

Overview, Scrutiny and Policy Development Report

Alcohol Related Violent Crime

November 2014



North Tyneside Council

1. Introduction

- 1.1 As part of the Adult Social Care, Health and Wellbeing Sub-committee work programme 2013/14, Members agreed to carry out a review in relation to the commissioning of public health services.
- 1.2 At the initial scoping meeting with the Director of Public Health, Members were informed that alcohol misuse and its associated issues was a key priority for the Council. In order to keep the review focussed and manageable it was agreed to investigate alcohol related violent crime, with an emphasis on domestic abuse.
- 1.3 The main objective was to examine the effectiveness of strategies, interventions and support in place by the Council and its partners to tackle the issue of alcohol related violent crime and domestic abuse, and to identify gaps in service and areas for improvement.
- 1.4 During the review the sub-group identified several areas that they wanted to investigate in more detail. These included; intervention and support services, prevention and educational awareness, licensing and workplace policies. Members were also keen to meet with victims of domestic abuse to hear first hand their experiences with the interventions and support services provided by the Council and its partners.
- 1.5 A sub-group of the Adult Social Care, Health and Wellbeing Sub-committee was established. The initial Members of the sub-group included:-

Councillor Sandra Graham
Councillor Alison Waggott-Fairley (Chair)
Councillor Pat Oliver
Councillor Stuart Hill
Councillor Muriel Green
- 1.6 At the initial scoping meeting it was evident that the topic of alcohol related violent crime was cross cutting, not only having an impact on a person's health but also community safety. Therefore the invitation to join the sub-group was extended to Members of the Environment and Culture Sub-committee and subsequently Councillor Cath Davis joined the sub-group.
- 1.7 Councillor Stuart Hill stepped down from the sub-group following the local elections in May 2014.

2. Methodology

- 2.1 The sub-group held a series of evidence gathering meetings with expert witnesses between February and September 2014.
- 2.2 The Members initially met with the Director of Public Health and the Drug Strategy Manager on the 24 February 2014 to scope the review. It was agreed at this meeting that the main focus would be to investigate the strategies, interventions and support in place to tackle alcohol related violent crime and domestic abuse.

- 2.3 The next meeting was held on the 7 April 2014, the purpose of this meeting was to set the scene, so that Members would have a better understanding of the wider impact and extent of alcohol related violent crime and domestic abuse in the borough. This meeting was attended by the Community Safety Manager and the Community Safety Analyst who presented a range of data relating to violent crimes, domestic abuse incidents and Accident and Emergency (A&E) admissions. The Director of Public Health and the Domestic Abuse Co-ordinator also attended this meeting to inform the sub-group of the interventions and support in place for victims of domestic abuse.
- 2.4 The sub-group invited Superintendent Paul Orchard to their meeting on the 9 May 2014 to discuss work of Northumbria Police and how they manage alcohol related violent crime and domestic abuse from the police perspective. The Service Manager - Vulnerable Families also attended this meeting to inform the Members of the work of the Children's Centre and how they identify children and families exposed to domestic abuse and the support which is in place.
- 2.5 At their meeting on 21 July 2014, Members met with the Schools Improvement Officer (Health and Wellbeing) to consider Personal, Social, Health and Economic Education (PHSEe) in North Tyneside schools and work with targeted groups. The Strategy and Commissioning Manager from the Young Peoples Substance Misuse Team attended to talk about the targeted work carried out by N2L with young people under 18 who are experiencing difficulties association with alcohol and drugs. The Public Protection Manager also attended to discuss the issues in relation to licensing. The sub-group also considered at this meeting interventions for perpetrators of domestic abuse and workplace polices relating to alcohol misuse and domestic abuse.
- 2.6 Members were keen to meet with victims of domestic abuse to hear first hand their experiences with the interventions and support services provided by the Council and its partners, and on the 13 August 2014 met with 9 women who had suffered domestic abuse, this included:
- A group session at the Acorns Outreach Service, Linskill Centre North Shields, with six women who had suffered domestic abuse
 - 1:1 meetings with three victims of domestic abuse at the Harbour Refuge, North Shields.
- 2.7 The Domestic Abuse Co-ordinator was invited to the final meeting of the sub-group on the 22 September 2014 to discuss the issues which arose from the meetings with victims of domestic abuse. Following this meeting further recommendations were made by the sub-group.

