



Halton Domestic Abuse Forum

Multi Agency
Domestic Abuse & Sexual
Violence Strategy
2011-14

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CHAPTER 1: Introduction

I am delighted to introduce, on behalf of the Halton Domestic Abuse Forum, the refreshed Domestic Abuse and Sexual Violence Strategy for Halton for 2011-14. This strategy follows the successful implementation of our first Domestic Violence Strategy since 2005.

In Halton we believe that tackling Domestic Abuse and Sexual Violence is vital to building stronger, safer and healthier communities. We recognise that Domestic Abuse and Sexual Violence can occur in many forms and can be experienced differently by different groups, such as women and girls, members of the LGBT and BME communities and men, who may disproportionately experience various elements of these abuses. It is widely evidenced that these issues not only impact on the victim, their families and children but also the wider community with the associated emotional and financial costs. Thus, as a multi agency partnership, we aim to tackle Domestic Abuse and Sexual Violence in their widest forms and provide support to all victims within our area.

In order to achieve this and demonstrate zero tolerance locally we have listened to our local survivors, established strong multi agency partnerships and commissioned best practice support and intervention models. In tackling this issue we aim to create equality for all of our residents through reducing the fear and harm experienced from this form of violence and abuse. To date we have achieved this through the introduction of specialist interventions, such as the Halton Domestic Abuse Service and Specialist Domestic Violence Courts. The Halton Domestic Abuse Forum recognises that there remain challenges to address and acknowledge that this will not be an easy task in the current austere economic climate. However, we remain committed to addressing the issues we face locally and look forward to engaging our local community further in this challenge

We recognise that Domestic Abuse and Sexual Violence do not stand alone as isolated issues and have endeavoured to strengthen the links with other areas, such as Hate Crime, Vulnerable Adults and Child Protection. This will be an ongoing focus for the Forum who acknowledges that we could not have achieved our successes to date without consistent and effective partnership support across voluntary and statutory agencies. Therefore, as I introduce our refreshed strategy for 2011-14 I would like to thank all of our partners that have contributed to the work undertaken so far.

A handwritten signature in blue ink that reads "Dwayne Johnson". The signature is stylized and includes a horizontal line extending to the right.

**Dwayne Johnson – Chair of the Halton Domestic Abuse Strategic Group
Strategic Director for Adults and Community at Halton Borough Council**

CHAPTER 2: Executive Summary

Domestic Abuse and Sexual Violence; A Priority Issue

- The World Health Organisation have identified that for all women aged between 15 and 44 showed **violence against women is the greatest cause of female injury and illness on a global scale, compared to cancer**, malaria, traffic accidents or war.
- Each year circa **300,000 women suffer rape** or attempted rape whereas **150,000 suffer a stroke**.
- The **health costs related to a single victim of rape are around £74K** whereas the **health costs related to a stroke victim are estimated to be £15k over 5 years**.
- **21% of adults have been victims of domestic abuse in their lifetime** compared to only **4% of the population suffering with diabetes**.
- **Children of abused young mothers are 80% more likely to be obese by age five**, in comparison with children whose mothers are not abused. **Despite similar prevalence of domestic abuse (22%) and obesity (24%) within the population**, circa **£2.95 million more was invested in the treatment and services for obesity** than domestic abuse by health services in Halton.
- **6% of the UK population will suffer a depressive episode in a 12 month period**. This is comparable to the **5% who will suffer from a domestic abuse incident**
- In 75% to 90% of incidents of domestic violence, children are in the same or next room ¹
- In 30-60% of domestic violence cases, the abusive partner is also abusing children in the family ²
- A case file analysis of 250 **children in care who had been sexually abused or were sexually abusing others found that 39% came from families where there was domestic violence** (primarily violence towards the child's mother). This rate rose to 55% in a more detailed follow-up study of 40 children ³

¹ Stephenson, J. (2011) *Violence in the Home*, Social Work Now

² Edelson, J. (1999) *Violence Against Women*, Vol. 5 No.2

³ Farmer, E. and Pollock, S. (1998) *Sexually Abused and Abusing Children in Substitute Care*, John Wiley & Son

Overview of Domestic Abuse and Sexual Violence

Domestic Abuse and Sexual Violence are issues that can affect anyone regardless of social group, class, age, race, disability, sexuality or lifestyle. Over time there has come to be a growing recognition of the serious impact of domestic abuse on children and young people. It is frequently an element in serious case reviews into the abuse and death of children, with evidence of past or present

domestic abuse being present in over half (53%) of cases.⁴

The impact of Domestic Abuse and Sexual Violence is costly not only to the victim, in terms of personal and emotional cost, but also to the UK economy, with increased costs for the health service, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity.

⁴ Brandon et al (2009) *Understanding Serious Case Reviews and their Impact: A biennial Analysis of Serious Case Reviews 2005-7*, DCSF

The strategy has utilised consultation and engagement methods at critical points in the process and ensured that all partners have been involved. This has enabled us to maximise commitment, engagement and best practice across strategic and voluntary agencies

The framework involved in effectively responding to Domestic Abuse and Sexual Violence is the Home Office Coordinated Community Response Model (CCRM) as best practice model for a community approach.

It is vital that all statutory, voluntary and community agencies are committed to working together to target DASV, raise awareness of the issues surrounding it and to deliver accessible and effective services to both victims and perpetrators. No single agency can adequately deal with DASV. The issue needs to be addressed by joint working and multi agency strategies.

The Structure of the Strategy

The strategy has collated and synthesised a range of information from local and national sources in order to provide a baseline of robust information upon which future actions can and will be designed and implemented.

Below is a very brief outline of the key chapters in the strategy:

National Policy Context

This chapter explores government policy and legislation. The sections focus on the strategic direction of national bodies within the Domestic Abuse and Sexual Violence (DASV) arena.

The focuses of national policies are currently:

- Safer communities
- Prevention of sexual abuse
- Improving rape prosecution
- Prostitution and trafficking
- Early identification and intervention of DASV across the family.
- Violence Against Women and Girls (VAWG)
- Forced Marriage

The current strategic aims of national policy focus on the areas of: Provision; Protection; Prevention; Performance.

Local Delivery Structure

This chapter describes the local landscape of Halton and the local governance and structure of DASV.

Halton is ranked 30th in the Index of Multiple Deprivation (IMD) leaving 48% of the population living in deprived areas. Whilst this has improved in recent years the environment still acts as a contributory factor to the abuse and violence seen in Halton. Alongside this, 98% of Halton's population is white British creating isolated minority groups. The five most deprived Wards in Halton are Windmill Hill, Halton Lea, Castlefields, Riverside and Norton South.

Halton Domestic Abuse Forum (HDAF) is a multi-agency partnership that focuses on DASV issues within Halton consisting of a Forum Steering Group, a Forum Operational Group, a Service User Group and the Multi-Agency Risk Assessment Conference (MARAC)

The purpose of the Halton Domestic Abuse Forum is to work to prevent violent and abusive behaviour within partner and family relationships in Halton and to support victims of such abuse. The aim is to reduce incidents and improve the understanding and response to the DASV problems in Halton.

Analysis of Local Need

This explores the nature and prevalence of DASV and includes data collated from partners. The chapter reveals that the public attitude toward DASV as being a trivial issue and nothing the police can do anything about. The chapter also explores the significant areas of prevalence within the area.

The most prolific sexual offence in Halton is the sexual assault of a female aged 13 or over (36). This highlights a priority area in terms of young teen awareness and protection.

Within Domestic Abuse Incidents the prevalence of alcohol as a contributing factor increases to a third (33%) of incidents.

The North West has the second highest incidence of forced marriage in the whole of the UK. 17% of cases in 2009 were reported in the North West. However there is a lack of Halton specific data available.

For all domestic incidents the arrest rate appears fairly low at 17.2%.

Men were less likely to be seriously injured and less likely to report feeling fearful in their own homes. Research also found that a large majority of men, who said that they were victims of domestic violence, were also perpetrators of violence.

1 in 3 Lesbian, Gay, Bisexual and Transgender (LGBT) people experience domestic abuse. However within HDAF it is acknowledged that the LGBT community is not adequately represented or catered for.

The peak in CYP missing from home would seem to correlate with the school summer holidays which may be an area to explore further, at a later date, in terms of correlation with domestic abuse incident peaks.

During 2009-10 over half the referrals made by the police to Children's Social Care in Halton related to Domestic Abuse.

In January 2010, 59% of children subject to child protection plans were deemed to be at risk from Domestic Abuse.

Provision, Protection and Prevention

Provision

The role of the Independent Domestic Violence Advocates (IDVA) is to provide a service to victims at high and very high risk. In 2009/10 there were a total of 556 referrals to the IDVA.

A total of 145 people received support from the Rape & Sexual Abuse Support Centre (RASASC) in the year 2009/10.

Registered Social Landlords in Halton dealt with 25 cases of domestic abuse. From the data available there were only two male cases and a total of 27 children were involved.

Protection

PPU Detective Sergeants with responsibility for domestic abuse are also the coordinators of the local MARAC (Multi-Agency Risk Assessment Conference), chaired by the Detective Inspector on a monthly basis and work closely with the IDVA (Independent Domestic Violence Advocates).

The overall costs for Sanctuary Scheme during the period January 2010 to October 2010 was £17,641.17 excluding VAT. In total 39 households

received sanctuary measures, with 44 jobs being completed. The average cost for sanctuary measures, over this period, is around £500 per household versus £2,500 per family for relocating and moving due to DASV.

There were 189 cases processed through the MARAC. A total of 239 children were identified. 92 victims and perpetrators were identified as having alcohol issues. In total 126 people were identified with contributing factors including drugs and mental health.

The NSPCC Young Witness Support dealt with 45 referrals during 2009/10, 26 of these children being victims of DASV.

Prevention

There were a total of 146 cases processed through the Special Domestic Violence Court (SDVC). From these cases there were 251 outcomes with costs and compensation being the most common outcomes.

The Probation service reported for the period July 2009 to 2010 Halton had a total of 116 women offenders, of these 63 (54%) had experience of domestic abuse.

In 2009/10 a total of 27 male offenders completed Community Domestic Violence Programme (CDVP), against a target of 20

Violence against Women and Girls (VAWG)

This chapter centres on the new government strategy 'Call to End Violence against Women and Girls' (CEVAWG). The chapter provides an overview of the aims of the strategy and explores what implications it has on the local DASV service.

The local implications for the government's new Violence against Women and Girls strategy emphasises the need for the continued national quality assurance of MARACs and to improve commitment to and involvement of victims and communities in the DASV process.

Moving Forward – Future direction of Halton Domestic Abuse Forum

Performance and Partnerships Overview

The evidence has demonstrated that the Halton Domestic Abuse Forum is meeting need in some areas, however there are areas for development in the partnership.

Police crime data by ward level is not currently robust, in these austere times when funding and resources need to be focused more efficiently it would be beneficial to be able to target problem localities. Therefore being able to analyse data within a local authority and be able to map the areas of concern would aid in the focus of services.

The assessment of provision has highlighted that Halton is not currently geared up to provide specialist services. These include vulnerable adults, LGBT, BME, older people which was commented above.

There are many protection measures in place however these measures are primarily focused on the highest risk victims. These victims form the smallest percentage of victims.

Within the subject of prevention the main gaps that were identified were issues surrounding community and cultural awareness.

The Action Plan

In order to assess the performance of the current partnership we have identified 12 key components that contribute to an 'excellence' model. These components have been derived from current research and policy direction including the new governments CEVANG strategy.

The following section will highlight the overarching strengths and areas for development identified from the research with a focus on the performance and partnerships aspects of the Halton Domestic Abuse Forum and the key actions needed to elevate HDAF towards satisfying all elements of an excellence partnership. Further details can be seen in Chapter 9 – Performance and Partnerships and also Annex D – The Action Plan 2011 – 2014.

Each box illustrates a key strength and areas for development. The overarching action is then presented which will aim to elevate Halton towards performing as an excellent partnership.

1. Shared Objectives	
Strength HDAF structure demonstrates engagement with shared objectives.	Area For Development To ensure ongoing effective participation
Action HDAF need to maintain the partnership commitment to the Strategy Action Plan	

2. Structure and Governance	
Strength There is a clear governance structure in place for HDAF	Area of Development To ensure community involvement in line with 'Big Society'.
Action Awareness strategy focusing on the need for greater engagement of community including employers to recognise and respond to DASV	

3. Strategy	
Strength HDAF currently have a clear understanding and awareness of national and local policy which informs approach	Area for Development Effective and timely response announcements and demands of local and national bodies
Action The HDAF needs to respond to the launch of action plans and strategies by new government and local authority in a timely way.	

4. Representation	
Strength HDAF has wide representation currently from both statutory and voluntary agencies	Area for Development To ensure partnership maintains membership of sufficient authority to sanction actions arising from strategic meetings
Action Review terms of reference (TOR) and representatives at HDAF	

5. Provision	
Strength Halton has dedicated IDVA, MARAC, HDAS, ISVA and SDVC in place	Area for Development To identify funding streams to ensure IDVA capacity is adequate and provision for medium risk category victims is further developed
Action Increase funding for provision in line with demand and range of services needed	

6. Coordination	
Strength Halton coordination is already based on CCRM	Area for Development To ensure coordination continues to maintain excellence model.
Action The role and functions of the coordinator need to be reviewed and accounted for as a priority	

7. Training	
Strength Robust and bespoke training has been delivered to various agencies	Area for Development Prioritise delivery of Domestic Abuse Training for priority groups, such as GP's and the Team Around the Family Services
Action Engagement of key partners in developing a more consistent approach to DASV enquiry and response	

8. Data	
Strength There is a wide range of data available across CJS and voluntary sector	Area for Development To ensure data collection processes are consistent allowing comparison and progress to be measured.
Action HDAF agreed revised quality and type of data ongoing to allow focused and consistent data provision as baseline PMF. This will replace the existing PMF in place.	

9. Policies, Protocols and Procedures	
Strength Promotional events have been undertaken at key times to raise awareness	Area for Development Data reveals April may also need to be targeted in terms of raising awareness of HDAF policies.
Action Need to identify protocol and procedure for raising awareness consistently within local area.	

10. Specialist Services	
Strength The area has services for Missing from Home and Floating Support which specifically caters for Medium risk victims	Area for Development To ascertain through data provision the need of specialist services locally for minority groups and other groups associated with Domestic Abuse e.g. medium risk victims and perpetrators
Action Identify accurate local demand for specialist services to identify commitment and commissioning needed.	

11. Diversity	
Strength Dedicated part time IDVA to develop links to isolated minority groups	Area for Development To ensure services are developed as required based on data collated in point 10
Action Engagement of minority groups to identify and remove barriers to accessing support.	

12. Survivor Voices	
Strength Currently engaged HDAF FOCUS group	Area for Development To ensure that survivor voices are influencing responses at a Strategic level.
Action Addition to strategic group and confirmation of ongoing minimum funding to support engagement of survivor voices.	

Conclusions

The entire strategy process has enabled HDAF partners to clearly map current data and identify areas where possible work is needed. It has allowed for a comprehensive analysis of available information coupled with the opportunity to engage further with partners. The process has also led to exploration and inclusion of current innovative practice to inform development work to ensure HDAF is aspiring towards an excellence model.

This action plan responds to the areas for development this strategy has outlined whilst also reflecting the strengths the area has achieved to date. This offers the HDAF a clear guide to performance and focuses ongoing and will act as the template for future developments and progress reviews.

CHAPTER 3: Overview of Domestic Abuse and Sexual Violence and Strategy Introduction

Chapter Summary

- Domestic Abuse and Sexual Violence are issues that can affect anyone regardless of social group, class, age, race, disability, sexuality or lifestyle.
- The impact of Domestic Abuse and Sexual Violence is costly not only to the victim, in terms of personal and emotional cost, but also to the UK economy, with increased costs for the health service, the criminal justice system, housing, safeguarding and social care costs and the lost economic productivity.
- The strategy will seek to **improve the risk identification, assessment and management processes** and to **target educational and support services** effectively.
- Consultation and engagement methods at critical points in process will ensure all partners are involved and will enable us to maximise commitment, engagement and best practice across strategic and voluntary agencies
- Framework involved is Home Office Coordinated Community Response Model as best practice model for community approach.
- It is vital that all **statutory, voluntary and community agencies are committed to working together** to target DASV, raise awareness of the issues surrounding it and to deliver accessible and effective services to both victims and perpetrators.
- No single agency can adequately deal with DASV. The **issue needs to be addressed by joint working** and multi agency strategies.

3.1 Definition of Domestic Abuse and Sexual Violence (DASV)

Domestic Abuse is a systematic abuse of power and control that takes place within particular relationships.

The definition adopted by Halton Domestic Abuse Forum is:

'Domestic violence involves the misuse of power and is based on a range of control mechanisms which include: physical, sexual, psychological, social or economic abuse or neglect of an individual by a partner, ex-partner, carer or one or more family member, in an existing or previous domestic relationship. This is regardless of age, gender, sexual orientation, religious, cultural or political beliefs, ethnicity, disability, HIV status, class or location'.

Domestic violence includes the issues of forced marriage, female genital mutilation and some other aspects of so called 'honour' based violence where family and community members can act to control and punish perceived transgressions.

Sexual Violence is defined as:

'any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.'

3.2 Background of Domestic Abuse and Sexual Violence

Domestic violence continues to exact a moral and financial cost to us. This includes:

- ✓ Personal and emotional cost
- ✓ Health service costs (mental and physical health)
- ✓ Criminal justice system costs

- ✓ Housing costs
- ✓ Safeguarding and social care costs
- ✓ Economic costs of lost productivity

It is recognised that under reporting of DASV is a significant issue across society and can be a particular issue for older people, disabled people, those from black and minority ethnic and refugee communities, and those who identify as lesbian, gay, bisexual or transgender. It is also noted that men who are subjected to domestic violence are statistically less likely to report any incidents.

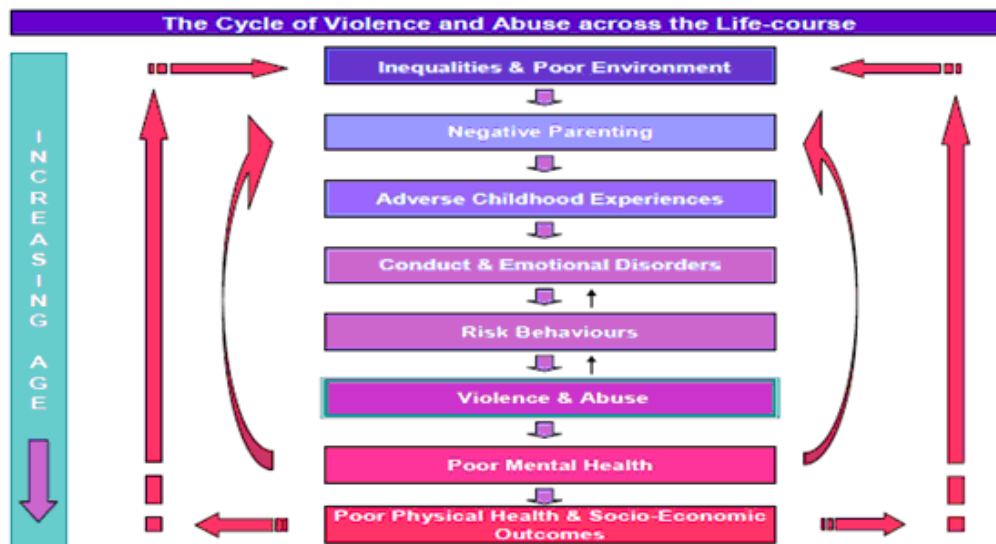
Under reporting can be due to a number of reasons including viewing agencies as unsympathetic and judgemental, shame and stigma surrounding disclosure of the issue, safety concerns, a lack of faith in receiving an appropriate response and a lack of awareness of the options and support that are available.

Whilst it is believed that the gap between experience and reporting appears to be reducing, it is still potentially significant. Studies suggest that around 48% of people affected by domestic violence never tell anyone (British Crime Survey).

Encouraging the reporting of incidents from all sections of the community will enable a more complete picture to emerge of the work that is to be addressed. This will need to include a view to the causes of DASV to ensure we develop a comprehensive overview of the local issues.

Figure 1 illustrates the cycle of violence and abuse over a persons life-course. Although this model cannot be used to generalise across the population it provides an overview of possible triggers and contributing factors to a person becoming a victim or perpetrator of DASV.

Figure 1 The Cycle of Violence and Abuse across the Life-course



Source: Home Office

3.3 The Purpose and Aims of the Strategy

This strategy has been written to address the issue of DASV in Halton. The launch of this strategy and the commitment of partners are essential to the safety and well being of people in Halton.

Homes and families should be places of safety and comfort. However, DASV can and does turn many homes into places of fear. While it mainly occurs in the seclusion of a private residence, domestic abuse does spill over into schools and places of work and the effects not only impact upon the victims, but the borough as a whole and the wider region around us. The Halton Domestic Abuse

Forum (HDAF) has consistently promoted the message that all forms of abuse are unacceptable and need to be challenged.

It is vital that all statutory and voluntary agencies are committed to working together to target DASV, raise awareness of the issues surrounding it and to deliver accessible services to both victims and perpetrators.

These collective efforts aim to create peace in our homes, schools, places of work and communities - as well as ensuring the future safety of people who have or are currently suffering as a result of domestic abuse.

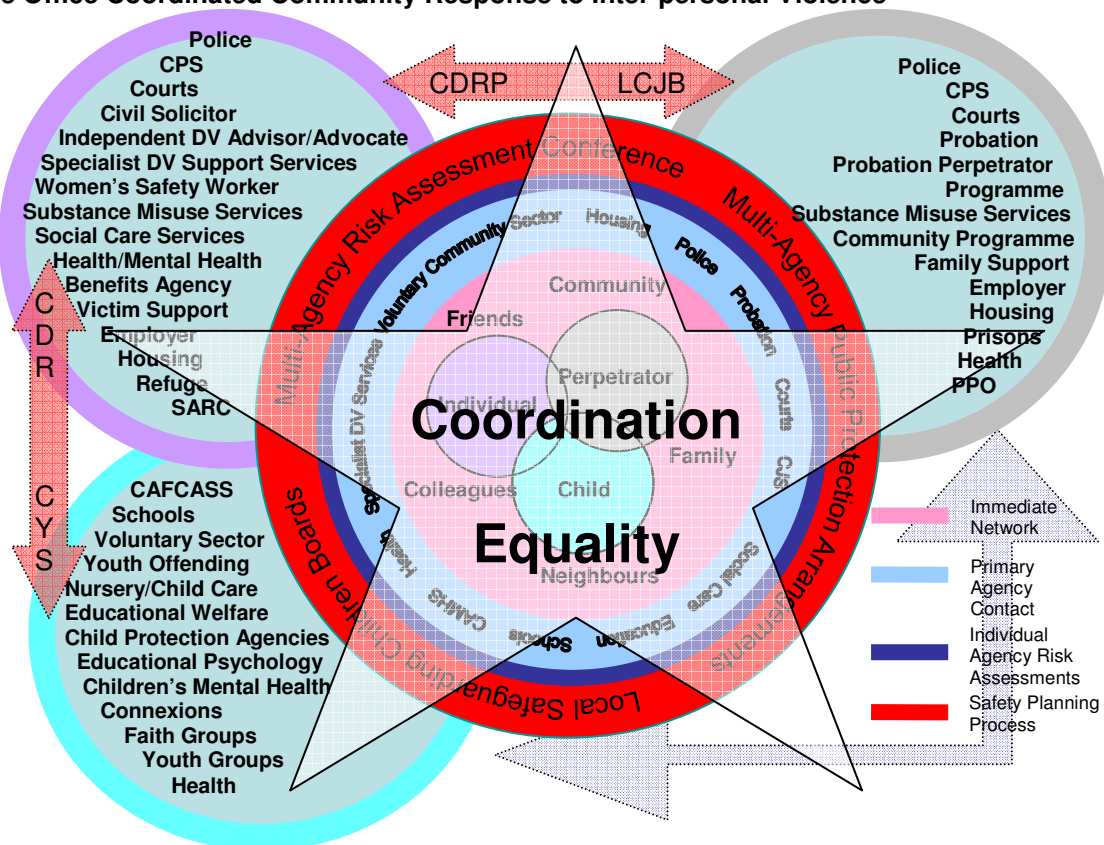
This strategy sets the stage for addressing DASV in Halton. The aim of this strategy is to help foster a multi agency response to reduce and prevent incidents of DASV, to protect and support victims, and to deal robustly with those who commit this crime by bringing together the services and expertise of a wide range of organisations. The Action Plan will ensure aim is translated into strategies to tackle, monitor and evaluate DASV.

The model used to create the multi-agency framework for this approach is the Home Office best practice Coordinated Community Response Model to Inter-personal Violence illustrated below in Figure 2. No single agency can adequately deal with DASV as it is a cross cutting issue that needs to be addressed by joint working and multi agency strategies. This results in the role of coordination

as being vital to the success of bringing the partners together and creating a holistic approach to DASV.

The focus for this strategy to respond to incidents of DASV in Halton will be the three elements of Provision, Prevention and Protection as they can be applied with groups and individuals in the borough. The strategy will seek to improve the risk identification, assessment and management processes and to target educational and support services effectively. This whole approach will be underpinned by the fourth key element of partnership approaches.

Figure 2 Home Office Coordinated Community Response to Inter-personal Violence



Source: Home Office

3.4 Developing the Strategy

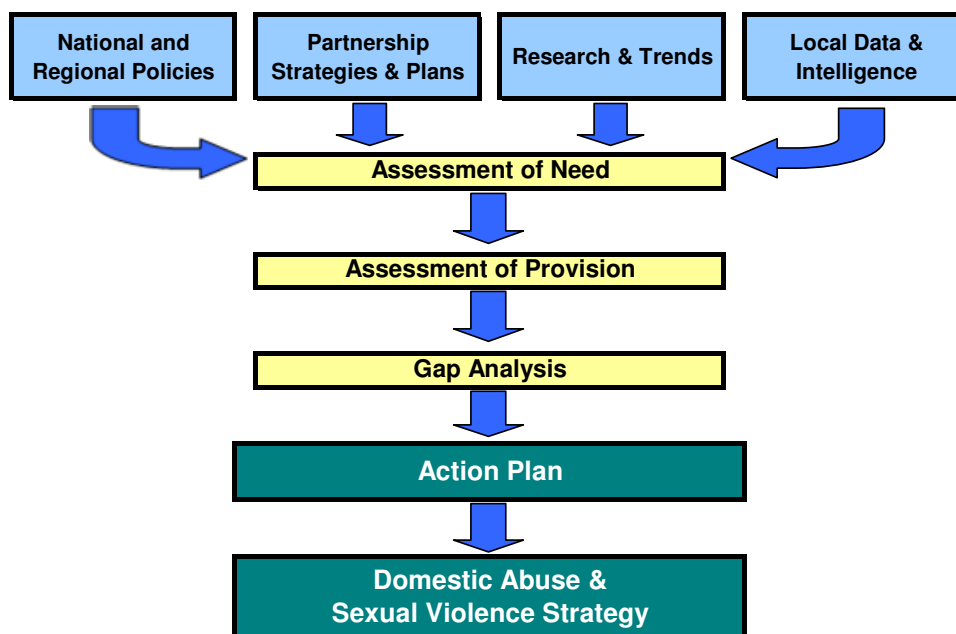
The process for developing this strategy has taken into account a wide range of information sources. The strategy and action plan have been developed by adopting the overarching process illustrated in figure 3.

We have also used consultation and engagement methods at critical point in the process to ensure all

partners are involved and to enable us to maximise commitment.

Organisations and agencies throughout Halton will be committed to preventing DASV and helping to support those who experience it.

Figure 3 Strategy Development Process



Conclusion

The strategy will identify specific areas of action and encourage partner 'buy in'. There will also be linkages with the current political agenda in terms of key priorities and requirements. Subsequently this strategy represents the combined efforts of the multi-agency Halton Domestic Abuse Forum (HDAF) to respond to DASV.

In the current economic climate there are additional pressures not only for the partners and the community but also on a domestic level with increased tensions in the home. This needs to be taken into account in two ways.

The lack of funding on an infrastructure and service level means that services need to be focused and efficiently run to tackle the priority issues that are identified.

The increased pressures and tensions at home could lead to more incidents of DASV and services need to be ready to tackle this. It is a difficult period in which demand on services may increase however the budget available to services is decreasing. In this environment partnership collaboration is even more important to ensure that victims and perpetrators can access the services they need.

CHAPTER 4: National Policy Context

Chapter Summary

- The key focuses of current national policies are:
 - Safer communities
 - Prevention of sexual abuse
 - Improving rape prosecution
 - Prostitution and trafficking
 - Early identification and intervention of DASV across the family.
 - Violence Against Women and Girls (VAWG)
 - Forced Marriage
- The overall strategic aims of national policy focus on the areas of: **Provision; Protection; Prevention; Performance.**
- Priority groups include: Women and Girls; Children and Young people; Vulnerable adults; Victims of forced marriage; Honour crime victims; Human trafficking and Sexual Exploitation victims; Prostitution

4.1 National policy context

It is vital to consider the national agenda in developing this strategy and we have identified the key areas of consideration and provided a brief outline of their objectives and aims.

The key national strategy documents considered within the development of this strategy are:

Equality Act 2010 – Under the Act there are now 9 ‘protected characteristics’ of which it is unlawful to discriminate against. The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The Act brings in a single objective “justification” test which replaces the various different tests previously in use. There are also new restrictions on employers asking about health and disability before deciding whether to offer employment.

National Community safety Plan 2008/11 –The Government laid out overarching objectives in terms of community safety:

- Make communities safer
- Reduce the risk to the UK and its interests overseas from international terrorism
- Build more cohesive, empowered and active communities
- Increase the proportion of people over 65 who are satisfied with their home and their neighbourhood

- Increase the number of children and young people on the path to success
- Improve children and young people’s safety
- Deliver a more effective, transparent and responsive CJS for victims and the public
- Reduce the harm caused by alcohol and drugs
- Increase the proportion of socially excluded adults in settled accommodation and employment, education or training.

Cross Government Action Plan on Sexual Violence and Abuse 2007 – The Action Plan brings together the measures underway and planned to deliver the key objectives on sexual violence and abuse, which are:

- To maximise prevention of sexual violence and abuse
- To increase access to support and health services for victims of sexual violence and abuse
- To improve the criminal justice response to sexual violence and abuse

The purpose of the action plan was to:

- Tell stakeholders and members of the public what the Government is seeking to achieve in relation to sexual violence and abuse
- Identify the actions the Government are taking to deliver their objectives
- Identify gaps in existing work which require further consideration

- Increase transparency and enable the Government to be held to account on delivery of the objectives
- Provide a platform for developing a more strategic and holistic approach to tackling sexual violence and abuse

An Action Plan for Tackling Violence 2008 -11 – 1 Year ON – The key objectives of this action plan were:

- To reduce gun crime and gang-related violence.
- To crack down on knife crime, in particular involving young people.
- To drive forward work on sexual violence, with a particular focus on improving the investigation and prosecution of rape and protecting children from sex offenders.
- To roll out the good practice we have developed in tackling domestic violence.
- To reduce street prostitution, human trafficking and all forms of sexual exploitation.
- To ensure that local agencies work together to identify those individuals in their communities who are involved or at risk of involvement in serious violence, either as perpetrators or victims, and are in a position to respond appropriately and robustly to prevent offending and re-offending.
- To ensure that victims of violence have access to better care and support.

Crucially the action plan established Specialist Domestic Violence Courts (SDVCs) to improve local responses to domestic violence cases and increase the number of these offences reported and successfully prosecuted. Under this system, accredited advisers offer victims one point of contact during and after a case; all Criminal Justice System staff and magistrates are trained on domestic violence; perpetrators and victims are separated in court; and specific court listing practices enhance the effectiveness of the court and support services.

Linked to the SDVC system, there was the introduction of Independent Domestic Violence Advocates (IDVAs) involvement with victims of domestic violence, to guide them through the criminal justice process and provide specialist advice and practical and emotional support. This has been shown to decrease victimisation; increase notification of children at risk; and reduce the number of victims unwilling to support a prosecution.

The strategy also identified the need to roll out good practice. This includes the national roll out of the Multi Agency Risk Assessment Conferences (MARACs) in order to reduce victimisation amongst victims of DASV. Through the MARAC local agencies work together to identify those individuals in their communities who are involved in serious violence either as a victims or perpetrator.

National Domestic Violence Delivery Plan 09 -10 – This delivery plan focused on four key areas:

- To increase early identification of and intervention with victims of domestic violence by utilising all points of contact with front line professionals
- Build capacity with the domestic violence sector to provide effective advice and support to victims of domestic violence
- To improve criminal justice response to domestic violence
- To support victims through the criminal justice system and manage perpetrators to reduce risk

Healthier, Fairer and Safer Communities – Connecting People to Prevent Violence. Towards a framework for Violence and Abuse Prevention – The Violence and Abuse Prevention Framework supports all current work, by providing a comprehensive overview of risk factors for violence and abuse and of the evidence base of what works in the early prevention of violence and abuse. The key findings were summarised and implications outlined to aide a joined up approach in partnership working as well as clarifying specific roles for different sectors. It also provides toolkits and additional resources to help front line practitioners in their role of preventing violence and abuse.

