



MANCHESTER
CITY COUNCIL

Delivering Differently

Manchester's Domestic Violence and Abuse Strategy
2016–20

Executive Summary

Tackling domestic violence and abuse has been a key priority for Manchester for many years and as a city we have had, and continue to have, a zero tolerance approach. Manchester believes that it is everyone's responsibility to stop domestic violence and abuse and it is our ambition that people treat one another with respect and compassion. This strategy sets out that ambition for everyone who lives, studies and works in Manchester.

Our definition of domestic violence and abuse (DV&A)

Manchester adopts the Home Office definition of domestic violence and abuse and accepts that it can encompass but is not limited to psychological, physical, sexual, financial and emotional abuse.

Manchester has defined seven types of domestic violence and abuse:

- Coercive control (intimate terrorist)
- Violent resistance (resisting the intimate terrorist)
- Situational couple violence
- Female genital mutilation
- Forced marriage
- Elder/carer abuse
- Young people aged under 18 years who are violent towards their parents.

Our city's experience

Manchester is an international city with a growing and diverse population, and domestic violence and abuse impacts on all our communities. It is also on the increase, with the number of domestic abuse incidents reported in the city increasing by 35% between April 2014 and March 2015. Domestic violence and abuse is unacceptable and its impact is wide-reaching. It is linked to a host of health problems and is a risk factor for a wide range of both immediate and long-term conditions. People experiencing abuse have an increased use of both primary and secondary care services and it is well documented that pregnancy puts women at

significantly increased risk of domestic violence and abuse. Domestic violence and abuse can also have many negative physical, emotional and behavioural effects on children. It is an issue that is prevalent in Manchester's child protection; and in 2015, 30.6% of all young people on a child protection plan were affected by domestic violence and abuse.

Our journey so far

The existing Domestic Violence and Abuse Strategy 2010–14 has been reviewed in the light of our work as a Cabinet Office Delivering Differently area. Our Delivering Differently Programme from 2014/15 included extensive study of data, research and consultations with service users. This journey of analysis and remodelling has been undertaken jointly with many partners, including voluntary organisations, public sector partners, academic institutions and victims/survivors groups. We have worked closely with a broad range of service users, using open-ended questions and emotional scaling, to understand their views. We have also worked directly with specialist service providers to design a new campaign and to encourage partnership bids and the simplification of commissioning processes.

We have learned a lot from a wide range of people and organisations through Delivering Differently. We now know we are good at helping victims in a crisis but we must do much more to help them recover. We also now understand more about the factors that affect domestic violence and abuse and its likelihood, and the impact it can have on children. As part of our research we have worked with universities to understand the evidence

around possible initiatives and approaches, and through our working with health partners we have learned about the training needed for health care professionals.

The work has been governed by an Elected Members' Working Group, and our new Strategy 2016–2020 will build on the success of our work to date, while acknowledging that more needs to be done.

Our ambition

Manchester's Domestic Violence and Abuse Strategy aims to:

- Improve the lives of those affected by DV&A through better co-ordinated services that can respond sensitively and efficiently to those affected by DV&A.
- Ensure a better co-ordinated approach to tackling domestic violence and abuse that enables early identification, and improved response that safeguards and supports the victim and any children.
- Reach out to underrepresented groups and hard-to-reach communities by finding new ways to address this important issue.

Our service pledges

Preventing abuse:

- Each agency will divert some resources to focus on education and awareness-raising with children and young people to ensure future generations do not become victims and perpetrators of abuse.
- We will commit to a diverse range of communication materials and engagement strategies with staff and residents to ensure we change the mindset that domestic violence and abuse is in anyway acceptable.

Supporting people to seek help

We will create more safe places in the community to report domestic violence and abuse.

We will ensure that when victims/survivors seek help they are provided with the right support at the right time. This will include them being able to stay in their own home when it is safe, appropriate and possible to do so.

Managing safety

We will make full use of every civil and criminal tool at our disposal to robustly challenge the behaviour of perpetrators.

We will work to ensure the increased safety of children and young people. Interventions offered will be at the right time and matched to the risk posed and the risk of imminent violence.

Training and developing the workforce

We will ensure all staff and volunteers, in any service, are trained in the appropriate responses to disclosures and have key knowledge of interventions and services to support prevention, safety and recovery.

Adapting delivery models in response to changing need and demand

We will work towards providing support when help is needed most.

We will use evidence to plan, deliver and commission appropriate service responses at key times.

We will continue to work with marginalised groups that experience DV&A in BAMER, LGBT and disabled communities, and develop innovative ways of responding to this.

How we will deliver this

The Manchester Domestic Violence and Abuse Forum will be accountable for producing an annual action plan aligned to the service pledges in this Strategy. The Forum will ensure that all agencies are held to account; it will implement the plans and will include current and former service users.

Each action will be closely aligned to the five service pledges and supported by a learning culture that strives to produce, analyse and share high-quality information and best practice. Every six months the Forum will produce reports on progress for both Safeguarding Boards and the Community Safety Partnership. It will also provide an annual report for Manchester City Council's Communities' Scrutiny Committee.