3. Background/context

Domestic abuse definition

- 3.1 There are many definitions of domestic abuse. The cross-government definition used by the Multi-Agency Risk Assessment Conference (MARAC) is below:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Alcohol related crime definition

- 3.2 The British Crime Survey (BCS) provides potential definitions of alcohol-related violence; depending on what offences are included in the definition of 'violence' and what definition is used to signify an incident is 'alcohol-related'.

Violence

The BCS measures physical assaults (common assault and wounding) and mugging (robbery and snatch thefts). In addition, the BCS classifies assaults into a three-fold typology based on the relationship between the victim and the assailant: stranger assault, acquaintance assault and domestic assault.

Alcohol-related

The BCS provides two measures that could indicate whether or not an incident is alcohol-related.

The first is based on the victim's perception as to whether the offender was under the influence of alcohol at the time of the offence. The second is based on the location of the incident.

- 3.3 Members were made aware that the link between excessive drinking and domestic abuse is not fully understood. What is evident and well documented is that perpetrators abuse their victims as a means of exercising power and control. Although alcohol is not the underlying cause of domestic abuse there is evidence that when alcohol is present it exacerbates an already volatile situation. A number of studies have found increased rates of violence after the perpetrators use of alcohol, and that heavy drinking was likely to result in more serious injury to their partners than if they had been sober. Also in a study carried by Hester (2009)^[1] she found that the majority of perpetrators of domestic abuse appeared to abuse alcohol to some degree. During meetings with victims of domestic abuse, this view was supported, with the majority of victims stating that power and control was the main cause of domestic abuse and approximately half saying that alcohol had been an influencing factor. This would indicate that tackling alcohol misuse would inevitably have an impact on the number and severity of domestic abuse incidents.

^[1] Hester, M (2009) Who Does What to Whom – Gender and Domestic Violence Perpetrators

Key facts

3.4 Please note the data below relates to the year 2013/14.

- North Tyneside is a good performing authority in relation to crime, however 2013/14 was challenging, and North Tyneside along with other authorities have seen an increase in crime
- Overall crime in the area increased by 413 offences or 6%
- Alcohol related crime decreased by 55 incidences or 4%
- Alcohol related violence against the person increased by 5% from 1405 incidents to 1553
- Although safety in relation to the night time economy is improving the number of assaults happening in the home increased by 37%
- There were 3875 reported domestic abuse incidents in North Tyneside an average of 323 per month, this equated to 2557 victims and of these 974 or 38% were repeat victims
- Of the total number of incidents above, 838 were classified as a crime and of these 407 or 48.5% involved alcohol
- 78% of domestic abuse victims were women and 22% men
- In 1898 cases, there were children living in the household which equates 49%
- There were 336 high risk domestic abuse cases of these 107 or 32% were repeat victims

3.5 Although safety in relation to the night time economy and alcohol related crime is improving due to measures such as Taxi Marshalls and Street Pastors, the number of assaults in the home has increased by 37% in the past year. Members were informed that the main reasons for this was the change in drinking patterns, for example people going home early to save on a taxi fare, buying cheap alcohol to drink at home which is widely available 24/7. Unfortunately assaults in the home are harder to police as you can't do anything about it until it happens. This problem was also highlighted by Superintendent Paul Orchard, Northumbria Police when he met with the sub-group.

3.6 Members were pleased to note that domestic and sexual abuse is a priority for Northumbria's Police and Crime Commissioner and that it is included in the Police and Crime Plan 2013-18. Members also welcomed the launch of a regional strategy in December 2013 to tackle violence against women and girls, by Northumbria, Cleveland and Durham Police and Crime Commissioners, which includes a number of pledges relating to domestic and sexual violence and abuse.

4. Review findings

Interventions and support

4.1 The sub-group were made aware of the considerable amount of service provision, interventions and support provided by the Council and its partners, for residents with alcohol related problems and also victims of domestic abuse.

