are expertise in their own lives and are integral to future design of services. They have unique knowledge and understanding and it was important during this needs assessment they could and contribute in a meaningful way. Middlesbrough council regularly collect case studies as part of monitoring of services. For the needs assessment we arranged a survey (online and paper based) and hosted a number of focus groups in order to understand from victims and survivors themselves why they accessed services, what worked well, what might need change and how we might develop them in the future.
Below is a summary of what victims described but the notes from each focus group and detail from survey are included in the appendices.

- All the women involved were experiencing domestic abuse by a current or former partner some of those had additional risks with multiple perpetrators.
  '***Not only men are perpetrators, woman can be to i.e. mothers in law'***
- Those involved were all engaged with services and accessed a range of support, including refuge, IDVA, counselling service, children and young people service, specialist BME service. The majority of victims felt had they had first accessed support as they needed ***emotional support***, secondly as ***they felt they were at risk*** and thirdly ***because of their children*****.** The women from BME communities who accessed service differed in that they described becoming involved in service primarily to ***be with others, access community support*** and ***help to build confidence and self-esteem.*** Nearly all of the women explained that apprehension about what the service offered prevented them accessing at earliest opportunity. Those who were told about service by an agency, GP or support worker were encouraged to self- refer and shared that this took weeks, in some cases several months before they felt able to call.

- All felt the services had made a difference to them. Many had seen improvements their physical and emotional well- being, which extended to their children. Particularly that their confidence had improved. They described feeling they learnt more about abuse and were able to leave situation safely and many felt involvement in services had helped ensure children remained in their care. Three women felt they were '**here today because they accessed the service'** and felt they would have either been murdered by their partner or commit suicide due to the turmoil they were experiencing.

- Women had been helped in a number of ways. Primarily this was emotional support, having time to talk and listen without feeling judged and valued. Many valued particular workers and having someone **'who cares'**.
  'They don't just sort the problem at front they sort out all the others things behind this'.
  'I didn't know it existed it was only because a worker in GP surgery told me I can finally now move forward'
- The follow up and having regular contact was discussed in all focus groups, some of the women had accessed the service for years despite now being in a safe situation. They felt that being involved with a service had helped them ***'plan a way forward'*****.** The courses, Freedom, choices and the Hope programme were recognised in helping them understand more about domestic abuse. Others felt the practical support, to arrange appointments or to help with arrangements for children was the most important. Peer support and being around women '**who get me'** was voiced in all of the focus groups whichever service they accessed.

- Women valued the refuge and how it was organised ***'The flats are all self-contained, it feels safe' 'You can bring some of your own things to make the flat more homely'*** *W*hen asked about what could be done better they explained ***'You get depressed stuck in flat on your own'*** and felt that it was important that they could come together in the communal lounge and do things with other service users**.** ***'It feels like a community, you can get out of your flat and there's people to talk to such as other residents'*** Others raised concerns about rules in relation to children and that men are not allowed ***'I just want to have my dad visit and have tea'*** but they could understand the reasons for those but they also appreciated that refuge responded to their own individual needs ***'I was allowed to bring my dog which my daughter is very attached to and it helps her with her Autism'*** others raised how a service might be improved**.** One women interviewed who had accessed BME service felt everything which was agreed had not been completed and explained

'They failed to help me write a letter to support my asylum case'.

- All women felt that more needed to be done to raise awareness in the community about domestic abuse and the help that is available.
  'More publicity leaflets and stickers need to be in women toilets or discreet places'

- They felt services and those in local community needed to understand more about services and what they offer. Many felt they were just told to access a service but not having information about what and how they could help delayed them accessing the service.
  'Police didn't tell me enough about it'.

- Victims felt some services lacked understanding of domestic abuse ***'Housing, they need to understand why I miss appointments because I am scared he is around and I am low'*** or ***'I felt my GP lacked understanding of my experience of domestic abuse, she said "Are just staying in refuge for a bit and then going back home". This made me feel as though she didn't really understand how bad things were'.***
  'GP's prescribing medication rather than tackling the underlying issue. GP's should know the indicators of domestic abuse and support patients to access services or give them options of what support is available'

- Women across all groups felt changes needed to be in relation sentencing and police response.
  'Time spent with Police after being assaulted took a long time and at one point I did think about not going into refuge as planned'
  'I didn't think the police thought my experience of domestic abuse was serious, when I'd call them they would come and ask my partner to leave the house then he would return the next day, they said they couldn't arrest him because he hadn't physically assaulted me. They said they 'can't arrest him because he hasn't hit you'

  'When Police were called during an incident, the Police told me to leave but I had nowhere to go. I was totally dependent on my partner, I had no recourse to public funds and Police did not offer me any options. I had no choice but to stay with my partner. I felt priority was given to my partner'.
  'Video link really helps with court – don't have to face him. I kept retracting statements'

- Women in the refuge felt that ***'Women need somewhere to go when it happens. There should be a 'walk in' giving advice'.*** Across all groups women felt more needed to be done to raise awareness and programmes should be developed to educate both men and women and we needed more prevention work with children and young people.
  'We need to educate the next generation to make changes in the future'

  'It's important that children learn what abuse from a young age is so that they can prevent becoming a victim of domestic abuse. Raising awareness in Schools is important, Schools should do a Child Friendly Freedom Course'

- Those in refuge felt they would benefit from help to live independently, particularly in relation to practical tasks as they felt dependant on partner and now lacked confidence in their ability to cope. Women from BME communities felt more targeted communications were needed and felt that

'Asian women are scared of what others in the community will think'.
'In our community you need to keep the abuse to yourself as things change, people change towards you when they are told, I feel like I can't trust anyone'.

- In one of the group women felt that way in which services are commissioned should change '***I don't like that my child is accessing one service for domestic abuse and I access another I want them all to be under the same roof'***,
- They lacked understanding of the role and purpose of some specialist domestic abuse services ***'I was contacted by another service who was helping him. They kept contacting me but I did not want them to do that'***
- They felt that because they accessed a range of services and they raised concerns about continuous assessments to access housing or benefits
  'I don't like explaining my story over and over again'.
  'Other services question why I'm coming to the North-East and make me feel like I can't choose where I want to live, I do want to be safe but I want to live where I choose is right for my family'

- All of the women were passionate about how they would promote the value of the service
  'You are not alone'
  'Domestic abuse affects everyone and if we don't have services to help us it will affect our children's future and also affect society'
  'Services can change your entire life'
  'Together we can protect women in our society'
  'You will get encouragement and support'
  'Brought me back up'.
  'Once you get out you realise how bad it really is'
  'Do what I what need to know to put it behind you got me to where I want to be'
  'Saved my life'
  'There is another side you can be happier and safer'

- When asked what they felt was most important about the services and the support they had received the responses were mixed. This reflects the different needs and experiences a women might have and the reasons why they accessed the service. Victims who accessed both Harbour and My Sisters Place identified ***safety*** as most important. They also felt ***increasing knowledge, counselling***, ***not feeling judged*** and ***having someone to provide long term support*** were paramount. The women who had accessed the BME specialist service differed in that they felt ***raising awareness, providing a whole package of support*** and ***recreation was most important***.

10.2 30 victims participated in surveys and all were accessing a range of services.
The majority who participated had experienced emotional and psychological abuse and coercive control. 20% identified they were experiencing physical abuse. All of the women were experiencing one or more types of abuse. Over half were experiencing abuse from a current or former partner. 30% experienced the abuse less than six months ago whereas 40% it took place over two years ago. All victims were engaged with a service regardless of their stage in recovery. 6% were still experiencing domestic abuse. Half of victims had dependent children residing with them. In relation to services they made contact with in relation to the abuse the highest category was GP followed by Police then counselling / mental health services. 36% of those asked for help themselves and 25% were referred

by the police. The response of services was immediate with 58% contacted by an agency the same day and 30% within a few days. Service User satisfaction across all services was consistent. Victims identified they most needed **emotional and therapeutic support**, followed by **safety planning** and thirdly a **safe place to stay**. Victim responses during focus group, over 50% identified support with parenting and children helped me 'keep my kids'

11. Children's Voice

11.1 Ideally we would have arranged consultation with young people schools. The Prevention programme is now delivered in schools across Middlesbrough and this would have enabled us to facilitate a conversation with children and young people to understand what they felt they needed in relation to Domestic Abuse. Unfortunately the timing of Needs Assessment, and that the majority of consultation has took place in school summer holidays has not enabled us to do this. Public Health is currently completing school surveys which are going to be carried out with a number of different year groups and we have ensured that specific questions in relation domestic abuse and experience of it have been included within this which will help inform our future understanding.

11.2 We arranged a focus group with young people who access children and young people service to help us understand impact of this service. Due to the sensitivity in relation to victims of Domestic Abuse this was completed by specialist worker within a commissioned DA services who already had relationship with young people. An age appropriate interactive written exercise was completed and all materials have been shared to prepare report and are included in the appendices.

11.3 Children felt that the service had helped by offering support. They felt it had helped ***them understand*** and gave them opportunity ***to talk about problems***. Several described feeling ***safe*** and ***protected*** and had learnt how to talk about how they feel and ideas and techniques to help them do that. Making friends who '***were the same'*** also was identified by a large majority of the children and that ***'nobody shouts'*** seemed to have significance to many. When asked what could you say to another child who might need help like you, many identified that they would tell them '**not to be frightened' 'worry**' and that '**things get better over time'**. They would tell young people that at Harbour you make ***new friends***, ***have fun, they understand you in a hard time***, ***do art and crafts, and they are kind and talk about feelings***. A number of young people also felt they '***Looked after my mammy'***

11.4 Many were able to describe changes they had experienced since becoming involved with service primarily they felt ***safer*** but also described ***feeling less angry and happier***.

12. Strengths in Middlesbrough

12.1 We have a range of services that have unique ability to address domestic abuse and work effectively with victim's perpetrators and children affected by domestic abuse. All of those services are committed to maintaining excellent standards. Most of commissioned service are Middlesbrough based, embedded in local communities with broad understanding of economic and social issues in particular communities. Front line knowledge, experience and understanding provided by trained support advocates/ workers. Middlesbrough has a strong profile, with providers delivering nationally recognised models of work. Local providers are securing national funding streams, and ensuring links with regional and national networks bringing additional external resource to local economy. There is

a strategic and operational commitment to partnership working and for organisations to work together. Currently there are a range of processes supporting partnership working within MBC including DASP, MARAC, and co-location of specialist services in mainstream provision. There is some flexibility in approach and services are responsive to individual needs. It is locally led and safeguards individuals at every point. Increasing number of victims being referred to domestic abuse services. It implies that more victim/survivors are aware of and are prepared to access support. This could be due to a combination of a greater awareness due to local awareness campaigns and improved screening within various settings, particularly the police.

13 Challenges

Communication and information sharing, across multi agency partnership on both a strategic and operational level.