The framework is based upon the following four steps:

The framework is based upon the following four steps:

- Ensure a Positive Start – Connecting Families
- Skills for Safe Connected Individuals & Relationships
- Create Safe Green Connected Communities
- Working Together for Safer Communities

Map of Gaps 2 – The Equality and Human Rights Commission and ‘End Violence Against Women’ campaign called on national and local governments to take urgent action to ensure that all women have access to the full range of support they need, where and when they need it:

- National governments in Britain must, as an urgent priority, implement a national funding strategy to secure existing specialised violence against women services and help fill the gaps.

- Local authorities and other public bodies must ensure that there is dedicated independent, specialised, women-only services to support women who are the victims of violence.

This report highlighted key areas of provision for local authorities to have in place are:

- Domestic violence services (e.g. refuges)
- Perpetrator programmes
- BME services (inc FGM)
- SDVCs
- Sexual violence (inc Rape Crisis Centres)
- SARCs
- Prostitution, trafficking and exploitation support services

Working Together to Safeguard Children Interagency guidance recognises that Domestic Abuse impacts on children and young people in a number of ways, including:

- Being at increased risk of physical injury during an incident
- Causing serious anxiety and distress which may express itself in anti-social or criminal behaviour, and adversely influence young child's social relationships
- Disrupting school attendance and performance when adolescents feel they must stay at home to protect their parent from an abusing partner

The guidance requires agencies to take a proactive, collaborative approach to identifying and responding appropriately to domestic and intimate partner violence.

Every Child Matters – Change for Children sets out the national framework for local change programmes to build services around the needs of children and young people so that we maximise opportunity and minimise risk. The services that reach every child and young person have a crucial role to play in shifting the focus from dealing with the consequences of difficulties in children's lives to preventing things from going wrong in the first place. The transformation that is needed can only be delivered through local leaders working together in strong partnership with local communities on a programme of change.

Tackling Sexual Violence 2006 – Guidance for Partnerships – The aim of the guidance was to demonstrate to the Crime and Disorder Reduction and Community Safety partnerships that they have a crucial role to play in the prevention of SV crimes,

bringing perpetrators to justice, and providing services to victims. The guidance enabled local partnerships to do the following:

- Identify the nature and extent of sexual violence in their local area
- Identify key partners in the development of a sexual violence strategy
- Use 'best practice' case studies to develop practical initiatives to tackle various aspects of sexual violence in their local area

Violence Against Women and Girls (VAWG) Strategy 2009 – VAWG has a significant impact on the criminal justice system (CJS) although many cases never reach the CJS. The effects of VAWG go far wider than the criminal justice consequences, impacting on a wide range of other areas including health, children's services, education and housing. All government departments and local agencies therefore have a role to play.

Key actions on prevention include:

- Developing a national communications strategy designed to address attitudes towards VAWG among all members of the public;
- As part of a national communications strategy, launching a campaign in early 2010 targeting violence within teenagers' relationships run by the Home Office with support from Department of Health and the NSPCC;
- Including gender equality and violence against women in the school curriculum for Personal, Social and Health Education and Sex and Relationship Education;
- Training and Development Agency for Schools to address VAWG in initial teacher training and continuing professional development (CPD); and
- Increasing investment in Family Intervention Projects which provide help for families with multiple problems, including VAWG.

Key actions on provision include:

- Delivering a new online directory of services;
- Developing a new 24-hour sexual violence helpline;
- Developing an online resource centre bringing together government guidance and other VAWG materials;
- Continuing to invest in specific VAWG services (like Multi-Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advisers, help lines and Sexual Assault Referral Centres (SARCs) in

2010/11 and prioritise investment in VAWG thereafter;

- Working with a wide range of professional bodies and others to explore how training on VAWG could be included in initial training or CPD for all frontline staff. For healthcare staff, this will be considered by the Health Taskforce on VAWG;

Call to End Violence Against Women and Girls – 2010 Strategy

- In 2009/2010, women were the victim of over seven out of ten incidents of domestic violence. 36% of all rapes recorded by the police are committed against children under 16 years of age. The focus of the strategy is based on the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

The strategy is the first time that the government will be working towards a single definition and they will be specifically including girls in the approach.

The vision is for a society in which no woman or girl has to live in fear of violence. To achieve this vision, society needs to:

Prevent violence through challenging attitudes and behaviours and through early intervention.

Provide adequate levels of support.

Work in **partnership** to obtain the best outcome for victims and their families.

Reduce the risk and ensure perpetrators are brought to justice.

Further exploration of the strategy is available in Chapter 8.

Multi-Agency Statutory Guidance for Dealing with Forced Marriage

– The document set out the duties and responsibilities of agencies with the aim of protecting children, young people and adults facing forced marriage. Forced marriage is a form of child/adult/domestic abuse; therefore it should form part of existing child and adult protection structures, policies and procedures.

The document highlights specific arrangements that may inadvertently place a victim at risk of harm. These include failure to share information appropriately between agencies, the danger of involving families, breaches of confidentiality and all forms of family counselling, mediation, arbitration and reconciliation.

Often parents believe that they are upholding the cultural traditions of their home country, when in fact practices and values there may have changed. Some parents come under significant pressure from their extended families to get their children married. In some instances, an agreement may have been made about marriage when a child is in their infancy. Many young people live their entire childhoods with the expectation that they will marry someone their parents select – some may be unaware that they have a fundamental human right to choose their spouse.

The guidance covers the following areas:

- Senior management commitment
- Roles and responsibilities
- Clear lines of accountability
- Victim-centred approach
- Effective inter agency working and information sharing
- Staff training and awareness raising
- Monitoring and evaluation
- Record keeping
- Risk assessment
- The dangers of family counselling, mediation, arbitration and reconciliation
- Protecting children and adults with disabilities

UK Action Plan on Tackling Human Trafficking 2007

– The purpose of this Action Plan is to:

1. Draw together all the work that is currently underway across government and other agencies on human trafficking
2. Identify gaps in existing work which require further consideration
3. Increase transparency and enable us to be held to account on delivery of our objectives
4. Provide a platform for developing a more strategic and holistic approach to tackling human trafficking.

The Action Plan addresses the protection and assistance of victims in three primary areas:

- Improving identification and referral procedures and practices to help liberate victims from exploitation and enable them to access appropriate support services;
- Enhancing the support available and extending the rights for adult victims; and
- Assisting in the re-integration and resettlement of victims and helping prevent re-trafficking.

The overarching action areas are:

- Prevention of Human Trafficking
- Investigation and Enforcement
- Identification of victims - adult and child

- Information for victims
- Protection and Support for victims

Tackling the Demand for Prostitution: A Review 2008 – Tackling the demand for prostitution is an integral element of the Government’s Co-ordinated Prostitution Strategy and the UK Action Plan on Tackling Human Trafficking, and in January 2008, the Home Office launched a six month review to explore what further action could be taken by Government and statutory agencies to reduce demand.

The Review put forward the following recommendations:

- The Government should consider introducing a specific strict liability offence of paying for sex with someone who is controlled for another person’s gain, in order to protect vulnerable individuals, for example those who have been trafficked or exploited by any other means.
- The Government should consider running a marketing campaign aimed specifically at sex buyers to raise awareness about trafficking for sexual exploitation.
- The Government should consider amending the offences of kerb-crawling and persistent soliciting (s.1 and s.2 of the Sexual Offences Act 1985) to remove the requirement to prove that a person has acted persistently, thus allowing prosecution for a first offence.
- The Government should consider re-running a national anti-kerb crawling campaign, which should support forces nationally in their efforts to reduce street-based prostitution.
- The Government should consider introducing closure powers for premises linked to sexual exploitation, in order to allow the police and partner agencies to restrict access to such premises for up to 3 months.
- To support these proposed legislative changes, Government should work with all relevant bodies, including the police, criminal justice agencies and the voluntary sector to develop comprehensive guidance on enforcement and best-practice partnership work.

‘Equity and Excellence: Liberating the NHS’ - The White Paper details how power will be devolved from Whitehall to patients and professionals. Patients will get more choice and control. Groups of GPs will be given freedom and responsibility for commissioning care for their local communities. Providers of services will have new freedoms and they will be more accountable. There will be greater competition in the NHS and greater cooperation. Services will be more joined

up, supported by a new role for Local Authorities to support integration across health and social care. Strategic Health Authorities and Primary Care Trusts will be phased out. Management costs will be reduced so that as much resource as possible supports frontline services. The reforms build on changes started under the previous Government.

4.2 Conclusions

This chapter has outlined the overall definition and background of DASV in order to provide context to the subject we are covering with this strategy.

The chapter also looked at the main national strategies to be considered within the development of this strategy. The political aspect is vast and it is important to identify the key focus of government thinking to demonstrate the links with local strategy (Chapter 5) and to identify the priority issues within the area of DASV and the priority groups.

Priority groups highlighted in national strategies include:

- Women and Girls
- Children and Young people
- Vulnerable adults
- ‘Honour’ crime victims and victims of forced marriage
- Human trafficking and Sexual Exploitation victims
- Prostitution

The key focuses of current national policies are:

- Safer communities
- Prevention of sexual abuse
- Improving rape prosecution
- Prostitution and trafficking
- Early identification and intervention of DASV across the family.
- Violence Against Women and Girls (VAWG)
- Forced Marriage

The overarching strategic issues fall into these areas:

1. **Provision** – increasing access to specialist support, well-being and housing support for victims of DASV.
2. **Protection** – continuing to improve the criminal justice response to DASV via investigation, prosecution, support and rehabilitation.
3. **Prevention** – maximise the prevention of DASV via awareness raising, safeguarding and education and training.
4. **Performance** – improving the data collection and information sharing systems currently in existence.

CHAPTER 5: Local Delivery Structure

Chapter Summary

- Halton is ranked 30th in the Index of Multiple Deprivation (IMD) leaving 48% of the population living in deprived areas. Whilst this has improved in recent years the environment still acts a contributory factor to the abuse and violence seen in Halton. Alongside this, 98% of Halton's population is white British creating isolated minority groups. The five most deprived Wards in Halton are Windmill Hill, Halton Lea, Castlefields, Riverside and Norton South.
- The Sustainable Community Strategy focuses on the five strategic themes of; A Healthy Halton; A Safer Halton; Halton's Urban Renewal; Halton's Children and Young People; and Employment, Learning and Skills in Halton.
- Halton Domestic Abuse Forum (HDAF) is a multi-agency partnership that focuses on DASV issues within Halton consisting of a Forum Steering Group, a Forum Operational Group, a Service User Group and the Multi-Agency Risk Assessment Conference (MARAC)
- The purpose of the Halton Domestic Abuse Forum is to work to prevent violent and abusive behaviour within partner and family relationships in Halton and to support victims of such abuse. The aim is to reduce incidents and improve the understanding and response to the DASV problems in Halton.

5.1 The Local Landscape

Halton Council serves a population of 119,800⁵ (2008 Mid-Year population estimate) and 54,392 households. The population has increased slightly since the previous estimate. The rise in population is seen in the Older People age group, with the working age population decreasing slightly. In Halton 26% of the population are being 5 – 24 year olds, compared to 25% nationally. White British is the main ethnicity in Halton (98%).

Internal migration statistics shows that during 2008 there was a slightly larger migratory outflow than inflow. The employment rate in Halton is 68.4%, lower than the regional (70.8%) and national average (73.3%), but showing a modest improvement over the last year. The proportion of people with no qualifications is also higher than the regional and national average at 18.2%; again this

situation has been slowly improving over recent years.⁶

In terms of earnings per residence, Halton residences earn an average of £437.80 gross weekly pay. This compares to a regional average of £460.20 and a national average of £491.00⁷. Halton has 6.5% of its population of working age claiming Job Seekers Allowance, compared to a regional average of 4.9% and a national average of 4.3%.

As with many local authority areas, Halton has pockets of intense deprivation according to the Index of Multiple Deprivation (IMD) 2007. The IMD is an index system that scores Super Output Areas (SOAs, small geographic units with an average resident population of 1,500) according to an analysis of seven indicators of deprivation, taking into account employment, incomes, education/skills, living environment, barriers to housing and services, crime and health – and providing an 'overall' measure of deprivation. The population of Halton living in the top 20% most

⁵ All Halton figures, Neighbourhood Statistics (www.neighbourhood.statistics.gov.uk) or Halton Council website <http://www2.halton.gov.uk/content/councilanddemocracy/council/research/popularstats/?a=5441>

⁶ Employment and Qualifications figures from NOMIS, Official Labour Market Statistics, Local Authority Summary Statistics, <https://www.nomisweb.co.uk>. Earnings by residence (2009), Total JSA claimants (January 2010)

⁷ Earnings by Residence figures from NOMIS, Official Labour Market Statistics, Local Authority Summary Statistics, <https://www.nomisweb.co.uk/Default.asp>.

deprived areas is 48.5% with 38 of its 79 SOAs in the top 20% nationally – a small improvement over 2004 when it was 50%. The five most deprived Wards in Halton are Windmill Hill, Halton Lea, Castlefields, Riverside and Norton South.⁸

Halton Local Authority has an IMD score of 32.61 and is ranked 30th out of the 354 Local Authority districts in England (Rank 1 being the most deprived and Rank 354 being the least deprived).⁹

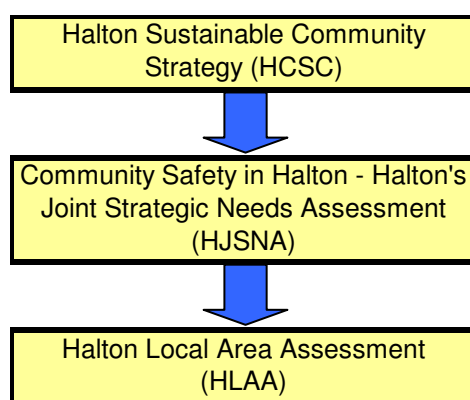
In contrast to this deprivation there are also some very affluent and desirable areas, for example Upton Rocks in Widnes – where residents with high earnings have correspondingly high-value personal possessions, vehicles and homes.

In summary, Halton has an ageing population with lower than average diversity and higher than average lack of qualifications. There is also a higher than average unemployment and lower than average earning rate. This is compounded by Halton being ranked 30th in the Index of Multiple Deprivation.

Whilst DASV are not directly attributable to environmental issues, as figure 1 in Chapter 3 highlights that environment can be a contributory factor to individuals becoming victims or perpetrators of violence or abuse.

5.2 Local strategy and policy context

The local strategy context is important because it not only links with the priorities of the National policies discussed in Chapter 4 but also influences the delivery of local services and funding. This section provides an overview of the three main local policies:



⁸ Halton IMD details taken from 'Indices of Deprivation 2007', Halton Borough Council. http://www2.halton.gov.uk/pdfs/councilanddemocracy/research/imd_2007

⁹ IMD details taken from <http://www.communities.gov.uk/communities/neighbourhoodrenewal/deprivation/deprivation07/>

We have also reviewed Halton's Hate Crime and Harassment Reduction Strategy because of the direct link with Domestic Abuse and Sexual Violence.

The **Sustainable Community Strategy** has five strategic themes which are summarised in the following section, these themes are:

A Healthy Halton - Of the five priorities, poor health continues to be the one that affects most people, with 33% of Halton's population placed in the worst 4% for health deprivation in England. The cancer rates and life expectancy figures, particularly for women, are among the worst in the country. To overcome this we envisage a focused effort by all the partners that will improve Halton's overall position by concentrating on the areas with the worst health outcomes. The target will be to reduce early deaths.

A Safer Halton - Making Halton a great place to live with an attractive quality of life and excellent local environment. However, this is very much dependent on reducing current levels of crime, tackling anti-social behaviour and improving the local environment in our neighbourhoods. Halton has seen a 16% reduction in total recorded crime from 2005 and 2008. In the same time period vehicle crime has reduced by 29% and criminal damage by 34%. The Safer Halton Partnership - with its focus on action at the neighbourhood level - has contributed to these welcome reductions. However, this remains a pressing problem for most people in Halton, and fear of crime remains at unacceptable levels and impacts upon too many lives. Taking the successes to date and working to improve on them, the Safer Halton Partnership aims to increase the confidence of communities in their neighbourhoods through coordinated enforcement and communication. Safeguarding adults is a key issue for the partnership, therefore policy and performance is scrutinised by the Safer Halton Partnership Board at every meeting. And whilst further guidance on the National review of 'No Secrets' is still awaited, work on the views of service users and carers, training and protecting adults will continue. Improving local conditions and encouraging people to get involved to help shape what happens in their local area is key to the partnership. With the continued provision of Area Forums, Police Community Action Meetings (CAMs), Community Watch Schemes and 'Face the People' Sessions, the Safer Halton Partnership offers opportunities for local people to have their say and help make a difference.

Halton's Urban Renewal - Modern day Halton has inherited an exceptional legacy of obsolete and poor quality land, buildings and physical infrastructure that undermines the development potential and attractiveness of the area. Putting this right is a key to greater prosperity and boosting the image of the borough. To achieve our vision we will:

- Provide affordable housing for sale and rent for those who need it most.
- Work with partners and the local community to support The Mersey Gateway scheme to fully realise its benefits. This will be a major focus over the coming years
- Upgrade and fully utilise the borough's rail, road, commercial waterways and power infrastructure in order to maximise the potential for economic development.

Halton's Children and Young People - For children and young people, three specific ambitions have been set, which better define what we are trying to achieve for children and young people. These are that:

- Every Young Person is successful when they leave school
- Children and young people will do well whatever their needs and wherever they live
- Children and young people are physically, emotionally and sexually healthy.

Work will continue on specific responsibilities or issues, which affect specific groups of children or young people. These chosen ambitions are relevant to all children and encapsulate some of the specific difficulties experienced by particular cohorts of children and young people. Each ambition is a condition of well being for all children and young people that no one single agency can achieve on its own. Rather a coherent partnership approach is vital if we are to succeed in making the necessary difference to each of these outcomes.

Employment, Learning and Skills in Halton - Historically, high economic inactivity rates across the borough, with particular pockets of high deprivation and social exclusion, have been endemic in the local economy. Progress has been made in recent years but the current economic downturn has meant rising levels of unemployment and inactivity with worklessness rates currently standing at 17.8% in Halton, with some wards experiencing levels as high as 30.6% against a national average of 11.7%. Our vision is the creation of a strong economy able to compete in the challenging global market. This can only be

achieved by targeted investment in skills, a vibrant employment market and creating a strong culture of entrepreneurship. Our target will be to ensure that no area of Halton has unemployment at more than 20% above the borough average and to reduce the number of adults of working age claiming out of work benefits in the worst performing neighbourhoods

Cascading down from the Sustainable Community Strategy is the **Community Safety in Halton - Halton's Joint Strategic Needs Assessment (HJSNA)**. This Assessment is carried out annually by SHP in partnership with police, Fire council, local councillors, Youth Offending service, Probation, Housing Assoc and Police Authority. The assessment brings together crime data, public consultation surveys etc to identify priorities for the work of the partnership over the next 12 months. The five key priorities for the borough are:

- Anti social behaviour
- Drug use and drug dealing
- Alcohol misuse
- Safeguarding vulnerable adults and children
- Confidence and communication

Halton's Local Area Assessment (LAA) builds on the priorities and themes identified in the previously discussed strategies. The Halton Strategic Partnership and the Council's Executive Board have now formally adopted the Vision Story. The strategic framework of the LAA is largely drawn from the Community Strategy and seeks to help make the vision story a reality. The agreed Partnership priorities are as follows:

- A Healthy Halton - To create a healthier community and work to promote well being - a positive experience of life with good health.
- Halton's Urban Renewal - To transform the urban fabric and infrastructure, to develop exciting places and spaces and to create a vibrant and accessible borough.
- Halton's Children and Young People - To ensure that in Halton children and young people are safeguarded, healthy and happy.
- Employment, Learning and Skills in Halton - To create an economically prosperous borough that encourages investment, entrepreneurship, enterprise and business growth.
- A Safer Halton - To ensure pleasant, safe and secure neighbourhood environments where people can enjoy life.

The overall approach is based on:

- Closing the gap between the most deprived communities in the borough and in Halton overall.
- Tackling inequality and promoting community cohesion, so that no community is disadvantaged.
- Making what we do sustainable so that our quality of life is protected and enhanced for the benefit of current and future generations.
- Investing in preventative activity that stops problems occurring rather than paying for actions to fix things that are going wrong.
- We need to invest more in success, rather than in failure.

The partnership aims to follow certain key principles:

- *Leadership* – the Partnership’s role is to give clear strategic leadership to the borough and enable people to make the necessary contributions to make a difference.
- *Fair and inclusive* – promoting equal access to opportunities and facilities. This includes the need to positively target activity at the most deprived geographical areas or particular groups of people.
- *Good value* – being economical, efficient and effective in delivering ‘Best Value’ for the public.
- *Collaborative* – this is about collective responsibility for making things better and embedding partnership approaches in everything that we do.
- *Evidence-based* – ensuring we learn from best practice elsewhere and make good use of research about what works in addressing the borough’s priorities.

Also of interest within the local policy arena is the **Halton Hate Crime and Harassment Reduction Strategy**. Hate crime takes many forms including: Physical attacks; threat of attack; verbal abuse or insults.

The strategy aims to address the following areas of hate crimes and incidents:

- Race hate - crimes/incidents motivated by ethnic origin, nationality, asylum seeker status
- Faith hate - crimes/incidents motivated by religious belief or lack of religious belief
- Homophobic hate - crimes/incidents motivated by sexual orientation

- Transphobic hate - crimes/incidents motivated by gender identity
- Disability related hate - crimes/incidents motivated by disability or ability, including learning difficulties.

Harassment is recognised as one of the major contributing factors to unnecessary stress. Aims of strategy:

- To provide statutory, voluntary and community service providers’ responses to hate crime
- To increase the reporting of hate crime
- To increase the number of offenders brought to justice
- To improve victim safety
- To reduce the tolerance of hate crime
- To prevent hate crime

The strategies and policies reviewed in this section will be considered in the production of the strategic action plan included in Chapter 9 and aid us to focus attention of the strategy to local aims and priorities.

5.3 Local governance of Domestic Abuse and Sexual Violence

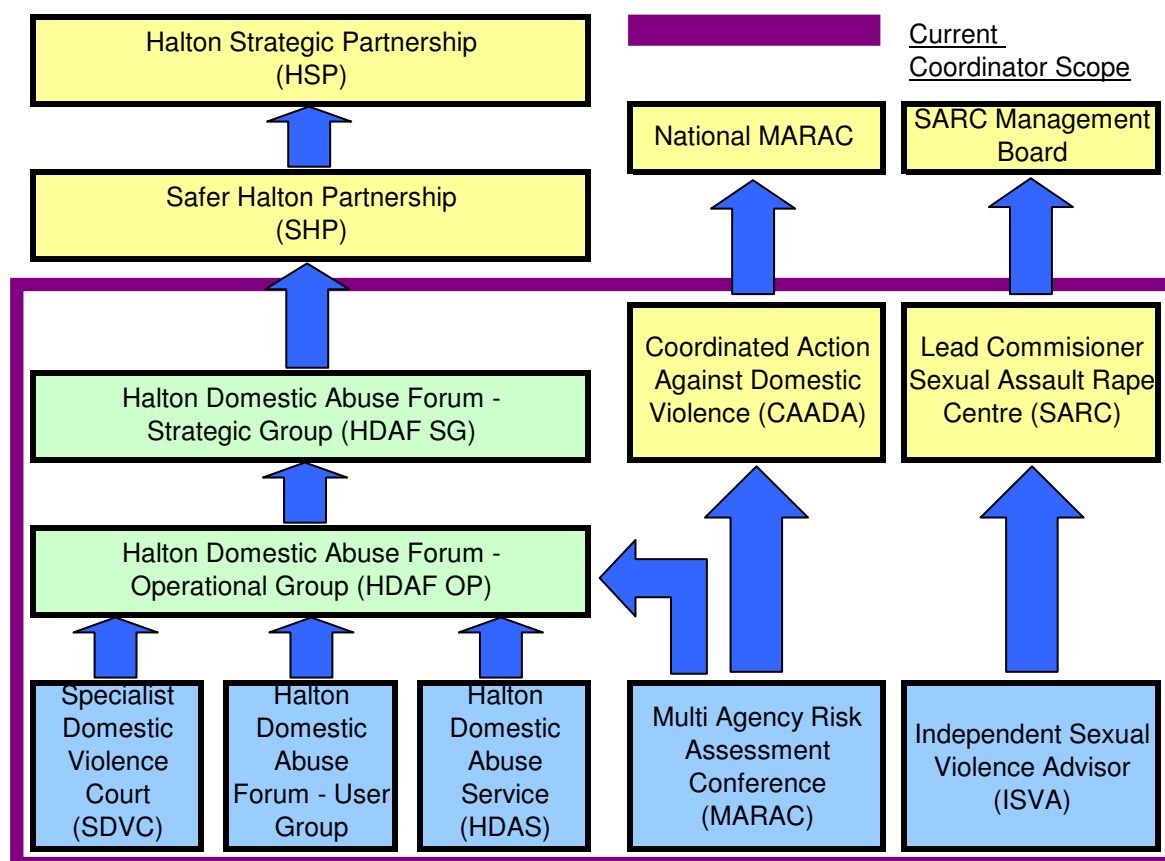
It is important to examine the local governance and structure in which the area of DASV sits and the hierarchy surrounding the local political infrastructure. Figure 4 shows the current structure within the borough of Halton.

Halton Domestic Abuse Forum (HDAF) is a multi-agency partnership that focuses on DASV issues within Halton.

The purpose of the Halton Domestic Abuse Forum is to work to prevent violent and abusive behaviour within partner and family relationships in Halton and to support victims of such abuse. The aim is to reduce incidents and improve the understanding and response to the DASV problems in Halton.

While this work needs to take place within the context of the broader *Crime and Disorder Reduction Strategy*, the nature and effects of DASV are such that there is a need to develop specific ways of taking a proactive stance from a strategic as well as operational perspective.

Figure 4 Halton DASV Reporting Structure



Source: Domestic Abuse and Sexual Violence Coordinator – Halton

The HDAF consists of four key groups. These are shown in figure 4. The remit for each group is as follows:

The Strategic Group – To plan, review and coordinate the strategic approach to DASV in the Borough.

The Operational Group – To implement the prevention and support activity for DASV and inform and support the work of the strategic group.

The Service User Group – To ensure survivors of DASV have a voice in work undertaken within this Borough.

The MARAC (Multi-Agency Risk Assessment Conference) – A formal meeting that exists to report/respond to incidents of High Risk Domestic Abuse/Violence.

Together these groups make up Halton’s Domestic Abuse Forum and address the following:

- Provides strategic guidance and tactical expertise to any other relevant groups within the domestic abuse remit.
- Devises, develops and implements action plans to provide/maintain sufficient effective and accessible support mechanisms for all parties involved in domestic abuse.
- Devises standards and performance indicators and builds a specific evaluation process into each development.
- Raises awareness of domestic abuse and related issues and aims to increase the reporting of such incidents, establishing their true scale in Halton.
- Liaises with other relevant bodies keeps up to date on national and international domestic abuse related initiatives and trends.
- Promotes appropriate training amongst key partner agencies.
- Consults with users to ascertain feedback on services and strives to develop and deliver high quality services that are client centred and address local need.

HDAF involves multi agency working. Below is a list of partner agencies involved in the forum:

- Halton Borough Council
- Cheshire Constabulary
- HM Court Services
- Halton Magistrates Court
- Drug Alcohol Action Team
- Halton Housing Trust
- Crown Prosecution Service
- Cheshire Probation Trust
- Halton and St Helens Primary Care Trust
- St Helens and Knowsley Teaching Hospitals NHS Foundation Trust
- 5 Boroughs Partnership NHS Foundation Trust
- Youth Offending Team, Halton and Warrington
- Cheshire Victim Support
- Cheshire Fire and Rescue

5.4 Conclusions

This chapter has outlined a picture of the local area to provide an overview of Halton issues that may interact with the issues of DASV. Of key note is the status of some local areas as experiencing intense deprivation. Whilst the overall picture for Halton has improved in recent years this deprivation background represents an additional element of challenge. Similarly, Halton has a mainly white British population which could create isolated minority groups locally.

The chapter has also explored the strategic structures and policies in place to ensure Halton issues are progressed. The key focuses emerging from the Strategic Delivery structures are:

- A Healthy Halton
- A Safer Halton
- Halton's Urban Renewal
- Halton's Children and Young People
- Employment, Learning and Skills in Halton

Working within these overarching themes are the Domestic Abuse Forum structures outlined in figure 4. The aim of this structure is to prevent DASV between partners and in families and support victims of such abuse. The aims identified for this structure were to reduce incidents of DASV whilst simultaneously improving understanding and response locally.

CHAPTER 6: Analysis of Local Need

Chapter Summary

- For all domestic incidents the arrest rate appears fairly low at 17.2%.
- The most prolific sexual offence in Halton is the sexual assault of a female aged 13 or over (36). This highlights a priority area in terms of young teen awareness and protection.
- Within Domestic Abuse Incidents the prevalence of alcohol as a contributing factor increases to a third (33%) of incidents.
- The North West has the second highest incidence of forced marriage in the whole of the UK. 17% of cases in 2009 were reported in the North West.
- Men were less likely to be seriously injured and less likely to report feeling fearful in their own homes. Research also found that a large majority of men, who said that they were victims of domestic violence, were also perpetrators of violence.
- 1 in 3 lesbian, gay, bisexual and transgender (LGBT) people experience domestic abuse
- The peak in CYP missing from home would seem to correlate with the school summer holidays. Further exploration of this against patterns of Domestic Abuse incidents would be a useful research initiative to identify any possible links.

6.1 Crime Statistics Overview

There are two main sources of official statistics on crime: the police recorded series and the British Crime Survey (BCS). There are some gaps in coverage which need to be borne in mind when interpreting the findings.

Violence against a person and sexual offences account for 21% of total reported crime. DASV could also be accounted for in other crime categories. The biggest shift has been a six percent rise in sexual offences.

6.1.1 Trends in violent crime

There was not a statistically significant change in the number of violent crimes estimated by the 2009/10 BCS as compared with 2008/09. However, over recent years there has been an overall reduction in violent crime estimated by the BCS, consistent with trends in police recorded crime.

6.1.2 Sexual Violence

According to the 2009/10 BCS, approximately two per cent of women aged 16 to 59 and less than one per cent of men had experienced a sexual assault in the previous 12 months. There were no changes in the overall prevalence of sexual assaults between 2008/09 and 2009/10.

There were 54,509 sexual offences recorded by the police in 2009/10, a six per cent increase compared with 2008/09. It may well be that figures for 2009/10 reflect initiatives undertaken by forces over the last year as they anticipated their introduction.

6.1.3 Reporting of Crime

Most frequently mentioned reason for not reporting incidents was that victims perceived them to be too trivial, there was no loss, or they believed that the police would or could not do much about them.

6.1.4 Repeat Victimisation

The survey has been influential in highlighting the need to target crimes that are prone to repeat victimisation such as domestic violence and vandalism

Extent of repeat victimisation

The BCS has captured data on domestic violence offences via a self-completion module since 2001 and the data have consistently shown that victims of domestic violence were more likely to experience repeat victimisation than victims of other crime types. Repeat victimisation accounted for three-quarters (76%) of all incidents of domestic violence as measured by the 2009/10 BCS. Of the 169 victims interviewed, around a half (47%) were victimised more than once and nearly a third (30%) were victimised three or more times.

6.1.6 Domestic Abuse

Based on the 2009/10 BCS, seven per cent of women aged 16 to 59 were victims of domestic abuse in the past year compared with four per cent of men. There was no statistically significant change. Partner abuse was the most common type of domestic abuse. Prevalence of family abuse was lower.

Offender-victim relationship

Stranger violence is more likely to be experienced by men while women are at greater risk of domestic violence.

According to the 2009/10 BCS, most (79%) victims in incidents of stranger violence were men. In nearly three-quarters (73%) of incidents of domestic violence the victims were women

Influence of Alcohol and drugs – Contributing factors

It is believed offender(s) to be under the influence of alcohol in around a third (37%) of all domestic violent incidents. In one in five (18%) domestic violent incidents the victim believed the offender(s) to be under the influence of drugs.

Offender characteristics

Offenders in domestic violence incidents were most likely to be male (79%). In around a third of domestic violence incidents (30%) the offender was believed to be aged between 24 years or younger, with 40% of offenders believed to be 25-39 years of age.

6.1.7 Summary

Women are more likely to be victims of DASV, with the majority of cases being within intimate partner relationships rather than familial.

Offenders are likely to be under the influence of alcohol or drugs and be male aged 25-39. Younger perpetrators are also a substantial perpetrator group.