- 4.2 In relation to alcohol services; interventions and support ranged from targeted work with young people provided by N2L, to brief interventions provided by GPs for patients who have hazardous and harmful alcohol use.
- 4.3 As for victims of domestic abuse; Members were informed that services included North Tyneside Harbour Refuge and Outreach Service and Acorns Outreach Service. For higher risk victims there is an Independent Domestic Violence Advisor Service (IDVA) which offers high risk victims of domestic abuse, support and advice to keep them and their children safe. There is also a Children's IDVA service offering short-term support for children and young people. Both the adults and children's IDVA service is run by Acorns.
- 4.4 When Members met with victims of domestic abuse they were pleased to note that the services provided by Harbour and Acorns were highly praised and valued. One woman described the service provided by Acorns as a life saver and that with out their support wouldn't have left their abusive partner. Another woman who was a resident at Harbour Refuge said that all of the staff were wonderful and very supportive.

Funding arrangements

- 4.5 The sub-group were interested to find out how the services provided by Harbour and Acorns were being funded and if any contribution was made by the local authority. The sub-group were provided with the following information:

Organisation	Funding 2013/14	Funding source
Harbour Refuge and Outreach Service	£182,000	Fully funded from the local authority (ASC)
Acorns Outreach Service	£95,000	Fully funded from the local authority (CYPL)
Acorns Children's Counselling Service	£30,000	Part funded by local authority and part funded by others i.e. Home Office, Ministry of Justice, charities etc.
IDVA – provided by Acorns	£16,000	

- 4.6 Members were informed that a Domestic Abuse Strategic Commissioning Group chaired by the Director of Public Health had been established to review and commission domestic abuse related services. All services had been given an extension until the end of March 2015, and that the refuge and outreach services will continue to be funded in 2015/16.
- 4.7 In relation to the high risk service, IDVA, the national charity, Co-ordinated Action Against Domestic Abuse (CAADA) recommend that North Tyneside have 4.5 FTE IDVAs, this is based on the number of cases being heard and the population size. Members were concerned to hear that in North Tyneside we currently have 1.6 FTEs IDVAs which is significantly lower than the recommended level. In light of this the sub-group suggested that the Domestic Abuse Strategic Commissioning Group investigate this issue and explore options for increasing IDVA capacity in North Tyneside, so that it is more in line with the recommended level.

Recommendation 1: That Cabinet ask the Domestic Abuse Strategic Commissioning Group to investigate ways of increasing the IDVA capacity in North Tyneside so that it is more in line with the recommended level.

Accident and Emergency IDVA Service

- 4.8 During the meetings with victims of domestic abuse, Members were concerned to hear that A&E staff sometimes don't identify cases of domestic abuse. One woman interviewed said, that when she attended A&E with her partner he managed to convince staff that she had walked into a door, even though there were signs of domestic abuse.
- 4.9 CAADA's Themis research (June 2013) evaluated the impact of co-locating IDVAs in hospitals has found that hospital IDVAs reach different groups of victims than IDVAs based in other settings. It was stated that these services should not replace IDVA services in the community; rather they should complement and reinforce them. There is also early evidence that shows that victims who are identified through health agencies such as A&E also experience a shorter length of abuse than victims who are identified by the criminal-justice system or who self-refer.
- 4.10 The sub-group were informed that major and minor incidents forms are completed by A&E staff, and that these forms contain a tick box to state that this was a domestic abuse incident.
- 4.11 Members also noted that an A&E IDVA had been employed for 14 hours spread over 5 days a week at North Tyneside General Hospital, this was through a pilot project funded by North Tyneside Community Safety Partnership. The A&E IDVA played a crucial role in raising awareness of domestic abuse amongst A&E staff and trained staff to identify and report cases of domestic abuse. The pilot project ran between October 2012 to March 2013 and cost £10,000. On completion the pilot project received an excellent evaluation, however due to lack of funding the project did not continue.
- 4.12 In light of the evidence above, Members believed it would be both beneficial and crucial to have an IDVA post based in A&E, and suggested that the Chief Executive of Northumbria Healthcare Foundation Trust considers the evaluation of the pilot project, and explores funding options to reinstate the A&E IDVA post at North Tyneside General Hospital.