13.1 Middlesbrough Domestic Abuse Strategic Partnership needs to be further developed to create a shared agenda for preventing domestic abuse across all partner organisations. Services and agencies are working independently of each other to introduce measures to prevent domestic abuse without full consideration of impact this might have. Domestic abuse cuts across a number of different departments, services and agencies and any change, however small can go on to have consequences for other elements within that system. It is not particularly cost effective to work in isolation, particularly within current budgetary pressures and some decisions, such as developing internal processes rather than improving existing and established ones leads to further complications and impacts on staff retention. Ultimately everyone is committed to preventing and reducing domestic abuse but this should be done collaboratively and agreed as part of a strategic plan through the forum, Middlesbrough Domestic Abuse Strategic Partnership was established for that purpose

13.2 Equally the Preventing Domestic Abuse Strategy and how it aligns with other council plans, is underdeveloped. There is a strong steer from the VWAG strategy that Domestic Abuse needs to become 'everybody's business' but a clear vision , priorities and process for joint working and how every service can contribute to the prevention of domestic abuse needs to be developed across departments. Shared understanding of goals and outcomes needs to be developed across agencies,

13.3 There is currently not a shared understanding between the multi-agency partnership which includes adult and children services, health, specialist services, housing or police about when to share information, thresholds for safeguarding or risk, how demand is managed and/or how early help could be utilised to move more towards preventing problems escalating and diverting demand away from statutory services. Although some good practice is emerging, particularly between specialist providers and family practitioners within Early Help (steered by the Family Solutions Worker) we still do not have an effective multi agency process for addressing domestic abuse in Middlesbrough. We are providing effective interventions and approaches, such as IDVA, one stop shop or sanctuary but they are working independently and is primarily a victim crisis service. As services we are still reliant on victim as solution, and heavily relying on victim to protect herself and children.

13.4 Three specialist services are currently commissioned by Middlesbrough local authority, delivering several different contracts but there is no consistency between referral, assessment and monitoring systems used between them. This has potential for confusion and duplication particularly for families who might be engaged with a number of different services. The current referral options require that a referring organisation, such as police, health or school try to identify the most appropriate option or route. This is dependent on level of risk, if victim or perpetrator have children and /or the support needs of the individual or family. Organisations who refer tend to adopt a 'scatter gun' approach or a 'preferred provider' approach rather than genuine consideration of suitability of a service to meet needs of an individual or family. Referrers do not always understand their responsibilities in relation to seeking consent and ensuring appropriate information is shared within referral form. Although information sharing, communication and multi-agency partnership working is agreed in principle consultation has provided evidence that this does not always happen in practice, particularly in relation to assessment and planning. Outside of the Children Social Care or MARAC process there is

limited evidence of robust multi agency planning in relation to victims and / or perpetrators or the use of shared risk assessments which are reviewed regularly. It is essential we develop a system and well-coordinated process to cope with high demand.

13.5 Alongside this, confusion agencies do not always understand their roles and responsibilities in relation to Domestic Abuse and therefore do not take full responsibility for engaging and referring victims, perpetrators or children affected by domestic abuse. The current referral options requires process requires professional judgment and understanding of range of services. There is currently no information sharing protocol or common understanding of this process and pathway between each service. In stakeholder consultation a clear picture emerged that many services still do not understand what services are available in Middlesbrough. Not surprisingly victims, survivors, perpetrators, families and services find it difficult to navigate their way through a complex maze of disconnected services and systems with different policies and processes. This has been a long standing issue in Middlesbrough and impacts on journey of both victims and perpetrators from disclosure, referral and beyond and could place someone at serious risk of harm. The disjointed nature of multiple agencies involved with supporting individuals with domestic abuse means that there are gaps through which people can fall, increasing risk of serious harm or homicide, particularly to women and children. Health professionals such as or midwives or A&E staff may be the victims first and only point of contact with a professional but without a service to immediately refer on to, the effectiveness of asking about domestic abuse is limited.

Performance Monitoring and Data Collection

13.6 There has been insufficient staffing resource allocated to enable Domestic Abuse coordinator to provide robust performance reporting within Domestic Abuse Strategic Partnership. The dashboard which has recently been developed for contract monitoring will help address this but responsibility for this needs to extend to other partners to ensure data can be fed into this and reports prepared in advance of the meeting. Performance challenge can then be used as a driver for change.

13.7 Middlesbrough Local Authority is not able to access and analyse personalised data for victims, perpetrators or children. Without a personalised database which allows us to track victim journey it is very difficult to effectively monitor outcomes. Due to nature of domestic abuse and the fact many of women will need access to one or more services it is hard to measure outcomes. Service users are often included in each of the data sets and therefore it is difficult to accurately determine local demand or need

13.8 Improved data collection, across all services is required in order to further understand the levels of local need and to monitor the effectiveness of local pathways. Middlesbrough council needs to take a more robust and systematic approach to capturing and collating and analysing monitoring data across the whole system. Partner performance data, as well as improved information on outcomes and the subsequent impact of Domestic Abuse on local families, needs to be collated, measured and used more effectively. This will provide better understanding locally whether we have been effective in addressing the needs of victims and their families and if resources have been targeted appropriately. There are two options which need to be reviewed

> **13.8.1** E-CINS has been funded by PCC to act as a central hub for information. It provides opportunity for all services to update and track victim's journey more effectively and ensure information is shared in a timely manner. E-CINS would allow case workers to have quick-

time access to reports, hold virtual meetings and to share information and make decisions in quick-time. This will minimise delays in processes and avoid duplication Referrals for domestic abuse victims could be case managed using this system which would enable more effective recording and information sharing.

13.8.2 On Track, has recently been developed by Women's Aid and is being promoted to Specialist Domestic Abuse services. Services contribute anonymised information to a national data-set on the experiences and outcomes of survivors and their children which provides a detailed picture of survivors needs, the abuse they experienced, the support they receive and the outcomes as a result. Organisations using OASIS On Track will be able to run their own benchmarking reports which will help them drive up the quality of their provision, strengthen the support provided to women and their children and evidence the value and impact of their service. If Domestic Abuse services working in Middlesbrough were able to invest in On Track it would ensure we had more effective tool for monitoring performance and measuring outcomes.

13.9 Commissioners across Local Authority areas are using different methods and measures for monitoring performance and analysing data. Service providers who are delivering across all areas have explained that this can put them under significant pressure when it comes to reporting. Police and Health are working across areas and PCC are keen to develop a wider strategic partnership which is Cleveland wide which fits with police or health who work across local authority boundaries

Risk Assessment and Safety Planning

13.10 The Children living with Domestic Abuse Audit identified Inconsistencies in professionals' use of the Safe Lives RIC risk assessment tool. There is lack of consistency across different departments and services in relation to how they 'weight' different parts of the risk assessment which impacts problematically on their professional judgment of the risk posed to the victim. In audit although risk identification was evident practitioners had not completed a formal risk assessment. It was evident there was a difference in thresholds between services regarding how and when information is shared. Police share information at relatively low threshold whereas children services have high threshold for conducting statutory safeguarding assessment.

13.11 The needs assessment has also identified inconsistent use of risk assessment across statutory and voluntary services and that risk assessments are predominantly completed by police and/or specialist DV providers but they lack multi agency assessment, analysis and planning that a strong integrated system would bring. The strategic MARAC review identified there is not an applied standard between DASH assessments. All agencies have a responsibility in relation to risk assessment. The accumulative impact of repeat incidents, which are at a high level in Middlesbrough are not always appreciated or managed effectively within as a multi-agency partnership We have made some progress to address this through the Level 3 Domestic Abuse Training but further work is needed in relation to ensuring risk factors are recorded accurately for future assessments, information is shared at key points in a victim's journey and that an assessment is viewed as dynamic, fluid and reassessed at critical points.

13.12 Services are reactive in how they approach domestic abuse, reacting to individual incidents rather than considering the whole picture. Agencies can become overwhelmed by the frequency of DA incidents, particularly with higher risk cases. They provide an immediate response to prioritise the

safety of children and adult victims. Many remove family, rather than perpetrator and all future work focuses on victim rather than whole family which increases the risk of repeated abuse. Addressing the immediate safety needs of survivors and their children is important but should not be the sole focus of interventions. This reactive approach particularly impacts on housing provision and refuge. Some of solutions, such as moving victims and children away from the perpetrator of the abuse, isolated the child from friends, family and school. This reactive short-term view can make it harder for professionals to see the bigger picture and history of abuse within the family setting. It also makes it harder to see connections between isolated incidents.

13.13 There is need to develop an integrated whole system approach. All agencies within the system are collectively responsibility for ensuring the safety and long term recovery of victims. An integrated approach for Domestic Abuse would ensure all agencies and individuals who are either directly or indirectly involved at all levels operate as one system. It would offers a formal and proactive response whereby all agencies deliver consistent and safe services and would include the key elements of Primary Prevention, Early Intervention, Crisis Intervention and Rebuilding Lives.

Referral Process and Thresholds

13.14 The current referral process is focused on crisis intervention for high to medium risk cases. Those victims with children are referred to First Contact via Safer Referrals and Operation Encompass. They are assessed and thresholds applied and referred to either safeguarding or Early Help to try and engage the family. Families who do not give consent for early help or do not engage are no longer worked with. This is not flagged or any agency who might be able to offer long term prevention work. This is also the case with victims and perpetrators who are assessed and thresholds applied and referred to directly to specialist services. Those who do not give consent are not flagged or reviewed as part of a multi-agency forum, unless they were escalated to MARAC.

13.15 Victims have shared that being contacted by a number of different agencies, duplicate assessments and enquiry and delays in the process from initial disclosure to accessing long term support is distressing. They have told us that if the contact with a service relies on self- referral and them making a call, this is likely to delay how soon they will access support. They also shared that once they have had that contact and built a relationship of trust with that individual worker or specialist provider they are reluctant to transfer to another or access any other service. Victims told us that a trusted professional offering support, through crisis and in the long term was very important. They felt 'wrap around support' which met all their needs offered by a single agency was preferred. They perceived specialist providers and services very differently and did not understand them to be part of a multi- agency approach. As a multi- agency partnership this creates a dilemma and is not straightforward to resolve and leads to the question; How can we, work towards evidence based good practice 'Change that lasts' model and establish the shortest, and/or most effective route to safety, freedom and independence for each survivor?. As has been evidenced in throughout needs assessment we currently has lots of different routes, formal and informal processes between the Police, Adult and Children Social Care, Health and Housing and several different contracts and approaches between specialist providers. It is certainly evident (see Appendices Victim process map) that victims have choice in Middlesbrough but with this comes confusion.

13.16 A whole system approach would mean that if Domestic Abuse is disclosed, wherever or in whatever circumstance it is reported to one system. This system would be focused on safety and

accountability and would ensure mechanisms are in place to ensure seamless and effective service provision regardless of the entry point. Through this approach we could effectively create a single point of access, for victims, children and perpetrators. It would need to include robust high quality assessment and clear referral pathways established between all agencies in the system. By having this oversight every agency can be asked to check their information on a particular address or individual at the initial point of concern. Services can flag individuals viewed by all agencies part of a single system. It would ensure all activities directly or indirectly involved or impacting on Domestic abuse are connected via clear pathways and linkages between different points in the system.