6.2 The Extent of Domestic Abuse and Sexual Violence in Halton

The following section will be a closer analysis of the local extent, prevalence and nature of DASV and the specific issues facing Halton. The following section now examines the local area. We have provided details on arrests, reports and the cases within the criminal justice system.

Table 1 illustrates the percentage change within the North West from 2008/09 to 2009/10. The table illustrates that overall the region has seen a decline in total offences however in line with national figures there has been a rise in sexual offences which is over the national average of six percent.

Table 1 North West Recorded Crime Figures – Change from 2008/09 to 2009/10

NORTH WEST	2008/09	% change	2009/10
Total Offences	623,583	-10.8%	556,127
Sexual Offences	5,866	7.9%	6,327
VAP - With Injury	52,914	-8.5%	48,436
VAP - Without Injury	56,401	-5.5%	53,312

Source: Home Office Local Authority Recorded Crime

Within the Cheshire area (see table 2) total offences have also declined. Recorded sexual offences have also seen a decrease which is opposed to the national and regional trends. Cheshire County has seen a reduction of 0.1%. Violence against a person without injury has seen more of a dramatic reduction than violence against a person with injury, minus 9.6% and 0.3% respectively.

Table 2 Cheshire Recorded Crime Figures – Change from 2008/09 to 2009/10

CHESHIRE	2008/09	% change	2009/10
Total Offences	75,098	-10.7%	67,032
Sexual Offences	705	-0.1%	704
VAP - With Injury	6,925	-0.3%	6,902
VAP - Without Injury	7,244	-9.6%	6,546

Source: Home Office Local Authority Recorded Crime

When analysing the local area data **Halton has seen a reduction in overall total offences**. The area has also seen a **reduction in sexual offences, violence against a person without injury and violence against a person with injury**. The largest reduction 18.2% has been in the area of violence against a person without injury. The smallest reduction has been in recorded sexual offences but this has still seen a decline by 4.9%. There appears to be an issue with person-on-person violence that has resulted in injury. Although within this data we cannot attribute these figures specifically to DASV the data presented further on will elaborate on these areas of abuse and violence.

Table 3 Halton Recorded Crime Figures – Change from 2008/09 to 2009/10

HALTON	2008/09	% change	2009/10
Total Offences	11,777	-15.4%	9,969
Sexual Offences	103	-4.9%	98
VAP - With Injury	1,238	-5.7%	1,167
VAP - Without Injury	1,113	-18.2%	910

Source: Home Office Local Authority Recorded Crime

6.2.1 Domestic Abuse Reports

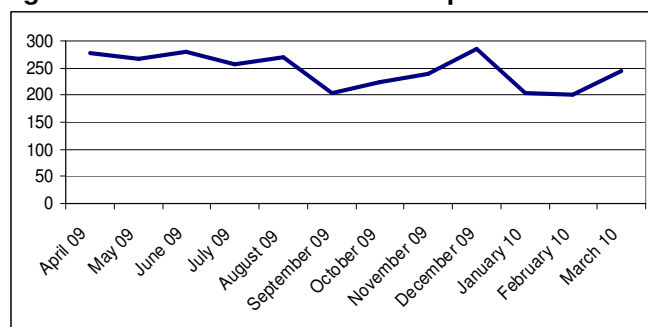
This section uses data that has been defined as a Domestic Incident (DI) or a Domestic Abuse Incident (DAI). A DI is a report of a domestic incident, which may have occurred in either a public or private place. This would include "Rowdy/Inconsiderate Behaviour" (raised voices/heated arguments, etc.) occurring in domestic situations involving partners (including former partners), family members or those living together in the same household." This category is designed to capture those incidents where the circumstances do not amount to a notifiable crime and also includes incidents which fall outside the Association of Chief Police Officers (ACPO) definition of Domestic Abuse.

The data reported from section 6.2.1 to 6.2.4 has been sourced from the CAVA database of Cheshire Police with the caveat that there are known problems with the accuracy of the data that is drawn from CAVA which leads to a probable under reporting of the true figures. The figures are therefore of use in terms of trends but cannot be taken to be an entirely true picture of numbers involved.

Domestic related reports in Halton appear to have reduced slowly throughout the year 2009/10. The

peak month appears to have been December 2009 as illustrated in figure 5.

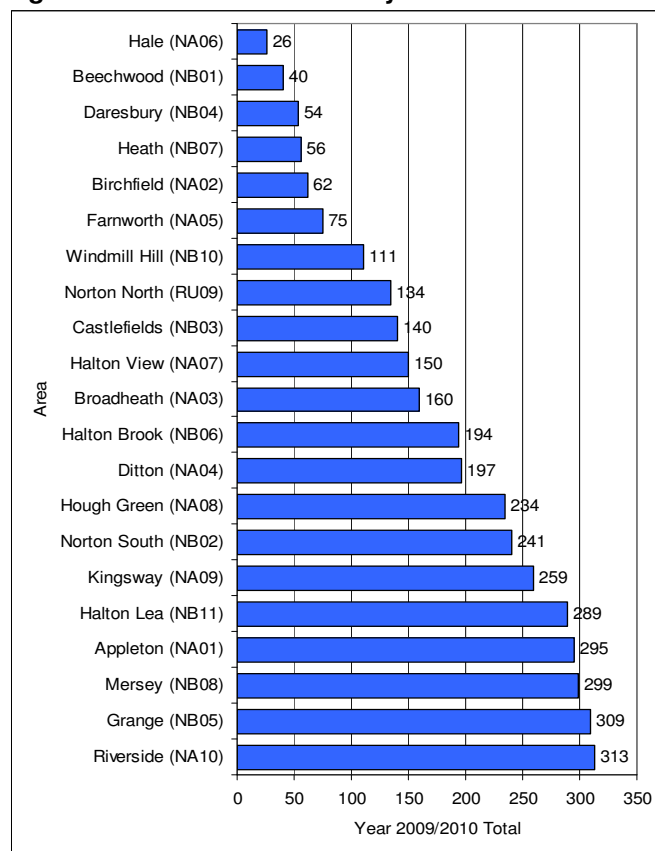
Figure 5 Total Domestic Related Reports 2009/10



Source: CAVA data

Domestic related incidents can also be analysed by ward/beat. Although this data is less reliable due to reporting errors, it provides an overview of the most prolific wards/beats for crime reports related to domestic incidents.

Figure 6 Domestic Incidents by Ward/Beat.



Source: NSPIS

Figure 6 illustrates that the cases of domestic related incidents are spread throughout the borough, however the top five wards/beats are:

- Riverside
- Grange
- Mersey
- Appleton
- Halton Lea

These areas tend to be associated with the more economically deprived areas of Halton.

There were a total of 2,946 domestic related reports on CAVA in 2009/10 with 67% of incidents noted as domestic rather than domestic abuse.

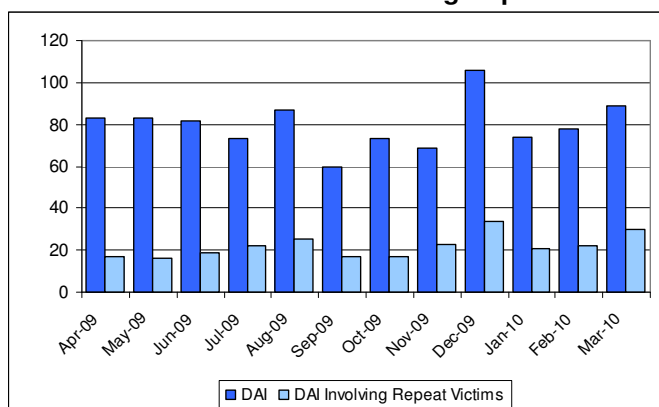
Table 4 Domestic Related Reports by Category 2009/10

	Count
Domestic Abuse Incident	968
Domestic Abuse Officer Investigation	9
Domestic Incident	1,969
Grand Total	2,946

Source: CAVA Database

Figure 7 illustrates the level of domestic abuse incidents and the level of repeat victims of domestic abuse incidents. This aspect of repeat victimisation is an area that will be examined in more detail later in the strategy.

Figure 7: Domestic Abuse Incidents (DAI) and Domestic Abuse Incidents Involving Repeat Victims



Source: CAVA Database

The attending Police Officer will conduct the initial risk assessment of all Domestic Abuse and Domestic Incident cases, with the local Public Protection Referral Unit conducting a secondary risk assessment. Table 5 demonstrates that just over a quarter (26%) of all incidents of cases were deemed 'high risk' cases.

Table 5 Domestic Abuse Incidents by Risk Category

Risk Level	TOTAL
Standard Risk	297
Medium Risk	405
High Risk	247
Not Stated	8

Source: CAVA Database

6.2.2 Arrests for Domestic Abuse and Sexual Violence

For all domestic incidents the arrest rate appears fairly low at 17.2%. It would be beneficial to review the arrest details and analyse the crimes

for which arrests were made. This would allow for possible issues to be flagged.

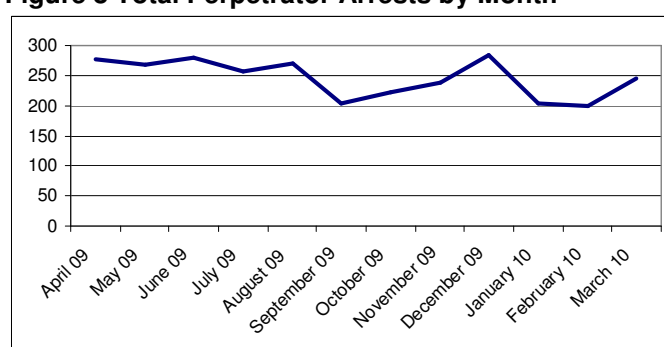
Table 6 Perpetrator Arrests Made April 2009 – March 2010

	No	Yes	Total
2009/2010	2,440	506	2,946
%	82.8%	17.2%	100.0%

Source: CAVA Database

Figure 8 shows arrests per month. The data indicates that there was a peak in arrests during December and that March 2010 also saw a slight rise. Figure 8 also demonstrates that overall there has been a decline in arrests over the year.

Figure 8 Total Perpetrator Arrests by Month



Source: CAVA Database

The figures for arrests pending illustrate a similar pattern in that during 2009/10 there were only 5.9% of perpetrators awaiting arrest. The cases behind this data would be useful to examine in terms of reasons for this trend, i.e. whether charges are not made or whether victims are withdrawing statements.

Table 7 Perpetrator Arrests Pending 2009 - 2010

	No	Yes	Total
2009/2010	2,773	173	2,946
%	94.1%	5.9%	100.0%

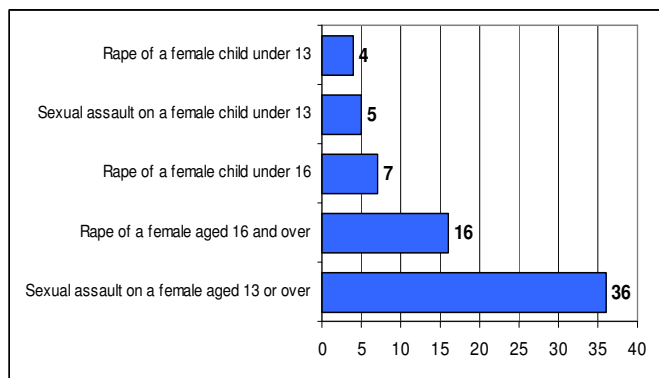
Source: CAVA Database

6.2.3 Serious Sexual Offences

Total of 77 (41%) reported Serious Sexual Offences (SSOs) of the total reported SSOs in the Northern BCU occurs in Halton with the top five offences accounting for 88% of all SSOs in Halton.

The most prolific sexual offence in Halton is the sexual assault of a female aged 13 or over (36). This is more than double the next offence which is rape of a female aged 16 and over. **This highlights a priority area in terms of young teen awareness and protection.**

Figure 9 Top Five Reported Sexual Offences in Halton



Source: CAVA Database

6.2.4 Contributing Factors to Domestic Abuse and Sexual Violence

There are many contributory factors to DASV. However the recording of them is limited. The following section looks at the available data to provide an indication of contributing factors to all domestic related reports and then specifically domestic abuse related reports. The data should be interpreted with caution and would need further analysis to be robust.

There are a number of factors that may work alone, or combined, to contribute to an individual being involved as either a victim or perpetrator of personal violence.

These factors could include:

Gender conditioning - Societal norms play an active part in shaping gender identity and roles. Traditional male and female gender roles may lead to the acceptance of certain behaviours, and the belief that these behaviours are 'natural' to that gender.

Changing gender roles - Whilst this change is still evolving, an expectation to 'conform' to traditional gender roles still exists with many members of the community. Subsequently, the process of change itself may provoke incidents of violence by creating personal frustration through either the uncertainty of roles as experienced by individuals, and/or the threat of others' changing roles, for example, women may pose more 'competition' in the workplace, etc.

Social and Cultural Influences - A number of social and cultural influences impact on the incidence of violence, these include:

- *Increased Exposure to Violence* - Through our constant exposure to popular media, e.g. television, movies, print media, computer

games, music etc. violence has become an everyday occurrence in our lives. Over the years this level of violence has increased, as has the graphic depictions, which tend to glorify violence, particularly murder, in an increasing number of forms.

- *Lack of Positive Role Models* - Role models adopted by members of the community are often those seen in the media or promoted through popular culture. It is not unusual for popular sporting heroes or actors to receive poor publicity in relation to violent behaviour including pub brawls and alcohol abuse.
- *Peer Pressure* - The need to belong remains a constant pressure in society, by young people in particular. In order to belong to a particular group, many adolescents feel the need to conform or prove oneself which may directly result in the perpetration or acceptance of violent behaviour, e.g. gang inductions.

Religious/Cultural Influences - What is acceptable in a particular culture or religion may not be appropriate behaviour in UK society. For example, a refugee from a country where violence is power and corruption reigns may see nothing wrong with using violence to obtain personal goals.

Family Influences - A number of aspects of family life may impact on the perpetration and acceptance of personal violence. These include:

- *Family breakdown/divorce* - this may create isolation, hopelessness, low self-esteem, self-blame and/or devalued life. Children particularly are often affected by family breakdown, significantly experiencing a number of these effects
- *Child Abuse* - in addition to the obvious physical, psychological and/or emotional trauma, a person who has been abused as a child must often act proactively to 'break the cycle' as an adult
- *Domestic violence* - violent behaviour may be viewed as the 'norm' and continued from generation to generation;
- *Negative Familial Role Models* - aggressive behaviour may be viewed as an effective means of dealing with frustration or as a means of problem solving, and therefore copied by children/siblings.

Individual Characteristics - There are many personal factors which may contribute to the likelihood of someone becoming a victim or perpetrator of personal violence, these include:

- *Specific life experiences* - may impact on an individual to become either a victim or

perpetrator of personal violence. Life events such as death of a friend/family member, divorce, injury, loss of employment, financial hardship, etc., may also be the catalyst for victim or perpetrator behaviour.

- *Individual values/morals* - present a constant influence on a person's behaviour.
- *Lack of education or positive role models* - may impact on individuals in a number of ways. One result is the ignorance to appropriate methods of managing anger and problem solving. A lack of interpersonal skills to effectively deal with these emotions as well as a lack of power or control over external factors is likely to have a direct impact on levels of personal violence perpetrated or experienced.
- *Personal addictions* - such as alcohol, drugs and/or gambling may also indirectly increase the probability of becoming involved in personal violence. For example, the need to fund these addictions may lead to an individual engaging in desperate behaviour, e.g. robbery, assault etc.

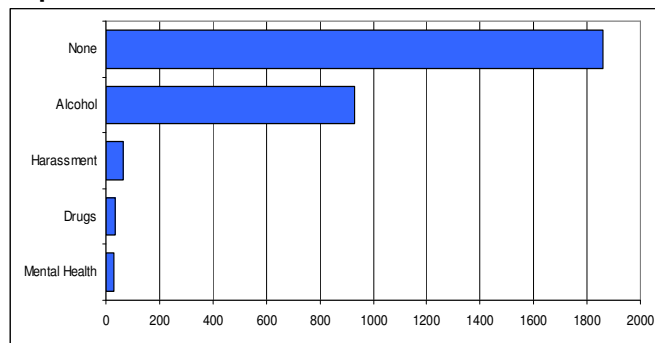
Alcohol and Other Intoxicating Substances -

Alcohol and other intoxicating substances play a significant role in the occurrence of personal violence. There is no doubt that consuming alcohol and/or other drugs will impair a person's judgement, reflexes and general awareness. This could not only place them in a position of vulnerability, thereby increasing their chances of being a victim of personal violence, but also may act as a catalyst for perpetrating personal violence.

The reporting of contributing factors however is not robust and not consistent within police data. The information included in this section is currently the most reliable information available from Cheshire Constabulary. It is recognised that there is a very high rate of underreporting within the data as figure 10 shows there is a very high incidence of no contributing factors to domestic related reports.

Domestic related reports are all reports of a domestic nature and covers a wide range of issues including domestic abuse. **Alcohol is presented as the largest contributing factors** which would align with anecdotal reporting from partners. **Alcohol as a contributing factor accounts for just over a quarter (26%) of all domestic related reports.**

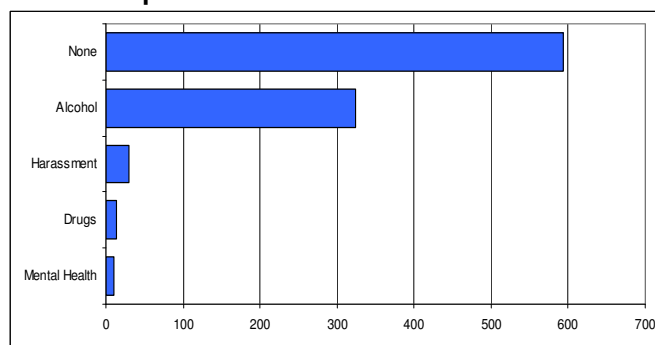
Figure 10 Contributing Factors to Domestic Related Reports



Source: CAVA data

The data indicates that a large majority of cases have no contributing factors. This could however be due to reporting error. **Within Domestic Abuse Incidents the prevalence of alcohol as a contributing factor increases to a third (33%) of incidents.** 7% greater than for overall Domestic Incidents.

Figure 11 Contributing Factors to Domestic Abuse Related Reports



Source: CAVA Database

6.2.5 Sanctioned Detections

There are two types of detections - Sanction detections and Administrative detections. **Sanction detections** can be defined as those where an offender has been charged, cautioned, reported for summons, reprimanded, the offence has been taken into consideration or where a fixed penalty notice has been issued in relation to a notifiable offence. The other type of detections are **administrative detections** which can be defined as situations where police have gathered sufficient evidence to charge someone but charges are not brought, e.g. where the accused person/key witness has died or is seriously ill, or to proceed with the case would not be in the best interests of the public.

Due to data quality issues with Cheshire Constabulary crime recording system, not all

crimes which are domestic related are correctly recorded as such. Therefore they are **unable to provide sanction detection data as the figures would be under-reported**. They are currently working to improve the quality of data on the system.

6.2.6 Successful and Unsuccessful Court Outcomes - Crown Prosecution Service Overview

Data in this section includes both Warrington and Halton combined as it is currently unable to be split down into the individual local authorities. Evidence for the individual Specialist Domestic Violence Court in Halton is presented in Chapter 7, section 7.3.3.

Table 8 illustrates that 84% of the 495 pre charge cases lead to charges by the CPS. Approximately 60 cases were not charged due to evidential reasons.

Table 8 Crown Prosecution Service Initial Outcomes

	2009/10
Pre charge – number of cases pre-charged	495
% Charged	84%
% Not charged (evidential)	12%
% Not charged (Public interest)	1%
% Cautions	1%
% More info requested	1%

Source: Crown Prosecution Service

Overall there were 448 defendants, of which 296 were successfully prosecuted, with 246 entering guilty pleas. Approximately 76 cases had no evidence offered.

Table 9 CPS Defendant Outcomes

Prosecution:	2009/10
Number of defendants	448
% Successful prosecutions	66%
% Guilty pleas	55%
% Discontinued cases	10%
% No Evidence Offered	17%
% Convicted at trial	10%

Source: Crown Prosecution Service

The majority (94%) of the 448 defendants in the CPS system were male. There are very few female defendants in the CPS system for DV.

Table 10 CPS Defendant Gender

Gender:	2009/10
No. Male defendants	420
No. Female defendants	28

Source: Crown Prosecution Service

The majority of defendants had their ethnicity recorded. 95% of the defendants were white this equates to 417 defendants. There are a very low proportion of BME defendants in the court system for DV.

Table 11 CPS Defendant Ethnicity

Ethnicity:	2009/10
% Recorded ethnicity of defendants	98%
% White defendants	95%
% BME defendants	3%

Source: Crown Prosecution Service

The principal offences of the defendants can be seen in Table 12. The statistics demonstrate that **the main offence was against a person (340 defendants) with criminal damage as the second most common offence (54 defendants)** as opposed to homicide, sexual offences.

Table 12 CPS Defendant Principal Offences

Principal offences	2009/10
% Homicides	0%
% Offences against the Person	76%
% Sexual offences	1%
% Criminal damage	12%

Source: Crown Prosecution Service

There are a proportion of cases that are unsuccessful. This can happen for several reasons with the majority of the main reasons focusing on the victims. **The largest proportion of unsuccessful outcomes is due to victim retractions (9%)**, followed by non-attendance and insufficient evidence. These reasons need to be examined more carefully as there may be a need for better provision to support victims through the CPS process.

Table 13 CPS Unsuccessful Outcomes

Reasons for unsuccessful cases	2009/10
% Victim retractions	9%
% Victim non-attendance	6%
% Victim evidence does not support case	5%
% Cautions	1%
% Bindovers	0%

Source: Crown Prosecution Service

There are also the domestic violence cases that are recorded at local magistrates. The monthly total can be seen in Table 14. There was a peak in cases in September 2009 within Runcorn Magistrates when 69 cases were recorded.

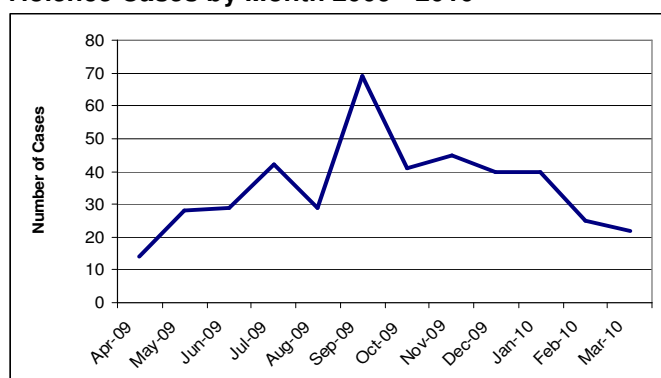
Table 14 Domestic Violence Cases Recorded at Magistrates

Month/Year	Runcorn Magistrates Court	Warrington Magistrates Court
Apr-09	14	5
May-09	28	34
Jun-09	29	33
Jul-09	42	41
Aug-09	29	42
Sep-09	69	84
Oct-09	41	87
Nov-09	45	84
Dec-09	40	43
Jan-10	40	45
Feb-10	25	41
Mar-10	22	31
Total	424	570

Source: Her Majesty's Court Service

The pattern of these cases in Runcorn magistrates can be seen in figure 12. There was also an evident dip in cases during April 2009, although the current data does not allow for further analysis of this drop in cases.

Figure 12 Runcorn Magistrates Court Domestic Violence Cases by Month 2009 - 2010



Source: Her Majesty's Court Service

6.2.7 Estimated Domestic Abuse and Sexual Violence Victims

To calculate the number of estimated victims we have used the British Crime Survey (BCS) as a basis. The BCS includes information about incidents that are not reported to the police, which is particularly important for intimate violence. The self completion module on intimate violence covers emotional, financial or physical abuse by partners or family member, sexual assaults and stalking experienced by adults aged from 16-59.

By using the self completion we can generate a model of the estimated prevalence of DASV within the Halton borough. Nationally there has been an

estimated one million female victims of domestic abuse in the last 12 months with an estimated 600,000 male victims

Table 15 illustrates the calculated estimated prevalence of domestic abuse victims in Halton.

Table 15 Estimated Prevalence of Domestic Abuse Victims in Halton

	Males	Females	Total
Halton total population	33,970	36,110	70,080
Halton total population estimated to have been a victim of any Domestic Abuse in the lasts 12 months	1,325	2,275	3,600

Source BCS and Office of National Statistics
Nb. Assumptions and calculations can be viewed in the Technical

6.2.8 The Prevalence of Domestic Abuse and Sexual Violence Related to Hospital Admissions

The prevalence of Domestic Abuse and Sexual Violence within hospital admission data is much underreported due to there being no central collation process. A victim of domestic abuse or sexual violence may not present directly as a victim. It appears that questions within hospital admissions may appear in patient notes or in the case of GUM clinics not asked directly. The data is very reliant on victims stating whether the incident was domestic abuse or sexual violence

There were 70 domestic incidents recorded in Warrington hospital admissions. **The majority of these were female victims (84%). There were 11 male victims during 09/10.**

In only half of cases consent to share information with PPU (Public Protection Unit) was granted.

In 80% of cases there were reports of children in the family or being present during the incident.

In additional there were 10 victims (14%) who were pregnant at the time of the incident.

6.2.9 The Number of Domestic Abuse and Sexual Violence Disclosures Made within a Health Setting

This section includes General Practitioners (GPs), Health Visitors (HVs) and Domestic Abuse Midwives

Unfortunately there is no formal ways in which data and information is collated across the Primary Care Trust (PCT). When a disclosure is made to a health visitor it will be recorded in the client's individual record manually and depending on the circumstances referrals made to other services. Therefore the only way to access such information retrospectively would be by a time-consuming manual review of the records.

Halton and St Helens PCT have a Domestic Abuse Policy and have signed up to the MARAC process; the PCT has adopted the zero tolerance campaign and displays information to that effect in the public areas of its premises. When appropriate the Domestic Abuse / MARAC policy is followed.

In regards to the Domestic Abuse Midwife, it is now part of the Midwife's role to ask the women in their care are there any issues surrounding domestic abuse in the home. This is only done if the woman is seen alone; it is not asked if she attends with anyone. Their answer is recorded on the notes kept by their Midwife in the G.P. surgeries or at the Health Care resource Centre, this is recorded as 'confidential time' date asked, any referral made – i.e. disclosure – and the gestation stage of the pregnancy, no reference to questions regarding domestic abuse are recorded in the women's' hand held maternity notes that they keep that others in her home may have access to.

This information is then recorded on the Midwifery Audit Form so we are able to monitor the numbers of women asked and those referred. There is also the addition of another marker on the Midwifery held notes' asking if she accompanied at her antenatal visits, this will highlight that the reason she has not been asked is due to her never visiting alone. In order to get around this problem the Domestic Abuse Midwives are introducing a 'dot' system: the women all need to provide a urine sample when they come for the antenatal checks, in the toilet a notice asking about domestic abuse is present with the offer of confidential help and support, to access this the women need to put one of the provided red dots on their urine sample and they will be contacted.

The Midwifery staff has had training on Domestic Abuse, plus any new members of staff coming into the service have training. Midwives have ready access to the specialist Domestic Abuse Midwife for advice and guidance. Any issues regarding women in PCT care i.e. CAVAs, MARAC referrals &/or safeguarding issues, are discussed on a one to one basis with the woman's named Midwife.

The Midwives also work closely with the Health Visitors to maintain continuity of care. Domestic Abuse posters are in easy view in places throughout the Borough where women attend.

Contact numbers for the local and national help lines are given to all women routinely in their initial visits to the Midwife as part of their antenatal pack.

Domestic abuse is also raised at the Early Bird Session (a group session held at the very beginning of pregnancy) where the women are informed along with other specialised midwifery roles there is a Domestic Abuse Midwife.

6.3 The Demography of Domestic Abuse and Sexual Violence

The demography of domestic abuse and sexual violence is an important aspect to analyse. The following section looks at demographically specific issues surrounding DASV. These include:

- Age
- Culture
- Ethnicity
- Sexuality
- Mental Health
- Disability

Where possible data has been included but due to minimal reporting in certain areas an explanation and national data has been provided in place of local area information.

6.3.1 Honour based violence reports

The honour code means that women must follow rules that are set at the discretion of male relatives and which are interpreted according to what each male family member considers acceptable. Breaking the rules is seen as destroying the good name of the family, and is deserving of punishment at the discretion of male relatives.

Honour is an unwritten code of conduct that involves loss of face on someone's part if offended against, especially in groups where loyalty is considered paramount. It can be directed at individuals of any age that are perceived to be challenging accepted customs and traditions. For example, any family member challenging gender or sexuality roles. This can include young people exploring their gender and sexual identity at a sensitive time of development.

Honour Based Violence cuts across all cultures and communities: Turkish, Kurdish, Afghani, South

Asian, African, Middle Eastern, South and Eastern European for example. This is not an exhaustive list. Where a culture is heavily male dominated, HBV may exist.

We currently do not have any evidence to provide a local perspective on the issue of Honour-based violence.

6.3.2 Forced marriage reports

Cultures in which HBV exists sometimes also practice forced marriage, and do not accept that a woman can have a partner before marriage, or that she can choose her own spouse. Remember that where there is a forced marriage, there is also likely to be “rape”.

It is important not to confuse a forced marriage, with an arranged marriage. Forced marriages exist where there is not the free consent of both parties.

Statistics for the April 2009 – March 2010 are not currently available, however the Forced Marriage Unit (FMU) have provided data for January – December 2009 to provide an insight into the scale of the problem in the UK.

In 2009, the FMU gave advice or support related to possible forced marriage to 1,682 instances.

377 cases of forced marriage, including both assistance and immigration cases, were dealt with by the FMU. There were 240 cases of assistance, with 88 of those being within the UK. The remaining cases constituted 137 reluctant sponsors. **Of the total cases 14% were male and 86% were female.**

The geographic balance of cases associated with other countries or regions was as follows:

Table 16 International Geography of FM cases

Country	%
Pakistan	56%
Bangladesh	10%
India	8%
Turkey	2%
Africa	1%
Afghanistan	1%
Other	7%
UK only cases or of unknown origin	14%
TOTAL	99%

Source: Forced Marriage Unit, Foreign Commonwealth Office
Nb. Does not add to 100 due to rounding

Within the UK the geographical distribution of cases was as follows, **the North West has the second highest incidence of forced marriage in the whole of the UK. 17% of cases in 2009 were reported in the North West.** It would be interesting to analyse whether this was focused on the city areas of Liverpool and Manchester and how many incidents were reported in the local area. This may be an area of concern to highlight to the PPU.

Table 17 UK geography of FM cases

Country/region	%
ENGLAND	96%
London	29%
North West	17%
West Midlands	14%
Yorkshire and Humber	10%
South East	9%
East Midlands	7%
East of England	4%
North East	3%
South West	3%
WALES	3%
SCOTLAND	1%
TOTAL	100%

Source: Forced Marriage Unit, Foreign Commonwealth Office

6.3.3 Female Genital Mutilations

Female genital mutilation (FGM) is a grave human rights violation which is perpetuated by families in the name of culture, tradition and religion. The World Health Organisation estimates that globally from 100 to 140 million girls and women have undergone some type of FGM. It has been estimated that currently, about three million girls, most of them under 15 years of age, undergo the procedure every year. The majority of FGM takes place in 28 African countries but many immigrant communities continue the practice in Europe, North America, Australia and New Zealand.

A study was conducted by FORWARD on FGM and provides some information on the subject, however there is no data on individual councils except some London Boroughs. The information presented in this section has been extracted from this report to enable us to look at the most relevant geographical areas.

65,790 women estimated with FGM in England and Wales. However it is impossible to gain robust figures of the prevalence of this issue. Data is currently only available up to 2004.

Table 18 demonstrates that the North West was estimated to account for 439 cases of FGM in 2004. The highest prevalence appear to be in the city areas of Manchester and Liverpool, this is likely to be due to the ethnic diversity of the population living in those areas. Whereas the diversity of Halton, as discussed in Chapter 5, is small with only 2% of the population being none White British.

Table 18 Estimated number and percentage of women with FGM by region for local authorities, England and Wales, 2001-2004

Local Authority or region of residence	2001		2002		2003		2004		TOTAL NUMBER
	Number	%	Number	%	Number	%	Number	%	
Manchester	150	2.74	176	3.13	216	3.66	252	3.84	794
Liverpool	44	0.90	65	1.33	61	1.20	67	1.34	237
Rest of North West	62	0.10	63	0.10	87	0.13	120	0.17	338
North West	256	0.34	304	0.41	364	0.47	439	0.55	1,369
England and Wales	6,256	1.06	7,109	1.20	8,090	1.31	9,032	1.43	30,487

Source: Forward; A Statistical Study to Estimate the Prevalence of Female Genital Mutilation in England and Wales

6.3.4 Male victims of Domestic Abuse and Sexual Violence

Data on male victims is limited. In 2009 – 2010 there were only five cases of male sexual assault that were referred to RASASC. These cases were not concentrated by age group and victims ranged from 18 to over 44 years of age. The detail of these cases is not available. The IDVA service reported referrals of 43 males ten of which were assessed as very high risk.