Recommendation 2: That Cabinet request that the Chief Executive of Northumbria Healthcare Foundation Trust explores the funding options to reinstate the IDVA post located in North Tyneside General Hospital's A&E Department.

Older victims of domestic abuse

- 4.13 In relation to older people suffering and fleeing domestic abuse Members heard that for many reasons the majority of older victims prefer not to be emergency housed in refuge accommodation. Data provided by North Tyneside Harbour Refuge for 2013/14 showed that no clients aged 61+ had used the refuge as emergency accommodation. Domestic abuse amongst

older couples is more common than generally perceived and has recently been drawn to the public's attention through some high profile cases, including two in the Sunderland area.

- 4.14 Given the reluctance for older people to use the refuge for emergency accommodation, the sub-group believed that it would be beneficial to allocate up to two of the homes being built as part of the Quality Homes for Older People Project to use as temporary emergency accommodation, which will give older people fleeing domestic abuse time to seek the support and advice they need.

Recommendation 3: That Cabinet ask the Interim Housing Services Manager to explore the possibility of allocating up to two homes being built as part of the Quality Homes for Older People project, to be used for temporary emergency accommodation for older people fleeing domestic abuse.

Perpetrator Programmes

- 4.15 Members were alerted to the fact that there was a gap in service provision for perpetrators of domestic abuse in the area. Such programmes, if effective will address abusive behaviour and stop perpetrators from re-offending. The British Crime Survey 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 types of crime. Currently in North Tyneside there are 974 (38%) repeat victims of domestic abuse.
- 4.16 Members were informed that the Probation Service run a mandatory convicted perpetrator programme called IDAP (Integrated Domestic Abuse Programme) which is usually an agreed part of sentencing at Court.
- 4.17 There are also a number of voluntary Perpetrator Programmes running nationally, one example is an accredited programme run by Barnardo's in Newcastle, this has been running since 2006 and is funded from Safe Newcastle, the community safety partnership. It is one of the few community based perpetrator programmes in the North East. In terms of outputs, the project received 214 referrals in the three years between 2010/11 and 2012/13 which equates to an average of 70 each year. However as space is limited and because some men are unsuitable (not ready to change), an average of 24 men are accepted onto the programme each year. The men referred had a high number of children (or children associated to them, i.e. their partners). The project reported good outcomes with 100% of men reducing their emotionally abusive behaviour and 100% not using physical violence at the end of the programme and at the post assessment stage.
- 4.18 The Director of Public Health informed the sub-group that currently there is a gap in community based voluntary perpetrator in North Tyneside and that this is being considered by the Domestic Abuse Strategic Commissioning Group. The results of research into perpetrators programmes being carried out by Durham University is keenly awaited and will be used to develop a model for a new service in North Tyneside.

- 4.19 Members were concerned to hear about this gap in provision; especially as evidence shows that community based voluntary perpetrator programmes can be successful in reducing the number of repeat incidents of domestic abuse, protecting the victim/survivor and improving outcomes for children.
- 4.20 The sub-group recommended that the Director of Public Health continued to explore a potential model and commission a Perpetrator Programme in North Tyneside, to work with perpetrators especially those who have associated alcohol problems.

Recommendation 4: That Cabinet ask the Director of Public Health to continue exploring a potential model and commission a Perpetrator Programme in North Tyneside.

Leisure centre access for victims and their children

- 4.21 It was evident when speaking to victims of domestic abuse that different levels of hardship are encountered whilst they are living at the Harbour refuge. This is due to a number of reasons including; the victim not being entitled to benefits if they have come from an owner occupier property; delays in new benefits causing hardship in the first month; and if the victim is employed, the requirement that they contribute to the rent which for the refuge is high due to it being supported accommodation. Members were concerned that this financial hardship could have an impact on the victim and their children's access to Council leisure facilities. In light of this the sub-group recommended that that the Head of Environment and Leisure explores the possibility of providing leisure centre passes to victims of domestic abuse and their children whilst they are staying at the Harbour refuge, and extending this to include victims of domestic abuse and their children whilst they are accessing an outreach service provided by Harbour or Acorns.