Commissioning

13.17 The Domestic Abuse contracts have been extended for several years. Historically funding was distributed between different departments with varying contract management arrangements. This has now all be moved to sit within community safety partnership and it was agreed would be commissioned from April 2018. There are capacity issues for some specialist services who are under resourced, mainly Domestic Abuse counselling service and IDVA provision. There is an imbalance in how funding has been allocated and it is not proportionate in relation to capacity and demand for the service. Current commissioning arrangements are heavily weighted towards crisis intervention. Historical competitive tendering has created an environment where commissioned services challenge each other for funding. Attempts at coordinating services have been made through DASP and joint initiatives but the competitive funding environment and requirements to provide similar or identical process or services have served to reinforce specialist providers working in isolation from one another. Middlesbrough Council always need to be mindful of their responsibilities to secure services in the best interests of service users and to secure continuous improvement in the quality of services and outcomes for people, including reducing inequalities when accessing services.

The voice of Victims / Survivors of Domestic Abuse

13.18 The voice of victims/ survivors needs to form part of the contract evaluation, strategic planning and performance framework. We have learnt so much through needs assessment through consultation with victims. Consideration needs to be given to how this can be incorporated into commissioning and service development and review. As a local authority, and equally as a multi-agency partnership we need to routinely ensure we have having meaningful discussions with survivors and that victim journey mapping takes place. Equally services are victim focused and the voice of child is not always captured.

Working with Perpetrators of Domestic Abuse

13.19 Agencies are not giving appropriate consideration to engaging the perpetrator in relation to intervention to address behaviour, risk assessment or future planning. Referrals to perpetrator programmes are improving but still amount to a small proportion of those identified via police incidents and offences. There is a need to examine 'what works' with perpetrators with a particular focus on managing risk and preventing harm. Need a greater focus on stopping perpetrators' behaviour and, where coercive control is a feature, on getting perpetrators to leave and end abusive relationships In order to protect victims and prevent future victimisation.

Refuge Provision

13.20 There is no national system or funding for refuge provision. Concerns have been raised at the national loss of refuge spaces; the complete cessation of support in some LA areas; and the need for core national funding for refuge - not simply funding for additionality. The nature of refuge provision is that to improve their safety, victims experiencing abuse predominantly seek emergency accommodation a distance away from the perpetrator. Decisions in relation to location are based on availability and safety. The system of refuge therefore relies on a principal of reciprocity of provision as many victims need to move out of area for their own safety. The provision of refuge places should not be looked at from a purely local perspective. At a national level, since 2010, there has been a loss of 17% of specialist refuges in England and a third of all referrals to refuges are turned away, normally due to a lack of available space. The Government announced £20m new one off funding for specialist accommodation in November 2016 but guidance stated that the funding was for additional services and not to fund refuge services being cut (or where not supported) by local government. Both nationally and locally, authorities have had to make difficult decisions regarding funding of accommodation based services. Sustaining refuges and supported accommodation remains imperative due to the safety they provide for local families and for those who require this provision out of their local area.[103] Chronic underfunding is increasing pressure on already overstretched refuge providers, leading to a crisis in refuge provision for the women who most desperately need support.

13.21 Refuges along with other forms of Supported Housing are currently facing financial crisis as housing benefit claimed for such properties will be capped at LHA rates, leaving uncertainty in the sector of how any shortfall will be met. Many victims receiving support in refuge or supported accommodation have complex and challenging needs, including on-going risk of violence, post-traumatic stress and other mental health conditions, problematic substance misuse, offending behaviours and economic difficulties. Often trauma caused by experiencing violence and abuse is at the core of an individual's distress, but this may be unnoticed and they may be left unsupported if they were only offered mainstream services. If there is a reduction is refuge or supported accommodation due to this continued economic pressure, there is a very real danger that victims and survivors of domestic abuse will not have their needs met, and ultimately will not be able to find safety.

Reducing Children Looked After by Middlesbrough Local Authority due to Domestic Abuse

13.22 In Middlesbrough the rate of Children in need at 666 per 10k is almost double that observed nationally (338 per 10k) and is 40% higher than similar authorities. There is an average of around 2,300 referrals to social care per year over the last five years. The rate of CAFCASS applications has risen sharply (17.7 in 2013 to 29.9 in 2016). Proportionally Middlesbrough is one of the top 10 local authorities in England for the rate of looked after children per 10,000 of under 18 population. The rate of looked after children (LAC) at 120 per 10k is significantly higher than national average (60 per 10k).[104] The correlation between the increasing number of children and young people experiencing and being exposed to domestic abuse and safeguarding is significant and should not be considered in isolation.

[103] Women's Aid 2017 Nowhere to Turn Report
[104] November 2016 Characteristics of children in need: 2015 to 2016 Department of Education

13.23 As a local authority we have a statutory duty to become involved in domestic abuse cases if children are in need of protection or support, and are responsible for delivering services to children and families affected by domestic violence/abuse. The children living with domestic abuse audit highlighted a range of professionals can come into a contact with a child or a mother experiencing domestic abuse, including health education and police but that consideration of the risks facing children was not automatic. It was in evident in statutory agencies mothers experiencing abuse were often held accountable for safeguarding their children, while perpetrators were either excluded, hidden and/or not directly challenged. Language and practice needs to move away from victim blaming and professionals need to recognise the potential they have to enable victims to expand their 'space for action' by recognising how coercive control can limit their freedom.

Safeguarding Vulnerable Adults experiencing Domestic Abuse

13.24 Local Authorities have a Legal Obligations under the Care Act 2014 to make or cause enquiries to be made if it believes an adult is risk of experiencing abuse or neglect. This includes preventing care and support needs arising from domestic abuse and providing information about services available to prevent abuse and safeguard themselves. A data trawl of Adult social care SAC data has highlighted that within Middlesbrough Adult Social Care; there were 10 cases recorded as Domestic Abuse within the year, however, there were 106 safeguarding referrals where the 'Perpetrator Type' was 'Partner' or 'Family Member'. If we consider that Cleveland Police had 4921 recorded incidents this figure seems lower than expected. Agencies, such as police, health or housing are not referring adult victims who fit criteria for Sect 42 enquiry to local Authority and instead are directing referrals to specialist services. The concern is if vulnerable adult cases are not considered in partnership it hinders full multi-agency consideration, information sharing and an appropriate safeguarding response.

13.25 Specialist services have identified there is not a common understanding of adult safeguarding thresholds (i.e. when referrals should be made) across the agencies. Thresholds training for multi-agency partners has currently being initiated within children services and this could be replicated in adult social care. A safeguarding escalation process, for those few occasions where professional and specialist service opinions differ in relation to risk would be helpful. There is currently limited evidence of formal and full strategy meetings taking place for adult domestic abuse victims. The consequence of this in Middlesbrough is that risk is often being managed at a front line voluntary service level, rather than a statutory lead agency managing the formal process which through the safeguarding framework incorporates full multi agency information sharing and independent challenge and oversight.

13.26 A lack of understanding and agreement on what we mean by capacity to make their own decisions, impacts on services responding effectively to domestic abuse cases, particularly those with complex need (such as alcoholism or mental health) and can limit the effectiveness of risk assessment and professional response. There is lack of clarity on thresholds, inconsistent process and ownership across all services for DA victims leaving some front line professionals, mainly IDVAs or Navigators managing complex high risk cases alone which can hinder vital information sharing and effective response. A victim's capacity to make their own decisions, particularly when they are experiencing controlling and coercive behaviour must be considered. Their capacity can fluctuate as a result of their problems. Systems that keep vulnerable Domestic abuse victims safe require all organisations

to work together to the same thresholds and procedures. Domestic abuse is complex and the issue of consent and capacity can become blurred. It can take many years for a victim to find a way to safety. As a multi- agency partnership we need to have better oversight over cases to ensure that where a victim is 'hard to reach' that our response has been persistent with full consideration of MARAC and/ or safeguarding thresholds.

Identifying Priority Areas which experience higher prevalence of Domestic Abuse

13.27 It is evident that there are certain hotspot areas in Middlesbrough which also correlate with 'hot spots' identified through community safety joint action groups. The community safety team currently have no formal link with front line intelligence or a full picture around vulnerable DA victims. It is disjointed between children and adult safeguarding and community safety services leaving community safety services who are managing high risk priority areas insufficiently informed of vulnerable children and adults and specialist services insufficiently informed of community intelligence. Victims and perpetrators who with complex needs can be chaotic, and likely come to attention of wardens, police A&E and neighbourhood officers on a daily basis. A formal mechanism to capture all those elements, and ensure prompt timely information exchange would address this.

Campaigns and Awareness Raising

13.28 Community education and awareness raising lowering community tolerance to domestic abuse. Equally voluntary and community groups, with less visible access points are engaging with victims and supporting them to access services. Raising awareness across all voluntary and community groups is crucial to ensure that victims are supported and safe.

13.29 There is a challenge to balance awareness raising and targeting of services to ensure that we do not alienate victims. This particularly relates to male victims, victims from BME communities, older victims or those from LGBT communities.

Child to Parent Violence

13.30 Child to Parent Violence is an area of concern in Middlesbrough. It broadly falls into two categories. Children or adolescents who are abusing their parents and adult children who are abusing their parent.

13.31 Both categories are an emerging theme in the recent Domestic Homicide in Middlesbrough and commissioners, specialist providers and stakeholders have identified a gap in provision of how to support and intervene with both parent and child in those circumstances.

13.32 Services need to develop a response in line with Care Act 2014, and appropriate to the circumstances to ensure that strong partnerships and communications takes place between all agencies that both carer and child is using.

13.34 Harbour specialist service is identifying increasing number of children being identified and referred as a perpetrator of abuse (the youngest most recently being 4 years old). Through the commissioned Children and Young People service they are willing to support the child to understand impact of behaviour and learn better ways to cope but they identify that the child's behaviour is more often than not a consequence of themselves witnessing or being victim of domestic abuse and

therefore any support they offer is developed as part of the therapeutic support they provide to children who are living with domestic abuse.

13.35 The situation becomes more complex the older the child. We currently do not have a commissioned programme or service for those families experiencing Adolescent Parent Violence (APV). This is lack of provision is reflected nationally and there is limited evidence of 'what works'. Front line services support families who have disclosed but this is inconsistent and often does not prevent an escalation in severity or police involvement.