Introduction

Tackling domestic violence and abuse has been a key priority for Manchester for many years and as a city we have had and continue to have a zero-tolerance approach. DV&A is unacceptable and its perpetration can be a criminal offence that causes significant harm to victims. Manchester believes that it is everyone's responsibility to stop domestic violence and abuse, and it is our ambition that people treat one another with respect and compassion.

This strategy sets out that ambition and our pledges to challenge DV&A for everyone who lives, studies and works in Manchester.

The existing Domestic Violence and Abuse Strategy 2010–14 has been reviewed in the light of our work as a Cabinet Office Delivering Differently area, a programme of collaborative work that began in 2014/15. The Delivering Differently programme, which was governed by an Elected Members' Working Group, included the extensive study of data, research and consultations with service users, and also engaged in the close collaboration and co-production of new models with both the voluntary and community sectors (VCS) and our statutory partners. Our new Strategy 2016–2020 builds on the success of this work, while acknowledging more needs to be done.

The strategy has been jointly produced through a partnership of statutory and VCS organisations and sets out how we will respond to DV&A together. The responsibility for overseeing this will be held by Manchester's Domestic Violence and Abuse (DV&A) Forum, which will be accountable to Manchester's Community Safety Partnership, and the Adults' and Children's Safeguarding Board for its delivery. Service users will be part of the Forum membership as part of our continued commitment to a co-production approach to challenging domestic violence and abuse.

Our definition

Manchester adopts the Home Office definition of domestic violence and abuse, which is 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 trans status¹. The abuse can encompass, but is not limited to, psychological, physical, sexual, financial and emotional abuse.

Controlling behaviour is a range of acts to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape, and regulating their everyday behaviour.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten the victim. This is not a legal definition.

The definition also includes so-called honour-based violence, female genital mutilation (FGM) and forced marriage.

At this stage it must be acknowledged that some of these forms of DV&A are not currently recorded on our systems, and where cases are recorded it is not always clear whether they reflect current or historic abuse. Different forms of domestic violence and abuse may require different responses.

Coercive control (intimate terrorist)

The basic pattern of coercive control is the use of multiple control tactics (violent and non-violent) to attempt to take general control over one's partner. Specific control tactics vary from case to case involving different combinations of economic control, isolation, emotional abuse, intimidation, use of children and other control tactics.

It is hoped that the Government's new coercive or controlling behaviour offence will mean victims who experience the type of behaviour that stops short of serious physical violence, but amounts to extreme psychological and emotional abuse, can bring their perpetrators to justice.

¹ The Home Office definition states gender and sexuality. In Manchester we have chosen to include the words sexual orientation or trans status to be inclusive of all marginalised groups that may experience domestic violence and abuse in our city.

Violent resistance – resisting the intimate terrorist

The basic pattern is where one partner becomes controlling or frightening, and the other partner may respond with violence. This is not always in self-defence. In heterosexual relationships, most violent resisters desist and turn to other options to stop the violence, such as escape. This kind of violence occurs in response to a perceived threat, maybe a one-time event, and is not part of a pattern of control and manipulation.

Situational couple violence

The basic pattern of situational couple violence is when conflict turns into arguments that escalate. Men and women do this, but men's violence is much more likely to injure and frighten. There is a huge variability in reported incidents; for example, for 40% of people this could be only one incident, but this type of domestic violence can involve chronic and severe violence. Underlying causes of chronic conflict can include substance misuse, anger issues and communication issues.

However, it should be noted that some perpetrators and victims of coercive control may seek to portray their behaviour as situational couple violence, so clear guidance and support for staff is needed to ensure this definition is applied with care. Appropriate staff training and assessment tools need to be in place, particularly for those who are not specialists in DV&A.

Female genital mutilation

Manchester adopts the World Health Organization's definition of female genital mutilation (FGM). FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is a criminal offence. This is a high-risk area of domestic violence and abuse, so Manchester City Council will give this work a high strategic priority in its collective response.

Forced marriage

Manchester adopts the forced marriage unit definition. Forced marriage is when someone experiences physical pressure to marry (eg. threats

of physical violence or sexual violence) or emotional and psychological pressure (eg. being made to feel they are bringing shame on the family). This is another high-risk area of domestic violence and abuse, so Manchester City Council will give this work a high strategic priority in its collective response.

Elder/carer abuse

Manchester City Council adopts the definitions in the Care Act 2014 on what constitutes domestic violence and abuse for the elderly and those who have carers. In the Act, abuse is categorised as:

- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Discriminatory abuse
- Neglect and acts of omission.

Where domestic violence and abuse is not always the only complicating factor

For some families and couples, domestic violence and abuse can be part of a wider set of challenges they face. Other issues often prevalent in safeguarding work can include substance misuse and/or unmet mental health needs, as well as domestic violence and abuse.

The cross-government definition is from age 16. Teenagers can also be in an abusive relationship with their peers or intimate partners and be at risk of child sexual exploitation.