Recommendation 5: That Cabinet ask the Head of Environment and Leisure to explore the possibility of providing leisure centre passes to victims of domestic abuse and their children whilst they are staying at the Harbour refuge, and extending this to victims of domestic abuse and their children accessing an outreach service.

Children's Centres

- 4.22 Members invited the Family Partner Team Leader to find out how Children's Centres identify and work with children and families exposed to domestic abuse and the support which is offered. Members were informed that families where domestic abuse is identified are supported by a member of the team as for as long as required, this includes supporting victims who want to leave their abusive partner as well as holding family conferences to help them resolve their issues. In relation to perpetrators, the team facilitate their attendance in anger management classes.
- 4.23 Members noted that the Troubled Families programme was launched in 2011, and that in North Tyneside 460 troubled families had been identified. Currently the Family Partner Team are working with 400 of these families. Families identified for the Troubled Families programme are households who:

- Are involved in crime and anti-social behaviour
- Have children not in school
- Have an adult on out of work benefits
- Cause high costs to the public purse

4.24 Local authorities can apply some local discretion when determining a troubled family, which includes considering wider issues such as alcohol and drugs misuse and domestic abuse. There was some discussion about this and the sub-group stressed the importance of the Family Partner Team identifying families with these wider issues and ensuring that they are referred to the appropriate services for support.

Recommendation 6: That Cabinet ask the Family Partner Team to ensure that when they identify families with alcohol problems and/or domestic abuse they are referred to the appropriate service.

Preventative work and education with children and young people

4.25 The sub-group invited the Schools Improvement Officer Health and Wellbeing and the Strategy and Commissioning Manager from the Young Peoples Substance Misuse Team to a meeting to discuss Personal, Social, Health and Economic Education (PHSEe) programmes in schools and targeted intervention programmes being carried out with young people.

4.26 The sub-group learnt that PSHEe was not statutory and as there is no national curriculum set, schools were expected to create a programme that met their pupils' needs. In general, this means that nationally there are huge differences in the value and quality of the work in schools. Some schools recognised the importance of PHSEe and have dedicated time on the school timetable whereas others offer scant time, failing to meet pupil's needs and focus on external examinations.

4.27 In North Tyneside the vast majority of schools (72/75) are actively engaged in our local Healthy Schools programme. Schools in North Tyneside are invited to focus on one of the public health priorities of teenage pregnancy, alcohol, emotional health and wellbeing or obesity and they must come up with specific outcomes to support behavioural change.

4.28 The sub-group were informed that In relation to alcohol, all schools include Drug, Alcohol and Tobacco Education as part of their healthy schools work, with nursery pupils through to post-16 and this includes some strong messages and links for schools to address including illegal substances and the effects of alcohol related to sexual behaviours, safeguarding and crime for older pupils.

4.29 In relation to sexual health and domestic abuse, there is a holistic programme of study to support the Sex and Relationship Education programme in school, for pupils of all ages. The Domestic Abuse Co-ordinator has worked with the School Nurse Team to develop and pilot a programme on healthier relationships for pupils in high school. Members were pleased to hear that the evaluation of this has been good and the programme will be offered to other interested schools.