Gender and domestic violence: According to British Crime Survey data "...of those women who have been subject to domestic force half (48%) have also been subject to frightening threats and nearly half (41%) to emotional or financial abuse". However, men's experiences are much less nested, that is, of those subject to domestic force; only 9 per cent had also experienced frightening threats and 28 per cent emotional or financial abuse". (Walby & Allen 2004)

Gender and domestic violence: 1% of men reported frightening threats (since 16 years of age) compared to 11% of women. The researchers commented that "the context of fear is an important element in the understanding of domestic violence as a pattern of coercive control". (Walby & Allen 2004 from analysis of British Crime Survey data.)

Men as victims: Research conducted by Respect found that men were less likely to have been repeat victims of domestic assault, **less likely to be seriously injured and less likely to report**

feeling fearful in their own homes. The research also found that **a large majority of men, who said that they were victims of domestic violence, were also perpetrators of violence.**

During 2009 the Men's Advice Line recorded 604 victims and 295 perpetrators presenting as victims. A total of 2310 contacts were recorded of males accessing advice. Callers were predominantly white-British heterosexual men with most still living with partner and with children.

6.3.5 The Number of Same-sex Relationship Victims of Domestic Abuse and Sexual Violence

Halton CAADA sheets did not illustrate any incidents of LGBT victims of domestic abuse however the issue of same-sex domestic violence is real.

The latest research, 'Count Me In Too', found that on average **1 in 3 LGBT people experience domestic abuse**, an even higher incidence than amongst heterosexual women (estimated at 1 in 4). Yet the perception of domestic abuse as exclusively a 'gendered crime' persists amongst the mainstream organizations and services offered to LGBT victims remain hugely inadequate. Despite the government's inclusive definition of domestic violence this has not translated to equal services for LGBT victims.

With very little recognition of same-sex abuse in mainstream domestic violence organizations, LGBT people risk not being taken seriously by precisely those who they seek assistance from, or there simply being no suitable help to offer them. Mainstream organizations continue to be oriented toward heterosexual women, with little or no understanding of LGBT issues.

Meanwhile specialist LGBT domestic violence services are scarce. With no specialist refuges, gay, bisexual, and transgender men who are attempting to escape domestic abuse from same-sex partners often have nowhere to go - while lesbian, bisexual, and transgender women in mainstream refuges face possible re-victimization owing to homophobia/transphobia. LGBT specific services providing support and counselling are also extremely few on the ground despite this being the most popular request among LGBT survivors in a recent study.

This is a 'real' problem then. Services to support LGBT victims and survivors of domestic abuse are

patently unequal to those offered to mainstream sections of society, in spite of domestic violence being as prevalent a problem within the LGBT community.

There is a need for training and awareness raising in all mainstream organizations related to domestic violence across the voluntary and statutory sector to improve attitudes and where possible develop expertise. Understandably not all domestic violence agencies can provide the whole package of services to LGBT people but what is necessary is that they handle victims sensitively and signpost them to the range of available services where they cannot provide these themselves. Specialist LGBT services such as safe, specialist temporary accommodation and LGBT specific support and counselling are also necessary to provide full, appropriate support.

6.3.6 Youth Offending (YO) within the Domestic Abuse and Sexual Violence

The Youth Offending Team working with Halton YO is served by the Halton and Warrington Youth Offending Team, like others in the UK, they work with young people in many different ways.

The Youth Offending Team is responsible for co-ordinating the work of youth justice services. Because the Youth Offending Team includes people from a variety of professions, they can meet the needs of young people comprehensively.

The database which collates information on the offenders is currently geared towards collecting Violent and Sexual offences.

Violence Against a Person - Offences

The data presented in figure 31 is in relation to all Violence Against a Person Offences. This includes assaults of various kinds and may not have occurred within a domestic relationship or setting. Also important to note is that these are the offences which young people were arrested for in 2009/10 but not necessarily received an outcome. However, the evidence will provide a picture of the prevalence of youth violence in the area.

Table 19 Violence Against a Person Offences 2009 - 2010

Area	Number of Offences
Widnes	97
Runcorn	75
Total	172

Source: Warrington and Halton Youth Offending Team

It is important to also note that there are 19 offences for which a location is 'Not Specified' and 44 offences are recorded as 'Out of Area'. Therefore, these offences could be linked to Halton offenders but we cannot attribute them directly.

Table 20 Type of Violent Offence 2009 - 2010

Offence	Total
Assault by Beating	90
Common Assault	28
Assault Occasioning Actual Bodily Harm (ABH)	28
Having An Article With A Blade Or Point In A Public Place	7
Assault Police Officer (Common Assault)	5
Possession Of An Offensive Weapon	6
Harassment	3
Assault and Battery	2
Grievous Bodily Harm (Wound Or Inflict)	1
Possession Of Real Or Imitation Firearms / Explosives With Intent To Cause Violence	1
Assault With Intent To Resist Arrest	1
Total	172

Source: Warrington and Halton Youth Offending Team

Table 20 shows **the most prolific violent offence is assault by beating with 52% of the YO offences.** Common assault and ABH are the next most common offences accounting for 16% each.

Table 21 Age at Time of Offence 2009-2010

Age at Time of Offence	Number of Offences
11	1
12	6
13	14
14	25
15	38
16	59
17	29
Total	172

Source: Warrington and Halton Youth Offending Team

We are also able to look at the ages of the perpetrators at the time of the offence. Table 21 shows that **the majority (34%) of offences are committed by 16 year olds.** With 15 year olds being the next most prolific offenders with 22% of the Violence Against a Person offences recorded during 2009-10.

The 172 offences are split by 112 individual offenders. Meaning on average each offender is committing 1.5 offences.

Violence Against a Person - Outcomes

The data that follows refers to offences which received outcomes at court during 2009/10. It is important to note that some of these outcomes will

relate to some offences that were committed prior to 1st April 2009.

Table 22 Type of Violent Offence Presented at Court 2009 - 2010

Offence	Total
Assault by Beating	82
Assault Occasioning Actual Bodily Harm (ABH)	29
Common Assault	28
Assault Police Officer (Common Assault)	13
Having An Article With A Blade Or Point In A Public Place	9
Possession Of An Offensive Weapon	8
Grievous Bodily Harm (Wound Or Inflict)	7
Possession Of Offensive Weapon Without Lawful Authority Or Reasonable Excuse	4
Indictable Firearms Offences	2
Possession Of Real Or Imitation Firearms / Explosives With Intent To Cause Violence	2
Assault With Intent To Resist Arrest	1
Assault and Battery	1
Harassment	1
Other / Unspecified Violence Against The Person	1
Total	188

Table 22 shows the most prolific violent offence is assault by beating with 46% of the YO offences. Common assault and ABH are the next most common offences accounting for 15% each.

There were a total of 188 outcomes. Table 23 shows the range of outcomes received by offender during 2009-2010.

Table 23 Court Outcome/Sentence for YO

Outcome	Total
Referral Order	49
Costs	34
Police Reprimand	26
Final Warning	20
Compensation Order	18
Supervision Order	13
Detention and Training Order	6
Action Plan Order	5
Curfew Order	4
Community Rehabilitation Order with ISSP	3
Referral Order Extension	3
Section 226 (Public protection)	2
Conditional Discharge	2
Absolute Discharge	1
YRO	1
YRO - ISS	1
Total	188

Source: Warrington and Halton Youth Offending Team

The most common outcome was a referral order with a quarter of young offenders receiving this outcome. Costs, compensation and Police

reprimand were also common outcomes for offenders as can be seen in Table 23.

The 188 outcomes are concentrated on 102 offenders. The majority of the offenders were white. There was only one black/black British offender and there were 32 female and 70 male offenders.

Table 24 Age at Time of Outcome 2009-2010

Age at Time of Offence	Number of Offences
11	1
12	4
13	9
14	16
15	29
16	29
17	14
Total	102

Table 24 shows that the majority of offenders were aged 15-16. This group accounted for 57% of offences.

Sexual Crime - Offences

Another area of Youth Offending to analyse is Sexual Offences. Although not as prolific as Violent Offences it is an area of concern within youth offending.

The data presented in Table 25 is in relation to all Sexual Offences. This includes assaults of various kinds and may not have occurred within a domestic relationship or setting. However, the evidence will provide a picture of the prevalence of youth sexual violence in the area.

Table 25 Sexual Offences 2009 - 2010

Area	Number of Offences
Widnes	4
Runcorn	11
Total	15

Source: Warrington and Halton Youth Offending Team

Table 26 shows the most prolific sexual offence is 'Other/Unspecified' within youth offences with 73% of offences in this category.

Table 26 Type of Sexual Offence 2009 - 2010

Offence	Total
Other / Unspecified Sexual Offences	11
Indecent Assault On A Female Under 16	2
Indecent Assault On A Female Aged 16 Or Over	1
Indecent Exposure	1
Total	15

Source: Warrington and Halton Youth Offending Team

We are also able to look at the ages of the perpetrators at the time of the offence. Table 27 shows that the majority (67%) of offences are committed by 17 year olds. With 15 year olds being the next most prolific offenders with 20% of the Sexual Offences recorded during 2009-10.

Table 27 Age at Time of Sexual Offence 2009-2010

Age at Time of Offence	Number of Offences
13	1
14	1
15	3
16	0
17	10
Total	15

Source: Warrington and Halton Youth Offending Team

The 15 offences are split by six individual offenders. However, the sexual offences information is concerning as the ten offences recorded against the 17 year olds was actually a single offender who committed sexual offences against five boys aged eight to ten.

Sexual Crime – Outcomes

Table 28 shows **the most prolific sexual offence is indecent assault on a female under 16** with 4 out of 15 of the YO offences. Indecent exposure, indecent assault on a girl under 14 and female rape were the next most common offences

Table 28 Type of Sexual Offence Presented at Court 2009 - 2010

Offence	Total
Indecent Assault On A Female Under 16	4
Indecent Exposure	2
Indecent Assault On A Girl Under 14 - Contrary To S14 And Schedule 2 Of The Sexual Offences Act 1956	2
Rape - Female	2
Other / Unspecified Sexual Offences	1
Unlawful Sexual Intercourse With A Female Under 16	1
Indecent Assault On A Female Aged 16 Or Over	1
Total	13

Source: Warrington and Halton Youth Offending Team

There were a total of 13 outcomes. Table 29 shows the range of outcomes received by offender during 2009-2010.

Table 29 Sexual Crime Court Outcome/Sentence

Outcome	Total
Referral Order	5
Section 226 (Public protection)	3
Costs	3
Final Warning	1
Referral Order Extension	1
Total	13

Source: Warrington and Halton Youth Offending Team

The 13 outcomes are concentrated on 7 offenders. The offenders were white male and aged 14 – 17. The most prolific offending age group were 15 year olds.

6.3.7 Number of Children and Young People (CYP) victims of Domestic Abuse and Sexual Violence

The area of children and young people is a vital area to cover when examining the issue of DASV. Children and young people can be perpetrators, victims and witnesses of domestic abuse and sexual violence.

Table 30 illustrates the monthly number of referrals to Halton Council. In total there were 331 referrals in which June 2009 was a peak month for referrals (43) followed by October (36), February (35) and January (34).

Table 30 Monthly Domestic Violence Referrals to Halton Children and Young People Directorate

Month	Total Number of Domestic Violence Referrals
Apr-09	29
May-09	15
Jun-09	43
Jul-09	24
Aug-09	18
Sep-09	18
Oct-09	36
Nov-09	25
Dec-09	25
Jan-10	34
Feb-10	35
Mar-10	29
Total	331

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

The ethnicity of the referrals follows a similar pattern to defendants and perpetrators, with the majority of referrals (83%) being white British.

Table 31 Ethnicity of Child or Young Person referred to Halton Children and Young People Directorate

Ethnicity	Total DV Referrals
Any Other Ethnic Group	1
Gypsy Traveller	6
Information not yet obtained	33
Not stated-Client Does Not Know	4
Not Stated-Not Appropriate To Ask	2
Not Stated - Referrer Does Not Know	1
White and Asian	2
White and Black Caribbean	3
White British	276
White Irish	1
White Other	2
Total	331

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

Table 32 demonstrates the most prominent wards in which referrals originate from.

Table 32 Ward of Referral to Halton Children and Young People Directorate

Ward	Total
Grange	42
Norton South	39
Windmill Hill	28
Halton Lea	24
Kingsway	21
Appleton	20
Norton North	19
Halton Brook	18
Castlefields	17
Mersey	17
Halton View	15
Riverside	13
OOB	9
Heath	8
Hough Green	8
Broadheath	7
Ditton	7
Birchfield	6
Hale	6
Farnworth	4
Daresbury	2
Beechwood	1
Total	331

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

The data indicates that Grange had 42 referrals accounting for 13% of the total referrals to Halton Borough Council.

6.3.8 Number of children with Child Protection Plans and Children In Need plans that list DASV as directly related issues

The number of children with protection plans at year end March 2010 was 83.

Table 33 Breakdown of CYP with CP Plans by Sex

Sex	CYP with CP Plan
Male	46
Female	34
Unborn	3
Total	83

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

The majority of children with Protection Plans were male (55%) with the highest risk age category being one to six years of age (52%).

Table 34 Breakdown of CYP with CP Plans by Age

Age	CYP with a CP Plan
Unborn	3
Under 1 Year	7
1-3 Years	22
4-6 Years	21
7-11 Years	19
12+ Years	11
Total	83

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

Table 35 shows the categories for which a Child Protection Plan is instigated. These include actual abuse and high likelihood of abuse taking place. The most prevalent categories for Halton are Neglect and Emotional Abuse accounting for 34% and 22% respectively.

Table 35 Prevalence of CP Plans by Category

Category of CP Plan	CYP with a CP Plan
Emotional Abuse	18
Likelihood of Emotional	8
Likelihood of Neglect	8
Likelihood of Physical	9
Likelihood of Sexual	5
Neglect	28
Physical Abuse	7
Total	83

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

Runcorn is the area within Halton that has the largest number of CYP with Protection Plans, 63% of the 83 CYP with plans are resident in this area.

Table 36 Geographical Location of CYP with Protection Plans

Town	CYP with a CP Plan
Runcorn	52
Widnes	29
Out of Borough	2
Total	83

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

The majority of CYP (41%) have been subjects of a Protection Plan for six to 12 months. Zero to three months is also a frequent length of plans with 35% of CYP being the subject of a Protection Plan lasting that period of time.

Table 37 Length of time CYP have been subject to CP Plans

Length of time subject to CP Plan	CYP with a CP Plan
0-3 Months	29
3-6 Months	17
6-12 Months	34
Over 12 Months	3
Total	83

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

Parental risk factors are identified at an initial conference. Table 38 demonstrates that **the largest risk across the 09/10 period was domestic abuse with 33 cases identified with this risk. Secondary risk factors were mental health and alcohol with 17 cases each.**

Table 38 Risk Factors Identified at Initial Conference

Risk Factor	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	N	%	N	%	N	%	N	%
Drugs	5	28%	3	25%	3	13%	2	29%
Alcohol	6	33%	2	17%	8	26%	1	14%
Mental Health	4	22%	4	33%	8	26%	1	14%
Domestic Abuse	11	61%	3	25%	17	55%	2	29%
Adult Identified as posing a risk or potential risk to children	2	11%	2	17%	1	3%	1	14%

Source: Halton Children and Young People Directorate - CYP CareFirst Support Team

It should be noted that for some of the families considered at Initial Conferences, these parental risk factors may not have been an issue of concern

at all. For other families more than one risk factor might have been an issue of concern.

6.3.9 Number of Missing Children

It is important to look at the prevalence of missing children as this can be crucial in identification of CYP at risk of becoming victims of sexual exploitation.

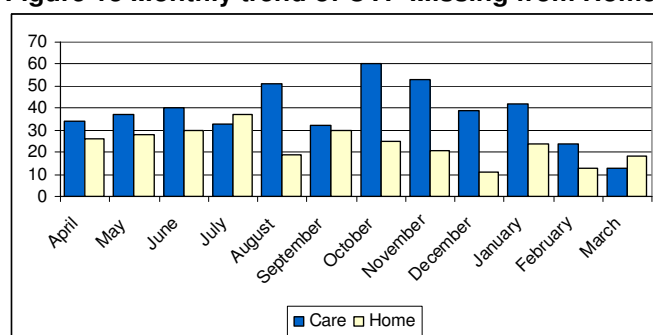
Table 39 CYP Missing from Care or Home in 2009/10

	Care	Home	Total
2009/10 Total	458	282	740

Source: Barnardo's

In total 740 CYP went missing in 2009/10. The majority (62%) of these were from a Care environment. Interestingly those going missing from care peaked in October with 60 reports, whereas those missing from home peaked in July with 37 reports. **This peak in CYP missing from home would seem to correlate with the school summer holidays which may be an area to explore at a later date**

Figure 13 Monthly trend of CYP Missing from Home



Source: Barnardo's

6.3.10 Number of Older People and Vulnerable Adults victims of Domestic Abuse and Sexual Violence

The data provided in Table 40 relates only to Public Protection Unit investigations and does not reflect investigations across other policing departments that will at various times deal with vulnerable adult victims.

Police involvement means specialist Police Officer has given advice only and not physically left the office). Police Investigation means specialist Police Officer attended strategy meetings or case conference or the alleged perpetrator voluntarily attending the Police station for an interview under caution)

Table 40 Safeguarding Vulnerable Adult Police Investigations.

	Referrals	Police Involvement	Police Investigation	Crown Prosecution Service (CPS) Advice	Alleged Perpetrator Charged
Runcorn	19	4	14	1	1
Widnes	10	0	9	1	1
Total	29	4	23	2	2

Source: Halton Safeguarding Adult Board

Table 40 shows us that there are a **higher proportion of vulnerable adult referrals in Runcorn**. This has also led to a higher proportion of Police Investigations.

Conclusions

This chapter has illustrated the prevalence of DASV in Halton. Due to the data capturing tools and the availability of the data it is difficult to assert whether statistically the issue is worse in Halton than in other areas robustly.

We have looked at evidence from partners to gain a comprehensive picture of the prevalence and nature of DASV. The key points to consider with this chapter are;

- More females and girls are affected by DASV in Halton
- Alcohol appear to be a major contributing factor to DASV
- Violent YO appears to be an issue to focus on going forward in terms of early intervention.
- Vulnerable adults and children are a focus of intervention and focus within Halton
- The large proportion of DAI is occurring at standard and medium risk level.

CHAPTER 7: Provision, Protection and Prevention

Chapter Summary

Provision

- The role of the Independent Domestic Violence Advocates (IDVA) is to provide a service to victims at high risk. In 2009/10 there were a total of 556 referrals to the IDVA.
- A total of 145 people received support from the Rape & Sexual Abuse Support Centre (RASASC) in the year 2009/10.
- Registered Social Landlords in Halton dealt with 25 cases of domestic abuse. From the data available there were only two male cases and a total of 27 children were involved.

Protection

- PPU Detective Sergeants with responsibility for domestic abuse are also the coordinators of the local MARAC (Multi-Agency Risk Assessment Conference), chaired by the Detective Inspector on a monthly basis and work closely with the IDVA (Independent Domestic Violence Advocates).
- The overall costs for Sanctuary Scheme during the period January 2010 to October 2010 was £17,641.17 excluding VAT. In total 39 households received sanctuary measures, with 44 jobs being completed.
- The average cost for sanctuary measures, for this period, is around £500 per household versus £2,500 per family for moving due to DASV.
- There were 189 cases processed through the MARAC. A total of 239 children were identified. 92 victims and perpetrators were identified as having alcohol issues. In total 126 people were identified with contributing factors including drugs and mental health.
- The NSPCC Young Witness Support dealt with 45 referrals during 2009/10, 26 of these children being victims of DASV.

Prevention

- There was a total of 146 cases were processed through the Special Domestic Violence Court (SDVC). From these cases there were 251 outcomes with costs and compensation being the most common outcomes.
- The Probation service reported for the period July 2009 to 2010 Halton had a total of 116 women offenders, of these 63 (54%) had experience of domestic abuse.
- In 2009/10 a total of 27 male offenders completed Community Domestic Violence Programme (CDVP), against a target of 20.

7.1 Provision

Introduction

There is a wide variety of provision available for victims and perpetrators of DASV. These are provided through statutory agencies as well as third sector and voluntary organisations. This section looks at the services available and where possible

analyses the data of usage that is currently available.

Halton Domestic Abuse Service (HDAS)

There are two provision services provided within the Halton borough. These are:

- Independent Domestic Violence Advocate (IDVA)
- Floating Support

The role of the IDVA is to provide a service to victims at high risk. Although the role is to work in partnership with a number of organisations, there is an expectation that the IDVA's independence is maintained, at all times. The areas they will cover are:

- Crisis intervention
- Needs and risk assessment
- case work
- independent advice
- multi-agency working
- outcome monitoring
- attendance at MARAC
- support for clients through the Specialist Domestic Violence Court, or other criminal justice interventions
- work in partnership with the Independent Sexual Violence Advisor

A recent multi site evaluation of this role confirmed the effectiveness of the IDVA model in reducing and preventing further abuse. The report notes that the abuse had stopped completely for two thirds of victims working with IDVAs, with more than two thirds of these women having children of mostly school age or younger¹⁰.

In 2009/10 there were a total of 556 referrals to the IDVA, with 94% (521) of these referrals originating from the police. Other sources of referral are Health (7), Social Services (3), Housing (13), Refuge (1) and Other (including CPS) (11).

83% (459) referrals were successfully contacted by the IDVA service. 81% of these referrals engaged with the service. 56% (312) of referred cases were identified as high risk at point of referral with a further 14% (80) being identified as very high risk. **43 male referrals were made with ten of those being 'very high risk' at point of referral.** 93% of referrals were white with the remaining clients having no ethnicity recorded.

49 IDVA clients were involved in a court process with 47 of these being supported through the process. Only two Victim Personal Statements were taken by Police/CPS and 40 clients meet the prosecutor at court. Only one case continued after a victim retraction. However we do not have the data to show overall how many retractions took place.

¹⁰ Hestia Fund, Sigrid Rausing Trust, and Henry Smith Charity, Safety in Numbers: A Multi-Site Evaluation of IDVA Services, November 2009

73 clients of the IDVA service sought a civil injunction and of these, 49% (36) received an injunction.

A range of support is offered to clients including housing, benefits, education, refuge, health, target hardening, immigration and support groups. The top three most popular forms of support during 2009/10 were:

1. Education
2. Housing
3. Support Group

Floating Support Service

The Floating Support service will provide support covering a range of tasks, for low to medium risk cases, including although not limited to:

- Help to maintain, identify or access accommodation
- Help with financial management
- Help with accessing benefits
- Help with accessing appropriate support services
- Practical support to live independently and manage a home

Data was not available for inclusion in this report due to full period data not being available

Halton Domestic Abuse Forum – Service Users FOCUS Group

Halton has the FOCUS group, a service user group that meets on a monthly basis to act as an activism forum and an informal support system for survivors of domestic abuse. It is open to all victims of domestic abuse regardless of age, gender and sexuality based on the current groups wishes to be inclusive. The group have been instrumental in terms of service development, offering guidance on promotional work and offering a direct conduit for consultation. For example, in 2010 our local group participated in a pan-Cheshire consultation with Cheshire Police to review victim experiences of police and criminal justice system responses to domestic abuse. This has led to identification of practice changes to improve effectiveness and victim experiences and satisfaction. The FOCUS group have also actively campaigned to promote awareness of Domestic Abuse and guided recent promotional material development to ensure materials are effective at reaching the target

audience. This group is currently funded by Halton Borough Council to cover the cost of crèche and refreshments to allow survivors the opportunity to attend. It is managed and hosted by HADWAA and has been integral to developing service user led approach to domestic abuse.

Service User Survey

In 2010 a service user survey was developed with the feedback and support of the FOCUS group and has been launched electronically on line and is available via direct links for those who require independent support to complete the surveys. This survey offers service users the opportunity to guide the development of the existing services through offering outcome feedback from support and suggestions for positive developments in the future.

Halton Intranet and Internet Service

A revised internet sight has been developed in line with government guidelines and with a revised URL to ensure suitability for promotion. This website offers information about the structure in Halton to address domestic abuse alongside promotional materials and useful contacts.

Due to recent government revisions on Local Authority website content it has not been possible to provide access to policy materials. To ensure practitioners have access to these materials an intranet site has been established with a document repository to ensure that risk assessment forms, strategies and policies are available for staff to access. External agencies can access such material via the coordinator.

Rape & Sexual Abuse Support Centre (Cheshire & Merseyside) (RASASC)

Mission Statement:

The Rape and Sexual Abuse Support Centre aims to be a Centre of Excellence in the provision and delivery of services to individuals and families who have been affected by sexual violence.

Aims:

- To provide free counselling, support and advocacy to women, men and young people who have experienced sexual violence
- To raise public awareness of sexual violence and to challenge myths and stereotypes in relation to sexual violence and abuse
- To respect the rights of the women, men and young people who access our service

- To evaluate the service on a regular basis and to develop provision in response to identified need

A Free Service that provides:

- Independent Sexual Violence Advisors
- Crisis Intervention & Outreach
- Counselling
- Information, Advocacy & Support
- Young Peoples Services
- Group Work & Workshops
- Training & Consultancy

The agency is a registered charity (1049826) established in Warrington in 1995 to provide advice and support to women, men and young people affected by any form of sexual violence. RASASC central office is now based in St Helens with satellite premises in Halton; support is also offered from outreach locations across Cheshire and Merseyside.

RASASC have a staff team of 12 and a bank of 20 volunteers. During 2008 RASASC provided 4220 hours of direct support across its commissioned areas, including Cheshire East; Cheshire West & Chester; Halton; Knowsley; Liverpool South; St Helens; & Warrington.

Independent Sexual Violence Advisor (ISVA) Service

Current services provided throughout Halton include adult counselling and the Independent Sexual Violence Advisor (ISVA) project, which provides practical and emotional support to individuals who have experienced sexual violence, including support in accessing health services and the Criminal Justice System. Self referrals and referrals from other agencies are accepted by telephone through RASASC central office.

The aim of the service is to increase the wellbeing and emotional safety of people in Cheshire who have experienced sexual violence. The service will help them to rebuild their lives and create a safer environment for them to live in. Because of the strong links between domestic abuse & sexual assault/rape, the Independent Sexual Violence Advisor will play an integral part in the support of the victim alongside, if necessary, the Independent Domestic Violence Advisor.

The ISVA service will provide seamless aftercare service to users of Cheshire SARC by the provision of community based Independent Sexual Violence

Advisors. The ISVA service will provide practical and emotional support as well as initial counselling.

Defined outcomes:

- To increase access to support and health services for victims of domestic abuse and sexual violence
- To continue to improve the criminal justice response to domestic abuse and sexual violence
- To maximise the prevention of domestic abuse and sexual violence
- To improve data collection and information systems

In 2002, a report was published outlining the joint thematic inspection into rape investigation by Her Majesty's Crown Prosecution Service Inspectorate (HMCPSI)/Her Majesty's Inspectorate of Constabulary (HMIC). This document identified the concept of dedicated, multi agency facilities as good practice and an area that Forces should seek to develop in the quest for improved victim care. This should lead to increased reporting of offences as victims gain confidence in the Criminal Justice process.

Overall benefits of SARCs were evidenced in the 2004 Home Office commissioned study by Lovett et al 'Sexual Assault Referral Centres: developing good practice and maximising potential's this has led to Home Office investment and support in establishing SARCs across the UK.

SARCs have been developed because rape has the highest health-related costs of any violent crime at £73,487 per case. Violence against women is the most common cause of depression and mental health problems in women, and treating the related physical injuries and mental health problems costs the NHS nationally almost £1.4 billion a year.

Table 41 shows the various organisations referring into the RASASC. It is evident that there is a range of sources however it is clear that the predominant source is from either self referral or police referral accounting for a total 70% of the 93 referral sources recorded in 2009-2010.

Table 41 Source of Referrals to RASASC

Source of referrals	Total
Self	35
Police	30
Women's Aid	5
Relationship Centre (IDVA)	5
GP/Mental Health	3
Education	3
SARC	2
Barnardos	1
YMCA	1
Connexions	1
Arch Initiatives	1
Victim Support	1
Primary Care	1
Community Mental Health Team	1
Employer	1
Social Services	1
Youth Worker	1

Source: Rape & Sexual Abuse Support Centre (Cheshire & Merseyside)

A total of 145 people received support in the year 2009/10. Of these 93% were women and 97% were white. The ages 83 new referrals were recorded in the year 2009-10. **23% of these new referrals were under the age of 18.** This age group was followed by those aged 44 and over at 13% and 18-19 at 12%. These figures appear to illustrate that those being affected by sexual assaults are those in the younger and older age categories. There is a fairly even spread of referrals within the other age bands.

Table 42 Age Band of RASASC Referrals 2009/10

Age band of new referrals	Total	%
Under 18	19	23%
18 – 19	10	12%
20 – 24	9	11%
25 – 29	9	11%
30 – 34	8	10%
35 – 39	9	11%
40 – 44	8	10%
Over 44	11	13%
Total	83	100%

Source: Rape & Sexual Abuse Support Centre (Cheshire & Merseyside)

Victims also received referrals on to other agencies. These agencies were varied but **the main two onward referral organisations were the GUM clinics (29%) and Victim Support (18%).**

Management information is currently collected around three outcomes:

1. Service users' needs are effectively identified and addressed in a structured counselling relationship.
2. The impact of rape or sexual assault on the individual and their risk is minimised as a result of interventions offered by RASASC and through referral /signposting to other agencies.
3. To support victims through the criminal justice system and manage perpetrators to reduce risk.

Outcome 1:

95% of referrals were contacted within 24 hours. 78 assessments were completed in 2009/10 against a target of 80, with the longest waiting time for a one to one assessment being 72 hours. During the year 627 sessions were delivered against a target of 480.

Outcome 2:

118 clients accessed one-to-one counselling during 2009/10 and 44 clients accessed regular emotional telephone support.

Outcome 3:

Little evidence was available for the year in regards to this outcome. RASASC reported that 100% of clients received a risk assessment update and overall 100% were assessed on exit – closed case. However there was no reporting available on the number of clients who had given evidence in court and no further supportive evidence was available in relation to the proportion or number of clients who were offered special measures at court.

5 Boroughs Partnership – NHS Trust Safeguarding Unit

The Trust has developed a domestic abuse strategy which underpins the professional and legislative responsibilities of the 5 Boroughs Partnership NHS Trust. It is recognised that solutions to domestic abuse are best identified through a partnership approach and that through multi agency working victim survivors stand a better chance of achieving change in their lives.

The overall aim of the Trust is to:

- Increase awareness
- Reduce prevalence
- Enable early identification
- Improve service delivery
- Increase protection and support for victims of domestic abuse

- Identify any safeguarding children issues in relation to domestic abuse in order that children are protected

The outcome is to create a consistent quality response to the issue of Domestic Abuse across the 5 Boroughs Partnership NHS Trust. This will support the aim to reduce inequalities and improve the mental health and well-being of the people who use the Trusts services by ensuring that routine screening of all service users for domestic abuse is provided by all mental health professionals.

The strategy will be supported by an action plan, containing key deliverables and best practice, which will be delivered through adherence to the Trust's Domestic abuse policies and guidance.

Registered Social Landlords (RSL's)

Registered Social Landlords in Halton dealt with 25 cases of domestic abuse. From the data available there were only two male cases and **a total of 27 children were involved in 48% (12) of the cases.** A breakdown by RSL can be seen below.

Domestic Abuse Cases with Registered Social Landlords (RSL)
HHT registered seven cases of domestic abuse within their social housing. One victim was male and there were three cases with no children at the premises. Of the four remaining cases there were a total of eight children involved.
Liverpool Housing Trust (LHT) dealt with nine cases in the Halton. Four cases did not involve children. Of the five remaining cases a total of 12 children were involved.
Plus Dane registered five cases of domestic abuse. One male case, however data regarding children involvement was not available. Two cases were transfers from other Plus Dane properties, two cases were nomination and one case was from the waiting list.
Riverside Housing had four cases of domestic abuse. All of which were female and there were seven children involved.

The Relationships Centre

A therapeutic based intervention and service provider. The key elements of any of the services offered are:

- to safeguard clients and break the cycle of abuse.
- to offer services to reduce the impact of abuse and harmful behaviour patterns.
- to enable clients to address the effects of abuse and reduce/stop engaging in repeat behaviour.

The focus of any intervention would be on direct delivery with clients to raise awareness of the impact of unhealthy and abusive relationships on themselves and their families.