Young people aged under 18 who are violent towards their parents

We consider children and young people who use violence towards their parents as being a safeguarding issue; as such, this requires a different kind of approach than is ordinarily used for domestic violence and abuse. This will require a more systemic understanding of what the reality is like for families where this happens, and will require a more explicit framework than the current statutory safeguarding responses. We acknowledge that there are few current interventions and services identified

nationally to address this. We will continue to work with services for young people and academics in Manchester who lead on this work to identify a range of solutions to address this gap.

Our ambition

Our strategy aims to:

- Improve the lives of those affected by DV&A through better co-ordinated services that can respond sensitively and efficiently to those affected, whether they are seeking early help or in crisis; and provide tailored packages of support that consider the wishes of and safeguard those affected by DV&A.
- Ensure a better co-ordinated approach to tackling domestic violence and abuse that enables early identification, an improved response that safeguards and supports the victim and any children, and a more robust approach to tackling and addressing the behaviour of perpetrators.
- Reach out to underrepresented groups and hard-to-reach communities by finding new ways to address this important issue.

Domestic violence and abuse is unacceptable and Manchester wants to be a city where those who are affected know how to seek help and feel confident to do so knowing they will receive the right help at the right time. Anyone in either a former or current intimate-couple relationship, regardless of the sexual orientation or trans status of any partner, or whether they are adults or children, should be able to live a safe, positive life free from abuse and violence.

Wherever possible, we want to support people at the earliest possible opportunity. We know that domestic violence and abuse is not just an issue between couples who are either together or have separated. It covers the full life course of relationships, from the development of young people's healthy relationships, to the changing dynamic of older couples who may have become carers for their partner. We also want to respond quickly and appropriately, taking into account the victim's choices and supporting them to improve their life chances and financial independence.

To effectively challenge domestic violence and abuse we must work with perpetrators to address their behaviour. This includes working to address forms of inequality and exclusion that give additional tools to perpetrators and create additional barriers for victims in seeking help. We recognise this is a challenging issue; however, it is one we must address. To do this we will work with our communities to understand the systemic and societal issues that can create the conditions for domestic violence and abuse and address these through our action plans and in our wider strategic City Region with all partners, communities and businesses.

Domestic violence and abuse: what we know

Incidence of domestic violence and abuse

Domestic violence and abuse has an impact on all communities and groups of people. However, it must be recognised that 80% of identified victims of DV&A are women and evidence shows that violence against women is more severe and more frequent than that against men. Women are also much more likely to be killed by intimate partners – 44% of all women murdered are killed by intimate partners as opposed to 6% of men.

The Home Office publication 'Controlling or Coercive Behaviour in an Intimate or Family Relationship Statutory Guidance Framework' published in December 2015 states:

'While all legislation is gender-neutral, and men can also be victims of this offence, statistics consistently show that women and girls are disproportionately affected by crimes of domestic violence and abuse. Controlling or coercive behaviour is primarily a form of violence against women and girls, and is underpinned by wider societal gender inequality. This can contribute to the ability of the offender to retain power and control, and ultimately the ability of the victim to access support and leave safely. Therefore, it is important to consider the role of gender in the context of power and control within a relationship when identifying controlling or coercive behaviour in heterosexual relationships.'

Importantly, only some of those who experience domestic violence and abuse report it to the police, and many victims may suffer 35 or more incidents of abuse before calling the police. It is therefore often labelled a 'hidden crime'.

For marginalised groups, such as the LGBT community, research conducted by Broken Rainbow (an organisation dedicated to confronting and eliminating domestic violence and abuse within and against the LGBT communities) shows that one in four lesbian, gay and bisexual individuals and four in five trans individuals will experience domestic abuse in their lifetime. In the past 12 months Broken Rainbow has seen a 73% increase in contact with its services from residents in Greater Manchester, which equates to over 250 individuals. 100% of gay, bisexual and transgender men contacting their IDVA (Independent Domestic Violence Adviser) service have an HIV diagnosis.

For other marginalised groups, such as black, Asian, minority ethnic and refugee (BAMER) communities, there are also barriers to reporting abuse, as victims may not have access to information; they may also have language barriers, or may struggle with the concept of 'shame' within their communities, which may prevent them seeking help. A woman may not have family members or friends whom she can turn to for support, due to the environment she is in, and the cultural expectations of families and the roles they are expected to play would place other families at risk for supporting her. For women who come from other countries to marry within the UK, it may be that the whole family is that of the spouse, leaving the victim with no one to turn to. Domestic violence and abuse can also be from the extended families and not limited to partners. Saheli, a Manchester-based organisation that provides advice, information and support services for Asian women and their children fleeing domestic abuse and/or forced marriages, advises that Asian women may suffer abuse from siblings (elder brothers, cousins), extended family members (uncles, aunties) and in-laws. They often have more than one perpetrator, which may limit their access to support from family members. This also plays a significant part in their not being able to turn to family and friends for support; hence they become isolated and feel alone. Women are put at risk when they are leaving abusive families, and they may have many doors closed to them due to shame, stigma and honour.

Manchester recognises the need to provide support for all victims of domestic violence and abuse; in particular it recognises that many victims from marginalised and minority communities often do

not report abuse. However, we also acknowledge the gendered nature of much abuse, and will continue to work together to tackle this.