- 4.30 In relation to targeted intervention the team specifically work with young people in residential care settings as they are at risk of behaving in a way that might be unsafe. 1:1 support is offered by members of the team as well as support for staff in those settings to make sure current issues are shared and the response is appropriate. There is also targeted work with other vulnerable groups such as young people who go missing from home. Schools are also focused on meeting the needs of looked after children and have additional resources through Pupil Premium to support their needs. The sub-group were informed that schools receive £1900 for each looked after pupil and how the money is spent is down to individual schools but for example could be used for individual support, schools trips etc. The main aim of the Pupil Premium is to increase the attainment levels of disadvantaged pupils. Members were reassured that head teachers and school governors were held accountable for the funding and have to publish details on how they are using the money and the impact that it has had.
- 4.31 The Schools Improvement Officer gave a number of outcomes which showed the positive impact the work of the team has had, including fewer reports of pupils drinking alcohol during the school day, teenage pregnancy rates reducing and school attendance increasing.
- 4.32 The Strategy and Commissioning Manager from the Young Peoples Substance Misuse Team informed the Members about the work of N2L, which offers more targeted education work with young people with difficulties and who are perceived to be more at risk, such as young people with mental health or behavioural problems. It was explained that N2L also work with young people classified as tier 3 which means they have passed the risk taking stage, and drugs and alcohol have become a way of life for them. At present N2L are working with 72 young people and have good success rates.
- 4.33 The sub-group were also informed about Childsafe. This is a scheme involving the police, and is where young people under 18 drinking in a public place have their alcohol confiscated and if they are intoxicated get escorted home. Parents are provided with a letter explaining the legal position along with an appointment to attend N2L. Members were informed that this had been very successful, and there had been a year on year reduction of the number of young people using this service.
- 4.34 Members asked how they engaged with 16-18 year olds and were informed that both the Schools Improvement Officer Health and Wellbeing team and N2L work with local training providers such as Dr. Barnardo's. As training providers are paid by result it was in their interest to provide good pastoral care and support to young people.
- 4.35 The Director of Public Health alerted the Members to a gap in relation to interventions and support for young people involved in alcohol related violence.
- 4.36 The Members concluded that in relation to prevention and education programmes there was a lot of good work being carried out, however were concerned about the gap in service for young people involved in alcohol related violence. The sub-group suggested that the Director of Public Health

investigate the feasibility of establishing a pilot programme aimed to work with young people involved in alcohol related violence.

Recommendation 7: That Cabinet ask the Director of Public Health to investigate the feasibility of establishing a pilot project to work with young people involved in alcohol related violence.

Other awareness campaigns

- 4.37 Members were informed of evidence that shows that if children witness domestic abuse at home it may have an impact on their education and affect their behaviour and emotional well-being. Although research and findings are inconsistent, there are also some researchers who believe that children who witness domestic abuse are more likely to grow into abusers themselves. In 2013/14, data showed that 49% of households where domestic abuse took place in North Tyneside had children living in them. These were the households which were recorded; however Members were concerned about the families who are very good at keeping alcohol and/or domestic abuse issues a secret within the home and consequently difficult to identify and provide support to.
- 4.38 Members discussed the importance of making children and young people, living in families where alcohol and domestic abuse is hidden, aware of the support and help available to them. It was suggested that this could be done through raising awareness and providing information in young people's newsletters and PHSEe programmes.
- 4.39 Linked to the above, the sub-group also recommended that as part of alcohol awareness week during November, that there was a focus on alcohol related violence, in particular domestic abuse and the impact this has on family relationships and children.

Recommendation 8: That Cabinet ask relevant officers to raise awareness of the support and help available to children and young people who are living in families where alcohol and domestic abuse is hidden, through providing information in young people's newsletters and PHSEe programmes.

Recommendation 9: That Cabinet ask the Director of Public Health to focus on alcohol related violence, in particular domestic abuse and the impact this has on family relationships and children during alcohol awareness week.

Licensing

- 4.40 The Public Protection Manager met with the sub-group to discuss issues in relation to licensing.
- 4.41 Members noted that North Tyneside Council's Statement of Licensing Policy has been prepared in accordance with Section 5 of the Licensing Act 2003.
- 4.42 The Act requires that the Council carry out its various licensing functions so as to promote the following four licensing objectives which are:

1. The prevention of crime and disorder
 2. Public safety
 3. The prevention of public nuisance
 4. The protection of children from harm
- 4.43 The responsible authorities who can object to licenses are the Police, Fire Service, Planning, Environmental Health, Child Protection, Director of Public Health, Trading Standards and Health and Safety.
- 4.44 The sub-group were informed that the current licensing policy took effect from 23 January 2014 and will be in force for 5 years, the policy will be kept under review and if there are any proposed revisions they will be consulted on.
- 4.45 Members asked if the licensing policy could include a public health statement in relation to alcohol misuse and were informed that it could but that it would have to be carefully worded to ensure it was legal. The sub-group suggested that the Director of Public Health produce a statement which didn't infringe legalities to be included in the licensing policy and where relevant any other Council policies.