'Talk Don't Walk'

'Talk Don't Walk' is an award winning example of The Relationships Centre's ability to manage innovative projects and engage stakeholders to work in partnership, to deliver a holistic service for clients. It is designed to tackle the problem of under 18s running away from home by:

- Working with Young People to address their personal problems such as issues at school, difficulties with parents and siblings.
- Working with families to resolve wider relationship issues such as family breakdown and new partners.
- Preventing young people from becoming repeat runners.
- Educating young people on the dangers of running away including crime, substance misuse and sexual exploitation.
- Family mediation

Positive You – development programmes

10 week course which take a positive approach to helping survivors move on to a healthier lifestyle. These include:

- Life coaching through action planning and personal journals.
- Personal development activities to explore values, beliefs and aspirations for the future.
- Developing confidence, assertiveness and self esteem.
- Preparing to return to work, training or education.

Victim Support

Victim Support are the national charity giving free and confidential help to victims of crime, witnesses, their family, friends and anyone else affected

across England and Wales. They also speak out as a national voice for victims and witnesses and campaign for change.

Victim Support is not a government agency or part of the police and you don't have to report a crime to the police to get our help. You can call us any time after the crime has happened, whether it was yesterday, last week or several years ago.

They have offices throughout England and Wales and run the Witness Service in every criminal court.

Table 43 shows the police referrals to Victim support and highlights the higher proportion of females being referred into the service. This majority is as expected.

Table 43 Police Referrals to Victim Support

	Halton	Warrington
No. Of victims referred to victim support	185	234
Gender of referred victim	Male 25 Female 160	Male 18 Female 215

Source: Victim Support

Summary

This section has demonstrated the range of provision that is currently available. This section has illustrated the following areas and types of provision:

- HDAS including the IDVA and Floating Support services
- RASASC and the ISVA service
- 5 Boroughs Partnership
- Registered Social Landlords
- The Relationship Centre
- Victim Support

This exploration of services highlights that on a local level we are not geared to provide services for certain demographic groups within Halton.

These groups include:

- Older People
- Vulnerable Adults
- Lesbian, Gay, Bisexual and Transgender community (LGBT)
- Black, Minority, Ethnic community (BME)

7.2 Protection

Introduction

MAPPA stands for Multi-Agency Public Protection Arrangements and MAPPA has now been in place since 2001 in all 42 Police and Probation areas/Trusts in England and Wales. These arrangements provide the framework for the coordinated risk management of potentially dangerous offenders by different agencies. Its aim is to protect the public from these offenders once they are given community sentences or are released from prison.

There are three categories of offenders managed under the MAPPA arrangements:

1. **Registered Sex Offenders (RSO's)**
2. **Violent and other sexual offenders**
3. **Other offenders assessed as posing a risk of serious harm to the public**

There are also three levels of risk which offenders fall into under the MAPPA process: **Level 1 is the lowest risk** - Offenders will be managed by a single agency, usually the Probation Service or the Police but also the Youth Service or other agencies.

Level 2 offenders pose a higher risk - Offenders are managed by Multi-Agency Risk Management Meetings, drawing staff from across statutory & voluntary sectors.

Level 3 is the highest risk - It is reserved for the critical few who present a risk of serious harm in the community. Comprehensive assessment tools are used to ensure that they are properly identified, monitored and supervised.

On March 2009 there were 639 registered sex offenders in Cheshire, Halton and Warrington. There were 43 Sexual Offences Prevention Orders (SOPs) applied for. There was also five Interim Sexual Offences Prevention Orders granted and 38 full Sexual Offences Prevention Orders imposed between 1st April 2008 and 31st March 2009.

Cheshire Constabulary Northern Public Protection Unit (PPU)

The Northern Public Protection Unit was set up in 2005 and covers both the Warrington and Halton areas of Cheshire, with offices located in both Runcorn and Warrington. The formation of the unit, led by a Detective Inspector had long been needed and addressed the requirements that were being

brought about as a result of national enquiries such as Victoria Climbié, Bichard and others.

Each office is staffed by officers specialising in the investigation of child abuse, domestic abuse, vulnerable adult abuse, management of Registered Sex Offenders or missing persons, who are supervised by Detective Sergeants with specific areas of responsibility.

Detective Sergeants with responsibility for domestic abuse are also the coordinators of the local MARAC (Multi-Agency Risk Assessment Conference), chaired by the Detective Inspector on a monthly basis and work closely with the IDVA (Independent Domestic Violence Advocates) and other agencies in putting measures in place to reduce the risk to very high risk victims of domestic abuse.

The police response to referrals regarding vulnerable people, whether adults or children is a priority of the Cheshire Constabulary and in order to enhance our ability to prioritise this work a Referral Unit was set up to process and risk assess all referrals coming into the unit to assist in: -

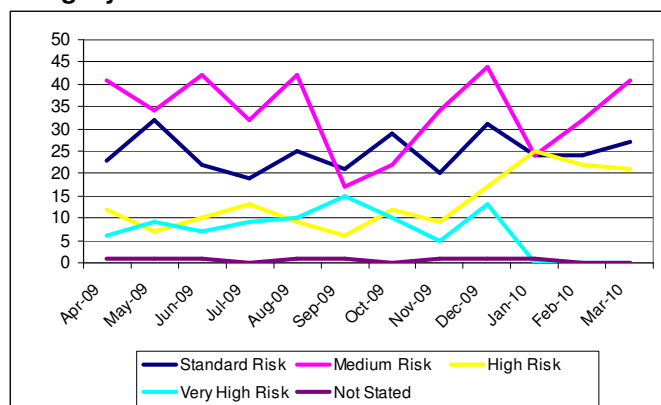
- Protecting children/adults who are at risk as a result of abuse;
- Investigating all reports of child abuse, domestic abuse and vulnerable adult abuse;
- Facilitating effective action against offenders so that they can be held accountable through the criminal justice system;
- Adopting proactive multi-agency approaches in preventing and reducing risk; in particular, maximising information sharing to provide the best opportunity to supporting victims and witnesses alike.

In fulfilling these obligations, Cheshire Constabulary works in partnership with other criminal justice agencies, including statutory and voluntary sector services.

Figure 14 illustrates the levels of different risk categories for victims of DASV as inputted on to the CAVA (Children and Vulnerable Adults) database by the PPU.

The data shows peaks in occurrences around the middle of summer in July and during December. This would seem to correlate when families traditionally spend more time together.

Figure 14 Domestic Abuse Incidents by Risk Category



Source: CAVA Database

The Sanctuary Scheme

The **Sanctuary** Scheme should be able to provide a secure and safe environment whereby victims (and their children) can be protected from a violent partner, or ex-partner within their own home. This will include target hardening measures such as reinforced doors, locks and general crime prevention adjustments.

From the start of 2010 there has been a new database established to collect the details of sanctuary measures installed at properties within Halton. This includes the cost of the measure and items that are used. We have presented this new information within this section to provide evidence of the cost implications to the borough for the last ten months and the usage of measures.

In total 39 households received sanctuary measures, with 44 jobs being completed. The majority of households had one target hardening measure however five household received two jobs.

The overall costs for the period January 2010 to October 2010 was £17,641.17 excluding VAT. This breaks down in the following ways. The table below shows the average cost for a target hardening item. The most expensive item is a reinforced door. There were a total of 18 doors installed at a total cost to the borough of £10,310.84 including VAT.

Table 44 Item Costs for Sanctuary Scheme

Minimum Item Cost	Average Item Cost	Maximum Item Cost
£8.03 Bolt - Tower	£91.40	£487.51 Reinforced Door

The total cost can also be broken down to individual household level. The table below illustrates the costs per household.

Table 45 Household and Job Costs for Sanctuary Scheme

Minimum Household Cost	Average Household Cost	Maximum Household Cost
£30.37	£531.50 per household £471.10 per job	£2,092.93

Nb. These costs are inclusive of VAT

Multi-Agency Risk Assessment Conference

The investigation around DASV is dependent on the assessed level of risk. The victims that are identified as high risk result in a Multi Agency Risk Assessment Conference (MARAC). Halton's MARAC has reviewed its criteria around Domestic Abuse to reflect that some teenage victims have been identified and require access to such services. Subsequently, current MARAC definitions acknowledge that the model is for 18 years and above but considers victims of 16 years and above on a case by case basis.

Table 46 shows the level of repeat victims identified through the CAVA database. It illustrates that there were 189 repeat victims during 2009/10. These would usually considered to be high risk victims and are likely to have been processed through the MARAC system.

Table 46 Domestic Abuse Repeat Incidents

Month	Count
April	17
May	16
June	19
July	22
August	25
September	17
October	17
November	23
December	34
January	21
February	22
March	30
Total incidents involving repeat victims	263
Cumulative number of repeat victims	189

Source: CAVA Database

The MARAC is a conference meeting whereby various agencies and services gather to discuss individual domestic abuse cases assessed as being high risk. The purpose of this model is to ensure that all actions and supports that can be offered are put in place to protect the victim from further incidents of abuse. Victims consent is always sought for their details to be taken to MARAC but this is not always given and non consent is not seen as a barrier to sharing case details due to the risks involved for such victims suitable for this arena. Upon being presented to the MARAC agencies share their knowledge of the individuals involved (both victim and perpetrator) whether current or historic. Subsequently, actions are identified that various agencies and services can implement to ensure victim or child safety. Cases are not discussed again unless a further repeat incident occurs.

Members of the MARAC include:

- Police
- Probation
- Children's Social Care
- Adult Social Care
- Housing
- Fire Service
- Voluntary agencies – Women's Aid, Victim Support
- Drug and Alcohol Services
- IDVA services
- Family Intervention Projects
- 5 Boroughs Mental Health Services
- Adult Mental Health Services
- Education
- PCT Safeguarding and Midwife representatives

All of these agencies may or may not have historic contact with cases and after case discussion may volunteer to attempt to engage an individual in the interest of risk management. This is all then documented by the MARAC administrator in minutes. They are also responsible for producing case summaries prior to conferences to ensure that agencies and services can search their files for contact information.

All of these members are signed up to an Information Sharing Protocol which outlines confidentiality and caveats to this in terms of breaching data protection on the grounds of risk.

Table 47 shows that there were 189 cases processed through the MARAC. The highest case volume was 23 which occurred in January and March 2010.

Table 47 Halton MARAC Data

Month	No. of Cases	Total no. of children aged 0-5 (including unborns)	All children living in household (0-18)	No. of pregnant women	No. of vulnerable adults	LGBT	Disability
APRIL	22	1	23	2	0	0	0
MAY	8	4	7	0	1	0	0
JUNE	12	8	15	2	0	0	0
JULY	7	4	11	0	0	0	0
AUG	17	9	22	0	0	0	0
SEP	9	5	8	1	0	0	1
OCT	12	6	24	0	0	0	0
NOV	22	14	31	1	0	0	0
DEC	11	9	19	0	0	0	0
JAN	24	6	26	0	0	0	1
FEB	22	9	22	2	1	0	0
MARCH	23	18	31	2	0	0	0
TOTAL	189	93	239	10	2	0	2

Source: Halton MARAC

A total of 239 children were identified as being associated with the MARAC cases. This equated to approximately 1.3 children up to the age of 18 per case. **39% of these children were aged nought – five with 10 being unborns.**

The level of vulnerable adults and those with disability was low with only two cases of each recorded. There were no cases where LGBT was identified in the 12 month period.

Within the 189 cases reviewed through the MARAC the contributing factors to the case are also recorded. The main factors are:

- Alcohol
- Drugs
- Mental Health

Table 48 Halton MARAC Contributing Factors

Month	No. of Cases	ALCOHOL		DRUGS		MENTAL HEALTH	
		Victim	Perpetrator	Victim	Perpetrator	Victim	Perpetrator
APRIL	22	3	5	0	0	1	0
MAY	8	0	2	0	0	0	0
JUNE	12	1	2	0	2	1	0
JULY	7	0	0	0	1	0	0
AUG	17	2	6	0	0	1	0
SEP	9	3	3	1	2	0	0
OCT	12	2	5	0	0	0	1
NOV	22	3	7	0	1	0	0
DEC	11	4	8	0	2	0	0
JAN	24	5	15	0	5	1	4
FEB	22	1	4	0	0	0	0
MARCH	23	2	9	0	5	0	6
TOTAL	189	26	66	1	18	4	11

Source: Halton MARAC

Table 48 illustrates that contributing factors are most evident in the perpetrator. **The most prevalent factor was alcohol.** 92 victims and perpetrators were identified as having alcohol issues. In total 126 people were identified with contributing factors.

Halton And District Women's Aid Association (HADWAA) Refuge

The property is owned by Riverside/EDHG, and capacity of the service is 16, with each unit able to accommodate a family unit.

62 women accessed the service during 2009-2010.

Table 49 Age Range of Women staying in the Refuge

Age ranges:	No.
18 – 20	8
21 – 25	17
26 – 30	10
31 – 35	9
36 – 40	7
41 – 45	6
46 – 50	3
51 – 55	1
56 – 60	1

Source: Halton Women's Aid

Of the 62 women, 18 were living in Halton prior to accessing the service (includes 2 service users who had only lived in Halton for 60 days each prior to going into the refuge) and 39 women had children who also stayed at the refuge.

Table 50 Number of Children per Refuge Parent

Total number of children per victim	No of Women
1	16
2	17
3	4
4	1
5	1

Source: Halton Women's Aid

A total of 71 children up to the age of 16 were resident in the refuge during 2009-10. There were 39 girls and 32 boys.

Table 51 shows the utilisation of the refuge over a two year period. The average utilisation during 2009/10 was 80.9% compared to the previous year of 79.3%.

Table 51 Refuge Utilisation

	2008/9	2009/10
Q1	91.4	86.2
Q2	95.2	77.3
Q3	84.0	74.5
Q4	76.6	85.4

Source: Halton Women's Aid

The majority of moves out of the refuge were planned and victims either returned to their previous address or entered into RSL tenancy properties.

Summary

This section has highlighted the protection measures that are in place for people who are victims of DASV in Halton. These include:

- Police Protection Unit (PPU)
- The Sanctuary Scheme
- Multi Agency Risk Assessment Conference
- Halton And District Women's Aid Association Refuge

These measures highlight the protection that is available in terms of 'target hardening' measures and women's refuge. However from the data presented in chapter 6 it has demonstrated that there needs to be an exploration into measures that specifically cater for 13-16 year olds who are victims of serious sexual offences and also fall into the most prevalent young offenders group.

We can also identify through the evidence that there are measures in place for high risk victims such as refuge and MARAC, however there is very little specific measures targeted at the medium risk category. High risk victims are a small percentage of the overall DASV issue with the largest number of victims falling into the medium risk category.

The evidence suggests that exploration into protection measures for this medium risk group need to be explored.

7.3 Prevention

7.3.1 Introduction

The prevention of DASV is an area that is crucial to the reduction of prevalence. Prevention can be achieved in a number of ways. The following section looks at raising awareness, safeguarding and education and training.

7.3.2 Her Majesty's Court Service (HMCS)

Prosecution around DASV has always been a contentious issue in terms of victim support and the court process. This section describes the role and objective of the court service plus the witness services that are available.

The role of HMCS Legal Advisors is to ensure effective and efficient summary justice by providing quality advice and support to Magistrates, staff and court users. The use delegated powers to actively case manage both inside and outside of the court room (note: these powers are limited to certain decisions). The Advisors also facilitate a structured decision making process for Magistrates as well as plan the business of the court room, advise in various courts e.g. criminal, family, youth, private prosecutions, road traffic

It is important to note that legal advisers can only advise Magistrates in court as ultimately, the decisions will be made by the Justices after hearing representations from all concerned.

Figures from HMCS show us that there were a total of 424 Domestic Violence cases in Runcorn Magistrates court. The peak month was September in which 16% of cases went before the court.

Table 52 Domestic Violence Cases in Local Magistrates Court

Month/Year	Runcorn Magistrates Court
Apr-09	14
May-09	28
Jun-09	29
Jul-09	42
Aug-09	29
Sep-09	69
Oct-09	41
Nov-09	45
Dec-09	40
Jan-10	40
Feb-10	25
Mar-10	22
Total	424

Source: HM Court Services

7.3.3 Halton Specialist Domestic Violence Court (SDVC)

Many victims of domestic violence are reluctant to pursue the prosecution of perpetrators as it may put them at risk of further incidents in the future. Victims are also known to be reluctant to be witnesses in court because of their relationship with the perpetrator, particularly where children are involved. Many feel vulnerable and intimidated and find the prospect of going to court daunting.

The SDVC was established to tackle the problem of low levels of prosecutions for domestic violence cases. Halton SDVC aims to provide an increased level of support to victims to address the issue of victims withdrawing from the criminal justice system.

Table 53 Monthly defendant total at Halton SDVC

Month	No. of defendants
April	5
May	12
June	8
July	18
August	8
September	35
October	16
November	10
December	0
January	13
February	10
March	8
Total	143

Source: HM Court Services – Halton SDVC

87% of defendants were male (125). However the ethnicity of defendants is poorly recorded and cannot be presented at this time. However the information that is available appears to demonstrate that defendants are the vast majority white.

The table below demonstrates the range and use of possible outcomes for the Halton SDVC against the defendants listed above.

Table 54 SDVC Outcomes

Outcome	Count
COSTS	62
COMPENSATION	39
COMMUNITY ORDER without PERPETRATOR PROGRAMME	24
DISMISSED	22
COMMUNITY ORDER incl PERPETRATOR PROGRAMMES	20
CUSTODY (not deferred or suspended)	12
CONDITIONAL DISCHARGE	11
CUSTODY SUSPENDED	11
RESTRAINING ORDER	10
C/C Trial	10
FINE	8
DISCONTINUED	5
FOUND NOT GUILTY	5
DNEO	3
C/C S6 TRIAL	3
C/C SENTENCE	2
BOUND OVER	1
C/C S51	1
4 MONTH DTO	1
REFERRAL ORDER	1
ABSOLUTE DISCHARGE	0
TOTAL	251

Source: HM Court Services – Halton SDVC

The top five outcomes account for 67% of all outcomes with Costs (25%) and Compensation (16%) being the most prevalent outcomes. 9% of defendant were dismissed. The data provided illustrates that on average a defendant incurs 1.76 outcomes within the SDVC.

7.3.4 The Magistrates' Court Witness Service

The Magistrates' Court Witness Service is a free and confidential service, involving trained volunteers, who offer witnesses, victims and their families and friends:

- the opportunity to talk to someone in confidence (but not about the evidence)
- a pre-trial familiarisation visit to the court and, where possible, an informative visit to a courtroom
- information on court layout and procedures
- a quiet place to wait during their time in the court building
- someone to accompany them into the courtroom if staff resources allow it and the court permits it

- preparation for a possible verdict and other potential outcomes
- practical help, for example, assistance with expense forms
- support and practical help for any person accompanying a witness, for example a teacher or social worker
- access to those in a position to answer specific questions about their case
- an opportunity to talk about the experience of giving evidence following the case
- referral onwards for further help.

The purpose of the service is to enable witnesses and victims along with their families and friends to deal with the experience of attending court and giving evidence.

The Witness Service addresses the practical requirements of the witness as well as being sensitive to their anxieties caused by the impending court appearance.

Witnesses are encouraged to look over their own statements and the WS volunteers help in obtaining these from the CPS prosecutor or the defence solicitor - though they do not discuss the evidence or coach the witness in any way.

The WS keep the witnesses informed of the chronological progress of the trial and the likely time when the witness will be called into court. The WS do not discuss anything that has been said in court before the witness has given their evidence. The WS volunteer may need to contact other agencies such as the Crown Prosecution Service if the victim or witness has any particular questions that cannot be answered.

WS Volunteers provide emotional support to the witness or victim and acknowledge the particular anxieties and fears that a court appearance will bring up. However, care is taken to ensure that this support does not stray into a discussion of the evidence.

When called to give evidence, the WS volunteer offers to accompany the witness into court, though the victim's wishes are respected if this offer is declined. Volunteers offer this aspect of the service routinely and in a manner that will not create the impression that they are being particularly needy. The scope for support within the courtroom is limited. The volunteer cannot communicate with the witness in any way, even by eye contact, as this may be prejudicial to the trial. The volunteer always explains the need for this detachment prior to going

into the courtroom so that the witness is not confused by the apparent lack of encouragement. The volunteer may sit in the public gallery or in a seat closer to the witness box as agreed by the court.

However, although direct support is not appropriate or feasible within the courtroom, accompanying a victim or witness into court is important for two reasons. Firstly, the victim knows that there is at least one person in the room who is there to support them and this is often of comfort in its own right. Secondly, once they have given evidence, the victim or witness will want to discuss their experiences with somebody who was present and aware of what happened in court. The volunteer can also explain any legal jargon or a decision that took place.

Some victims, particularly of rape or indecent assault, may prefer a Witness Service volunteer to go into court rather than a relative, as the victim may be unwilling for the full details of the incident to be heard by somebody close to them. Often a volunteer will also need to reassure the family or friend(s) that it is important for the victim to make his or her own decisions.

Following the giving of evidence the witness may want to talk over their experience of being in the courtroom. Volunteers can also help with other practical matters such as expense claim forms or arranging for the victim or witness to find out the result of the case, particularly if they are unable or do not wish to remain in court.

The Witness Service, as described above, aims to support victims or witnesses in advance, during and shortly after their court appearance. If the victim or witness needs further support, he or she can be referred to their local Victim Support Scheme or other appropriate agency.

7.3.5 National Society for the Prevention of Cruelty to Children (NSPCC) Young Witness Support

NSPCC have a Service Level Agreement with Cheshire Police, Cheshire, Warrington and Halton Children's Services to deliver this service. All children who attend court to give evidence both as a victim or witness, are prepared for court and supported throughout the process. Counselling/therapeutic services are provided following the court hearing. Clearly a number of

these children may be witnesses to domestic abuse.

Halton received 33% of the total referrals to the young witness service of these 58% were victims of DASV themselves. There were only minimal cases where the service was not taken up by the family.

Table 55 Overview of Referrals to Young Witness Service

	Halton	Total
Number of Young Witness Referrals	45	136
Of these no. who were victims	26	96
Number of cases refused by Young Witness Support Service	0	0
Number of cases where service not taken up by family	3	6

Source: Young Witness Support Project

Assault and sexual offences were the most common presenting concern on referral. 39% of total referrals presenting with Assault to the programme were in Halton and a quarter were sexual offences concerns referred to the service.

Table 56 Number of referrals/presenting concern

	Halton	Total
Sexual Offences	15	59
Assault	25	64
Theft	2	7
Other-n/k (Driving Offences/Criminal Damage etc.)	3	4

Source: Young Witness Support Project

The majority (47%) of young witnesses were between 14-16 years of age. This corresponds to the pattern of usage for the service in Cheshire.

Table 57 Age Categories of Young Witnesses

Age Category:	Halton	Total
5 – 7 yrs	0	2
8 – 10 yrs	5	16
11 – 13 yrs	7	28
14 – 16 yrs	21	65
17 yrs	10	23
Not Known	2	2

Source: Young Witness Support Project

With regards to the outcomes of the cases for which the young witnesses were referred to the programme, the majority were still involved in ongoing cases. The next most common outcome was a guilty plea.

Table 58 Outcome of cases involving Young Witnesses

Verdict/Outcome:	Halton	Total
Found Guilty	4	20
Pleaded Guilty	13	40
Not Guilty	6	12
Ongoing	16	42
Service not taken up by family/discontinued etc.	6	22
No. of Young Witnesses requesting pre trial therapy	8	24
No. of young witnesses requesting post-trial therapy/support.	9	29

Source: Young Witness Support Project

7.3.6 Cheshire Probation Service

The Probation Service has a major role to play in changing the behaviour and reducing the risk posed by perpetrators of domestic violence as well as responding to victims under their supervision.

The Probation service reported for the period July 2009 to 2010 **Halton had a total of 116 women offenders, of these 63 (54%) had experience of domestic abuse.** This data was highlighted as part of a needs analysis of all women offenders in Halton during this period and discovered that. 61% of these women had children under 18

The female offenders can be further analysed in the following ways:

- 46% had no known experience of domestic abuse,
- 41% were victims only
- 10% were both victims and perpetrators
- 3% were perpetrators only

33 of the 63 (52%) women who have experienced domestic abuse are still in a relationship and of these 22 women (67%) are in a negative relationship.

There are 30 women who have committed offences of 'violence against a person' who have full OASys assessment records present. 21 (70%) have experienced domestic abuse.

As a result of this analysis and in response to the Corston Report on Women with Particular Vulnerabilities in the Criminal Justice System which highlighted the failure of the CJ System to effectively meet the needs of women offenders, Cheshire Probation developed an action plan to

address the relevant issues.

They assisted The Relationship Centre in formulating a bid to the Corston Independent Coalition Fund and were successful in securing funding for 2 years in order to develop the Halton Women's Centre to offer a one stop shop approach as a new sentencing option specifically for women offenders.

The SAFE requirement (Specified Activity for Female Empowerment) was launched to local sentencers in November 2010. This new sentence requires women to participate in activities at the women only centre, and each woman will have a bespoke package of interventions specifically designed to meet their individual needs. These usually include the 'Positive You' course and a Positive Parenting Course where relevant.

During the period November to January 18 SAFE Requirements have been made in local courts, indicating an excellent take up rate by sentencers. In addition, a targeted information campaign for sentencers which included a conference on Women Offenders at HMP Styal highlighting the needs of women offenders and the detrimental effects of custody on women and children was driven forward at the end of 2010. Comparison of the custodial rates for women offenders **in Cheshire between Q3 09/10 and Q3 10/11 indicate a reduction of over 30% in the use of custody for women.**

7.3.7 The Community Domestic Violence Programme (CDVP)

CDVP is a cognitive behavioural programme delivered by the Probation Service which offers rehabilitation opportunities for offenders who are convicted for offences related to domestic abuse.

The CDVP is designed to reduce the risk of re-offending by adult male domestic violence offenders. It reduces risk by:

- increasing the offender's awareness of the consequences of abusive behaviour
- increasing the offender's ability to respond non-abusively
- increasing the offender's ability to change abusive beliefs
- increasing the offender's ability to empathise with his victim(s)
- increasing the offender's ability to identify high risk situations and more effectively manage these in the future.

The Programme directly promotes and requires co-operation between the agencies concerned with domestic violence and prioritises women and children's safety. A key part of the Programme is the service offered to the victims and/or current partners of the men on the Programme. This service to women includes a minimum of four contacts at specific stages of the Programme to work on:

- safety planning for women and children
- provision of information about the Programme and any risk issues
- facilitating the referral of women to local services for ongoing support and assistance
- gathering information from the women to contribute to the evaluation of the Programme.
- It is a requirement for all offenders sentenced to the Programme to be managed in accordance with Multi Agency Public Protection Arrangements
- (MAPPA). This involves the communication and review of domestic violence cases by key organisations (i.e. probation, police, social services, housing, mental health, etc.) to monitor and manage risk to partner, children, and others.

Eligible Offenders - The Programme is for:

- male offenders who have committed at least one offence within the context of domestic violence against a female victim
- offenders who have been assessed as medium and high risk of relationship violence
- offenders who have been assessed as having the ability to participate and learn from the group work
- experience
- offenders who have indicated a willingness to agree to the aims of the Programme, including giving consent for victims and/or current partners to be contacted.

The programme comprises 6 modules - 29 weekly sessions of 2.5 hours duration in total. Offenders are expected to comply with the demands of the programme by attending appointments as arranged by their Offender Manager and by attending all programme sessions.

In 2009/10 a total of 27 male offenders completed CDVP, against a target of 20.

The overall aim of the CDVP is to eliminate the physical, sexual, emotional, psychological, and financial abuse of intimate partners; and to

eliminate all violent and abusive behaviour within the family unit generally. This is achieved by:

- assisting the participants to understand why they use violence and abuse against partners and ex-partners and the effects of this behaviour on the (ex)partners, children, others and themselves
- encouraging participants to take responsibility for their abusive and violent behaviour in their relationships
- motivating participants to take specific positive steps to change their behaviours in their relationships, and
- encouraging the men to learn how to use non-controlling behaviour strategies in their relationships

The Programme is delivered within the context of Multi-Agency Public Protection Arrangements and Child Protection Procedures. It relies on a holistic approach from staff and relevant agencies to working with the perpetrators and supporting the victims/current partners of these men in order to be effective.

Offenders attending the CDVP group are required to sign the *Statement of Agreement to the Release of Information*. This enables the Probation Service to share information about the offender with other agencies and also with the victim and current partner. It also obtains the offender's agreement not to interfere in any way with his partner or victim's access to Women Safety Workers.

Women Safety Workers (WSW) - are Probation staff who offer contact to the known victims and current partners of offenders on the CDVP group at regular intervals. Their main role is to enhance the safety of victims and partners to ensure that risk to them does not increase as a result of the perpetrator's participation on the programme. The WSW will give victims/partners general information about the offender's attendance and will ask them for their own experience of his behaviour – which is fed back to facilitators and Offender Managers. Similarly, they will contact the victim/partner if facilitators or Offender Managers become aware of any increase in risk posed by the offender.

Cheshire Probation currently has one WSW working in Halton with a current workload of 41 cases.

Performance monitoring of the CDVP flagged some concerns in terms of the numbers of perpetrators who were successful in completing the programme. Research indicates that risk posed by offenders

can increase if the treatment is not successfully concluded. Subsequently, a detailed, whole service action plan was launched in October 2010 to address this concern. **The completion rate as of January 2011 had improved by 5% as a direct result of the targeted action plans that have been put into place.**

7.3.8 Northumbria Sex Offenders Group (N-SOG)

NSOG is a nationally-accredited programme based upon research into what works to prevent sexual re-offending. It can be a Requirement of a Community Order or Suspended Sentence Order or a condition of a licence.

The programme is suitable for men aged 21 and over who have committed contact or non-contact sex offences against children or adult victims of either gender.

The programme is not suitable for female sex offenders, men with an IQ of less than 80, men with mental health problems or severe drug/alcohol misuse, men assessed as psychopathic or men in total denial of their sexual offending.

The programme consists of two stages and is delivered to groups of up to 10 offenders.

Stage 1 is a core group work programme where the offender will:

- Complete 32-36 full day sessions organised into 4 blocks or alternatively two evening sessions a week if in employment
- Be challenged about attitude and behaviour
- Learn new ways of coping with risk situations and feelings
- Analyse and identify relevant risk factors
- Learn how to make clear decisions to avoid difficult places, situations and patterns of behaviour

Stage 2 is a relapse prevention programme in which the offender will:

- Complete 12 weekly sessions of 3 hours duration each
- Assess in detail strategies for avoiding re-offending

7.3.9 Cheshire Fire & Rescue Service (CF&RS)

CF&RS can link into the issue of Domestic Abuse in the following ways;

1. Referral process.
2. Post incident response.
3. Technical fire advice to the sanctuary scheme.

1. Referral process:

- CF&RS undertake 60,000 home safety assessments year on year from 2005 until 2010 throughout Halton, Warrington and Cheshire.
- This equates to approx 12, 000 households in Warrington each year and is achieved by a direct engagement strategy (agreed with Warrington Trading Standards - TS) and through a number of established, multi agency, referral systems.
- The Home Safety Assessment (HSA) is a holistic home safety assessment and looks at the dangers of fire, slips trips and falls and also addresses doorstep crime issues in conjunction with Warrington TS.
- This unique survey looks at each case on its merits and is sometimes undertaken as a joint agency case assessment. Referrals are received from many different agencies through agreed frameworks and there is also referral of clients to a third party (with their consent) when it is believed / discussed intervention is appropriate.

2. Post Incident:

- The symptoms of DA can show themselves through incidents of arson, either as part of the ongoing DA, as a tool for intimidation to the victim or self harm/cry for help. Intelligence from such incidents can be reported back through agreed lines of communication.

3. Technical advice to the sanctuary scheme:

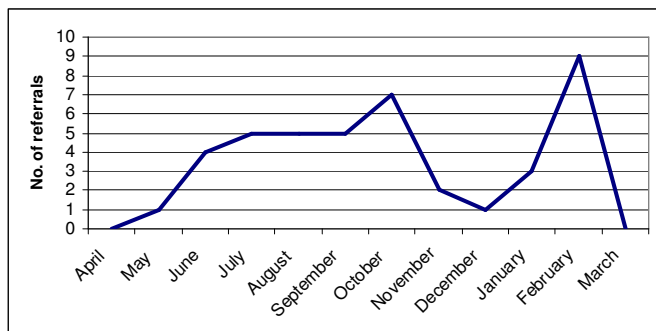
CF&RS advise on enhancing the fire protection measures of a property where the victim chooses to remain in the property following DA. These measures cover both life and property protection.

The data presented below confirms the number of referrals for the Halton area. The numbers are low in Halton for the beginning of 2009 as the centralised collation of information did not exist.

In respect of which agencies have made what referrals unfortunately data is not available.

Figure 15 illustrates the level of referrals received. The numbers are relatively low. However there was a peak in referrals in October and February.