Health and wellbeing impacts

DV&A is linked to a host of health problems and is a risk factor for a wide range of both immediate and long-term conditions. The health impacts may show as physical symptoms, injuries, chronic pain, neurological symptoms, gastrointestinal disorders, high blood pressure and increased cardiovascular risk. DV&A often has reproductive consequences too, including gynaecological disorders, sexually transmitted infections (STIs) and pregnancy difficulties².

Women experiencing abuse have an increased use of both primary and secondary care services³ and experience more operative surgery, visits by and to doctors, hospital stays, visits to pharmacies, and mental health consultations. They are admitted to hospital more often and issued with more prescriptions. One in five high-risk victims attended A&E as a result of their injuries in the year before getting help⁴.

The prevalence of DV&A is also high in GP services⁵ and 90% of all female patients consult their GP over a five-year period⁶. Evidence also shows that 80% of women in a violent relationship seek help from health services, and these are often a woman's first or only point of contact⁷. The cost to the health service is £1.7billion per year, which does not include mental health costs⁸.

² CTC (2014), Website of the US Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention

³ Ulrich Y, Cain K, Sugg N, Rivara F, Rubanowice D, Thompson R Medical care utilization patterns in women with diagnosed domestic violence AM. J. Prev Med 2003; 24(1): 9-15

⁴ SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives

⁵ Richardson J, Coid J, Petruckvitch A, Chung WS, Mooney S, Feder G Identifying domestic violence: cross-sectional study in primary care BMJ 2002; 324(7332): 274

⁶ Wisner CL, Gilmer TP, Saltzman LE, Zink TM Intimate partner violence against women: do victims cost health plans more? Journal of Family Practice. 1999; 48(6): 439-443

⁷ Department of Health

⁸ Walby S, The cost of domestic violence: Update 2009. Lancaster: Lancaster University; 2009 Royal College of Midwives (1997). Domestic abuse in pregnancy. London: Position paper no.19, RCM

Domestic violence and abuse also has considerable impact on the short and long-term mental health of victims and survivors of abuse and their children. Victims are four times more likely to suffer depression, and suffer more post-traumatic stress disorder (PTSD), anxiety, insomnia, self-harm, increased substance use and have thoughts about suicide. 40% of high-risk victims report having mental health issues, 16% report they have considered or attempted suicide, and 13% report self-harming as a result of abuse^{9,10}. Other psychological consequences for victims include anxiety, depression, low self-esteem, inability to trust others, flashbacks, sleep disturbances, and emotional detachment¹¹.

Cessation of domestic violence and abuse does not necessarily mean that mental health problems cease as well. The influence of abuse can persist long after the abuse itself has stopped, and the more severe the abuse, the greater its impact on a person's physical and mental health¹².

Domestic violence and abuse is also linked to alcohol and substance misuse. The June 2015 evaluation of 'Manchester's Troubled Families Programme' demonstrated that of 3,253 identified families, 81% had a presenting domestic violence and abuse need. Almost 71% of these also presented with alcohol misuse and 65% with substance misuse.

Pregnancy

It is well documented that pregnancy puts women at significantly increased risk of DV&A. Research demonstrates that 30% of DV&A starts or escalates in pregnancy. DV&A can cause miscarriage, lower birth weight and, at worse, death of the mother and/or the foetus. Less well recognised are the impacts of unintended pregnancy and the risks for preschool children.

Because of the prevalence of domestic abuse in pregnancy it is recommended that midwives ask all pregnant women about DV&A. The Royal College of Midwives already recognise the increase in risk and their position statement advocates: 'Provision of appropriate training and support for midwives to routinely enquire about all forms of violence against women and girls; to include a package of measures – clear referral pathway and signposting for victims, access to community resources and links to multi-agency risk assessment conferences and independent domestic violence adviser'. Similarly, NICE Guidance states: 'Working in a multi-agency partnership is the most effective way to approach the issue. Initial and ongoing training and organisational support is also needed'.

In response to these recommendations, Manchester City Council has recently awarded to Pankhurst Trust incorporating Manchester Women's Aid the tender to provide two full-time IDV&As to be situated in the maternity departments of North Manchester General Hospital, and the University Hospital of South Manchester. The aim of this provision is to provide training to improve the midwives' knowledge around DV&A, and their confidence in asking questions about DV&A, which in turn will lead to an increase in the identification of pregnant women who are suffering DV&A. This will bring the units in line with St Mary's Hospital, which has had this provision following a pilot scheme since 2009, thereby providing equity across the three maternity units. This provision is very similar to IRIS, which seeks to empower health professionals to identify DV&A, make enquiry safe, and to respond and refer to specialist services via enhanced referral pathways.

⁹ SafeLives (2015), Insights Idva National dataset 2013/14. Bristol: SafeLives

¹⁰ SafeLives (2015) Getting it right first time

¹¹ CTC (2014)

¹² IRIS commissioning document www.irisdomesticviolence.org

Forced marriage

Forced marriage has received increasing attention over recent years and is now a Government priority. Forced Marriage Unit (FMU) statistics from January–December 2014 show they gave advice or support related to a possible forced marriage in 1,267 cases, involving a total of over 88 countries. 11% of cases involved victims aged 16 or 17, with 79% of victims being identified as female, and 135 cases involved victims with disabilities.