Recommendation 10: That Cabinet ask the Director of Public Health to produce a public health statement relating to alcohol misuse for inclusion in the Licensing Policy and where relevant any other Council policies.

Minimum pricing

- 4.46 Following discussions with officers during the review, the sub-group believed that controlling the price and availability of alcohol through the introduction of alcohol minimum pricing would have a positive impact on alcohol related violent crime in particular violence in the home, and were disappointed to hear that plans to introduce alcohol minimum pricing in the UK had been put on hold in March 2013.
- 4.47 The sub-group were informed that Home Office guidance produced in May 2014 provides guidance to suppliers of alcohol and local authorities on banning the sale of alcohol below the cost of duty plus VAT. Members believed that this didn't go far enough as examples showed that suppliers could sell a bottle of wine for £2.46, which was still a relatively low price when compared to alcohol minimum pricing, which stated that a bottle of wine containing 9.4 units could not be sold for less than £4.70.
- 4.48 Members noted that the Scottish Parliament had passed legislation to introduce a minimum price per unit of alcohol of 50p in 2013. This is currently being challenged by the Scottish Whisky Association and has been referred to a European court, the outcome is still awaited. The UK Government have indicated they will await to see the impact of alcohol minimum pricing in Scotland if it is implemented, before deciding what to do in the UK.
- 4.49 The Director of Public Health informed the sub-group that the Association of North East Councils (ANEC) had written to the Secretary of State for Health to express their concerns about the damage being caused by the widespread availability of cheap, strong alcohol and urging the Government to include evidence based measures including minimum pricing in their election

manifesto plans. The sub-group were pleased to hear this and recommended that the Council and Director of Public Health continue to lobby and support the introduction of national minimum pricing. Members would also urge the Council to continue supporting this measure to tackle alcohol misuse and the harm it causes at forums, and when appropriate take local action.

Recommendation 11: That the Elected Mayor and Director of Public Health continue to lobby and support the introduction of national minimum pricing.

Alcohol exclusion zones

- 4.50 Members were informed that there were a number of alcohol exclusion zones (now known as designated public places) in North Tyneside, located in public areas such as beaches and parks. If a police officer has reasonable grounds for believing that there is anti-social drinking of alcohol taking place in these areas, they can require the person consuming the alcohol or about to consume it to surrender the alcohol or alcohol containers. Failure to comply with the police officer's request without reasonable excuse is an offence. The sub-group learnt that there is a lack of public awareness about these 'exclusion zones' and suggested that at least once a year, possibly in the spring, an article about them is included in the resident's newsletter which gives the full list of the places and stressing that they are regularly monitored.

Recommendation 12: That Cabinet ask the Public Protection Manager to include an annual article in the resident's newsletter 'Our North Tyneside' to raise public awareness of the alcohol exclusion zones in North Tyneside.

Workforce policies/programmes

- 4.51 During evidence gathering sessions, workplace policies and programmes were identified for further examination and following desk top research a briefing note was produced and presented to Members, this outlined good practice and the policies which were currently in place in the Council.

Alcohol

- 4.52 Members were informed that the Council currently have an Alcohol and Abuse Policy and Procedure in place which is published on the intranet, however this is currently being changed to a Tackling Addictions Policy, the sub-group were provided with a draft copy of the new policy and provided the following feedback:

1. Members were concerned that the emphasis on disciplinary action within the policy may deter employees with an addiction problem from seeking help and support, it may also deter colleagues reporting issues. Members realised the importance of the disciplinary side but asked if this could be toned down and have a greater emphasis on supporting employees.
2. Smoking is included in the new policy, but Members thought it would better if this had its own policy rather than being included in the Tackling Addictions Policy. The reason being that smoking doesn't impact on a person's ability to do their job, unlike drugs and alcohol which has different implications and causes different staff behaviours to smoking.

Domestic abuse

- 4.53 In relation to domestic abuse, Members were pleased to learn that the Council has a draft Domestic Abuse Policy to support employees and service users experiencing or who has experience domestic abuse. The draft policy is in line with the regional Violence against Women and Girls Strategy produced by Northumbria, Cleveland and Durham Police and Crime Commissioners, in that the council has a team of trained Champions who are able to offer basic support and sign post individuals to appropriate agencies. Members also gave feedback in relation to this draft policy.