Figure 15 Domestic Violence Referrals received by Cheshire Fire and Rescue 2009 - 2010



Source: Cheshire Fire and Rescue

The table below shows the monthly referrals by area. The data also shows that overall the **Runcorn area has the most referrals with 64% of the visits being made to this area.**

Table 59 Monthly Referrals by Area for CF&RS

Month	Runcorn	Widnes	Total
April	0	0	0
May	1	0	1
June	0	4	4
July	2	3	5
August	4	1	5
September	3	2	5
October	7	0	7
November	1	1	2
December	1	0	1
January	3	0	3
February	5	4	9
March	0	0	0
TOTAL	27	15	42

Source: Cheshire Fire and Rescue

7.3.10 Family Intervention Project (FIP)

The Family Intervention Project aims to improve the outcomes for families caught in a cycle of low achievement, anti-social behaviour and crime through supporting and training parents/carers and young people to tackle the root causes of their behaviour.

There are currently two types of FIPs running in Halton. These are:

- Youth Crime Prevention
- Antisocial Behaviour

The **Youth Crime FIP** was established in July 2009 and is currently staffed by two designated key workers. **To March 2010 13 adults and 30 children have been supported.** The average size of family receiving support has four or more children. 30% of total referrals were female and 70% were male with the majority being white.

The largest proportion of young people referred to the service was between the ages of six and 11 years. 36 Police incidents were recorded of these 42% related to domestic abuse issues.

With regards to the **Antisocial Behaviour FIP** the current staffing levels include two designated key workers and one team leader. 23 families have been supported since April 2009. This equates to 48 adults and 92 young people. The average size of family receiving support has three or more children. 55% of those supported are male and 45% are female. The largest proportion of young people referred to the service was between six and nine years of age.

It is reported that each following intervention with the Family Intervention Project there is likely to be 28 less police incidents recorded. This also equates to a substantial cost saving.

7.3.11 Halton Safeguarding Adult Board (HSAB)

Local authority adult social care departments play a co-ordinating role in developing local arrangements for safeguarding adults. All partner agencies, however, play a vital role in ensuring the best possible outcomes for those people in our community who are vulnerable to abuse and those who have experienced abuse and many of them are represented on the Safeguarding Adults Board. As a Board, the vision for adults whose circumstances render them vulnerable to abuse is encompassed in the following statements:

- “A Halton where vulnerable people are safe from abuse/harm; empowered to make their own choices and to choose risks; where people are supported and developed to deliver this.”
- “The Safeguarding Adults Board will lead and co-ordinate multiagency strategy and direction, with energy and commitment, to achieve our shared vision.”
- “By working together with top-level commitment from all agencies, the Board will raise awareness and inspire positive changes in people’s lives.”

Halton’s framework for safeguarding adults has been set up and developed in accordance with the government guidance ‘No Secrets’ (Department of Health 2000) and ‘Safeguarding Adults’ (Association of Directors of Social Services 2005).

At the centre of local developments is:

- The multi-agency strategic decision-making body, the Safeguarding Adults Board
- Sub-groups of the Board
- Links with related services
- Individual partner agency developments

The Board, its sub-groups and reporting arrangements have developed over recent years, reflecting a growing understanding of safeguarding, including a stronger focus on the prevention of abuse, the establishment of better strategic links between partners to ensure effective response to concerns, and the need to engage more effectively with the wider community.

The Board reports formally to the Safer Halton Partnership, which forms part of the Halton Strategic Partnership with an overall aim:

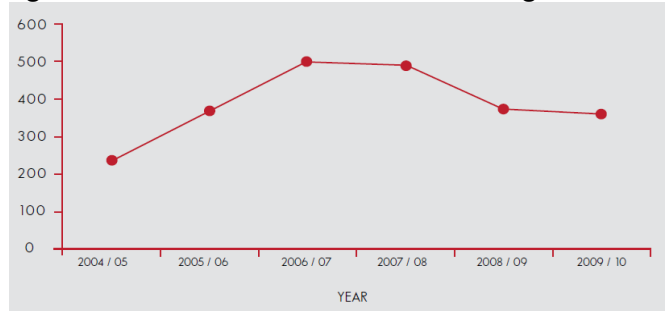
- To ensure pleasant, safe and secure neighbourhood environments, with attractive, safe surroundings, good quality local amenities and the ability of people to enjoy life where they live.

Additionally, public sector agencies report Safeguarding Adults developments through their internal governance arrangements, for example Halton Borough Council's Policy and Performance Boards (Safer Halton and Healthy Halton). In 2009 the Board reviewed its operation and decided to rationalise the groups to make them re efficient, effective and more outcome focused.

Achievements and developments 2009/10:

- Public sector partner agencies have individually worked to improve their systems and processes, with the aim of informing their internal developments and contributing improved standard of data reporting to the Board and Quality & Performance sub-group.
- Halton Borough Council has developed an electronic recording form, which will be implemented in 2011
- Halton Borough Council (HBC) has collected data about referrals received during the year and this has informed the graphs and commentary provided below
- Presentation of Local Data and Commentary
- Figure 16 shows the total number of referrals in Halton:
 - Rose by a total of 110% over a 3-year period 2004-05 to 2006-07
 - Fell by just over 2% in the year 2007-08
 - Fell a by further 24% in the year 2008-09
 - Fell by a further 3.7% this year 2009-10

Figure 16 Annual Adult Abuse Referral Figures



Source: Halton Adult Safeguarding Board Annual Review 2009/10

Further work has been done with the assessment and care management teams, on screening possible safeguarding referrals to better enable managers and staff to distinguish safeguarding allegations from other concerns, providing guidance on options of approach depending on circumstances. The further small decrease in referrals could be ascribed to this process. Marketing and training strategies continue to raise awareness of safeguarding and Dignity in Care, which should help to ensure that referrals continue to occur where abuse is suspected or occurs. Halton's referral numbers by service user group during 2009-10 reflects the same pattern as occurred in 2008-09, showing the greatest number of alleged victims to be older people, followed by people with learning disabilities and those with mental health issues, followed by those with physical & sensory disabilities, with a small number of those who misuse substances:

Table 60 Public Protection Unit Investigations

	Runcorn	Widnes	TOTAL
Referrals	19	10	29
Police Involvement	4	0	4
Police Investigation	14	9	23
Crown Prosecution Service Advice	1	1	2
Alleged Perpetrator Charged	1	1	2

Source: Halton Adult Safeguarding Board Annual Review 2009/10

Nb. Data does not reflect investigations across other policing departments that will at various times deal with vulnerable adult victims. It should also be seen in the context of the reduction in referrals shown in figure 16

Links with Domestic Abuse

- The Domestic Abuse Coordinator joined the Safeguarding Adults Board and links with the Safeguarding Adults Coordinator, to inform both

service strategies and participate in specific developments

- Links between Safeguarding Adults and Domestic Abuse services strengthened e.g. through a review of Adult Social Care procedures regarding the Multi-Agency Risk Assessment Conference (MARAC) forum.

7.3.12 Halton Safeguarding Children's Board (HSCB)

Safeguarding and promoting the welfare of children requires effective co-ordination in every local area.

For this reason, the Children Act 2004 required each Local Authority to establish a Local Safeguarding Children Board (LSCB).

The LSCB is the key statutory mechanism for agreeing how the relevant organisations in each local area will co-operate to safeguard and promote the welfare of children in that locality, and for ensuring the effectiveness of what they do. Halton Safeguarding Children Board is a statutory body consisting of agencies and professionals responsible for promoting and safeguarding the welfare of children and young people across the borough.

The Agencies include Health, Social care, Education, the Police, Probation, Connexions, the NSPCC, Youth Offending Service, CAF/CASS, Community Services and voluntary or independent organisations that work with children and young people. A parent representative also sits on the board.

The Board carries out a range of activities to safeguard children and young people in Halton, aged between 0-19.

The role of Halton's Safeguarding Children Board includes:

- Developing schemes to reduce harm to children
- Create, watch over and review inter-agency Safeguarding Children procedures
- Collect and study information related to safeguarding children
- Promote and provide training
- Increase professional and public awareness of safeguarding agenda

- Enquire into cases of abuse and neglect where a child has died or suffered serious harm and to review important issues arising from such enquiries

Safeguarding children and young people is not the sole responsibility of the Safeguarding Children Board, or the professionals who care for children. *Safeguarding children is everyone's business.*

The Halton Safeguarding Children Board (HSCB) was formally established in February 2006, ahead of the Government's timetable of 1st April 2006.

The Board has a very clear vision that places safeguarding at the centre of the borough's overall commitment to supporting and valuing the community it serves:

"All children and young people in Halton will grow up and thrive in safe environments, communities, homes and families. Where children are harmed, or at risk of harm, all agencies will actively cooperate to promote their welfare".

This vision embeds the work of the HSCB firmly into the overall Children and Young People's Plan that has been endorsed by Halton's Alliance Board.

While the HSCB contributes to all the five outcomes for children and young people, its particular focus is on keeping children and young people safe from maltreatment, neglect, violence and sexual exploitation, and it is seeking to do this through promoting high standards of safeguarding work and by fostering a culture of continuous improvement.

The HSCB currently reports on a variety of key performance and process measures under the following three priorities:

Priority 1: Improve parenting support to children in need of safeguarding

Priority 2: Ensure robust safeguarding processes are in place

Priority 3: Improve outcomes for children in need of safeguarding

Common Assessment Framework

CAF offers a standardised approach to conducting an assessment of the needs of a baby, child or young person and deciding how they can best be met. It helps practitioners of all agencies undertake a holistic assessment of need, determine the level of need and identify an appropriate response, i.e.:

- Single agency response
- Referral to outside agency
- Multi-agency response

1. CAF consists of:

- A common process for understanding and articulating the range of needs of an individual baby, child or young person, their parents or carers.
- A common format to help practitioners record the findings from the assessment in a systematic way, which will evidence the analysis of need while being understandable to parents, carers, young people and practitioners from other agencies.
- A common format for sharing assessment information with other agencies as appropriate, with the consent of the young person, parent or carer.

2. The principles underlying the approach to common assessment are that it:

- Is undertaken with consent, therefore needing to be built around co-operation;
- looks at the whole child, not just the policy focus and statutory obligations of a particular service;
- takes account of strengths as well as needs and understands the role of parents/carers and a wide range of family and environmental factors on child development;
- is simple to use and geared towards the practical delivery of support to children, young people and their family members;
- is empowering for families, completed in partnership with children and families at all stages, where possible enabling them to take the lead, and ensuring they have a copy of all the relevant documentation;
- enables and encourages information held by agencies to follow the child, e.g. as they get older, change schools or move house, subject to controls to protect confidentiality;
- Is a tool to support practice; is not used mechanically or when it adds little value; and supports and enhances ongoing and effective

communication within and between agencies. Communication should not end with the completion and forwarding of the common assessment.

During April 2009 to March 2010 Halton CAF received a total of 151 referrals. Assessments were initiated on 55 of these and additional 7 were discontinued.

The White Ribbon Campaign

The White Ribbon Campaign (WRC) is the UK branch of the global campaign to ensure men take more responsibility for reducing the level of violence against women. The WRC is unique as the first male oriented organisation to oppose violence against women.

In Halton, the campaign aims to encourage people to pledge never to commit domestic violence. Halton Domestic Abuse Forum invites men and women to wear a white ribbon to challenge the acceptability of domestic abuse, encouraging a united front and helping all victims to break the silence and speak out against violence and abuse in the home.

Education and Training

Local multi-agency training is delivered by the Halton Domestic Abuse Forum through the area co-ordinator. This currently offers a basis awareness course and a practitioner's specific course.

Level 1 Domestic Abuse Training: Basic Awareness

The aim of the course is to enable staff, volunteers and service providers in Halton to recognise and respond appropriately to domestic abuse in order to increase the safety of victims and their children, and the accountability of perpetrators for their behaviour through a co-ordinated community response.

The Objectives of the course are:

- To increase awareness of what constitutes Domestic Abuse and its impacts on victims, children and others
- To develop awareness of indicators for abuse and methods of routine enquiry
- To explore suitable responses to concerns around Domestic Abuse & Safety planning
- Increase awareness of risk assessment and appropriate information sharing

- To outline the links between Domestic Abuse and Safeguarding (both children and vulnerable adults) and general safeguarding duties
- To outline the support services & joint working available within the Halton Area

Level 2 Domestic Abuse Training: Practitioner Level

The aim of the course is to improve best practice responses in safeguarding adults, children and young people exposed to domestic abuse.

The Objectives of the course are:

- To examine some specific elements that represent a challenge to practitioners e.g. teen domestic abuse or issues of no recourse to public funds
- To promote and facilitate the implementation of DASH risk assessment and safety planning.
- Develop awareness and understanding of the MARAC process and its relationship to individual roles
- Develop identification of Perpetrators and Victims
- Explore measures that support the recovery of victims, including children and young people

Police Training

The Police provided training in January for front line officers with regard to Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH). This captured approximately 670 officers.

Training was also completed with Custody Officers and Custody investigation staff. This training was delivered to approximately 100 staff.

The police are currently organising an e-learning package for officers followed by a days training in early 2011. This will refresh officers already trained and provide further training to encompass the Criminal Investigation Department (CID) and PPU's

Summary

There are many measures in place with the aim of preventing and prosecuting DASV. These measures also include the prevention of repeat victims and perpetrators. These include:

- Specialist Domestic Violence Court (SDVC)
- Witness Support
- Probation Service projects i.e. SAFE
- Community Domestic Violence Programme (CDVP)

- Northumbria Sex Offenders Group (N-SOG)
- Cheshire Fire and Rescue
- Halton Safeguarding Children Board (HSCB)
- Halton Safeguarding Adults Board (HSAB)
- Common Assessment Framework (CAF)
- White Ribbon Campaign
- Education and Training courses.

It is evident that there are many measures in place to guide and support both victims and perpetrators. However many of these measures are provider and professional led.

There appears to be areas of prevention that could be explored further. These are:

- Early intervention and education with children teaching about relationships and appropriate behaviour
- Raising awareness within the community - including the workplace as this is the third most likely place for people to inform when a victim.
- Engaging and involving community groups to support each other.

CHAPTER 8: Violence against Women and Girls (VAWG)

Chapter Summary

The New Government Strategy Overview

- The new VAWG strategy highlights that society needs to: **Prevent** violence through challenging attitudes and behaviours and through early intervention; **Provide** adequate levels of support; Work in **partnership** to obtain the best outcome for victims and their families; **Reduce the risk** and ensure perpetrators are brought to justice
- A focus on early intervention through education of children and young people on healthy relationships, including sexual relationships, to reduce cultural acceptance and teenage pregnancy

Local Implications of the New Strategy

- Locally there will be a need to respond to the CEVAWG Action Plan in Spring 2011
- Continued national quality assurance of MARACs
- Improve commitment to and involvement of victims and communities in the DASV process
- **Police data** does not currently provide a gender split
- **HBV, FGM and FM data is not readily available for analysis** and forms areas of increased concern for the new government
- The Halton **Youth Offenders** database does not currently allow for an aggregated picture of male/female offences to be analysed
- **Hospital admissions are in the majority female** – The data indicates that 84% of domestic abuse hospital admissions are female. It is evident that further work needs to be done with regards to early reporting at A&E and data capturing
- **GP data and engagement** – across the UK this is identified as an issue, however locally it has not been possible to collate any data on cases of DASV presenting at surgeries and health centres

8.1 Overview

The government has released a new strategy entitled 'Call to End Violence against Women and Girls' (CEVAWG). At the heart of the governments approach is the need for prevention.

This chapter outlines the new strategy. Local data is presented in Chapter 6 and 7 and to reduce repetition, data will not be presented in this chapter however references will be made to other areas of the strategy to provide local evidence.

This chapter focuses on the vision and key components of the strategy and also highlights the key areas of concern that specifically affect women and girls.

The strategy advocates the need for families and communities to work with the government to change attitudes towards domestic abuse and sexual violence. In order to achieve this there is a focus for central funding to be provided on a stable basis.

The action plan will be published in spring 2011 and will illustrate the collective actions of the government and the details of the strategy.

8.2 Strategic Vision

In 2009/2010, women were the victim of over seven out of ten incidents of domestic violence. 36% of all rapes recorded by the police are committed against children under 16 years of age. The focus of the strategy is based on the UN Convention on the Elimination of all Forms of Discrimination against Women (CEDAW).

The strategy is the first time that the government will be working towards a single definition and they will be specifically including girls in the approach.

The vision is for a society in which no woman or girl has to live in fear of violence. To achieve this vision, society needs to:

Prevent violence through challenging attitudes and behaviours and through early intervention.

Provide adequate levels of support.

Work in **partnership** to obtain the best outcome for victims and their families.

Reduce the risk and ensure perpetrators are brought to justice.

The strategy also recognises that women and girls face violence in the context of commercial and sexual exploitation. There are separate initiatives to deal with these issues. A new strategy to combat human trafficking is due to be published in 2011.

The CEVAWG strategy sets out the government approach and framework and will provide a strategic direction for local areas. It is important that local areas are able to work together to develop an approach that addresses their local needs in order to optimise their existing services.

This strategy is part of the coalition Governments overall approach to tackling all forms of crime which will be set out in the forthcoming crime strategy.

8.3 The Context

The strategy is placed in the context of historically too much emphasis was being put on criminal justice outcomes and enforcement without equal

attention being paid to preventing this violence from happening in the first place.

The ideas presented in the CEVAWG strategy also reflect those echoed by the previous government who launched a Violence Against Women and Girls (VAWG) Strategy along with several specific reviews, namely The Sexualisation of Young People by Dr Linda Papadopoulos and the 'Taskforce on the Health Aspects of Violence against Women and Children' chaired by Sir George Alberti. The latter report outlined 23 recommendations for the NHS in response to DASV. These recommendations can be seen in Annex C. In general they echo the current CEVAWG focuses on health interventions into this issue. Overall, these documents shifted focus onto the human rights issue being identified around the level of violence experienced in disproportionate levels by women and girls.

Another of the driving forces behind the altered focus around violence against women was the joint research by Equality and Human Rights Commission (EHRC) and the End Violence Against Women Campaign which reviewed provision within Local Authority areas of specialist services for this issue. They conducted a review known as 'Map the Gaps' which highlighted what services each area was offering and where victims may be left without adequate support. Overall, their review in 2007 and 2009 labelled provision as varied and a postcode lottery. They highlighted the need for greater awareness of the need for specialised service provision for women and identified the possibility of legal action should areas not take action to remedy their provision. Thus, a focus on this as a human rights issue that needs to be addressed with adequate provision and prevention measures has been created.

Evidence of the significant nature of this issue is the indicative figure for the minimum and overlapping cost of violence against women in the UK estimated to be £36.7bn annually. The current government plans to support local areas to address this problem and deliver the services that are right for their communities by stripping away unnecessary central government targets and initiatives.

The idea behind the strategy is to spread effective practice and innovations from across the country. There is also a drive to radically change the way these services are commissioned and delivered and encourage the involvement of local

communities in deciding which local priorities should be funded.

The government will ensure that the Home Office funding for national help lines, independent sexual advisers (ISVAs), independent domestic violence advisers (IDVAs) and Multi-Agency Risk Assessment Conferences (MARACs) and their coordinators will continue on a stable basis.

8.4 Prevention

Attitudes, behaviours and practices

The government is committed to challenging the attitudes, behaviours and practices which cause women and girls to live in fear.

The focus around prevention is the drive to eliminate negative messages which contribute to the excessive commercialisation and premature sexualisation of children. Other issues include forced marriage, 'honour' based violence and female genital mutilation.

To ensure effective action to prevent these crimes from occurring, the strategy is seeking to encourage greater reporting. It is therefore vital for women and girls to be able to seek the support most appropriate to them.

The government, amongst other activities, will:

- Develop a cross-government communications strategy which will raise awareness of sexual violence
- Run a targeted communications campaign on violence against women and children for NHS staff.
- Raise awareness of forced marriage among communities and frontline practitioners.
- Raise awareness of 'honour' based violence (HBV). Develop a resource pack about forms of HBV for new and recent entrants to the UK.

Intervening Early

Children can be exposed to violence from birth and, unless an alternative view is established, are likely to grow to accept that behaviour as normal.

The current government is looking to help children to develop an early understanding of the meaning of consent in relation to sex and relationships. Including teaching models of healthy relationships and dealing with conflict.

Schools need to be aware of how violence can affect a child's behaviour and there is guidance available for schools.

Alcohol use is associated with a four fold risk of violence from a partner and is more common when sexual violence is involved. Both of these forms of alcohol related violence disproportionately affect women and particularly so when a woman is pregnant or just after she has given birth. **30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth.**

Domestic violence is also known to be a major cause of miscarriage and still-birth. There is also a connection between violence and teenage pregnancy. Midwives and health visitors who are in contact with pregnant women need to be appropriately skilled to recognise domestic violence.

Domestic violence is a significant issue for families supported by family intervention projects. The projects were shown to reduce the proportion of families reported to have this issue with domestic violence from 26% to 12%.

The government's new strategy aims to:

- Consider how to improve the teaching of sexual consent within the curriculum
- Investigate a new approach to provide greater support for families with multiple problems
- Freeing social workers to spend more time with children and families

Getting the First Response Right

The police have an important role to play in preventing harm before it occurs. The strategy aims to deliver training and effective practice to frontline practitioners including ensuring that awareness of violence against women and girls is part of the information provided to alcohol and drugs workers.

The funding of the development of an e-learning course aimed at GPs. The course will cover domestic violence, sexual violence and child sexual abuse and practices. The course will also highlight the importance of engagement with MARAC which has traditionally been lacking in GP engagement.

8.5 Provision

The government ambition by 2015 is to have created a robust commissioning framework for the

provision of violence against women and girls services supported

Frontline Services and Funding

The Home Office has allocated a flat cash settlement of over £28m over the next four years for work to tackle violence against women and girls and stated that tackling the issue will remain a key objective over the coming spending review period hence the commitment to stable funding.

Through this funding the government want to encourage local decision-makers to ensure violence against women and girls is not only seen as a national priority but a local one also.

The role of MARACs, IDVAs and ISVAs at a local level is effective in protecting high risk victims and supporting victims. The government is determined to demonstrate to the local level the importance of continued provision through the commitment to continued central funding, however it remains important for some aspects of service provision to remain national, for example the quality assurance of MARAC.

Some women enter the UK on a spousal visa and are subsequently forced to flee that relationship as a direct result of domestic violence. The government's intention is to support these women and children while their case for indefinite leave to remain in the UK is developed and considered.

There is also the recognition that it is important to consider the needs of child victims of sexual and domestic violence. Local authorities, and in due course GP commissioning consortia, have a statutory duty to ensure that they safeguard and promote the welfare of all children.

In order to provide the identified service areas the government aims to:

- Provide funding to support IDVA posts, ISVA post and MARAC co-ordinators.
- Make £900K per year over the next four years available to support national help lines
- Ensure that information for the provision of services for women and girls in rural, as well as urban, areas is available to commissioners
- Create a sustainable funding model for rape support centres
- Fund the establishment of the Diploma in the Forensic and Clinical Aspects of Sexual Assault
- Continue support to victims of forced marriage
- Continue work with victims of trafficking and victims of torture

Effective Practice and Training

The CEVAWG strategy is focused on providing pathways to share information and effective practice. The government will ensure that agencies have the training they need to deliver effective outcomes.

The government will support information sharing and effective practice in the criminal justice system. There will also be a review of the multi-agency statutory guidance for dealing with forced marriage. This also involves highlighting the sensitivities in dealing with cases of forced marriage especially with victims who are women and girls with learning disabilities.

Sustainability of the Sector

In order to sustain the sector there is the idea of developing community budgets which means pooling departmental budgets for families with complex needs to get better results.

Within the identified need for joint commissioning the health sector is important. The proposed establishment of Health and wellbeing boards would work to promote partnership working between the NHS, social care, public health and other local services and improve accountability.

Value for money will be a key driver in commissioning services. It is important in these austere times that new models and ways of working are identified which help support sustainability.

Examples of this are:

Social Impact Bonds – contract between a public sector body and social impact bond investors

Women's Resource Centre – specifically researching the social return on investment for women's organisations.

8.6 Partnership Working

Working with Sector Organisations and Communities

Partnership working is essential in these budget constrained times. It is vital that local partners, including community and voluntary groups, work with local and national government to create a stronger response for women and girls.

Effective partnerships to tackle the issues will be enabled through participatory budgeting involving

local people to decide how to allocate part of a public budget to address a particular issue.

Community coaching encourages the women and girls to work together to identify how they might influence the way in which local support services are delivered and improve the outcomes for more victims.

For partnerships to work there needs to be a transparency of information including maps of crime priorities and priority local areas.

The new government are advocating the development of an online tool to aid the understanding of the prevalence of violence against women and girls might be in their area and what the optimum level of service provision to meet it might be.

International Work

Tackling violence against women and girls extends beyond the UK borders. Issues such as FGM and FM can affect women either being forced to come to the UK or forced out of the UK as victims.

It is essential to continue the support strongly the implementation of the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Operational Protocol and other international human rights treaties. It will be important to annually assess the progress the UK is making.

For relevant local data Chapter 6 shows the extent of FGM and FM in the Halton area. Although currently more focused on the city areas of Manchester and Liverpool as a key transit town it is important to recognise the international issues on a local level.

8.7 Risk Reduction and Justice Outcomes

Legislation and Justice Outcomes

The introduction of the Equality Act 2010 will ensure that it is essential to record the relevant data on how public bodies are tackling violence against women and girls, therefore allowing the public to be able to hold them to account as public bodies will be required to publish data of their work.

Legislation will also bring into law the requirement on local areas to hold a multi-agency review following a case of domestic homicide.

In terms of outcomes for victims it is important for them to know what measures are in place for them to ensure their financial support is secure if they decide to leave an abusive relationship.

Cases of stalking and harassment can be difficult to prosecute because of their nature. Therefore the proposal to publish new guidance for prosecutors is a welcome move. It is acknowledged that there needs to be a commitment to improving communication with victims across the Criminal Justice System. This will hopefully increase the trust in the system and also reduce the level of repeat victimisation.

Reducing the Risk for Victims and Supporting Women Offenders - Almost half of women prisoners report having suffered from violence at home and about one third reporting having suffered sexual abuse.

There is a drive to continue provision of over £10 million in funding until March 2011 to develop a network of effective community based alternatives to custody. There is also a focus on the MARAC through a review and to identify whether there is a case for putting MARACs on a statutory basis and whether the MARAC structure could be applied in cases of sexual violence.

8.8 Local Implications of the CEVAWG Strategy

The strategy outlined in this section leads to numerous issues on a local level. This section highlights these issues with reference to the local picture presented in chapters 6 and 7.

The overarching issue for Halton is that data is not currently presented in a gender split. The data on DASV is presented on overall numbers as standard.

Areas of concern for Halton:

In order to align local strategy with the governments overall ambition for the CEVAWG strategy the following areas of concern have been identified on a local level.

1. **Police data currently not provided with a gender split** – this data is relied on heavily for identifying domestic abuse incidents in the area however the data is not currently provided to partners by a male/female split (see Chapter 6).

Although national data would lead us to believe females are the majority victims. The evidence to corroborate this is not available at a local level at this stage.

However, it is corroborated by MARAC data which shows 95% of high risk victims are female. SDVC data also shows that the majority of defendants (87%) are male. However, these are a minority percentage of the smallest group of DASV victims and perpetrators and are not representative of the general population.

The need for police data to clearly identify the issues of HBV, FGM and FM is also a priority as this is not readily available for analysis and forms areas of increased concern for the new government.

2. Top 5 sexual offences are all against women and girls – in Halton the top 5 sexual offences are all committed against women and girls (see Chapter 6 section 6.2.3). This indicates that the data surrounding these offences needs to be thoroughly analysed to identify areas where funding and resources can be targeted effectively for prevention purposes.

3. Youth Offending data – the youth offending database does not currently allow for an aggregated picture of male/female offences to be analysed (see Chapter 6, section 6.3.6). We gain a perspective of the gender split when the offences get to outcome stage and are recorded as part of the conviction process. The only way to gain a gender perspective is to analyse individual case files which is resource intensive in terms of both time and cost.

It would be beneficial to be able to tabulate the types of offences committed by female youth offenders. This would allow for targeted early intervention and effective allocation of funding.

4. Hospital admissions are majority female – The data presented indicates that 84% of domestic abuse hospital admissions are female (see Chapter 6, section 6.2.8). However, there is limited additional data available. In order to monitor DASV presenting at hospital both in A&E and general admissions more work needs to be done with health care partners to identify cases and effectively deliver a comprehensive initial response as highlighted in the CEVAWG strategy.

5. GP data and engagement – across the UK this is identified as an issue, however locally it has not been possible to collate any data on cases of DASV presenting at surgeries and health centres. This leads to a major gap in terms of the identification of the prevalence of DASV at this primary level. It is essential to fulfil the vision of the strategy that this early identification and intervention encouraged at a GP level. This links to collation and provision of data but also the engagement in services such as MARAC.

8.9 Conclusions

The key areas highlighted by the strategy are Prevention, Provision, Partnerships and Reducing the Risk. In order to achieve these goals Halton Borough Council needs to act upon the following areas:

- Data needs and gaps need to be addressed primarily within police, health and social care data. The voluntary sector and other commissioned services tend to provide gender detail in the regular submissions to the Halton Domestic Abuse Forum.
- Linkages and engagement with GP services needs to be improved in order to gain a perspective of the prevalence of DASV towards women and girls.
- Review the Halton Borough Council Domestic Abuse and Sexual Violence Action plan against the national government action plan in the spring.
- Develop a sustainable model for the IDVA, ISVA and MARAC services to continue in line with the current government's priority service areas.
- The CEVAWG strategy explicitly highlights the need for local co-ordination. The focus on partnership is the constant theme throughout the strategy. There are many partners within the DASV field and in order to bring these together in an efficient and effective way requires a central coordinating role within the area.

CHAPTER 9: Performance and Partnerships

Chapter Summary

- The evidence has demonstrated that the Halton Domestic Abuse Forum is performing well and through approaches implemented to date is meeting need in some areas, however there are areas of weakness in the partnership that require focus.
- Police crime data by ward level is not currently robust, in these austere times when funding and resources need to be focused more efficiently it would be beneficial to be able to target problem localities. Therefore being able to analyse data within a local authority and be able to map the areas of concern would aid in the focus of services.
- The assessment of provision has highlighted that Halton is not currently geared up to provide specialist services. These include vulnerable adults, Lesbian, Gay, Bisexual and Transgender (LGBT), BME, older people.
- There are many protection measures in place however these measures are primarily focused on the highest risk victims. These victims form the smallest percentage of victims.
- Within the subject of prevention the main gaps that were identified were issues surrounding community and cultural awareness.
- There is concern around funding sustainability, as experienced nationally, and this requires resolution to ensure greater costs are not experienced through lack of maintenance of key services.

9.1 The Excellence Model and Current Provision

This chapter focuses on the performance and partnerships aspects of the Halton Domestic Abuse Forum and will draw together the conclusions and findings from the previous chapters and highlight the areas of strength and weakness from the current Halton Domestic Abuse Partnership. In order to assess the performance of the current partnership we have identified 12 key components that contribute to an 'excellence' model. These components have been derived from current research and policy direction including the new government's CEVAWG strategy.

Guidance has also been provided by Anthony Wills of Standing Together in advance of the publication of his recent work on effective partnership models. This work was sponsored by the Home Office to produce guidance for domestic violence partnerships which would allow them to meet their full potential. This process has been supported by 10 domestic abuse partnerships across the UK and the final product is planned to be distributed in the New Year. Unfortunately this did not fit with the

strategy's timetable, so full sight of the document was not possible, however we were able to seek guidance and review a presentation from the researcher to direct our approach to be inline with future possible best practice models.

Thus this chapter will firstly present the excellence model, as presently interpreted from the information available, and then assess the current performance and partnership of Halton against this. The section will then move towards illustrating the strengths and weaknesses before looking ahead to recommendations and actions for the future. There will also be the identification of innovative practice from other areas for consideration. The chapter will conclude through identification of a revised Action Plan for the HDAF, with clear performance indicators recognised and included in the associated annex.

From the evidence that has been collated throughout chapters four to eight, 12 components have been identified that contribute to the 'ideal' Domestic Abuse Partnership to operate effectively and to target need on a local level. Figure 17 illustrates the components that have been identified.

Figure 17 Domestic Abuse Partnership Excellence Model



Source: Anthony Wills, Standing Together
 Nb. This is an interpretive diagram of the 12 components as
 The model has yet to be formally released and approved

Throughout this strategy we have presented an overview of local and national strategies and policies to provide the context and background for the issue of domestic abuse and the strategic thinking that currently exists around how to tackle DASV. This model captures the current and previous focuses within this field including the currently preferred provision, protection, prevention and partnership focuses of recent strategy.

The strategy has also presented evidence on the current prevalence and nature of DASV and the current provision, protection and prevention measures that are in place locally. Descriptions of the services and measures have been provided and where possible data evidence to enable a robust analysis of the prevalence and services available could be achieved.

This information has now been assessed against the model demonstrated above to highlight those key areas for focus. The evidence has demonstrated that the Halton Domestic Abuse Forum is meeting need in some areas; however there are areas of gaps and weakness in the partnership from a data, diversity and resource perspective. These are outlined and reviewed in the following section and are visually represented in the red, amber green colour coded performance table.