14. Recommendations

14.1 *Communication and information sharing, across multi agency partnership needs to be improved on both a strategic and operational level.*	
a)	*Refresh and produce a revised DVA Strategy and action plan for 2017 focusing on key priorities identified within needs assessment*
b)	*Identify supported and committed executive members to take responsibility for the preventing Domestic Abuse Agenda*
c)	*The purpose of the Domestic Abuse Strategic Partnership needs to be reviewed and the value added by partners assessed against the Preventing Domestic Abuse Strategy.*
d)	*Support the MARAC Review and developments as agreed by partners, assist with implementation of Strategic MARAC Information Sharing Protocol, ensure appropriate representation on Cleveland Wide MARAC strategic Meetings and contribute to funding MARAC Independent Chair*
e)	*Support the development of overarching VWAG strategic partnership across Cleveland.*
f)	*Commissioned services for Domestic abuse should undertake visits to team meetings and promote pathways to services.*
g)	*Urgent Need to develop a whole system approach to identify and respond to those affected by domestic abuse.*
h)	*All Statutory agencies should have a consistent approach to responding to domestic abuse, which reflects all relevant policy and practice. A clear and consistent referral process and pathway needs to be agreed with partners.*
i)	*A multi- agency information sharing protocol and guidance will be developed and includes all V&C organisations. This will increase confidence in agencies to appropriately share data and will be based on creating safe place environments that encourage and do not prohibit disclosure.*
j)	*Asking about domestic abuse, at earliest opportunity reduces stigma and gives permission to survivors to disclose. Knowing what to do with a positive disclosure is equally important. Staff within individual organisations need support to do this and clear safeguarding processes*
k)	*Develop mechanisms for regular and sustained communication between community health and social care teams, specialist domestic abuse provision and the police would enable families to access support and maximise the information shared planning between services.*
l)	*Ensuring that professionals check all information available and understand chronology/ pattern of incidents before contacting or visiting a family as part of an assessment*
m)	*Develop internal escalation routes for raising issues of concern, particularly in relation to safeguarding victims or children living with domestic abuse.*
n)	*Clear and consistent link between integrated mental health teams and substance misuse services needs to be established. Ensure that service providers in these fields are trained in*

	order to be able to identify the presence of domestic abuse within this dynamic, and make the appropriate referrals.
o)	*In light of changes with Universal credit and increased risk to victims DWP should be encouraged to engage in Domestic Abuse Strategic partnership and develop how they identify and create a safe place for disclosure as part of their benefit checks. They should have system to flag accounts where abuse is known, develop training and policy and work in partnership with specialist domestic abuse services to develop specialist expertise in handling situations financial abuse and coercive control to reduce risks a victim will face with implementation of universal credit.*
p)	*Middlesbrough Council needs to use influence, where possible to encourage more employers to have domestic abuse workplace policies to support staff who may be experiencing domestic abuse*.
q)	*Domestic Abuse Partnership will work with PCC to support the implementation of E Cins and how this might be used safely to support improved information sharing and communication between professionals working with families or vulnerable individuals affected by domestic abuse.*
r)	*Ensure every all identified staff within children and adult services attend the level three multi -agency training commissioned by Adult and Children social care.* *Family Solutions worker will help strengthen understanding and embed learning by offering themed practise clinics or one to one guidance sessions with training participants if additional learning needs are identified*
14.2 Performance Monitoring and Data Collection	
a)	*A nominated and appropriately skilled officer responsible for data collection and management information collects data centrally.*
b)	*Personalised database is needed to effectively track a victim, perpetrators and child's journey, review points of access into a service and measure the impact this has made.*
c)	*The Performance monitoring DA dashboard to be further developed to include key indicators developed amongst partners, so meaningful trend data is monitored at regular intervals through the DASP and MSCB safeguarding forum.*
d)	*Commission high quality services based on evidence of what works and following best practice guidance.*
e)	*Improve and agree process for data collection in areas with identified information gaps: mental health services, accident and emergency, alcohol and substance misuse, and diverse community groups affected by abuse such as LGBT.*
f)	*Review of On Track case management/outcome measurement tool. On Track, is a National Women's Aid case management and outcomes monitoring system which can support a service, and to increase impact and evidence quality of their work https://www.womensaid.org.uk/what-we-do/ontrack/*

14.3 Support, risk assessment and safety planning	
a)	*Develop a consistent core offer of service provision across Middlesbrough. This core offer will be responsive to evidential need so we ensure that victims can access appropriate support at a time when it can be most effective and for a length of time appropriate to the complexity of their need. Within this core offer services should be available throughout the week, particularly at weekend and at key times when victims are most likely to need them. This core offer will be responsive and flexible to provide the right support along the continuum of need, including step down provision (where victims have been high risk and needed intensive support but will continue to need ongoing but less intensive support as they become lower risk and so move down the continuum). Services would needs to be available across the continuum of need for medium and standard risk victims in order to reduce the number escalating into high-risk cases. Responses should build on and nurture survivors' internal and external resources reducing their longer-term need to draw on public resources.*
b)	*All Agencies have a responsibility to follow up referrals to MARAC and proactively work together outside of MARAC meetings. Ensure all professionals/ agencies / departments are aware of purpose of MARAC, the lead and how and when to refer to MARAC*
c)	*Ensure there are robust operational protective multi agency processes, including Multi-Agency Risk Assessment Conference (MARAC), Vulnerable, exploited, Missing, trafficked (VEMT) and Multi- Agency Public Protection Arrangements (MAPPA) and that they align to avoid victims falling through gaps*
d)	*A process needs to be put in place which encourages early disclosure in health, housing and community settings. An earlier, quicker and safer response ensures victims are identified before point of crisis. Domestic Abuse enquiry is not being routinely recorded and time constraints on professional does not always facilitate disclosure. Currently we do not have one service which provides single point of access and professionals are being asked to refer via a number of different routes.*
e)	*It is imperative we sustain and build on existing IDVA provision and improve functions to ensure Independent Domestic Violence Advocates (IDVA) are linked into both Specialist Domestic Abuse Court and wider court processes to avoid missing opportunities to support victim.*
f)	*Contract monitoring arrangements needs to be developed with Sanctuary scheme to ensure data collection is part of Domestic Abuse Dashboard*
g)	*Promotion of Sanctuary Scheme to partner agencies to ensure this and other preventive accommodation options are explored fully with victim and children rather than immediate referral to refuge.*
h)	*Review of target hardening options and 'what works' in Sanctuary schemes so we consider if current methods and processes provides best value and are effective in preventing homelessness*

i)	*Ensure we maintain women's groups, enable consistent and easy access to Freedom or Hope Programme and consider how we develop peer support sessions that reduce isolation and maximise independent spaces to increase confidence, esteem, and empowerment*
j)	*Risk assessment of perpetrators needs to routinely built into practice*
k)	*Assessments should be carried out, shared and recorded effectively. Individual services where possible should share assessments avoiding need for multiple assessment to access different services.* *Planning was identified as an area of improvement in stakeholder consultation. Plans often sit with a service, rather than a victim or family. Plans need to be more specific, goal orientated and better focused on evidence based approaches. From the outset, consent to share this needs to be agreed and the plan shared and understood by all professionals involved with that family, victim or perpetrator. Ensure all services understand the purpose of safety planning.*
l)	*As a multi- agency partnership we need to have better oversight over cases to ensure that where a victim is 'hard to reach' that our response has been persistent with full consideration of MARAC and/ or safeguarding thresholds.*
m)	*In Middlesbrough, as a multi-agency collective we need to agree and develop an effective process to develop a family solutions approach. Consider how we can best supply the emotional, psychological and practical support a victim and children and/ or a family who have stayed together need to remain safe. It should not solely rely on one individual worker or service.*
n)	*Need to ensure that all services are given opportunity to participate in training or receive information and guidance in relation to risk assessment and safety planning.* *Ensure that there is consistency in how a risk assessments is completed between services, a lead professional is identified to take responsibility for risk assessment, it is completed at earliest opportunity but then shared and reviewed regularly by services as circumstances change or more information comes to light. This lead professional will change dependant on the support the victim, perpetrator or family is receiving.*
14.4 Referral Process and Thresholds (Victims, Perpetrators and Children)	
a)	*Develop a multi-agency screening framework and process for children living with domestic abuse with specific attention on process, timeliness and quality of needs led assessment. If a domestic abuse incident is reported to the police and children are resident or present in the household, children's and needs and risks will be assessed by a multi-agency panel involving representatives from police, children's social care, education, health, housing and substance misuse. A Domestic Abuse Triage function would ensure children considered at high risk are referred into a Multi-Agency Safeguarding Team (MAST) and those assessed at lower risk are assessed by the Domestic abuse triage panel which would*

	form part of Early Help. Having a triage function would increase capacity to enable all police notifications to be assessed on the same working day.
b)	*Thresholds at first points of contact for victims and perpetrators should be improved in to enable the shortest and quickest effective route to safety, freedom and independence in services such as police, GP practices, community health, housing, and substance misuse and recovery services.*
c)	*Define between services what we mean by thresholds so we ensure consistency in approach*
d)	*Establish better understanding of impact of coercive control and how this might impact on consent, capacity and engagement*
e)	*Maximise opportunities to intervene early when a victims attends accident and emergency departments, GP practise or other health professional as presenting health needs often mask domestic abuse.* *Ensure Middlesbrough GPs are trained in HARK model and IRIS system is developed and align this work across South Tees linking in with project in Redcar (Foundation) .* *Explore funding options to locate a lead Advocate Educator in a community specialist Domestic Abuse service working in partnership with clinical lead to co deliver training and education and across GP practices and health professional (up to 25 single practices can be supported by Single AE).*
f)	*Expand safe routine questioning in primary care and community settings to ensure early identification of domestic abuse as evidence shows that victims want to discuss domestic abuse when they are directly questioned rather than bringing it up themselves.*
14.5 Commissioning	
a)	*Using all available evidence, local information and service data gathered in this Domestic Abuse Needs Assessment we should prioritise areas for change and make improvements in quality, access, outcomes and efficiency and determine how the integrated model can be developed or where additional capacity may be required. Consider needs of victims who have low reporting and disclosure, such as older victims, LGBT or with disability and consider how those could be met if a service was re-designed.*
b)	*Develop DA commissioning framework so we have providers underpinning an integrated 'whole system' model. Encourage proactive open communication between specialist providers and local commissioners with a view to longer term contracting arrangements.*
c)	*Put in place exit arrangements for current contracts. This will ensure that where contracts are due to expire continuity of service can be assured and gaps or duplication of provision avoided.*
d)	*Evidence-based service specifications will be developed setting out what services will deliver and the planned outcomes to be reported and monitored by the service. Service specifications will be consistent and every provider will have one in place. They will be based on evidence based approaches, such as change that lasts model and statement of expectations. We will be open to new ideas about how to meet needs and deliver services wherever they come from, including working closely with other service areas, such as*

	public health and health and social care systems. Service specifications will underpin the Domestic Abuse Commissioning framework and will be tailored to meet local need. All contracts will include detailed requirements for reporting arrangements and monitoring.
e)	*Protocol and process will be developed which will form part of future commissioning to ensure access to personalised data and ability to cross reference against all points in victim process map so we can effectively, and as a collective track a victims journey and therefore improve how we monitor outcomes*
f)	*Through the regional commissioners forum chaired by PCC develop a framework for data collection, across all Local Authority areas so it can be used to make better informed regional funding applications, strengthen our approach and reduce pressure on services working across all areas in terms of reporting.*
g)	*Develop new contracts and specifications in line with minimum standards and national standard of expectations. Work towards developing a survivor informed quality assurance framework*
h)	*Quality assurance needs to be developed across all services There should be ongoing engagement and research with domestic abuse service users to develop an increased understanding of impact, needs and assets to inform future service development*.
i)	*As an Authority we will be proactive in identifying potential funding opportunities*
14.6 Voice of Victims and Survivors	
a)	*Specialist providers and community groups are integral to help ensure that the needs of domestic abuse victims and children are at the centre of service developments. In particular they can help feed expertise and experience into the planning process for specific services and provide feedback on this needs assessment to help create a vision for future delivery and services and where required, make the case for change to existing domestic abuse services.*
b)	*Service users should be encouraged to be involved in evaluation and review of services on a regular basis either via focus groups or engagement activities to ensure service is meeting needs and accessible.*
c)	*It is important that Domestic Abuse Strategic Partnership ensures appropriate and balanced representation to champion the interests of victims and survivors*
d)	*Create opportunities to routinely capture and tell stories of abuse against women but also towards men, the LGBT community and the elderly all who are underrepresented in the reporting of abuse.*
14.7 Perpetrators	
a)	*Continue to provide services for perpetrators which challenges unacceptable behaviours and encourage them to acknowledge and accept the impact of violence on their victims and their children. Consider how as a partnership we can increase referrals and engagement with perpetrator services.*