Eight cases supported by the FMU involved victims who identified themselves as Lesbian Gay Bisexual and Transgender. Saheli advises that women who are LGBT are forced into marriage in order to 'correct' their ways and prevent bringing shame on their families, thus affecting so-called honour.

Homelessness

Domestic violence and abuse is a cause of homelessness. In addition to commissioning six refuges in the city that meet the need for safe accommodation of over 100 families a year, the Council also directly provides homelessness services. Between April 2014 and March 2015, 291 singles/couples presented as homeless because of domestic violence. This is a slight decrease on the 2013/14 figure of 306. For families with either children and/or a pregnant household member, the figure in 2014/15 was 277, which again shows a slight decrease from 286 the year before.

Children

Nationally, a quarter of children in high-risk households are under three years old. On average, high-risk abuse has been going on for 2.6 years, which means these children are living with abuse for most of their early years.

Children suffer multiple physical and mental health consequences as a result of direct exposure to domestic violence and abuse – 62% of children living in domestic-abuse households are directly harmed by the perpetrator, in addition to the harm caused by witnessing the abuse of others. This includes a range of behavioural problems (including violent and risky behaviour), sleeping difficulties, bed-wetting, problems with social development and relationships, low self-esteem, depression, and anxiety.

The impact of poor parental mental health (linked to domestic abuse) is also significant for children. It is associated with increased rates of mental health problems in children and young people themselves, with an estimated one-third to two-thirds of children and young people whose parents have a mental health problem experiencing difficulties themselves. Approximately 30% of adults with mental ill health have dependent children, and 25% of children subject to child protection conferences have a parent with mental ill health.

Domestic violence and abuse is an issue that is prevalent in Manchester's child-protection work. During the calendar year 2014, 530 children and young people were on a child-protection plan for either domestic abuse or chronic domestic abuse, which equates to 28.7% of all child-protection plan caseloads. In 2015, the percentage ratio increased to 30.6% of all caseloads.

Our journey

Domestic violence and abuse in Manchester impacts on all our many and diverse communities, including individuals, couples, families, friends, neighbours and colleagues. However, it is not always contained within couples and families, and victims are at greatest risk either when separating or when a relationship has ended.

Between April 2014 and March 2015, the number of domestic abuse crimes reported in the city of Manchester increased from 3,348 to 3,515 – an increase of 35%. Of these, 82% were linked to violent crime.

We have found that domestic violence and abuse is not just identified by specialist DV&A services but also by other areas of public service delivery such as homelessness, adult safeguarding, children's safeguarding, early help assessments, police call-outs, accident and emergency admissions, midwifery, and general practice enquiries.

This is reflected in our spend, with the total cost of domestic violence and abuse to Manchester City Council across all services estimated at about £24.5million per annum (excluding mental health and health costs). Of the £24.5million DV&A costs to the Council, only just over 5% is actually spent on interventions specifically designed to tackle domestic abuse.

Non-DV&A specific services	2013/14 estimated cost of DV&A
Contact Centre	£6,908
Homelessness	£1,411,560
Troubled Families	£8,408,880
Child Protection Referrals	£251,000
Serious Case Reviews	£26,000
MARACs	£12,971,000
Domestic Homicide Reviews	£28,750
NRTP Team	£123,000
Total	£23,227,098

Total cost of DV&A in Manchester – £24.5million	
Prevention and recovery	5%
Crisis-point intervention	95%

Most of this 5% statutory spend is spent on crisis-point interventions rather than prevention, early intervention or recovery services. This demonstrates that there are significant reactive pressures on our staff, while also showing that provision does not align with the overall principles of helping people at the earliest opportunity.

Our co-production method for reform and innovation

Our journey of analysis and remodelling has included working with the following partners: Barnardo's, BIG Manchester, Broken Rainbow, Central Manchester Foundation Trust, CGM Probation Community Rehabilitation Company, Clinical Commissioning Groups, Early Intervention Foundation, Greater Manchester Police, Independent Choices, LGBT Foundation, Macc, Manchester Metropolitan University, Manchester University, Manchester Women's Aid, Mosscafe, MWA IRIS, North Manchester Hospital, Northwards, National Society for the Prevention of Cruelty to Children, Office for the Police and Crime Commissioner, Pennine Acute Trust, Relate GMS, Saheli, Survivors Manchester, The Children's Society, University Hospital of South Manchester, Victim Support, Women's Aid Federation England and Wales, Wythenshawe Community Housing Group, and Young People's Support Foundation.

The process of co-production has included:

- Defining and agreeing key principles
- Meeting directly with a broad range of service users using open-ended questions and emotional scaling to understand their views
- Working direct with specialist service providers and users to co-design our new seven typologies campaign for domestic violence and abuse
- Each partner listening to one another in a non-hierarchical way, seeking innovation and new investment together
- Encouraging partnership bids with the aim of simplifying commissioning processes to bring about change.