9.2 Halton Domestic Abuse Forum Current Performance

This section concentrates on the assessment of the services for DASV available in Halton plus the identification of current gaps in information and services that has been revealed during the process of producing this strategy. An important factor that became evident very quickly within the collation of information for this strategy was the barrier that was created in actually gathering information. This included identifying the gatekeepers of the information plus determining the capability of the data collection tools. This barrier is a consistent theme across the strategy and is highlighted in the sections that follow.

This following sections provides an overview of the main gaps identified with regards to the four key themes presented in the strategy

Need

Police crime data by ward level is not currently robust, in these austere times when funding and resources need to be focused more efficiently it would be beneficial to be able to target problem localities. Therefore being able to analyse data within a local authority and be able to map the areas of concern would aid in the focus of services.

The categorisation of crime leads to a misleading picture about the prevalence of DASV. Due to DASV being a cross cutting issue across many areas of other crime it is essential to be able to recognise DASV as part of other crime categories and at this present time this aspect appears to be missing and therefore the prevalence of DASV as recorded in figures is likely to be lower than the actual rate of incidents.

The lack of recording of contributing factors also leads to difficulties in understanding the issue of DASV as part of wider social issues and in context.

It is recognised that victims of DASV are likely to present at a health care setting, either hospital, GP or health centre for example. Current information is limited. Patients are not asked routinely about DASV and only hospital admissions are recorded. Therefore those presenting at A&E can be missed.

Surgeries and health centres currently do not have a protocol to collect data about victims of DASV. It would be hugely beneficial to work with these health settings to identify victims and also work with doctors to raise awareness of services that could be signposted

With current government focus on specific issues of HBV, FM and FGM data is only available on a national level. Therefore it is difficult to identify whether the issue is of real concern to the area.

Youth Offending Team (YOT) currently does not collate data about victims or perpetrators of DASV other than within case notes. Therefore to be able to aggregate the level of DASV within the YOT field is impossible without labour intensive case reviews.

Within the identification of need there is also the lack of data surrounding the prevalence of DASV affecting certain groups; vulnerable adults, LGBT, BME, older people, Women and Girls or Men.

Provision

The assessment of provision has highlighted that Halton is not currently geared up to provide specialist services. These include vulnerable adults, LGBT, BME, older people which was commented above. The increased capacity in IDVA provision will go some distance in clearly identifying the issues with these groups and meeting the demand.

An identified barrier to wider provision is the local need not thoroughly being established due to information sharing weaknesses or lack of information.

Protection

There are many protection measures in place however these measures are primarily focused on

the highest risk victims. These victims form the smallest percentage of victims.

Protection measures for the majority of victims which include standard and medium risk victims is limited and lacks capacity to cater for this larger group

Prevention

In terms of prevention there are many aspects in place such as Cheshire Fire and Rescue and the Safeguarding Boards. However, within the subject of prevention the main gaps that were identified were issues surrounding community and cultural awareness. This includes the education of young people about healthy relationships.

An essential aspect of prevention that appears to not currently be at forefront is the community engagement. There are voluntary organisations who are working to raise awareness however breaking down the stigma of DASV within the community is still lacking

The following table takes the issues noted above and brings together the evidence that has been presented throughout the strategy to identify more specifically the current strengths and areas for development identified. Within this table a traffic light rating system has been established for current self assessment. This system will also be bought into the Performance Management Framework illustrated in Annex E. By using this simple colour code system it allows for easily identifiable progress tracking in the future.

Table 61 Current Strengths and Areas for Development Against Excellence Model

Component	Current Rating	Current Strengths	Area For Development
Shared Objectives	High	<ul style="list-style-type: none"> Common objectives clearly stated in terms of agreement for partnership working Objectives agreed and signed off by members of the strategic group 	<ul style="list-style-type: none"> Competing priorities in the current economic climate need to be monitored to ensure common objectives are continued.
Structure and Governance	High	<ul style="list-style-type: none"> Current HDAF structure and governance effective. Strategic and Operational group established with structure and protocols 	<ul style="list-style-type: none"> To ensure the Line of delegation is always clear.
Strategy	Medium	<ul style="list-style-type: none"> Previous strategy directed work and allowed for national and local policies to be at the centre of actions and responses 	<ul style="list-style-type: none"> Strategy 2011 – 2014 will ensure a comprehensive strategy is in place for the future. There is a need for regular action updates to the strategy to ensure timeliness and response to emerging policies

Component	Current Rating	Current Strengths	Area For Development
Representation	Yellow	<ul style="list-style-type: none"> The representation at strategic and operational groups is wide. There is representatives from both statutory bodies and voluntary agencies 	<ul style="list-style-type: none"> Inclusion of survivor voices to aid in full representation and participation in discussion of issues at a strategic level Review membership of strategic forum to ensure it is of a sufficiently authoritative level
Resources	Red	<ul style="list-style-type: none"> Current resources have allowed for effective and efficient coordination of DASV services in Halton White Ribbon Campaign is planned to become self-sustaining and has effectively been used as tool to raise awareness of DASV within the community 	<ul style="list-style-type: none"> To identify funding streams to ensure appropriate IDVA capacity as identified in the needs analysis.
Coordination	Green	<ul style="list-style-type: none"> HDAF is well structured and the coordination of the operational and strategic groups has led to the implementation of a successful, in the main, PMF process. Coordination allows for efficient communications of updates and the ability to react in a timely fashion to ad hoc queries from both internal and external agencies. 	<ul style="list-style-type: none"> Continuation of coordination to ensure excellence model is maintained and services do not exist in silos.
Training	Yellow	<ul style="list-style-type: none"> Training has been delivered to partners. Police have delivered awareness training Bespoke training has been developed, designed and delivered. For example, to the YOT, ASC, Drug and Alcohol Service Workers and Dedicated Child Protection leads in Local Schools 	<ul style="list-style-type: none"> Deliver DASH and Domestic Abuse Training via dedicated safeguarding sessions for GP's to enable identification of DASV at a primary level. Prioritise Domestic Abuse and DASH training to the Team Around the Family Services
Data	Red	<ul style="list-style-type: none"> Implementation of PMF framework has allowed for quarterly measurement. Data from voluntary agencies allows for analysis of usage of services including diversity. 	<ul style="list-style-type: none"> To ensure data collection processes are consistent allowing comparison and progress to be measured. The Strategic Forum will scrutinise and challenge partners to ensure timely submission of useful data to inform service development.
Policies, Protocols	Yellow	<ul style="list-style-type: none"> Policies for HDAF are in existence and are kept up to date by the Coordinator. 	<ul style="list-style-type: none"> The Strategic forum will implement a monitoring system for reviewing partner's policies in relation to Domestic Abuse
Specialist services	Yellow	<p>There is a range of services available across Halton including:</p> <p>MARAC IDVA ISVA</p>	<ul style="list-style-type: none"> To ascertain through data provision the need of specialist services locally for minority groups

Component	Current Rating	Current Strengths	Area For Development
		HDAS	<ul style="list-style-type: none"> To progress provision for lower risk groups e.g. wider provision for medium risk clients To ensure commissioning of a voluntary perpetrator programme is concluded.
Diversity		<ul style="list-style-type: none"> There are an adequate range of services for the majority of groups in Halton The voluntary organisations are available on a national level for specific groups and HDAS provides signposting to these services 	<ul style="list-style-type: none"> As above and develop services as need is identified.
Survivor Voices		<ul style="list-style-type: none"> There is the use of survivor voices from the FOCUS group at an operational level. 	<ul style="list-style-type: none"> To ensure that survivor voices are influencing responses at a Strategic level.

9.3 Future Developments – areas for further investigation

Whilst the table above establishes the structure of actions and recommendations for HDAF it is important to retain a level of flexibility and innovation that allows the area to respond to developments and local challenges as they arise. With a view to aiding the area to do this, this section explores some of the recent innovative practice that is ongoing in other areas for consideration.

The sections below provide a description of ideas in other localities that could be explored or could lead to more national programmes in the future. There is also a section highlighting the key policy developments that are scheduled to be published in 2011.

9.3.1 Integrated Offender Management

Is essentially the coordination of agencies involved in reducing re-offending. It aims to assist partnerships to target resources effectively at those offenders that present the highest risk of re-offending or causing harm. It offers an approach that not only aims to deter but also to address the wider causes of offending such as the motivation of the individual offender with the view that supporting offenders in particular ways may assist them to “navigate their way out of crime”.

In Cheshire this approach has been developed through the Multi Agency Public Protection Arrangements (MAPPA) and Prolific and Priority Offender (PPO) schemes. IOM is seen as an

opportunity to bring these approaches together and extend this approach of multi agency cooperation and problem solving to a wider offender group. However, due to the intensive resourcing required for such an approach it is reserved for those that represent the higher levels of risk. Cheshire has developed a tiered system to address this of Specialist, Targeted and Universal. Specialist provision refers to those requiring the highest level of intervention, targeted is for problematic offenders falling short of the specialist requirements and Universal is for those offenders that can be signposted and where agencies will aim to effectively work together to avoid maintaining the offenders existing cycle of behaviour.

In an effort to develop this approach locally a pathfinder pilot has been initiated by Cheshire Constabulary and partners to create a Navigate Cohort. This cohort aims to draw offenders who commit acts of repeat violence, such as domestic abuse, acquisitive criminals or repeat anti social behaviour. This cohort will include both statutory and non statutory offenders. This cohort will not seek to include those offenders managed under existing arrangements such as MAPPA as these are identified as specialist level interventions. It is aimed that this project will assist agencies to focus on the following factors to assist offenders to break the cycle of violence:

- Ability to access and sustain suitable accommodation
- Focused education, training and employment opportunities
- Improved health, physical and mental well being

- Improved access to drug and alcohol rehabilitation programmes
- Assistance in managing finances
- Improved coordination of support for children and families of offenders
- Improvements in the attitudes or behaviour which lead to offending and greater acceptance of responsibility in managing their own behaviour and understanding of the impact of their offending on victims and on their own families

Currently there is little provision within the Domestic Abuse arena to hold non statutory offenders to account for their behaviour. The models and approaches used are victim centred which has left a cohort of domestic abuse perpetrators that are potentially not being challenged nor assisted out of their own cycle of violence. MARAC is focused on risk management for the victim and has no authority to challenge the perpetrators. This project will offer the opportunity for offenders to have additional assistance to break their cycles and reduce the likelihood of repeat victimisation of current and future partners.

9.3.2 PICADA

This was an intervention programme for children and mothers to break the intergenerational cycle of violence through education and support. It can be used alongside the Freedom programme for women to ensure mothers are able to identify and address their own issues around domestic abuse incidents.

This is an intervention currently being provided in partnership with Berkshire East & South Bucks Women's Aid who have now run a second successful PICADA programme. PICADA is a 12 week community based programme for children aged eight to twelve years old, and their mothers, who have experienced domestic abuse. Referrals were open to local agencies working with families, or families could make referrals directly. This project was developed from the Sutton pilot of this initiative called the Community Group Treatment Programme originally developed from a scheme in Canada. It ran over a 12 week period for children aged 4 to 16, with children divided into age-specific groups to address a range of issues. These include validation of the children's experiences, understanding abuse, reducing self-blame, safety planning and managing appropriate and inappropriate expressions of emotion.

The programme offers a concurrent component for mothers to attend groups and the sessions have

been most successful when both mothers and children attend. Mothers are supported to understand how the violence has impacted on the child and how best to help them through the healing process. This occurs through the parent attending an information session regarding the support session the child will later attend. This allows them to be prepared for the potential issues the sessions may cause and support the children after the session to discuss and work through the issues it raises.

Sutton report that the results have been excellent. In the first year Sutton ran six groups for children. All children were assessed pre and post group to confirm the expected outcomes and at the end of the group mothers and children complete satisfaction ratings. This revealed that the majority of children who started the group completed it, indicating enjoyment and satisfaction with the programme.

Children also improved in their ability to identify abusive actions after the group. Far fewer indicated they would try to intervene in abuse episodes, a cause of great risk to children. Fewer children subsequently condone any kind of violence in relationships or feel they are the cause of abuse or violence. Children also developed problem-solving skills to help them resolve conflicts.

This project has potential to assist children to break the intergenerational cycle of abuse as a form of early intervention. Alongside this initiative it also offers mothers the opportunity to assist in the process and alongside a victim focused initiative has the potential to move families that have experienced domestic abuse away from unhealthy patterns of behaviour.

9.3.3 DA Pro-social modelling - Pilot Programme

Blaenau Gwent has been chosen by the Home Office as one of three places in Britain to pioneer the use of former domestic abusers to assist in developing ways to stop others from becoming violent and abusive to their partners.

This approach is part of many being developed by the Home Office as schemes that build on the current governments plans to create a 'Big Society' approach. It is aimed that the project will mean more involvement from people in Blaenau Gwent in coming up with ways of dealing with domestic abuse and stopping it at its root. In coming months local charity Blaenau Gwent Domestic Abuse

Services will lead the work in coming up with solutions and project ideas.

A so-called phoenix fund will be available to groups with an idea on promoting healthy relationships and reducing domestic abuse. They can apply for funding to make their project a reality, with applications reviewed by a panel made up of young people and previous victims of domestic abuse. The best initiatives will be invited to an event where they can present their idea and take part in a vote on which projects get funding, with thousands of pounds available to fund the winning groups' ideas.

Alongside this, the project will incorporate a "community coaching" element where it will seek out individuals who have previously been abusive to their partners – either physically or emotionally, but have now stopped. The workers behind the initiative want to discuss how this change came about, what skills, methods or tactics they used and if they had any support. The process will involve interviews with trained facilitators and group work to find common themes.

This pilot may prove a source for future innovative community based interventions for use locally.

9.3.4 Croydon Family Centre

Victims of abuse and their families have access to a unique collaboration of resources including medical and legal services, police officers, probation officers, doctors, counsellors, advocates, social workers, housing providers, benefit advice, education providers, children's services and adult education groups, all from a centralised location.

The centre addresses the full range of social, welfare, economic, safety, accommodation, criminal and civil justice needs of individuals living with or escaping from abuse. Importantly, it is a safe place where victims of domestic violence, family violence, elder abuse, children and extended families can receive all the help they need to rebuild their lives.

It also plays a role in supporting the success of the courts in Croydon. These are crucial to bringing more abusers to account for their actions.

Together, these agencies hope these services will:

- reduce the number of domestic/family violence murders and serious incidents
- reduce incidents of child and elder abuse
- end homelessness caused by domestic violence
- increase the options available to victims
- provide culturally sensitive services

- hold abusers accountable by coordinated monitoring

The Croydon model is seen as an example of effective co located multi agency working that allows ease of access for victims.

9.3.5 Runcorn Alcohol Pilot

A small pilot project was commenced within Runcorn in October 2010 based around homes with a high number of call outs due to Alcohol related Domestic Incidents. After a review of violence with injury (VWI) rates it was identified that Halton had high levels that did not appear to be reducing. Subsequently, it was decided to pilot a short intervention programme to see if this would reduce the number of incidents being seen. This involved beat managers attending homes at key incident periods, such as Saturday and Friday evenings, to offer the residents support with any issues they may have. These visits involved passing information pertaining to local alcohol, drug and domestic abuse services to highlight that support was available. Those addresses targeted were those not currently being seen at higher level interventions such as MARAC but that were representing a significant resource demand.

It was noted a month after commencement that VWI rates had decreased. Feedback was also sourced from a current Domestic Abuse client after a visit who shared that the visit was seen to be reassuring and supportive. This allayed some fears that approaching domestic abuse in this manner may simply discourage victims from calling the police when in need. Obviously, further reviews of the effectiveness and impact of the pilot are required to offer robust evidence of its impact.

Nevertheless, the short term feedback suggests that the pilot has potential to bring positive impacts on the rate of incidents seen in the local area if adopted as standard police practice.

9.3.6 Strathclyde

Strathclyde Police force has established an elite task force for Domestic Abuse. This comes after the recognition that domestic abuse creates a significant amount of crime and is associated with a significant level of harm. Subsequently, Strathclyde force have developed a dedicated task force, the only one of its kind, to proactively target offenders rather than continuing in the traditionally "victim centred" vein. As a result of this approach and a strong zero tolerance message for the more 'minor' crimes associated with abuse, such as breach of bail, they have seen an increased level of

awareness of crimes and reductions in specific areas. For example, in its first year of operation officers from the Domestic Abuse Task Force have arrested 105 dangerous offenders for a total of 370 crimes including attempted murder, rape, serious assault, breach of the peace and stalking cases. Of those 370 crimes, 320 had previously never been made known to the police.

More than 800 domestic abuse offenders were targeted prior to the Old Firm game on 3 January 2010. On average, over the past five Old Firm games, domestic abuse has fallen by 23 per cent. Attempted murder, serious assault and breach of the peace have also fallen.

- Attempted murder - reduced by 29%.
- Serious assault - reduced by 32 %.
- Breach of the peace – reduced by 23 %.

This taskforce is made from a specialist team that focus on those offenders that represent the most significant harm to victims and families. They investigate the criminal lifestyle of the offender covering a range of criminal behaviours such as drug dealing, gang violence or disqualified driving, working on the assumption that proactive prosecution of these will reduce the opportunities to commit domestic abuse. This team utilises techniques from serious crime responses, previously only used in murder or other serious crime investigations. This is due to the acknowledgment that Domestic abuse is difficult to investigate as there are rarely independent witnesses and forensic opportunities can often be limited. Therefore this taskforce concentrate on investigative techniques, forensic awareness, and the ability to exploit all available intelligence opportunities. The team have focused predominantly on the most serious/serial offenders who present a very real threat to victims and families. Serial offenders are those who abuse more than one partner. Investigations undertaken by the task force have found that this behaviour often spans many years with partners who may live in different areas of the Force and throughout the country. Often, these offenders will behave in exactly the same way with the partners they become involved with, committing the same serious crimes against them.

In the last year, officers have carried out numerous dawn raids and surveillance operations in their efforts to track down and arrest these offenders, resulting in a positive outcome for victims.

Alongside this work there has been considerable promotion of the no tolerance attitude through

positive press releases of the impact of this approach.

Overall, Strathclyde police force appear to have experienced significant positive improvements through the adoption of this approach that may have implications for current local policing tactics in the approach taken to domestic abuse.

9.3.7 Gypsy and Traveller Community Projects

A paper by the Equality and Human Rights Commission, suggests that women from the Gypsy and Traveller communities who report domestic violence will often have suffered it more severely and over a considerably longer period than other women. Although there is no conclusive evidence about the prevalence of this abuse, the paper cites a study in Wrexham, which found that between 61 and 81% of married Gypsy and Traveller women, had experienced direct abuse from a partner.

The Leeds Gypsy and Traveller Exchange Domestic Violence Project sent gypsy and traveller women on training. This training did pose risks and barriers but then also created spear heads in the local community that others can talk to for advice and guidance. Training also included a child protection element.

The training and engagement lead to positive actual changes in the right direction such as the increased understanding of domestic violence and a willingness to challenge accepted behaviour. The impact on the women was very good. They learned that power was a key element and that they were accepting domestic violence.

After the training one participant noted that “I saw on one occasion one of the young women remove her sisters kids when a row was going on because of what she had seen, and was talking about, on the domestic violence training; that even if the kids don’t see it they can hear it”.

9.3.8 The Identification and Referral to Improve Safety (IRIS) Project

This is a three year project that was been established in Bristol to develop engagement of GPs in responding to domestic abuse. This IRIS team were designed to work with a range of GP practices to train and support these practices to identify and support patients presenting with Domestic Abuse.

The project involves the identification of a specialist domestic abuse worker to train clinicians and act as

a point of contact for any women identified as requiring assistance.

This project offers a model that has been tested to address GP engagement with Domestic Abuse.

9.3.9 Policy Developments

Over 2011 there are three key policy developments that may have an impact on the strategy. These are:

- Call to End Violence against Women and Girls – Action Plan
- The Crime Strategy
- Hate Crime Strategy for Halton

9.4 Conclusions

This chapter identified the ongoing action plan for HDAF for 2011-14 based around an excellence structure that allows for flexibility to respond to innovations within the field. This is captured in specific measures within the areas Action Plan in annex D.

This action plan responds to some of the weaknesses this strategy has outlined, such as consistent and comparable data provision, whilst also reflecting the strengths the area has achieved to date. This offers the HDAF a clear guide to performance and focuses ongoing and will act as the template for future developments and progress reviews.

The entire strategy process has enabled Halton Borough Council to clearly map current data and identify areas where possible work is needed. It has allowed for a comprehensive analysis of available information coupled with the opportunity to engage further with partners. The process has also led to exploration and inclusion of current innovative practice to inform development work to ensure HDAF is aspiring towards an excellence model.

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Annex A – Method – Ten Steps to reproducing the strategy

The table below outlines the overall method and approach that should be adopted to recreate the strategy.

Step	Description
1	Identification of structure of report and intended audience
2	Identification of partners and stakeholder input required during the process.
3	Gather the required evidence from partners and analyse – this forms the need section of the audit
4	Identify the current provision that is available in the local area – Including statutory and voluntary provision – This forms your Provision, Prevention and Protection section
5	<p>Produce a gap analysis – this is achieved by cross referencing the need and provision section and identifying where the current provision is not meeting the need of the local area.</p> <p>During this process it may also become apparent that there is some provision in the local area that is actually in excess of what the local need necessitates.</p>
6	Assess and present the strengths and weaknesses – highlight the areas where improvement is needed
7	<p>Produce Action Plan – this plan need to include SMART measures and key accountability in order to assess the impact of the action plan</p> <p>It is vital to set review dates for the action plan and to identify strategically the direction and speed of impact that is being sought.</p>
8	<p>Consult on Action Plan – An action plan will not work without consultation with the key partners and stakeholders. Especially those included in the action plan.</p> <p>For the actions to fully be implemented ‘buy in’ and engagement of these groups is essential. Consultation provides these partners and stakeholders with the opportunity to take ownership of the actions and provide their input to ensure accuracy.</p> <p>It is important that both the consultation period allocated and the method of consultation is considered to be sufficient to allow submission of feedback and encourage partner inclusion. Proposals consultation and timelines should therefore be approved at Strategic Level to enable this to take place, before the agreed consultation is undertaken.</p>
9	<p>Produce Performance Management Framework – This PMF framework allows partner data to be analysed and for specific measures to be consistently mapped. The creation of a consistent and robust PMF allows strategic groups to accurately trend developments within the topic.</p> <p>PMF can enable longitudinal mapping and trends to be identified. Plus also highlights specific issues and enable intervention</p>
10	<p>Publish and distribute – the strategy and action plan need to be distributed to raise awareness of the actions being implemented. It would be recommended to produce three documents:</p> <ul style="list-style-type: none"> ○ <u>The full strategy</u> – A reference tool with all the data and full details ○ <u>A condensed strategy</u> – A useful tool for partners and stakeholders to use in meetings that highlights the key issue and actions ○ <u>Easy Read</u> – An information tool for local communities that is presented in a format that can enable understanding and highlight planned work streams and interventions.

Annex B – Crime Figures

Regional and local crime statistics

NORTH WEST	2002/03	% change	2003/04	% change	2004/05	% change	2005/06	% change	2006/07	% change	2007/08	% change	2008/09	% change	2009/10
Total Offences	794968	3.2%	820737	-5%	780105	0.3%	782151	-4.2%	749668	-11.7%	661762	-5.8%	623583	-10.8%	556127
Sexual Offences	7167	14.7%	8224	-4%	7899	-4.5%	7542	-8.8%	6877	-6.0%	6464	-9.3%	5866	7.9%	6327
VAP - With Injury	59103	23.8%	73173	2%	74398	1.9%	75845	-10.5%	67883	-14.0%	58367	-9.3%	52914	-8.5%	48436
VAP - Without Injury	44406	23.6%	54868	26%	69375	-1.5%	68311	-1.7%	67172	-9.9%	60502	-6.8%	56401	-5.5%	53312

CHESHIRE	2002/03	% change	2003/04	% change	2004/05	% change	2005/06	% change	2006/07	% change	2007/08	% change	2008/09	% change	2009/10
Total Offences	84574	9.0%	92223	-3%	89300	6.7%	95297	-6.6%	89023	-10.9%	79277	-5.3%	75098	-10.7%	67032
Sexual Offences	738	18.4%	874	7%	936	5.0%	983	-10.0%	885	-14.5%	757	-6.9%	705	-0.1%	704
VAP - With Injury	4127	9.4%	4516	21%	5455	104.7%	11169	-18.3%	9125	-15.9%	7676	-9.8%	6925	-0.3%	6902
VAP - Without Injury	6575	45.4%	9558	6%	10153	-27.6%	7348	10.8%	8144	-8.8%	7428	-2.5%	7244	-9.6%	6546

HALTON	2002/03	% change	2003/04	% change	2004/05	% change	2005/06	% change	2006/07	% change	2007/08	% change	2008/09	% change	2009/10
Total Offences	12659	8.8%	13778	0%	13722	2.8%	14100	-9.6%	12746	-5.8%	12002	-1.9%	11777	-15.4%	9969
Sexual Offences	186	-5.4%	176	-7%	164	-7.3%	152	-13.2%	132	-3.0%	128	-19.5%	103	-4.9%	98
VAP - With Injury	781	13.7%	888	9%	971	82.3%	1770	-14.1%	1520	-12.8%	1326	-6.6%	1238	-5.7%	1167
VAP - Without Injury	915	68.0%	1537	17%	1800	-42.5%	1035	13.7%	1177	-9.4%	1066	4.4%	1113	-18.2%	910

WARRINGTON	2002/03	% change	2003/04	% change	2004/05	% change	2005/06	% change	2006/07	% change	2007/08	% change	2008/09	% change	2009/10
Total Offences	16674	9.8%	18313	4%	19120	4.2%	19918	-4.8%	18957	-10.7%	16929	-9.6%	15301	-8.4%	14021
Sexual Offences	205	15.6%	237	7%	253	-7.1%	235	-3.0%	228	-34.6%	149	11.4%	166	-3.0%	161
VAP - With Injury	740	13.9%	843	44%	1212	91.9%	2326	-16.2%	1949	-15.0%	1657	-19.2%	1339	7.5%	1440
VAP - Without Injury	1103	49.4%	1648	21%	1992	-20.9%	1575	10.8%	1745	-4.0%	1676	-4.4%	1603	-9.5%	1450

Annex C – ‘Responding to violence against women and children – the role of the NHS’, Alberti Recommendations

1. NHS staff should be made aware of the issues relating to violence and abuse against women and children, and of their role in addressing those issues.
2. Primary Care Trusts (PCTs), their partners in Local Strategic Partnerships and NHS Trusts should ensure that women and children who are experiencing violence or abuse are provided with information that helps them to access services quickly and safely.
3. All NHS staff should have – and apply – a clear understanding of the risk factors for violence and abuse, and the consequences for health and well-being of violence and abuse, when interacting with patients. This should include:
 - appropriate basic education and training of all staff to meet the needs of women and children who have experienced violence and abuse;
 - more advanced education and training of ‘first contact’ staff and those working in specialties with an increased likelihood of caring for women and children who have experienced violence or abuse; and
 - staff awareness of the associations and presentations of violence and abuse and how to broach the issue sensitively and confidently with patients.

Universities and other providers of education and training, employers, and regulatory and professional bodies should work together to make this happen.

4. Midwives and health professionals should be trained to provide information to mothers from communities which practise female genital mutilation (FGM). Ideally this should take place during the antenatal assessment. The use of targeted questioning in those communities where FGM is practised should be employed as part of an integrated local pathway of care for FGM.
5. PCTs and NHS Trusts should have clear policies on the use of interpretation services that ensure women and children are able to disclose violence and abuse confidently and confidentially.
6. PCTs and NHS Trusts should work together with other agencies to ensure that appropriate services are available to all victims of violence and abuse.
7. Every NHS organisation should have a single designated person to advise on appropriate services, care pathways and referrals for all victims of violence and abuse, providing urgent advice in cases of immediate and significant risk.
8. NHS organisations should have health and well-being policies specifically for staff who are victims of domestic and sexual violence. A clear pathway should be implemented in every NHS-funded organisation so that staff and managers know where and how to access support.
9. NHS organisations should ensure that information relating to violence and abuse against women and children is treated confidentially and shared appropriately. This means that:
 - there should be consistency and clarity about information sharing and confidentiality;
 - staff should be equipped, through training and local support from local leads on violence against women and children and Caldicott Guardians, to share information appropriately and with confidence. In the case of safeguarding children, advice should come from the named doctor and nurse for safeguarding;
 - women and children disclosing violence or abuse should feel assured that their information will be treated appropriately; and
 - the Government should clarify the grounds for public interest disclosure in relation to ‘serious crime’.
10. Clear, outcomes-focused commissioning guidance on services for violence against women and children should be issued by the Department of Health, with a particular emphasis on involving women and children in commissioning.

11. Consistent and practical data standards should be agreed relating to the health aspects of violence and abuse against women and children to underpin the analysis of quality, activity, outcomes and performance management by commissioners and NHS and third sector providers.
12. NHS commissioners should assess local needs and local services for victims of sexual violence and/or sexual abuse and ensure that appropriate commissioning arrangements are in place.
13. Commissioners/PCTs with their partners in Local Strategic Partnerships should ensure that appropriately funded and staffed services are put in place along locally agreed care pathways.
14. The Department of Health and the Home Office should make it clear to the immigration agencies and the NHS that direct treatment needs should be met for women and children experiencing violence and abuse, whatever their immigration status.
15. NHS organisations should ensure that there is sustained and formalised co-ordination of the local response to violence against women and children through a local Violence Against Women and Children Board. NHS organisations should participate fully in multi-agency fora, such as Multi- Agency Risk Assessment Conferences (MARACs), set up to prevent or reduce harm to victims of violence. These arrangements should link appropriately to local structures in place for safeguarding children and vulnerable adults.
16. PCTs and NHS Trusts should nominate local 'violence against women and children' leads, supported by the Violence Against Women and Children Board, to work with women and children and the NHS to drive change and improve outcomes.
17. The Government, PCTs, Local Authorities and statutory bodies should ensure that partnerships with the third sector are outcome-focused, funded appropriately to meet service users' identified needs, involve women and children, and are supported, promoted and encouraged locally and nationally.
18. Arrangements should be put in place to ensure leadership on this issue across the system – from Ministers and the Department of Health and system leaders, through to Strategic Health Authorities (SHAs), PCTs and NHS Trust boards. Boards should nominate a senior member to ensure that effective services for victims are put in place in line with this report.
19. Regulators of health and social care services (in particular the Care Quality Commission (CQC)) should embed the issue of violence against women and children in their work programme, including registration. The CQC should consider undertaking a special review of how well the NHS deals with the issues highlighted in this report after implementation of the initial Government response.
20. The Government should ensure that clear processes for clinical governance, supervision and regulation are put in place for Sexual Assault Referral Centres (SARCs), and these should be effectively communicated to those managing and working in SARCs and the National Support Team on the Response to Sexual Violence.
21. The Department of Health should work with the relevant regulators and professional bodies to ensure that clinical staff undertaking forensic medical care are:
 - appropriately trained, skilled and experienced;
 - employed by the NHS;
 - integrated into NHS clinical governance;
 - working within a quality standards framework agreed by the Forensic Science Regulator and the Faculty of Forensic and Legal Medicine; and
 - commissioned in sufficient numbers to meet the needs of women and children.
22. A national steering group should be established to oversee implementation of this taskforce's recommendations.
23. The Government should review the evidence base with a view to identifying and addressing significant gaps in the evidence base.

Annex D – Action Plan

From the assessment of strengths and areas for development plus the overview of other innovative practice we can now confidently identify key actions and recommendations for the Halton Domestic Abuse Forum from 2011 – 2014.