b)	*As a partnership identify process to ensure that perpetrators have early access to information about services, that opportunities are identified to encourage a perpetrator to engage with appropriate services and risk assessments are not purely victim focused.* *Ensure that services have coordinated information around a perpetrator in order to make safe and appropriate decisions surrounding discharge if the individual has been held in custody*
c)	*Ensure that assessment processes in all services take account of both parents experiencing domestic abuse not just where the contact and custody arrangements are being discussed.*
d)	*Support for victims should be provided at the same time as the perpetrator's behaviour is being addressed.* *Ensure all services fully informed of the purpose of perpetrator services and referral route to access those. If this is voluntary services must agree consent with perpetrator prior making referral.* *Specialist services should agree between them how they will ensure the victim safety role which forms part of perpetrator service is offered to every victim and the purpose of this explained to avoid confusion or misunderstanding. This role is very important to ensure risk is managed when perpetrator is engaged on programme. The women safety role can be met by any service which is providing support to a victim but requires an effective communication process between the perpetrator service and the specialist service.*
e)	*Ensure that services for perpetrators take account of contributory factors in particular significant drug or alcohol misuse problems, mental health and accommodation needs and help signpost perpetrators to access support for those.*
f)	*Request regular updates in DASP regarding Cleveland Police IOM pilot within DASP and any developments identified via the Police transformation fund in relation to how we work with perpetrators*
14.8 Refuge and Supported Accommodation	
a)	*There is a need to sustain accessible 'refuge service' support and develop emergency dispersal options for victims, accompanied by the development of safe, affordable, longer-term housing options to provide safety flexibility and choice.*
b)	*Agree a process to complete a snap shot analysis over a set period of time with stakeholders who refer to the refuge to provide deeper understanding of where victims are then referred to or access if not offered a place in refuge.*
c)	*Complete work to understand the true impact of welfare reform on refuge, and increasing rent deficits for refuge and housing providers due to implementation of universal credit and six week delay in claims*
d)	*Refuge specification and contract will be reviewed and developed to ensure how we can better meet demand*

e)	*Refuges should be modelled along the principles of therapeutic communities with all refuge workers given training, both at the start of their work and at regular intervals, that enables them to understand the social and psychological influences on domestic abuse, its interpersonal dynamics and its impact upon victims and children* *Ensure refuge has resource and funding to develop as a therapeutic community. The refuge should continue to create opportunities to offer support to victims with their emotional and psychological needs as well as their physical needs, in order to ensure victims recover from the effects of the abuse and become resilient to avoid further occurrences when becoming more independent and moving into their own homes*
f)	*Consider with all six local authorities involved in DCLG Navigator bid how we will assist providers to sustain Navigators, Specialist BME unit, Emergency unit and dispersals and use learning from this project to develop gateways, best practise models with BME and Complex need*
g)	*Consider how we develop and fund personal development programmes to help build victim confidence and resilience, to live independently particularly where changes to the benefit system may make financial independence more difficult.*
h)	*If a domestic abuse victim chooses to remain in their accommodation rather than being rehoused various criminal and family law remedies are available which are not always utilised. Housing Providers and landlords could assist in those circumstances where the victim wishes to retain the tenancy by way of two options; agreeing to make them sole tenant and giving notice to perpetrator, evicting and /or seeking possession under terms of violence or threats of violence Housing Act 1985.*
j)	*Ensure that all services are aware of Local Authority statutory duty regarding homelessness particularly if a victim is fleeing domestic abuse and ensure that victims are referred to this service for full assessment.*
k)	*Ensure all services are aware of and able to access the Homelessness Advice Service as quickly as possible to help victims who have fled violence access and move into safe accommodation*
l)	*Need to ensure we work with housing providers and community organisations to help ensure that all funding, grant and benefit entitlements accessed to help furnish and ensure a property is ready to move into for a victim fleeing domestic abuse. This would reduce delays from supported accommodation and Housing Benefit shortfalls.* *Determine costs in relation to a creating a storage facility so belongings, furniture, clothing, toys which otherwise would be left or discarded can be stored until a victim is in position to have this returned. This would avoid victims having to leave furniture and belongings as they have nowhere to store items. It would also create a store of items which will help victims who secure unfurnished properties move into those more quickly.*
14.9 Adult Safeguarding	

a)	*Ensure that domestic abuse is fully considered at adult safeguarding enquiries.* *Develop clear pathway and process for greater coordination between the full range of professionals that provide regular services with vulnerable adults and expand on those which have already been established, to ensure that domestic abuse concerns are not lost in the 'umbrella' term of safeguarding, and that services are effectively sharing information on a case by case basis building on the learning objectives delivered through the Level 3 Domestic Abuse training* *This will establish a closer working relationship between adult safeguarding and specialist services. Coordination should also ensure the possible implementation of joint visits to vulnerable adults with professionals who they already trust and feel comfortable with which will increase their motivation to engage and help to overcome minimization or denial.*
b)	*Ensure that Adult safeguarding and Domestic Abuse: a guide to support practitioners and managers is made available across services and referral route for Section 42 enquiry is agreed and understood.* *Ensure that all relevant service providers and professionals are trained on the challenges and experiences of vulnerable adults such as older victims or carers, so that their response can be tailored appropriately. For example, formulating plans to keep victims safe that do not solely focus on the need for a victim to leave an abusive relationship, and knowing what social benefits / financial support are available specifically.*
c)	*Adult Social Services will continue to be embedded as a core MARAC agency. Adult social services will review MARAC lists ensuring any high risk victims not accepted into MARAC or reviewed by Adult Social Care and recorded as an enquiry and considered for Sect 9 assessment. This will increase the identification of older people as victims, in order to meet the duties as set out in the Care Act.* *It is important that the same representative attends MARAC on a consistent basis, and has the appropriate level of authority to be able to confidently make decisions and allocate resources on behalf of Adult Social Care. Adult social care may also be the appropriate agency that takes the lead as a single point of contact for adult victims who do not have dependent children and therefore do not meet the Children's safeguarding MAST model. Adult social care would coordinate the care and support package and ensure communication between the relevant agencies is managed appropriately. The adult social care assessment should take into account the discussion at MARAC.*
14.10 Children living with Domestic Abuse	
a)	*Extend CYP Service contract which has made significant progress since it was recommissioned and is a valued service in the multi-agency approach to supporting children living with domestic abuse.*

b)	*Ensure that all services are providing appropriate information about the Domestic Abuse children and young people service to help a victim or perpetrator make informed decision regarding consent for a referral to this service. If consent is given facilitating referrals and identifying and helping to overcome any barriers which might impact on a child or young person engaging with assessment for this service. Ensure that services understand that that a safer referral does not automatically lead to a referral into children and young people service and therefore they should take responsibility for this.*
c)	*Safer Referrals in relation to be domestic abuse should include seeing the domestic abuse incident though the eyes of the child and referrer should give account of impact domestic abuse may have on a child.*
d)	*Supporting both the abusing and non-abusing parent is more likely to improve the safety and well-being of children, even if they have separated and should always be fully explored.*
f)	*There have been developments in relation to developing a restorative model which incorporates family solutions and family group conferencing. This pilot needs to be reviewed and the Domestic Abuse Family Group Conference model needs to align with wider Family Group Conference developments which are being developed as part of the Believe in Families transformation in Children Social Care. We need an effective way of engaging families who choose to stay together to ensure they can stay together safely or separate amicably.*
f)	*In Early Help and stronger families, use family solutions worker to continue to develop family-focused interventions to strengthen the response to low/medium risk domestic abuse cases. Ensure that all services agree and understand the role of early help and stronger families in relation to domestic abuse coordinating 'whole family assessment' and early intervention to prevent escalation and for step down with high risk cases.*
g)	*Develop pathway of how schools and health could offer early help to families that are not open to Children Social Care or the Stronger Families FCW Team and how they can link into the CYP service and the Early Help HUB for information, advice and guidance.*
h)	*Expand the work of family solutions worker in offering IAG and Consultations across services involved in Early Help. This has helped increase confidence of staff practitioners working with victims to develop a greater understanding of the risk and impact for the child*
i)	*Implementing the signs and safety framework will introduce group supervision and training to professionals working with families affected by domestic abuse*
j)	*Regular clinical/ safeguarding/ child protection supervision and access to restorative supervision should be available to practitioners working with domestic abuse.*
k)	*Domestic Abuse should automatically trigger discussion with internal safeguarding lead to consider appropriate course of action*

l)	*Support the Cleveland PCC with work are doing regarding improvements in family court practice, and safe child contact for children. Promote leaflets for family courts widely via community hubs*
m)	*Children living with Domestic Abuse Audit and Action Plan needs to be regularly reviewed and ensure learning from the audit is embedded into practice across all services.* *Ensure appropriate representation at those meetings from services working directly with children and young people affected by domestic abuse.* *Single agencies are responsible for cascading and sharing learning, and will be monitored via the DASP.*
n)	*Promote and support the Caring Dad Programme which is being piloted by a Harbour and review learning from this via DASP.*
o)	*Ensure Children Social Services are embedded as a core MARAC agency. It is important that the same representative attends MARAC on a consistent basis, and has the appropriate level of authority to be able to confidently make decisions and allocate resources on behalf of Children Social Care. If children are subject to safeguarding or Early Help Children social care would coordinate the care and support package and ensure communication between the relevant agencies is managed appropriately. Any assessments should take into account information and discussions from MARAC.*
p)	*Prevention work with children and young people should be extended beyond schools to change attitudes towards violence and unacceptable behaviours in order to break the cycle of abusive relationships which may include therapeutic, one-to-one and group work interventions. This might include targeted work using Escape the Trap programme to deliver bespoke sessions with young people who are deemed at risk such as those who reside in residential children homes or at risk of exclusion from mainstream education.*
q)	*Develop a service and/ or support route for 16 to 18 year olds displaying perpetrator behaviour in order to educate them about healthy relationships and challenge behaviour before it becomes entrenched.*
14.10 Priority Areas / Identified need	
a)	*Pilot a locality-based multi- agency approach to reduce and prevent domestic abuse in an areas of high prevalence, such as North Ormesby or Newport. This will focus on increasing identification and disclosure and could approaches such as joint visits by neighbourhood officers, police and specialist services if risk in relation to domestic abuse is identified, joint risk assessment and safety planning, a bystander campaign to encourage landlords or communities to report concerns or assertive outreach. Consider potential for E CINS to be used as a mechanism to capture and coordinate this approach.*
b)	*FGM guidance help ensure the multi- agency guidance is embedded and a clear process for recording and monitoring of FGM is consistent across all services.*