Our learning

- From service users and providers, such as Manchester Women's Aid, Saheli and Independent Domestic Violence Advisers (IDVAs), we learnt that we are good at helping victims in a crisis, but we must do much more to help them recover. We acknowledge this gap in recovery-based services for victims, including support to address unmet mental needs and substance-misuse issues. There also needs to be more support for service users to access education, training and employment to enable victims to gain financial independence, which they have told us is important for their recovery.
- From working with children and young people accessing specialist DV&A services, as well as local and national voluntary and community sector organisations, we have learnt how experiencing domestic violence and abuse can impact on the different stages of child development, from pre-conception to adulthood. From working with members we know they want every child to have the best possible healthy start in life, so we must do more to make this happen.
- From working with Saheli, we recognise other factors that affect domestic violence and abuse, such as race, religion, class, social demographics, and immigration status. Our work with South Asian women and Saheli has shown us that domestic abuse is deeply rooted in gender inequality and oppressive social construction

within some families. Within some black, Asian and minority ethnic (BAMER) communities the females are seen as the ones to 'uphold honour'. Tackling this will require very specific interventions to improve safety and reduce harm for victims.

- From working with health partners, particularly Manchester Women's Aid's IRIS service, and the Clinical Commissioning Groups, we learnt about the effectiveness of training and support in increasing DV&A referrals from GPs. From Central Manchester Foundation Trust we have a greater understanding of how best to support midwifery routine enquiries. Reporting is prevalent in emergency departments, health visiting and the Sexual Assault Referral Centre, which shows that victims are disclosing to health professionals in both an acute crisis and in community settings. Training is essential for ensuring professionals are confident in assessing, identifying and responding to safeguarding issues; however, the training needs to be provided for all professionals who work with or who are responsible for those reporting to them.
- From working with the Members' Working Group we learnt that housing options, cultural sensitivity in training for staff, and working with schools are important.
- From service users and providers of perpetrator services such as Relate GMS and CRC, and the Mirabal research project, which investigated the extent to which perpetrator programmes reduce violence and increase safety for women and children, we have learnt about the evidence for perpetrator programmes, while acknowledging much more needs to be done to understand what works and why.
- From working with perpetrators we learnt that if they are fathers they are mostly influenced by their child's/children's perception of them. We also know from working with Women's Aid Federation of England, Manchester Women's Aid and Saheli that victims of domestic violence and abuse have told them that fathers often use child contact as a method to continue their abusive behaviour, making victims feel revictimised and traumatised by this process. Additionally, Saheli has told us that child contact is a major issue for women and children fleeing domestic abuse, where women have had to face perpetrators while complying with child contact orders, putting them at further risk and constant fear. We have also learnt that some fathers have used child contact as a means of controlling the mothers.
- From working with both statutory and VCS perpetrator intervention providers, such as Relate, GMS and CRC, we learnt about the management of risk factors that change over time and the importance of imminence or risk.
- From working with GMP-commissioned police analysts we know that weather is a greater cause of victims reporting DV&A incidents than supporting events such as football fixtures. For every one degree rise in temperature May to July, four more victims will call the police. Incidents also peak at the weekends and over the Christmas period.
- From working with the two Manchester universities we learnt about the evidence for risk assessment tools and societal support networks for victims.
- From reviewing peer reviewed journals we concluded there is little investment in the robust evaluation of responses to domestic violence and abuse.
- From creating spatial maps, which combine information about DV&A incidents from a range of agencies, we have been able to identify areas in the city where large number DV&A incidents are reported. This information will inform how we deliver services in the future.
- From horizon scanning from other areas of the UK we have learnt about different models, interventions, assessment tools and campaigns.
- From reviewing cases in the Multi-Agency Risk Assessment Conference and Multi-Agency Safeguarding Hub we identified the potential for greater alignment of the processes.
- From Domestic Homicide Review Cases we learnt that workforce training and communication strategies need to be more effective among many other issues.
- From working with Women's Aid and GMP we have identified social media, revenge porn, stalking and tracking with apps – devices that

are being increasingly used against victims.

Our service pledges

Each agency will provide a clear strategic plan on how it will divert some resources to focus on education and awareness-raising with children and young people to ensure future generations do not become victims and perpetrators of abuse.

We will commit to a diverse range of communication materials and engagement strategies with staff and residents to ensure we change the mindset that domestic violence and abuse is in any way acceptable.