#	Aim	Action/Recommendation	Accountability	Measure
1	Shared Objectives	Production and sign up to partnership strategy and model	HDAF	Commitment to and final sign off of DASV Strategy April 2011
		Review of Terms of Reference of Strategic group to reflect focuses and commitment of strategic partners	HDAF	Production of revised TOR reflective of strategy July 2011
2	Structure and Governance	Endorsement of current model and approach as best practice and to be continued	HDAF	Partner sign up to strategy April 2011
		Endorsement of suggested revised PMF and reporting structure as identified in strategy for ongoing performance management and quality assurance	HDAF	Quarterly provision of data templates by partners for review quarterly and annually
3	Strategy	Annual review - of progression against entire action plan to ensure it is adapted and updated inline with progress and policy developments	HDAF	Annual Review Report including annual data review, outlining current progress and on going action plan to strategic group by coordinator at year end
		Quarterly review – of relevant actions	HDAF	Sign off of actions as closed by HDAF
		Review and refresh of DASV Strategy by 2014	HDAF	Completed strategy for 2014 onwards by April 2014
		Review CEVAWG Action Plan inline with Halton DASV Strategy and identify implications for current action plan	HDAF	Report to HDAF July 2011 of implications and actions by coordinator
4	Representation	Review of membership of HDAF Strategic Group to ensure partners are of sufficiently authoritative level	HDAF – Chair	Reviewed list agreed July 2011
		Identification of changes in representation range in respect of new guidance. Specifically centred on: <ul style="list-style-type: none"> • Health (GPs, Ambulance Service) • Voluntary sector (Age UK,) 	HDAF	Demonstrated by achieved outcome above
		Members to nominate suitable alternatives for	HDAF –	Average 75% attendance performance – monitored through

#	Aim	Action/Recommendation	Accountability	Measure
		attendance at strategic meetings with sufficient authority to sanction actions by proxy	Individual Partners	attendance register
5	Resources	<p>Review current funding available against innovative alternative approaches to seek long-term sustainable effective models of support</p> <p>To identify a lead to manage the current self-sustaining White Ribbon Campaign and to identify how campaign funds will be utilised in November 2011</p> <p>Identification of funding and strategy for publicity and general awareness raising</p> <p>Annual review and update of Intranet and Internet resources to ensure timely and accurate information is readily available</p>	<p>HDAF</p> <p>HDAF</p> <p>HDAF</p> <p>HDAF</p>	<p>Identification of funding streams to ensure ongoing service provision in line with capacity identified in needs analysis by January 2012</p> <p>A lead identified July 2011 & raised awareness leading up to Christmas period and continued generation of income to sustain 2012 campaign</p> <p>April 2011 presentation of planned 12 month strategy with potential funding sources</p> <p>April 2012 review OR when significant practice or service changes occur</p>
6	Coordination	To ensure continuation of coordination of HDAF partnership in line with excellence model	HDAF	Visible coordination presence by April 2011
7	Training	<p>Review the impact of revised training timetable and sessions on raising awareness of DASV after 6 month trial with a view to identify maintainable and appropriate approach</p> <p>Identification of ongoing training provider</p> <p>Implement DASH and Domestic Abuse Training via dedicated safeguarding sessions for GP's to enable identification of DASV at a primary level</p> <p>Prioritise Domestic Abuse and DASH Training to the Team Around the Family Services</p>	<p>HDAF – Training Provider</p> <p>HDAF</p> <p>Coordinator/ Training Provider</p> <p>Coordinator/ Training Provider</p>	<p>Report on attendance, feedback and range of agencies attending pilot Domestic Abuse Training by April 2011</p> <p>Agreed and implemented Training timetable for 2011 by April 2011</p> <p>Delivery of and verbal update on training within safeguarding sessions by year end 2011</p> <p>Delivery and verbal update of bespoke training session by October 2011</p>
8	Data	Identification of PMF indicators for regular reporting – example in Annex E	HDAF	Final sign off of revised PMF April 2011

#	Aim	Action/Recommendation	Accountability	Measure
		Partners to take ownership of their data and interpretation – data identified in Annex E	HDAF	Provision of quarterly data and qualitative context offered in PMF submissions (see Annex G) during 2011
		Diversity measures to be included in data submission of all data	HDAF	The Strategic Forum will scrutinise and challenge partners to ensure timely submission of useful data to inform service development (included in PMF submissions) - Ongoing
		Partners to embed data collection into their processes	HDAF	Updated data protocols to be presented to HDAF July 2011
		Identification of primary and secondary contacts for data collection and queries within partner organisations – in Annex F	HDAF	Completed spreadsheet of contacts by April 2011
9	Policies, Protocols and Procedures	Review MARAC Operating Protocol	HDAF – Strategic Group	Review in April 2011 and then on annual basis
		Review MARAC Information Sharing Protocol	HDAF – Strategic Group	All MARAC participating agencies have established secure email facilities by April 2011. Sign off of revised Information Sharing Protocol July 2011 with annual review in line with MOP ongoing
		Develop and sign off any necessary information sharing protocols required to obtain the identified necessary data for PMF	HDAF – Strategic Group and individuals identified in Annex E	Signed protocols and provision of necessary data as outlined under Data section
		Ratification of Halton Sanctuary Policy	HDAF and The Housing Partnership	Presentation of draft Sanctuary Policy July 2011 with full sign off by HDAF and associated Registered Social landlords by October 2011
		Adoption and implementation of CAADA case management and IDVA policies in full by HDAS	HADWAA	Implementation in full by April 2011 to be confirmed to HDAF
		The Strategic forum will implement a monitoring	HDAF	Confirmation all partners have internal policy in place by

#	Aim	Action/Recommendation	Accountability	Measure
		system for reviewing partner's policies in relation to Domestic Abuse		January 2012
10	Specialist Services	Identify sustainable mainstream funding source for Halton Domestic Abuse Service for IDVA and Floating Support medium risk client service.	HDAF	See section 5
		Monitor and support the provision of local ISVA and SARC services	HDAF	Quarterly updates provided by Strategic PPU on SARC progression and partnership commitment to ISVA funding
		Establish Voluntary Perpetrators Programme	HDAF/ Service Provider	Number of men attending programme plus tracking of recidivism to be reported to HDAF Strategic Group quarterly by July 2011
		Explore options for establishing Circles of Support and Accountability for registered sex offenders within Halton	Probation/Coordinator	Number of men receiving support plus tracking of recidivism to be reported to HDAF strategic group quarterly once established
		Explore demand for a male focused specialist support service	Police Strategic PPU	Number of male victims identified and feedback from consultation
11	Diversity	Improve the representation of minority groups within the services available. Specifically in Halton LGBT, BME, Males and Older People	HDAF	CAADA sheet figures and HDAS PMF
		Improved numbers presenting in the current service of the minority groups identified above	HADWAA – Additional capacity IDVA post	Increase in the numbers referred and engaged in HDAS between April 2011 - March 2012
		To ascertain through data provision the need of specialist services locally for minority groups	HDAF/Coordinator	Report to HDAF based on partners revised data provision, impact of additional IDVA capacity as to needs basis for specialist services by January 2012
12	Survivors Voices	Ensure survivor voices are influencing responses at a strategic level	HDAF – Chair	Presence of survivor input at future quarterly meetings

#	Aim	Action/Recommendation	Accountability	Measure
		Sustaining the Focus Group to ensure victim consultation and involvement occurs	HDAF and HADWAA	Identify and secure sustainable funding source by March 2012
		Utilisation of community in addressing the issue of DASV	HDAF	Explore the utilisation of rehabilitated offenders to challenge unhealthy cultural norms report on pilot progress to strategic group by October 2011
		Monitor development of sexual survivors support group	RASASC – Julie Evans	Provide quarterly update of progress and activities to HDAF ongoing

Annex E – Performance Management Framework (PMF)

All data should be submitted with a breakdown of gender and BME where possible to fulfil legislative requirements of the Equality Act 2010

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
Police	Repeat Victims	Line chart	Domestic Incidents (DI)	Bar chart	Strategic PPU – Angie Burns
			Domestic Abuse Incidents (DAI)	Bar chart	
			Number of DAI by Risk categories	Table	
			Repeat Victims	Bar chart	
			Contributing factor	Bar chart	
			Number and type of serious sexual offence (SSO)	Bar chart	Cheshire Constabulary –Fiona Knight
	Commentary on overall patterns and data				Strategic PPU – Angie Burns
Community Safety Partnership	Incidents	Bar chart	RELIABILITY & AVAILABILITY OF DATA UNCERTAIN Mike Andrews to Review		
	Sanction Detections	NO DATA			
	Arrests	Bar chart			
MARAC	Source of Referral	Pie Chart and table	Source of Referral	Bar chart and table (Table to include no. by Q and YTD %)	MARAC Coordinator – Wendy Whitely

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
	Number of cases discussed (Discussed/Repeat)	Bar chart	Number of cases discussed (Discussed/Repeat)	Bar chart	
	Number of children discussed	Bar chart	Number of children discussed (No of children 0-5)	Bar chart	
	BME breakdown	Commentary	Contributing Factors (Alcohol/drugs/mental health)	Bar chart	
	MARAC attendance	Bar chart	BME breakdown	Statement and commentary	
			MARAC attendance	Bar chart	
			Commentary on overall patterns and data		
CPS	Pre-charge/charge	Table	Pre-charge/charge	Table	Crown Prosecution Service – Sarah Antrobus TBC by Claire Lindley
	Prosecution	Table	Prosecution	Table	
	Gender	Table	Gender	Table	
	Ethnicity	Table	Ethnicity	Table	
	Principal Offences	Table	Principal Offences	Table	
	Reasons for unsuccessful cases	Table	Reasons for unsuccessful cases	Table	
			Commentary on overall patterns and data		

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
SDVC	Successful Outcomes	Pie Chart and table	Successful Outcomes	Bar chart and table (Table to include no by Q and YTD %)	HMCS – John Gaunt
	Unsuccessful cases	Table	Unsuccessful cases	Bar chart and table (Table to include no by Q and YTD %)	
			Commentary on overall patterns and data		
Cheshire Probation	Probation Outcomes	Bar chart	Probation Outcomes	Bar chart	Kim Thornden-Edwards and David Wallace
	Probation programmes	Table	CDVP – Numbers of programme requirements made	Table	
			CDVP – Numbers of completers	Table	
			CDVP – Average wait time		
			Number of partners/ex partners contacted		
			NSOG – Numbers of offenders receiving rehabilitative treatment (Core or RP)	Table	
			NSOG – Numbers completed		
NSOG - Average wait					

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
			Commentary on overall patterns and data		
HDAS - IDVA	High-risk referrals received	Table	High-risk referrals received	Table	HADWAA – Frances Stewart
	Number of IDVA clients supported through the court process	Bar chart	Number of IDVA clients supported through the court process	Bar chart	
	Contact made/engaging clients (% referrals engaged)	Bar chart	Contact made/engaging clients (% referrals engaged)	Bar chart	
	Referral source	Pie chart and table	Referral source	Bar chart and table (Table to include no by Q and YTD %)	
	Number of high risk cases downgraded	Bar chart	Number of high risk cases downgraded	Bar chart	
	Planned exits – case closed (planned/unplanned)	Bar chart	Planned exits – case closed (planned/unplanned)	Bar chart	
			Number accessing the Sanctuary scheme	Statement	
			Commentary on overall patterns and data		
HDAS - Floating Support	Cases referred and engaged	Bar chart and table	Cases referred and engaged	Bar chart and table	HADWAA – Frances Stewart
	Cases currently managed by floating	Bar chart	Cases currently managed by floating	Bar chart	

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
	support (by risk)		support (by risk)		
	Number of cases downgraded	Statement	Number of cases downgraded	Statement	
	Number of cases increased risk	Statement	Number of cases increased risk	Statement	
	Planned exits – case closed (planned/unplanned)	Statement	Planned exits – case closed (planned/unplanned)	Statement	
	Number accessing the Sanctuary scheme	Statement	Number accessing the Sanctuary scheme	Statement	
HDAS - Sanctuary Scheme			Sanctuary Quarterly cost/YTD	Table	HADWAA – Frances Stewart
			Commentary on overall patterns and data		
Halton DV Midwife	How many asked if they were victims	Table	WILL NO LONGER BE INCLUDED		
	How many disclosures of DA were achieved	Table			
	How many MARAC cases identified	Table			
	No. referred to appropriate service	Table			
ISVA	Number of referrals	Pie chart and table	Referrals IN by source	Bar chart	RASASC – Julie Evans

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
	Number of assessments completed	Statement	Referrals OUT by source	Bar chart	
	Longest waiting time	Statement	Number of new clients	Table (Table to include no. by Q and YTD)	
	Number of sessions delivered	Statement	Number of existing clients		
			Number of clients discharged		
			Number of clients going through CJS		
			Number of individual care plans provided		
			Number of assessments completed		
			Longest wait for 1:1 assessment		
Number of training sessions delivered					
		Commentary on overall patterns and data			
		Refuge	Number of service users (service users at end of quarter/left during quarter)	Bar chart	Number of service users (service users at end of quarter/left during quarter)
Planned and unplanned moves	Bar chart		Occupied Units as a percentage of available	Bar chart	

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
			units		
	Occupied Units as a percentage of available units	Bar chart	Origin location of victim	Table	
			Commentary on overall patterns and data		
Health	PREVIOUSLY NOT INCLUDED		Number of DA Attendances	Statement (including Gender breakdown)	Warrington and Halton Hospitals – Nicola Richardson
			% of victims pregnant at time of incident	Statement	
			Commentary on overall patterns and data		
Youth Offending Team	PREVIOUSLY NOT INCLUDED		Number and type of Sexual Offences	Table	Warrington and Halton Youth Offending Team – Pauline Burke and Lisa Blanchard
			Number and type of Violence Against a Person Offences	Table	
			Number and type of Outcome by Offence	Table	
			Number and type of Outcome by Offence	Table	
			Commentary on overall patterns and data		
Training	Number given DASH training	Statement	Number receiving training by type (e.g. DASH,L1, L2)	Bar chart	Training Provider – Rosemary Lyden

Provider	Current data included in PMF		Suggested Revised Data for PMF		Responsibility
	Feedback evaluation	Bar chart	Feedback evaluation by each type of training	Bar chart	
	Level 1 training	Bar chart	Commentary on overall patterns and data		

Annex F – Spreadsheet of Data Contacts

The template below contains the area of data collection with the associated representative and source. Obviously, due to staff and representative changes, this table may become out dated. Therefore, it is designed to be a working template that is updated at HDAF strategic meetings for accuracy.

The identified strategic representative will be responsible for notifying the HDAF strategic group of any necessary changes or amendments.

Data Focus	Source	Primary Data Contact	Secondary Data Contact
Domestic Abuse & Sexual Violence Offence Related Data	Strategic PPU	Angela.Burns@cheshire.pnn.police.uk	
		Fiona.Knight@cheshire.pnn.police.uk	
Community Safety	Community Safety Team	Mike.Andrews@Halton.gov.uk	
MARAC	MARAC Administrator	Wendy.Whiteley@cheshire.pnn.police.uk	
CPS	Crown Prosecution Service	sarah.antrobus@cps.gsi.gov.uk (TBC by Claire Lindley)	
SDVC	HMCS	john.gaunt@hmcourts-service.gsi.gov.uk	
CDVP & NSOG	Cheshire Probation	Kim.Thornden-Edwards@cheshire.probation.gsi.gov.uk	
		David.Wallace@cheshire.probation.gsi.gov.uk	
HDAS: <ul style="list-style-type: none"> ○ IDVA ○ Floating Support ○ Sanctuary Scheme 	HDAS provider HADWAA	francesstewart@hadwaa.org.uk	
ISVA	RASASC – Julie Evans	julie@rapecentre.org	
Refuge	HADWAA	francesstewart@hadwaa.org.uk	
Hospital	Warrington and Halton Hospitals	Nicola.Richardson@nch.nhs.uk	
Youth Offending	Warrington and Halton Youth Offending Team	Pauline.Burke@halton.gov.uk	
		Lisa.Blanchard@halton.gov.uk	
Training	Training Provider	Rosemary.Lyden@Halton.gov.uk	

Annex G – PMF DATA Submission Form

PERFORMANCE MANAGEMENT FRAMEWORK – DATA SUBMISSION FORM	
Agency/ Organisation:	
Author: (with contact details)	
Dates covered:	
Version No:	
Data	
<p>Authors should include data as outlined in the PMF reference document.</p> <p>Please reference appropriate file names if attaching Excel or Word attachments in order to maintain PMF record accurately.</p>	
Data Commentary	
<p>Authors should provide a brief comment that identifies both the period to which data relates, whether it is actual or estimated, and whether there are any limitations as to its use i.e. whether the data is complete or incomplete for the period to which it relates.</p> <p><i>For example</i> <i>Although this report covers the period 01st April to 30th of June 2009 actual (or estimated) data is only currently available for April and May and this excludes data from Halton Hospital which would have a significant / moderate / minimal affect upon the overall figure.</i></p>	
General Performance Commentary	
<p>Authors should provide a general statement as to the level of performance that has been achieved during the quarter and draw the reader's attention to any relevant factors that may have had an influence. Such factors could be the result of seasonal variation, national or local trends or initiatives etc.</p> <p><i>For example: whilst acquisitive crime has fallen overall there remain two areas within the borough where such crimes have increased.</i></p> <p>Where proxy measures have been used / are relevant details of such should be included within this section.</p> <p><i>For example: Although data in relation to this measure are only collected on a biennial basis usage of community centres across the authority continues to rise and has shown an increase of x over the same period last year / last month etc:</i></p>	
Summary of key activities undertaken / planned during the year	
<p>Authors should provide a synopsis of key activities that have been undertaken or are planned which are intended to positively influence progress during the course of the current financial year.</p> <p>Authors should use discretion in determining the volume of information being provided and it is suggested that a number of short paragraphs (of 2 or 3 sentences) that highlight the reason for the activity and it's actual or intended outcome may provide a useful means by which information can be effectively communicated.</p> <p>In some cases it may also be relevant for the reader to be signposted to related documents that have been made publicly available.</p>	

Annex H – Walby Cost Calculations

In 2004 Professor Sylvia Walby¹¹ attempted to calculate the overall and potential specific costs that were associated with Domestic Abuse. Using a Home office costing crime framework she utilised the British Crime Survey self completion module on Inter Personal Violence (BCS IPV) to identify the extent of Domestic Abuse and the costs being experienced by various services. She followed the Home Office definition of Domestic Violence to include aspects beyond just physical violence, including male and female victims, but focused solely on intimate relationships.

Her research focused on three types of costs:

1. Services, largely funded by government, such as the Criminal Justice System, Health Care, Social Services, Housing and Civil legal
2. Economic output losses, sustained by employers and employees;
3. Human and emotional costs, borne by the individual victim.

From her research she was able to extrapolate the likely costs over a one year period for England and Wales based on 2001 data. This research was reviewed in 2009¹² against the available 2008 data to demonstrate the most current likely costs of Domestic Abuse, including sexual assault elements. The findings of the latest review are outlined below:

Table 62 Walby Costs of Domestic Violence, 2001, 2008

	Costs 2001 £m	Costs 2008 £m
Services	3111	3856
Economic Output	2672	1920
Human and emotional costs	17,086	9954
Total	22,869	15,730

It is noted that the reduction in cost for economic output is a result of decreased Domestic Abuse as a result of development and increased use of public services. It should be noted though that economic output losses are focused solely on time off work and do not include additional associated costs such as stress and subsequent performance impacts. As a result of the increased use of public services the costs can be seen to have increased, this also reflects inflation impacts.

Walby notes that the investment in public services to address Domestic Violence has been cost effective as a whole.

¹¹ Walby, S. (2004) *The Cost of Domestic Violence*, Women & Equality Unit: UK

¹² Walby, S. (2009) *The Cost of Domestic Violence: Up-date 2009*, Lancaster University: UK

Annex I – Halton Cost & Saving Calculations

The strategy researcher has utilised Walby’s approach to cost calculation to offer a potential Halton Domestic Abuse cost framework. The following costs have been estimated using a similar approach to Walby by extrapolating BCS IPV responses to the population demographics of Halton and applying Walby’s cost findings. The researcher then applied the national (England & Wales) estimates to identify a per person average cost which was aggregated up by the population size of Halton. This provides a crude estimate rather than confirmed costs. It should be noted that taking this approach can not take into account individual population characteristics. In relation to Halton this means the deprivation levels and other area specific issues can not be adjusted for. Therefore, these costs could be a conservative estimate.

Table 63 Overall Cost Breakdown for Halton across 3 Cost Types

Overall Breakdown	£M	Overall Breakdown	
Services	£5,308,560	Services	25%
Economic Output	£2,548,109	Economic Output	12%
Human and Emotional Cost	£13,377,571	Human and Emotional Cost	63%
Total	£21,234,240	Total	100%

This table represents the likely costs across Walby’s three cost categories, outlined in Annex H, for Halton. These costs are based on the population figure of 70,080 which is the proportion of Halton residents currently recorded as between the ages of 16-59. This age group has been utilised to reflect that range targeted in the original research and BCS IPV. The costs per person have been identified as £303 including Human and Emotional Costs or £112 when focusing solely on service and economic output costs. Using these as local alternatives to Walby’s national figures the total cost is estimated to be approximately 21 million pounds. The calculations demonstrate, as per Walby’s findings, that the Human and Emotional costs are likely to be most significant but that local employers and government funded services are experiencing significant costs from Domestic Abuse. Overall, excluding Human and Emotional costs, the area could expect costs to be around **£7,856,669**

Table 64 Breakdown of Service costs across Walby Categories

Services Breakdown	£M	Services Breakdown	Walby % Allocation
Health	£2,123,424	Health	40%
Criminal Justice System	£1,592,568	Criminal Justice System	30%
Civil Legal Costs	£530,856	Civil Legal Costs	10%
Social Services	£424,685	Social Services	8%
Housing and Refuge	£318,514	Housing and Refuge	6%
Mental Health	£318,514	Mental Health	6%
Total	£5,308,560	Total	100%

Applying Walby’s percentage allocation of costs researchers were able to estimate the allocation of cost across the range of services covered by government spend. These estimates demonstrate that Health service providers and the Criminal justice system are likely to experience the greatest financial implications from Domestic Abuse locally.

Table 65 Prevalence Figures

Ward	Males	Females	Total
Norton North	80	137	218
Norton South	71	139	210
Mersey	75	132	207
Hough Green	73	134	207
Birchfield	80	126	206
Halton View	75	122	197
Farnworth	72	120	192
Grange	71	120	191
Kingsway	69	122	191
Appleton	70	119	189
Halton Brook	67	120	187
Ditton	69	115	184
Broadheath	65	117	182
Halton Lea	62	116	178
Halton Castle (Castlefields)	67	107	175
Heath	61	100	161
Riverside	55	100	155
Daresbury	55	85	140
Beechwood	43	74	117
Windmill Hill	24	43	67
Hale	18	29	47
Halton	1,325	2,275	3,600

Source: Halton Borough Council Research and Intelligence

n.b. As stated above these figures have to be given with the caveat that they are estimated gender splits and therefore do not necessarily take into account any ward specific variations that in reality may create higher or lower prevalence levels.

This table, using the BCS IPV research, demonstrates how the prevalence for Halton of Domestic Abuse victims was calculated. The BCS IPV suggests the level of Domestic Abuse by gender in a 12 month period for any domestic abuse as 3.9% for males and 6.3% for females. Taking these levels and multiplying against the estimated male and female populations for each ward the numbers that could have experienced any form of Domestic Abuse were estimated. The BCS defines “any form of domestic abuse” as “partner or family non physical abuse, threats, force, sexual assault or stalking”. This placed the estimate of likely prevalence of Domestic Abuse for the area at around 3,600 victims in a 12 month period for any form of domestic abuse. Using this prevalence figure it was then possible to calculate the likely breakdown of victims in that 12 month period across risk category. This is demonstrated in the table below.

Table 66 Breakdown of Halton Risk Category within Prevalence Estimate

Risk Category	Estimated Prevalence	Percentage Allocation
Standard	1116	31%
Medium	1512	42%
High	936	26%
Not Stated	36	1%
Total	3600	100%

This risk category breakdown was estimated utilising the known risk category percentage division for Domestic Abuse Incidents reported by the Strategic Public Protection Unit for Halton in 2009/10. Unfortunately, the risk category percentage for all incidents is not currently available for use. Therefore, this data needs to be presented with some assumption acknowledgements. Firstly, it has been assumed that the percentage division of risk across incidents recorded will be an adequate comparison for actual victims. Secondly, that whilst the data only pertains to Domestic Abuse Incidents that it remains reflective of the likely risk division that could be seen within Domestic incidents reported to the police. At this time it has not been possible to identify a more robust likely risk division indicator.

Local Potential Cost Savings

In order to identify any potential local cost savings the researcher has utilised Coordinated Action Against Domestic Abuse (CAADA) research into MARAC victim costs in “Saving Lives, Saving Money: MARACs and High Risk Domestic Abuse”¹³. CAADA carried out victim case studies on three high risk MARAC victims to identify the contact with public agencies over the course of a year and allocate a unit cost to each contact. This allowed CAADA to identify a weighted average for high risk victim cost which they place at £20,000. CAADA identified from this research that for every £1 spent on MARACs £6 of public money could be saved. This is based on the assumptions that a 43% reduction in abuse is achieved. This reduced abuse reduction % was used to attempt to take into account the variation of need and difficulty across MARAC clients, such as serial perpetrators and potential for abuse to cease without MARAC intervention. Therefore CAADA consider this 6 to 1 ratio to be a conservative estimate due to a higher abuse reduction percentage expected for well established MARACs.

Taking CAADA's assumptions with local figures the researcher estimates local cost savings to sit between £1.6 and £2.2 million depending on the % of abuse reduction utilised. As the Box below demonstrates Halton is potentially saving significant sums of money through the utilisation of such models of intervention with High risk victims. In line with CAADA models of reporting this means that for every £1 the local area spends the potential saving could be between £26 and £36. CAADA identify that the main beneficiaries of these savings as those services experiencing the highest costs, such as the Criminal Justice System and Health services.

Figure 18 Potential Cost Saving Calculation Process

<u>Step 1 – Calculate High Risk MARAC Victim Local Cost</u>
MARAC Victims x CAADA Estimated Cost $189 \times 20,000 = \text{£}3,780,000.00$
<u>Step 2 – Calculate Reduction in cost with 60% & 43% Repeat reduction</u>
Total Cost / 100 x 60 $3,780,000.00/100 \times 60 = \text{£}2,268,000.00$
$3,780,000.00/100 \times 43 = \text{£}1,625,400.00$
<u>Step 3 – Calculate Ratio of Saving to Spend</u>
Total Saving / Total Spend $2,268,000.00/62,000.00 = 36$
$1,625,400.00/62,000.00 = 26$

These calculations represent potential savings for the area based on the repeat levels utilised by CAADA. The MARAC victim figures represent the level experienced in 2009/10. It should be noted that Halton MARAC repeat levels for 2009/10 period were 23% which is significantly lower than either level utilised above. However, given the individual nature of Domestic Abuse it was noted that a conservative estimate was likely to offer a more robust savings estimate.

¹³CAADA (2010) Saving Lives, Saving Money: MARACs and High Risk Domestic Abuse.

Annex J – Sanctuary Cost Breakdown

A review of Sanctuary scheme invoices for the period January 2010 to October 2010 provided the area with its first snapshot overview of Sanctuary costs and range of expenditure. This review of individual invoices has allowed researchers to estimate the average cost of Sanctuary per household for the period and identify those items most commonly utilised by the scheme.

The table below offers the background data behind the findings provided in Chapter 7. Overall, there were 39 households supported in this period by a total of 44 jobs, the majority (34) of households having 1 job undertaken. As the table identified the most commonly utilised items for this period are door locks, PIR and Spur point and a replacement door.

Table 67 Sanctuary Scheme Cost and Use by Item for the Period: 01/01/2010 to 01/11/2010

Item Required	Quantity	Item Cost (£)	Cost excl VAT (£)	Cost incl VAT (£)
Bolt - barrel	1	11.22	11.22	13.18
Bolt - tower	6	8.03	48.18	56.61
Daywork for time expended	1	14.63	14.63	17.19
Door - handle	2	11.17	22.34	26.25
Door - lock	35	45.34	1586.9	1864.61
Door - repair	6	70.57	423.42	497.52
Door - replace	18	487.51	8775.18	10310.84
Door chain	3	10.94	32.82	38.56
Door viewer	5	11.17	55.85	65.62
Electrical - 28W LV b/head	7	49.62	347.34	408.12
Electrical - Lighting circuit	9	58.20	523.8	615.47
Electrical - PIR	25	68.59	1714.75	2014.83
Electrical - Rampart Light	8	119.70	957.6	1125.18
Electrical - ring main	1	285.71	285.71	335.71
Electrical - Spur point	25	88.39	2209.75	2596.46
Flooring	4	15.76	63.04	74.07
Hinges - friction pivot	1	32.63	32.63	38.34
Nightlatch	4	52.19	208.76	245.29
Padlock	4	24.87	99.48	116.89
Pound job - no SOR item	3	20.00	60	70.5
Stay - renew	12	17.40	208.8	245.34
Window - handle	2	16.39	32.78	38.52
Window - lock	3	22.22	66.66	78.33
Window - repair	8	28.35	226.8	266.49
Totals	193		£17,641.17	£20,728.43

Annex K – Glossary

A	ACC	Assistant Chief Constable
	ACOP	Association of Chief Officers Of Probation
	ACPO	Association of Chief Police Officers
	ADS	Alcohol and Drugs Service
	AGM	Annual General Meeting
	AOB	Any Other Business
	ASC	Adult Social Care
	ASBO	Anti-Social Behaviour Order
	ASRO	Addressing Substance Related Offending
B	BCS	British Crime Survey
	BCS IPV	British Crime Survey Inter Personal Violence
	BCU	Basic Command Unit
C	CAADA	Coordinated Action Against Domestic Violence
	CAB	Citizens Advice Bureau
	CAF	Common Assessment Framework
	CAFCASS	Children And Family Court Advisory and Support Service
	CAMHS	Children and Adolescent Mental Health Service
	CAVA	Child and Vulnerable Adult database
	CC	Chief Constable
	CDAP	Cheshire Domestic Abuse Partnership
	CDRP	Crime and Disorder Reduction Partnership
	CDT	Community Drugs Team
	CDVP	Community Domestic Violence Programme
	CEOP	Child Exploitation On-Line Protection Centre
	CF&RS	Cheshire Fire & Rescue Service
	CJS	Criminal Justice System
	CJSSS	Delivering Simple, Speedy, Summary Justice

	CMHT	Community Mental Health Team
	CPS	Crown Prosecution Service
	CPU	Child Protection Unit
	CRI	Crime Reduction Initiative
	CRO	Community Rehabilitation Order
	CSC	Children's Social Care
	CVS	Council for Voluntary Services
	CYPD	Children and Young People Directorate
	C&YPTS	Children & Young People Targeted Services
D	DA	Domestic Abuse
	DAAT	Drug and Alcohol Action Team
	DAI	Domestic Abuse Incident
	DASH	Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Indicator Checklist
	DAT	Drug Action Team
	DAU	Domestic Abuse Unit
	DI	Domestic Incident
	DIP	Drug Intervention Programme
	DLO	Designated Liaison Officer
	DTO	Detention and Training Order
	DTTO	Drug Treatment and Testing Order
	DV	Domestic Violence
	DVEC	Domestic Violence Enforcement Campaign
	F	FGM
FIP		Family Intervention Project
FM		Forced Marriage
FMU		Forced Marriage Unit
FS		Floating Support

G	GGH	Golden Gates Housing
	GONW	Government Office North West
H	HADWAA	Halton and District Women's Aid Association
	HBV	Honour Based Violence
	HDAF	Halton Domestic Abuse Forum
	HDAS	Halton Domestic Abuse Service
	HMCS	Her Majesty's Court Service
	HO	Home Office
	HSA	Home Safety Assessment
I	IDVA	Independent Domestic Violence Advocate
	ISVA	Independent Sexual Violence Advocate
K	Karma Nirvana	An Asian Women's group that provides specialist support nationally
L	LA	Local Authority
	LAA	Local Area Agreement
	LEA	Local Education Authority
	LGA	Local Government Authority
	LSCB	Local Safeguarding Children Board
	LSP	Local Strategic Partnership
M	MAPPA	Multi Agency Public Protection Arrangement
	MARAC	Multi Agency Risk Assessment Conference
	MoJ	Ministry of Justice
N	NACCC	National Association of Child Contact Centres
	NACRO	National Association for the Care and Resettlement of Offenders
	NCDV	National Centre for Domestic Violence
	NCH	North Cheshire Hospitals
	NDVH	National Domestic Violence Helpline
	NFA	No Further Action

	NOMS	National Offender Management Service
	NPS	National Probation Service
	NSOG	Northumbrian Sex Offenders Group
	NSPCC	National Society for the Prevention of Cruelty to Children
O	OOTS	Out Of The Shadows
	OASys	Offender Assessment System
P	PCSO	Police Community Support Officer
	PCT	Primary Care Trust
	PNC	Police National Computer
	POVA	Protection of Vulnerable Adults
	PPO	Prolific and other Priority Offender
	PPU	Public Protection Unit
	PSA	Public Service Agreement
Q	QAF	Quality Assurance Framework
R	RASASC	Rape and Sexual Abuse Support Centre
	RIC	Risk Indicator Checklist (Completed by Officer attending scene)
S	Sanctuary Scheme	Security Measures for homes i.e. Reinforced locks etc
	SARC	Sexual Assault Referral Centre
	SDVC	Specialist Domestic Violence Court
	SLA	Service Level Agreement
T	TBC	To Be Confirmed
	TOR	Terms Of Reference
	TRC	The Relationship Centre
V	VAWG	Violence Against Women and Girls
	VTSS	Vulnerable Tenant Support Scheme
W	WASH	Warrington Association of Secondary Heads
	WBC	Warrington Borough Council

	WDAF	Warrington Domestic Abuse Forum
	WDASS	Warrington Domestic Abuse Support Services
	WSMS	Warrington Substance Misuse Services (Formerly CDT/CRI)
	WWA	Warrington Women's Aid
Y	YJB	Youth Justice Board
	YOI	Youth Offenders Institution
	YOT	Youth Offending Team