c)	*Work with voluntary and community organisations which are established in communities to build on and develop drop-in, outreach sessions or peer support sessions that specifically target victims which are harder to reach such as male victims, elderly, carers, LGBT or from BME communities, and that are available at places where those victims would feel most comfortable.*
14.11 Communications, Training and Raising Awareness	
a)	*Practitioners across all services should be offered multi-agency, specialist training which addresses the different approaches and objectives across organisations in order to establish routine screening, referral protocol and an integrated whole system approach to supporting families affected by domestic abuse.* *Continue to support LSCB training programme but revise materials to reflect developments and transformation on Middlesbrough. Ensure that training for professionals increases understanding of the dynamics of an abusive relationship and how to provide a safe place for disclosure.*
b)	*Complete full review and evaluation of Level 3 training so learning can be promoted to other agencies or areas who could benefit from further training on risk identification, trauma informed practice and voice of child*
c)	*Embed work place policy within Local Authority by promoting safe place disclosure and signposting pathways and recruiting preventing domestic abuse champions. Coordination of preventing domestic abuse champions and responsibilities associated within it could be discharged to specialist service and become part of overall service delivery. This has worked to good effect in neighbouring authorities Hartlepool and Stockton.*
d)	*We should not assume that individuals are informed or aware of the services available to them. Services should consider how increase access to a service. Particularly if we need to develop specific materials and messaging.*
e)	*Develop a shared preventing domestic abuse communication strategy – focused on awareness and prevention to raise awareness and promote key messages in relation to domestic abuse, at regular intervals throughout the year. Public awareness campaigns should be tailored to specific minority communities who may face multiple barriers when accessing services and support, such as carers, LGBT, Service users should be involved in the design of publicity or campaigns to ensure the right message is put across, through the right channels.* *Awareness training on domestic abuse needs to include reference to the diversity of LGBT communities, the barriers they face and the impact.*
f)	*Ensure advertising of services is accessible and relatable to all victims, and appears in places that they are more likely to see, for example GP surgeries, public transport and literature older people are more likely to read.*
g)	*Level of understanding and awareness of domestic abuse in BME has increased due to a combination of community education and generational change, but further work is still*

	required to ensure that campaign materials and information leaflets are accessible to victims across all BME communities in Middlesbrough.
h)	*Data capture and monitoring in relation to LGBT and Domestic Abuse needs improving and consideration as a partnership given to how underreporting can be addressed and LGBT services promoted as part of the preventing domestic abuse approach .*
14.12 Child to Parent Violence	
a)	*Develop a process to ensure that child to parent violence is identified and recorded by individual services. Support local services, such as family support groups to be able to support families at risk of child to parent violence and create a safe place for disclosure.*
b)	*Increase awareness amongst services of risk of child to parent violence and the different dynamics, behaviour, characteristics, triggers and risks that can be associated with this.*
c)	*When there is a disclosure of child to parent violence an initial risk assessment should be carried out and shared with health and social care services who might be involved in the child or adult's care and treatment. This assessment should take into consideration professional responsibilities in relation to limits of confidentiality and consent. If assessment relates to a child or young person it should also include and consider their level of physical, intellectual, emotional and psychological maturity, if there is an underlying mental health issue, if any cognitive, language, communication or cultural factors which may increase the risk of violence or aggression and /or identify history of aggression or aggression trigger factors. This assessment should influence next steps in relation to safeguarding and determine what support and age appropriate interventions are required. Any interventions or strategies should take this into account and should be subject to review and evaluation.*
d)	*Child to parent violence affects a number of different agencies. We need to explore 'what works' with both adult child to parent violence and adolescent child to parent violence interventions. Identify with specialist services one to one interventions or group work programmes that are available and which have been used effectively. Consider what resource or funding would be required in order to develop and consider how we could develop service provision to meet the need.*
e)	*Interventions in relation to child to parent violence are currently usually responding to a crisis or incident. Intervention or strategies to single incidents or crisis for a short period are likely to be inadequate with problems that are pervasive or chronic or where there is underlying emotional or mental health issues.* *Efforts to address fundamental sources of conflict stress and violence between a child and parent may require extensive periods of support and the coordination and cooperation of a number of different agencies.*

f)	*Continue to work with Carers Together to develop their process in relation to working with carers at risk of domestic abuse from adult children. They will ensure increased support for carers that might be under increased risk or identified as being under pressure all which can act as triggers to abuse.*
g)	*Specific training for professionals should be developed on the incidences of abuse within a caring relationship, those who might be particularly vulnerable and/or where substance misuse, dementia or other mental/physical disabilities are present.*
h)	*Identify key messages and launch an awareness campaign / and or information and leaflets to improve disclosure and identification of child to parent abuse across services.*

*A*ppendix A

Summary of Middlesbrough Preventing Domestic Abuse Strategy 2015 (Update Sept 2016)

Strategy Aims

- To engender a local cultural attitude that domestic abuse is unacceptable
- To ensure that disclosure is dealt with sensitively and acted upon by all agencies
- To break the cycle of domestic abuse within families
- To reduce the occurrence of domestic abuse and subsequent impact on children, young people and adults

Key Principles

Prevent Offending	Prevent Reoffending	Support Victims	Monitor and Challenge

The Middlesbrough Approach

Although each organisation needs to have their own set of actions that address the four key principles identified above, the Middlesbrough approach that should guide how these are taken forward can be summarised as:

Prevent Offending

1. People across all cultures need to grow up valuing healthy respectful relationships

2. People need to understand the corrosive, and escalating nature of domestic abuse

3. Domestic abuse needs to be viewed in Middlesbrough as being socially unacceptable

Prevent Reoffending

1. Opportunities to intervene at the earliest possible juncture need to be taken, to maximise the likelihood of affecting the perpetrator's future behaviour

2. The behaviour of perpetrators needs to be challenged by making them aware of the impact of their actions, on both themselves and their victims

3. The long-term risk of reoffending needs to be minimised by ensuring that perpetrators don't revert to previous patterns of behaviour

Support Victims

1. Victims and children affected by domestic abuse need to feel safe to report incidents and be confident that they will receive a supportive and compassionate response

2. Families need to be empowered and supported to take positive actions themselves to prevent the further likelihood of abuse

3. Targeted enquiry is part of everyday working in key frontline agencies, especially children's services, substance misuse and mental health services. Every disclosure should lead to meaningful support for domestic abuse. Systems are established to identify, reduce and mitigate the risk of harm to children, young people and adults.

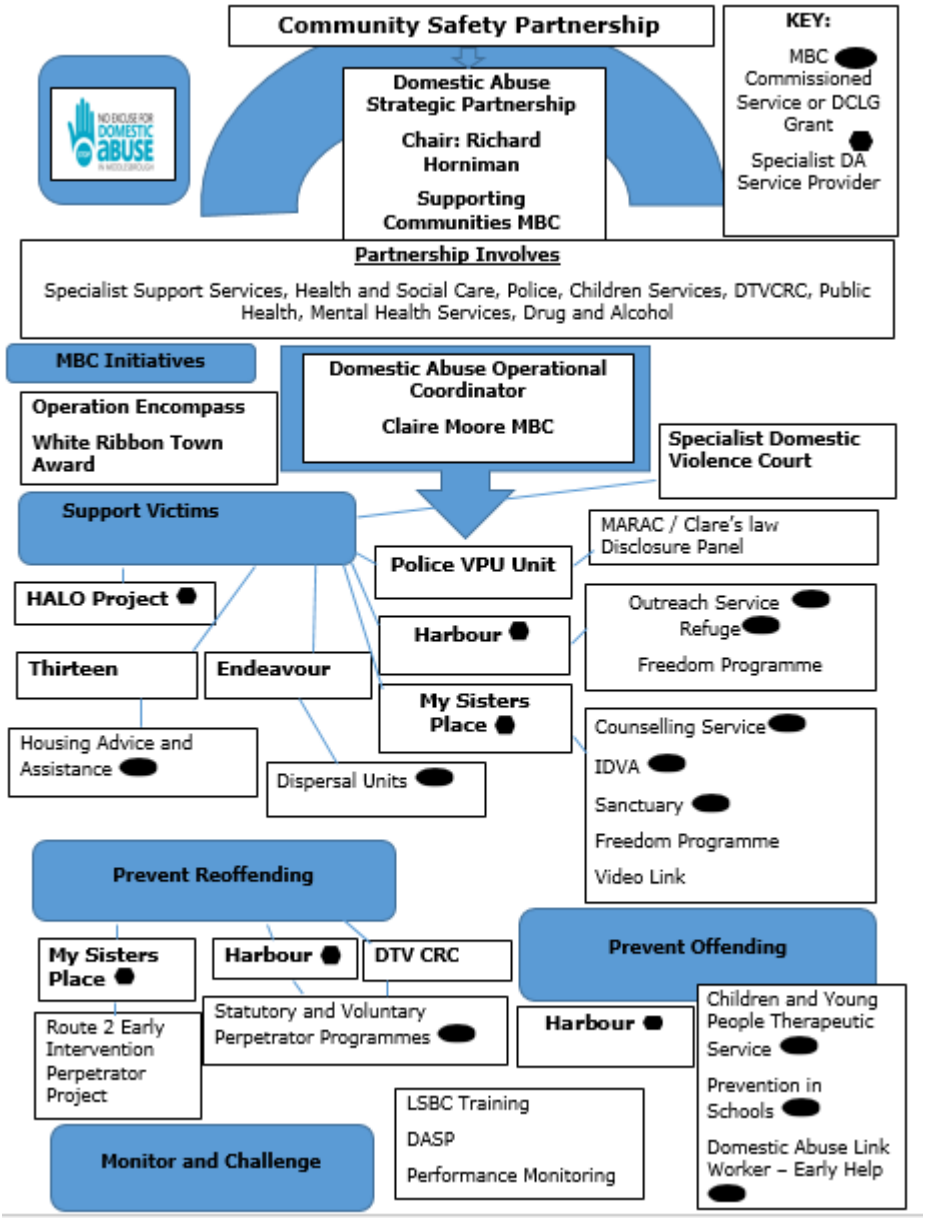
Monitor and Challenge

1. All partners in the process should collaborate to ensure meaningful trend data. Future commissioning will be based on local needs assessment.

2. Partners should scrutinise and challenge the outcomes being achieved to establish stronger evidence base and reduced duplication or bureaucracy.