5. Background Information

Briefing note – Alcohol and violence related data
Case study – Domestic abuse perpetrator programmes
North Tyneside Councils Statement of Licensing Policy
CAADA – Insight into domestic abuse – A place of greater safety
Harbour outreach and refuge workbook 2013-14
Home Office - Guidance on banning the sale of alcohol below the cost of duty plus VAT
Briefing note - Strategies and plans in relation to alcohol related violent crime
Briefing note – Schools work on PSHEe
Briefing note – N2L; Education and prevention
Briefing note – Workplace policies
Draft Domestic Abuse Policy
Draft Tackling Addictions Policy
Police and Crime Plan 2013-18
Violence against Women and Girls Strategy

6. Acknowledgments

- 6.1 The sub-group would like to place on record their thanks to the following officers for the information, support and advice they have provided:

Marietta Evans – Director of Public Health
Lesley Pyle – Domestic Abuse Co-ordinator
Oonagh Mallon – Drug Strategy Manager
Lynne Crowe – Community Safety Manager
George Colquhoun – Community Safety Analyst
Joyce McCarty - Schools Improvement Officer (Health and Wellbeing)
Les Tate - Strategy and Commissioning Manager from the Young People's Substance Misuse Team (N2L)
Joanne Lee – Public Protection Manager
Superintendent Paul Orchard – Northumbria Police
Toni Clark - Service Manager (Vulnerable Families)
Sharon Ranadé – Democratic Services Officer

- 6.2 The sub-group would also like to express their gratitude to the victims of domestic abuse who kindly agreed to meet with Members and spoke candidly about their experiences. Members recognise and applaud their courage for standing up to, and leaving their abusive partners. They would also like to thank the staff at the Harbour Refuge and Acorns Outreach Service who made the meetings possible.

Summary of recommendations

Recommendation 1: That Cabinet ask the Domestic Abuse Strategic Commissioning Group to investigate ways of increasing the IDVA capacity in North Tyneside so that it is more in line with the recommended level.

Recommendation 2: That Cabinet request that the Chief Executive of Northumbria Healthcare Foundation Trust explores the funding options to reinstate the IDVA post located in North Tyneside General Hospital's A&E Department.

Recommendation 3: That Cabinet ask the Interim Housing Services Manager to explore the possibility of allocating up to two homes being built as part of the Quality Homes for Older People project, to be used for temporary emergency accommodation for older people fleeing domestic abuse.

Recommendation 4: That Cabinet ask the Director of Public Health to continue exploring a potential model and commission a Perpetrator Programme in North Tyneside.

Recommendation 5: That Cabinet ask the Head of Environment and Leisure to explore the possibility of providing leisure centre passes to victims of domestic abuse and their children whilst they are staying at the Harbour refuge, and extending this to victims of domestic abuse and their children accessing an outreach service.

Recommendation 6: That Cabinet ask the Family Partner Team to ensure that when they identify families with alcohol problems and/or domestic abuse they are referred to the appropriate service.

Recommendation 7: That Cabinet ask the Director of Public Health to investigate the feasibility of establishing a pilot project to work with young people involved in alcohol related violence.

Recommendation 8: That Cabinet ask relevant officers to raise awareness of the support and help available to children and young people who are living in families where alcohol and domestic abuse is hidden, through providing information in young people's newsletters and PHSEe programmes.

Recommendation 9: That Cabinet ask the Director of Public Health to focus on alcohol related violence, in particular domestic abuse and the impact this has on family relationships and children during alcohol awareness week.

Recommendation 10: That Cabinet ask the Director of Public Health to produce a public health statement relating to alcohol misuse for inclusion in the Licensing Policy and where relevant any other Council policies.

Recommendation 11: That the Elected Mayor and Director of Public Health continue to lobby and support the introduction of national minimum pricing.

Recommendation 12: That Cabinet ask the Public Protection Manager to include an annual article in the resident's newsletter 'Our North Tyneside' to raise public awareness of the alcohol exclusion zones in North Tyneside.