Supporting people to seek help

- ✓ We will create more safe places in the community to report domestic violence and abuse, eg. shops, GPs and services that are already open 24 hours, such as supermarkets, and university libraries.
 - ✓ We will ensure that each agency provides a clear strategic plan to ensure that anyone disclosing is managed with safety and care.
 - ✓ We know it is a huge step to discuss domestic violence and abuse, so we will respond with care whenever domestic violence and abuse is disclosed.
 - ✓ We will provide support for family and friends, including children, to seek help on behalf of other people they are concerned about.
 - ✓ We will support people to seek help where they do not have family and friends who they can turn to, or where victims can face consequences when confiding in their family and friends or find themselves at risk. External statutory and specialist services need to be in place to provide support that addresses language barriers.
 - ✓ We will approach disclosures using a safe enquiry method rather than as a list of specific questions to be answered. The principles of the safe enquiry method are to take protective measures to ensure that any discussions with potential victims of abuse are conducted in a safe environment, and to understand that victims of abuse may be reluctant to disclose what is happening to them. However, conversations may help to raise awareness about their situation better and build up trust.
- Key elements in the enquiry will be to ask someone if they are safe and what they want to happen. Linked to recognition is the fact that risk is dynamic and requires very specialist training to identify and work with effectively.
- ✓ We will ensure that all staff who work with people who may disclose domestic violence and abuse are trained to respond with care. We know that people will choose to ask for help from anyone they trust, which can include family and friends, the voluntary sector, schools, GPs, practice nurses and midwives, Early Help keyworkers, housing officers, and statutory services such as social work and social care if they are already working with the family. Some victims may also call the police. There are many ways to seek support for domestic violence and abuse in the city, and the workforce will be trained to respond with care to this. Others may also disclose in learning centres, community colleges and schools.
 - ✓ We will continue to work with partners to ensure communication channels are sustained so that people who may want to seek anonymous help, online or over the phone, can continue to do so.
 - ✓ We will ensure, whenever it is safe, appropriate and possible to do so, that the victim is able to stay in their own home, and the perpetrators will be removed and prosecuted when necessary. This will include a clear commitment to widen access to support options such as sanctuary schemes and outreach. It is important to ensure that those who are being supported in this way are not pushed in any way to return to abusive relationships. For BAMER women being supported within their homes, we need to recognise that there is often an additional pressure to return to abusive relationships, and we need to provide appropriate support. Work needs to be at a level that builds women's confidence to a high level, preventing them from being stuck with the ostracism and isolation they feel, and strengthening them to overcome this and remain strong and safe.
 - ✓ We will help people with crisis accommodation when it is needed, including refuges via homelessness and specialist DV&A-commissioned provision.

- ✓ We will continue to innovate and explore new ways of working to respond, innovate and research the links between homelessness, financial independence and work prospects.
- ✓ We will work with those victims who are experiencing coercive control, domestic violence and abuse to ensure they are safe and have informed choices to help them recover, including financial independence.
- ✓ We will work with victims to help them recover from abuse and rebuild their lives, including investing in new approaches for recovery-based victim services, eg. counselling for post-traumatic stress disorder, access to cognitive behavioural therapy, and substance-misuse support.
- ✓ We will work with children to help them process what has happened to help them move forwards in their relationships with their parents, siblings and friends, and invest in innovative ways to help as recovery-based services.
- ✓ We will work with young people to help them process what has happened to help them move forward in their relationships with their parents, siblings, friends and people they are seeing/ going out with, and invest in innovative ways to help as recovery-based services.
- ✓ We will work with those couples/families that are experiencing situational domestic violence and abuse to help them find new ways of addressing the behaviour of perpetrators, such as healthy relationship programmes.
- ✓ We will work with victims who do not have recourse to public funds, including asylum seekers. We know these are particularly vulnerable high-risk groups, as the law excludes them and can make people feel there is no option but to stay within the abusive relationship.

Managing safety

- ✓ We will ensure that each agency provides a clear strategic plan of how they will manage safety for those experiencing domestic violence and abuse. We aspire to increase safety for those experiencing domestic violence and abuse.
- ✓ We will identify innovative ways to provide legal and financial advice that will increase the number of victims who are able to take their own action.
- ✓ We will make full use of every civil and criminal tool at our statutory partnership disposal to robustly challenge the behaviour of perpetrators. We know there are a number of risk factors that change over time when managing risk for perpetrators, including the risk of imminent violence. We believe that the past behaviour of perpetrators, related to any criminal and civil offence, is a good indicator of future violence.
- ✓ We will work to ensure the increased safety of children and young people as we acknowledge that the behaviour of perpetrators poses the primary safeguarding risk to children in child-protection arrangements.
- ✓ We will also work to ensure the increased safety of victims/survivors as we know child-contact arrangements that also entail DV&A can continue (and in some cases escalate) after an abusive relationship has ended. Continued contact with the perpetrator, through both formal and informal child-contact arrangements, can further increase the risk of DV&A to the victim/survivor as well as to any children.
- ✓ We will support perpetrators who want to change their behaviour and who have demonstrated self-awareness and insight into what they have done. We will give them the opportunity to explore and change their behaviour.
- ✓ We will take into account the risk, need and responsiveness of every perpetrator, and interventions offered will be at the right time and matched to the risk posed and the risk of imminent violence. Integrated support to ensure safety for victims and children will also be put in place before, during and after any intervention, to minimise any escalation of risk due to institutional practice issues.