3. Criminal Justice, safeguarding and health and social care processes work effectively together and pathways for victims, children, families and perpetrators are understood

Appendix B Middlesbrough Plan on a Page



Appendix C (DCLG Standards Supplementary Guidance on Domestic Abuse and Homelessness)

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

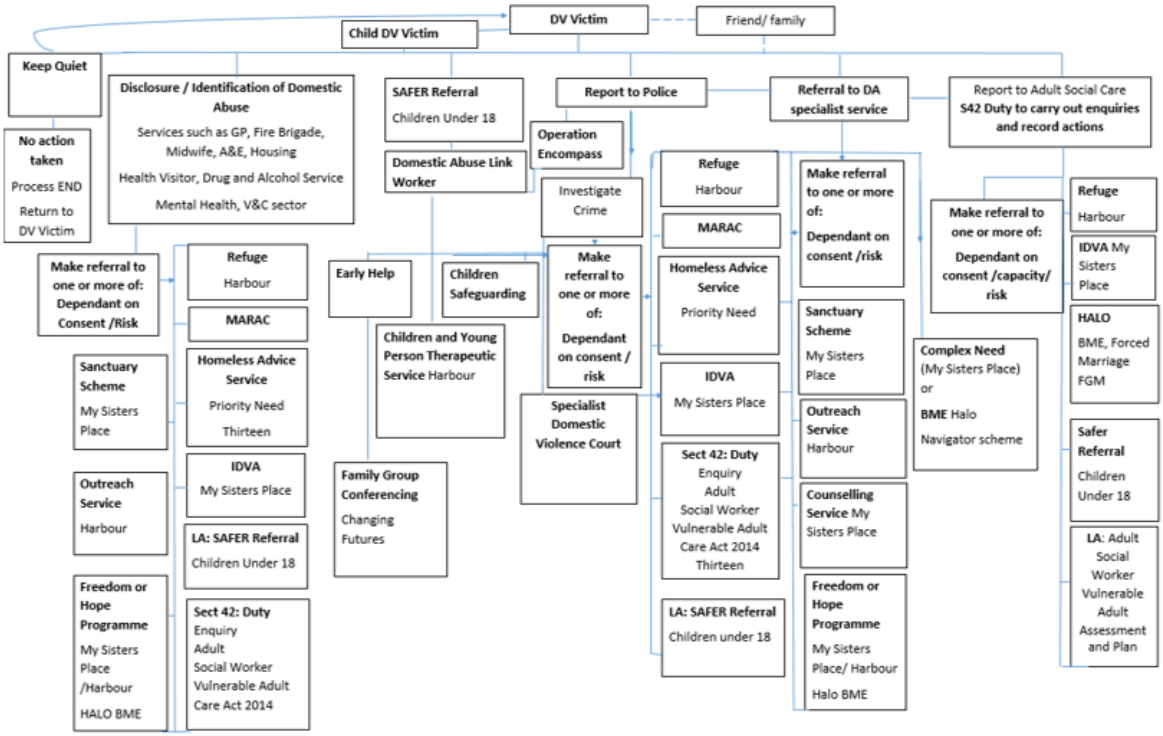
- The safety and wellbeing of children and young people is addressed in risk assessment and support planning.
- Children are able to access support to understand their experiences and build their resilience and confidence.
- Support is provided to parents to develop their parenting resources and maintain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

Appendix D

Appendix D Middlesbrough Victim Process Map



Appendix E Focus Group Plan and Reports

Consultation Plan and Set Questions

Participants

•5- 10 participants

•Past or present Service users

Environment

•Room will be arranged circle setting

•Welcome participants as they arrive

•Note Taker not using audio recording

•Translator

Moderator

•Skilled in group discussions

•Uses pre-determined questions

•Establishes permissive environment

•Gives an oral summary

Focus Group Discussion

Good afternoon and welcome to the session. Thanks for taking the time to talk to us about the services you have received. My name is …..and assisting me is …… We are both from Middlesbrough council. We are asking you about services in Middlesbrough in relation to Domestic Abuse. You were invited because you have had experience via (name) service. We would like to know what has worked well, what hasn't worked so well and how services might be improved. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we're just as interested in negative comments as positive comments, and at times the negative comments are the most helpful. You don't need to agree with others, but please listen respectfully to other. You will notice that …….is taking notes they are doing this as we don't want to miss any of the comments but we will not be taking personal details. . You may be assured of complete confidentiality. We will be on a first name basis today but we won't use any names in the reports. The details of the discussion will be used by Middlesbrough council to help them make plans about development of services on the future.

1) How do feel about (name) service?

2) How did you get involved with (name) service? How long have you worked with them?

3) What help were you looking for when you first became involved with the (name) service?

4) Think back over the time you've worked with (name) service and tell us what difference they made to you?

5) Think back over the time you have worked with (name) service and things they (name of service) did that helped you?

6) Could they do anything better?

7) Would you recommend the (name) service to anyone who might need help?

8) What would you say to encourage them to access support?

9) Suppose that you were in charge and could make one change to help victims of domestic abuse in Middlesbrough. What would you do?

10) Thinking about some of your experiences what do you feel prevents victims being able to access help from a service such as (name) service?

11) Suppose you had one minute to tell someone about how important it is we have services in Middlesbrough to help domestic abuse victims. What would you say?

12) Of all the things we discussed today, what to you is the most important?

Focus Groups with Victims and Survivors of Domestic Abuse Gathered information to be included in the DV Needs Assessment and influence future service deliver.
Approach Listen and learn, explore through conversation, gather experience, feelings and opinions, Identify issues, assess outcomes of involvement with services, understand diversity
Participants Self-selected service users who access service.

Harbour 5 September 2017 Attendees: 9 women attended. All residing in refuge. This include a mix of ethnicity and also service users with additional needs such as Mental Health and Substance misuse.
(Record of responses)

a. **How have you been involved with Harbour support service?**	- Mindfulness and relaxation sessions within the refuge, activities such as "Bake Off". - Play workers offer sessions to the children. - Induction and 1-1's with Keyworkers.
b. What help were you looking for when you first became involved with Harbour services?	-I needed somewhere safe to stay, my home was not safe and I needed somewhere safe to take my 3 children" -I needed to get out of my house, Police made the referral to refuge after I was assaulted by my ex-partner -I needed support to get me to where I wanted to be, my keyworker has been brilliant -I wanted to feel safe and secure, I feel safe and secure in refuge -I'm physically healthier, I can sleep at night now -I didn't know my husband's behaviour was abusive. I thought it was normal in a relationship. It was my counsellor who made me aware of domestic abuse and supported me to access refuge -I didn't know what to expect - I was nervous coming here
c. **Think back over the time you've worked with Harbour and tell us what difference they made to you?**	-I feel better physically, I feel less stressed and I feel safe. It's a relief having somewhere to live where I know me and my children are safe. -I found the Induction to Refuge really helpful, I was able to ask questions about the refuge. I felt listened to and now I look forward to the 1-1's as it helps keep me focused and I can see how far I have come.

	-I have someone to talk to, I can pop into the office at chat to the workers at any time, their door is always open and I don't need an appointment to talk to the staff. -Having the concierge service on an evening helps me feel safer at night -Before coming to refuge my child would grind his teeth, he was stressed, he would try to run out of the house, he would be sick and cry a lot. -Now my child has stopped grinding his teeth, he is sleeping at night and not crying or trying to run away.
d. Think back over the time you have worked with Harbour and things Harbour did that helped you?	-I have had help to get my children into School/Nursery -I have been supported to arrange appointments -In was in a bubble, no body understood. Other women here 'just get me'.
e. Could they do anything better?	-I would like the communal lounge to be open on an evening so we can spend more time together with other service users -It would be good if we (service users) could do things together on an evening -I get depressed stuck in the flat on my own. -I don't like the rule that children can't be left in the units, at home I would leave my younger child with their older brother/sister whilst I popped out to the shop or run an errand but I can't do that here. I have to drag the children out with me everywhere I go and they don't want to come -There is no free time for parents, if the children go in the play room with play workers we Mother's aren't allowed to leave the refuge. -There is no money for play workers -Only women are allowed, my Dad can't come for tea. Other family should be able to come in but I understand this scares some of the women and kids -Offer 'Mam time', some time out without the children, shopping trip or an outing just for the Mam's -Allow takeaways to be delivered to the building, at present we have to go out to get takeaway. Taxis come to refuge so I don't know why this is a problem
f. Would you recommend the service to anyone who might need help?	-Everyone agreed that they would recommend Harbour.
g. What would you say to encourage them to access support?	-Don't have to be scared -The flats are all self-contained, it feels safe -You can bring some of your own things to make the flat more homely -It feels like a community, you can get out of your flat and there's people to talk to such as other residents -It's good to talk to others who have been through it -People can keep themselves to themselves if they want to -I was allowed to bring my dog which my daughter is very attached to and it helps her with her Autism

	-There's emotional support for the children -Do you want your children to grow up and have the same abuse as you?
h. Suppose that you were in charge and could make one change to help victims of domestic abuse in Middlesbrough. What would you do?	-(In refuge) I would like to access the communal lounge and computer room at anytime - (In refuge) I would like WIFI, when my older children visit they won't stay because they don't have access to the internet and get bored. -(In refuge) It's difficult for my teenage children to do their homework without WIFI and they are using my hotspot and zapping up all the data -I would like to be taught practical skills such as decorating, changing plug or a lightbulb, learn how to change a tyre, learn to be independent without a man -More encouragement to live independently, I totally relied on my partner to do everything, I would like to be more confident -I think that people should be made aware of what refuge can offer earlier so they can plan to leave abusive relationships sooner -I think there should be a start-up payment to help family's adjust when they first move into refuge, something like vouchers or tokens to help them get by -I think it should be made easier to access GP's and prescriptions when you move into refuge. I have to travel to Ingleby Barwick to get my prescription and see my GP -Awareness in the community about domestic abuse and help available. -How it can make you feel safe and happy. -Women need somewhere to go when it happens. There should be a 'walk in' giving advice -Police should have more knowledge about domestic abuse and share what services can offer
i. **Thinking about some of your experiences what do you feel prevents victims being able to access help from a service such as Harbour Refuge?**	-People don't fully understand what Refuge is and what it can offer. They need to know the referral process and how to access the refuge -Time spent with Police after being assaulted took a long time and at one point I did think about not going into refuge as planned. -I didn't think the police thought my experience of domestic abuse was serious, when I'd call them they would come and ask my partner to leave the house then he would return the next day, they said they couldn't arrest him because he hadn't physically assaulted me. They said they 'can't arrest him because he hasn't hit you'. -When Police were called during an incident, the Police told me to leave but I had nowhere to go. I was totally dependent on my partner, I had no recourse to public funds and Police did not offer me any options. I had no choice but to stay with my partner. I felt priority was given to my partner. -In October 2015 I tried to access Middlesbrough refuge but I was told that because I am a landlord and have an income I did

	not meet the criteria for refuge. At this time I contacted MSP who got me into Redcar Refuge. -Other services question why I'm coming to the North-East and make me feel like I can't choose where I want to live, I do want to be safe but I want to live where I choose is right for my family GP's prescribing medication rather than tackling the underlying issue. GP's should know the indicators of domestic abuse and support patients to access services or give them options of what support is available. -I felt my GP lacked understanding of my experience of domestic abuse, she said "Are just staying in refuge for a bit and then going back home". This made me feel as though she didn't really understand how bad things were -The Police sent him away but he came back. There were no bruises, it was emotional abuse.
j. **Suppose you had one minute to tell someone about how important it is we have services that help domestic abuse victims. What would you say?**	-You are not alone -Domestic abuse affects everyone and if we don't have services to help us it will affect our children's future and also affect society -It's important that children learn what abuse from a young age is so that they can prevent becoming a victim of domestic abuse. Raising awareness in Schools is important, Schools should do a Child Friendly Freedom Course -People with no recourse to public funds need more help. I felt I had no options other than to stay with my abusive partner and because I had nowhere safe to go my daughter is now on a Child Protection Plan. But, I wanted to leave, I didn't want my daughter to go on a CP Plan but I had no other options to help me
k. Of all the things we discussed today, what to you is the most important?	**SAFETY –** all participants agreed that safety was the most important thing discussed today. **KNOWLEDGE –** some participants felt that if the police and GP's had more knowledge about domestic abuse, what the indicators are and what options are available to the victim would help people to access support sooner. **NOT FEELING JUDGED –** participants felt it was important not to make someone feel judged, to allow people to make their own choices and be supported to make their goals happen. One service user who disclosed she was recently a substance misuser said she feels that she is being judged by the Harbour Staff because she feels when she is being questioned about incidents in the refuge or her whereabouts they are trying to link it to her using drugs. The service user felt it was important that the workers understood how hard she is trying to abstain from drugs rather than make her feel judged for being a substance user.

	KNOWING THERE IS SOMEONE TO TALK TO – participants said they like the support from each other and also the support at any time from staff. **CONFIDENCE BUILDING**

Halo Circle of Friends **Attendees:** 6 women attended from African and Asian backgrounds. 2 women were from Stockton. Four from Middlesbrough.

a. How have you been involved with Halo support service?	-Harbour in Stockton introduced me to Halo. I was told how they support women through the Circle of Friends -I heard about them through my children's school. -I heard about the group through my therapist and my sons Social Worker when I moved from London to Stockton. I felt isolated and suicidal due to my experiences in Africa. I have found a group where we have something in common. I was looking for support and help with my mental health. -My GP recommended talking to a therapist who connected me to Halo who came and did an assessment of my family. -It's good to get together with others, its uplifting and good to listen to others stories.
b. What help were you looking for when you first became involved with Halo?	-Community support -They are the only people I am working with. They help me to be active and keep my mind occupied. I feel less isolated and supported to go out in the community. -They gave me confidence and encouraged me to open up and find ways to deal with my situation. The group work helps build confidence. -To rediscover myself and understand abuse. It is common and accepted in Africa. They helped my marriage – he was doing things out of ignorance, the awareness programme has helped with that. -I learnt I have choices
c. Think back over the time you've worked with Halo and tell us what difference they made to you?	-Meeting people, looking after myself to 'be a woman' and be inspirational to other women. Halo has been supportive to me and my family. -They talked to my parents. -I feel more confident and can now speak up in groups -I have a place to run to -I have sisters who I feel connected to who understand my family values
d. Think back over the time you have worked with Halo and things Halo did that helped you?	-They came to my house and gave me time to talk -They gave me advice about asylum seekers and listened to my story -They helped me plan a way forward -The courses and events have been really helpful -My support worker calls me every day. It's good to know someone checks upon me and cares

e. Could they do anything better?	-They failed to help me write a letter to support my asylum case -Raise more awareness, I was transformed by the 6 week course -TV and radio adverts – there was nothing like this in London -Put on a programme to educate the men and change their ways to support their women -We need culturally specific programmes
f. Would you recommend the service to anyone who might need help?	All the women agreed that they would recommend it to other women and families
g. What would you say to encourage them to access support?	-That you can come with your friends or have 1:1 support -That you don't have to tell them your business but can find out about options available to you. -I don't know how the others here found out about the service but I can help support others who come through what I have learnt with Halo -You can speak to someone who understands
h. Suppose that you were in charge and could make one change to help victims of domestic abuse in Middlesbrough. What would you do?	-Have a live event to get everyone talking about abuse -Publicity and advertisements -Asian women are scared of what others in the community will think -People need to know that abuse isn't just about someone who is being battered but can be emotional abuse or controlling behaviour. -The general community needs to be involved with the project -The community needs to understand that abuse isn't right
i. Thinking about some of your experiences, what do you feel prevents victims being able to access help from a service such as Halo support service?	-Some women don't come as they are not giving money or solving Home Office problems) -In our community you need to keep the abuse to yourself as things change, people change towards you when they are told, I feel like I can't trust anyone. -We need to educate the next generation to make changes in the future
j. Suppose you had one minute to tell someone about how important it is we have services that help domestic abuse victims. What would you say?	-Services can change your entire life -You will get encouragement and support -Together we can protect women in our society -You can get support with your mental health -It is a very therapeutic environment -The whole community should be involved -Not only men are perpetrators, woman can be to i.e. mothers in law
k. Of all the things we discussed today, what to you is the most important?	RAISING AWARENESS – all participants agreed that their communities need educating about what is acceptable behaviour

	WHOLE PACKAGE OF SUPPORT – assistance is needed with other problems i.e. setting up bank accounts, getting work etc. RECREATION – participants felt that coming to the groups gives them something to look forward to and gets them out of the house. SUPPORT FROM OTHERS – getting together with others who understand cultural issues and abuse, where stories can be shared was felt to be very important.

My Sisters Place. 6 October 2017 Attendees: 69 women attended. All residing in refuge. All white British and also included service users with additional needs such as Mental Health and Substance misuse.

a. **How have you been involved with My Sisters Place (MSP)?**	-Friend gave me the details. I have had support worker and counselling. MSP helped me with a solicitor so I could get a restraining order. They help with anything and everything. Friend gave information and told me to ring for appointment. People don't know how easy it is to make appointment feel stupid at first but not too bad once you met someone. It is just when you don't know someone. Support with everything court and restraining order DISC told me about them – to get advice form solicitor about my daughter and ex parent. Came here really helpful saved me in a way. Feeling stronger. Disc told me about it and I have accessed counselling. GP I only found out about it as my daughter was having problems at school. Took me weeks to pluck up courage. I did not know what it would be like. But my situation just got worse and kids were getting worse and I just contacted them. They have turned everything around. Helped me with divorce, solicitor I have now moved got kids out. Helped me with finance, and help with what I need I have worked with them a long time. They were involved and helped me with my daughter dad. He was controlling – controlled me over the years. I was stuck in there. Information from worker helped me to end relationship and advised me how to do that in a safe way. I then had Domestic Violence again – my partner burnt me with a cigarette my divorce is started I have non-molestation not allowed near me. I only had to ring them up in 10 mins I had seen someone and I have had counselling for five weeks. They listen and understood my ex told me I was delusional, thick and stupid. He did things to have control. Friends don't understand. People listen here and understand how you are.

	Brought in crisis SSD made emergency appointment. It was long time ago but I had post-natal depression because I was single they were taking my kids into care and going to give custody to dad. I had breakdown and had to stop dad getting kids full time. They felt I was not fit to look after my son – on my own with depression. Took 8 months but say my kids every day. I then had another relationship and same issues – didn't know about Claire's Law. Something just clicked and he was sex offender. Got grief from prison but they helped me get extra security in house and gave me information about his sentence. I felt safer. I have been on freedom and choices programme. Police told me about them. They are my rock. They help me go to appointments. It has been a nightmare – got nothing from SSD. They told didn't tell me baby was not coming home. I have had awful post-natal depression. MSP understand how I am feeling. They are a rock they have helped me with refuges they just get me one sorted.
b. What help were you looking for when you first became involved with MSP?	Keep kids x 2 Tell someone what was happening off load If it wasn't for worker he would have killed me. He phoned SSD on me all the time nothing happened to him. Partner made me feel it is my fault. The worker in MSP listened. I felt like I was going crazy.
c. **Think back over the time you've worked with MSP and tell us what difference they made to you?**	-Came here and felt supported -They gave me a way out -They saved me. Here today because I accessed this service. -I feel they gave me helpful advice my situation is miles better. I was in bad place but through advice and counselling and how they have worked with my worker from DISC I have changed. -They gave me tips of what to do. I'd have lost my kids if it wasn't for this place. Freedom courses excellent. Team Is brilliant. Different person – years later I still access support. I can't live without it they always welcome me and I can access when I need it and they help me with confidence
d. Think back over the time you have worked with MSP and things MSP did that helped you?	Five years and I am no further forward I have realised I need counselling. My worker (MSP) has agreed to pick me up just to get there and keep me motivated. It is hard when you don't have kids to keep going. I don't feel like a mam but they are my rock if got problems they go that extra mile to help you. They text me and care about me – they have built up my self-esteem. Follow up and regular contact really important
e. Could they do anything better?	Nothing they need to do differently

	They offer a lot of services all in one. They (men) do not like us accessing it as they know it helps. They say it is full of dykes but it isn't like that. They helped me be me again.
f. Would you recommend the service to anyone who might need help?	Yes they can help with everything not just DV. They kept me informed of prison dates and I can talk about any problems. They helped me understand where I was at. Just brilliant I can talk about everything. They let me use the phone even if they are busy they always have time for me.
G What would you say to encourage them to access support?	Video link really helps with court – don't have to face him. I kept retracting statements They don't just sort the problem at front they sort out all the others things behind this. I would go with them to help them access a service. More publicity leaflets and stickers need to be in women toilets or discreet places. Police didn't tell me enough about it. I don't see leaflets. I do see leaflets in children centres Not enough come forward.
h. Suppose that you were in charge and could make one change to help victims of domestic abuse in Middlesbrough. What would you do?	Non molestation orders don't work – police don't do anything they just get a slap on the wrist. They breach it and nothing happens Needs to be tougher sentences – consequences are not strong enough. Need to open up another centre. I don't like that my child is accessing one service for domestic abuse and I access another I want them all to be under the same roof. -I was contacted by another service who was helping him. They kept contacting me but I did not want them to and they did think until MSP told them to not contact me anymore (Women safety role Perpetrator) -Some of services (SSD) they make assumptions. My kid was drawing a picture of a knife and fork and eating dinner and they thought that meant they had seen him stab me but they were not there when that took place. -Too many services changing all the time MARAC and all services like housing need to know just a little about what it is like to access this service. They need to understand why I miss appointments because I am scared he is around or why I am low. I don't like explaining my story over and over again.

i. **Thinking about some of your experiences what do you feel prevents victims being able to access help from a service such as MSP?**	They are scared. Feel they will judged. Can't escape stuck in a relationship feel controlled? Don't know what they are walking into. I thought only drug users came here. I didn't think it was right for me until my social worker told me about it and said it was for everyone. Stuck in a situation scared might find out. They don't know that MSP don't leave messages on voice mail and always ask you if you can talk. They know that sometimes it isn't safe. Lack of courage prevents people making that phone call Not accessing service at first because you are not sure if you can be honest.
j. Suppose you had one minute to tell someone about how important it is we have services that help domestic abuse victims. What would you say?	Saved my life. Brought me back up. Once you get out you realise how bad it really is. Gave me good advice. You can do it – onwards and upwards Do what need to know to put it behind you got me to where I want to be There is another side you can be happier and safer.
k. Of all the things we discussed today, what to you is the most important?	Confidence Support Don't make you leave – the recovery Don't rush Counselling I feel safer I didn't know it existed it was only because a worker in GP surgery told me I can finally now move forward Needs to be more prevention. Young girls need to get freedom so they can recognise abuse and have awareness of what to look for