Training and developing the workforce

- ✓ We will ensure that each agency provides a clear strategic training and workforce development plan for domestic violence and abuse.
- ✓ We will ensure that all staff and volunteers in any service – particularly those under the governance of our safeguarding boards – are trained to respond appropriately to disclosures of DV&A. They will have the key knowledge of interventions and services to support a person/couple/family in their prevention, safety and recovery.
- ✓ We will continue to work in close partnership with specialist services in the voluntary and community sector and specialist academics to offer good-quality training and development. This will be fresh, current and based on sound evidence. Partner agencies must commit to accessing these training resources.
- ✓ We will offer specialist training, separate from domestic violence and abuse training, for forced marriage so-called honour-based violence and female genital mutilation (FGM). Manchester City Council commits to offering specialist training, advice and support to all professionals in order for the risk assessments/support/referrals to be successful. By having such awareness-raising strategies in place, services can go the extra mile to ensure their service is accessible and inclusive to all, which will provide greater outcomes and achievements of the Council's zero-tolerance vision.
- ✓ We will continue to ensure access to good-quality training on a range of levels, including awareness-raising, identification and response.

Adapting delivery models in response to changing need and demand

- ✓ We will provide, as a partnership, a clear strategic plan on how we develop an evaluation-informed way of working. We will continue to work closely with all partners on working better together, whether on the Greater Manchester or the Manchester spatial level, to produce maps of need, and co-design new delivery models to respond appropriately. This will ensure that service planning is fresh, accurate and based on the best evidence available to us.

- ✓ Our services will work towards being open when help is needed most. Our evidence shows that the greatest demand is placed at the weekends, Christmas and May–July. We will use this evidence to plan, deliver and commission appropriate service responses at these key times, eg. when we know there is a peak in demand, based on local evidence if and when this changes. We acknowledge that domestic violence and abuse is everyone's business and is across all budget areas, so we will plan this in a collaborative way across the whole partnership of providers and commissioners.
- ✓ We will both provide and commission services for people experiencing domestic violence and abuse, whether the victim self-selects to stay with the perpetrator or separate.
- ✓ We will both provide and commission services for those who continue to experience domestic abuse after the relationship has ended.
- ✓ We will continue to commission and provide a suite of targeted and specialist services for domestic violence and abuse, including community-based services for children, young people and adult victims.
- ✓ We will continue to carefully evaluate the effectiveness of perpetrator programmes and innovate when needed.
- ✓ We will continue to work with refuge accommodation providers to develop swift housing option services, and to develop appropriate help for victims who do not have recourse to public funds.
- ✓ We will continue to develop new types of public campaigns with our communities and specialist providers to target all the different groups of people affected by domestic violence and abuse, thus ensuring that the campaigns speak to them and not over them. This will include maximising opportunities that social media and apps offer for raising awareness and opening up access to services.
- ✓ We will work with young people on what both consent and healthy relationships mean.
- ✓ We will continue to work with marginalised groups that experience DV&A in the BAMER communities and develop innovative ways of responding to this. We know that there is a

particular vulnerability and risk for those with no recourse to public funds, and asylum seekers who are excluded because of financial implications.

- ✓ We will continue to work with marginalised groups that experience DV&A in the disabled communities, and develop innovative ways of responding to this.
- ✓ We will continue to work with LGBT people who experience DV&A to develop innovative ways of responding to their experiences.
- ✓ We will ensure that any learning and training from domestic homicide reviews and cases where DV&A was a feature in children's deaths are fed directly into live service planning. We will also have clear action plans that can help to measure the impact of the recommendations.

Our employment policies

Manchester City Council has had an employment policy covering DV&A for many years, and this has recently been refreshed. All employers should move towards having their own organisational policies and procedures in place for their staff and volunteers who wish to disclose that they are either experiencing or perpetrating DV&A.

Learning culture

When reviewing the documents that led to the development of this strategy, it was clear that there are issues with the quality of information currently being collected. Manchester acknowledges the need for improvement in this area and hereby commits to:

- Reporting on the increasing number of domestic violence and abuse cases
- Using evidence-based theoretical models to inform evaluation planning
- Ensuring that the right data answering the right questions is accurately recorded and processed
- Ensuring that information on service processes and impact are shared at the right strategic level and scrutinised with integrity

- Including victims' voices in the evaluation reports and reviews of data to help shape ongoing service remodelling
- Continuing to deliver reforms within the context of a co-production approach
- Enabling open anonymised data, where it is safe and appropriate to do so.

Access to the interpretation of what the data means will be facilitated by an appropriately resourced co-production process, including a wide range of stakeholders represented on the DV&A Forum and service users.

Annual action plan

The Manchester Domestic Violence and Abuse Forum will be accountable for producing an annual action plan aligned to the service pledges in this strategy. Each action in the action plan will be aligned to the five service pledges and supported by a learning culture that strives to produce, analyse and share high-quality information and best practice. The Forum will ensure that all agencies are held to account and implement the plans.

As well as representation from agencies, the Forum and its subgroups will also include current and former service users. The Forum Chair will be responsible for reporting on outcomes to the Community Safety Partnership on an annual basis and reports for information will be shared with the Safeguarding Boards for Children and Adults for information and review. Every six months the Forum will produce reports on progress for both Safeguarding Boards and the Community Safety Partnership. It will also provide an annual report for communities' scrutiny.

