

**Manchester City Council  
Report for Resolution**

**Report to:** Communities and Equalities Scrutiny Committee - 20 July 2016

**Report of:** Deputy Chief Executive (Growth and Neighbourhoods)

**Subject:** Domestic Violence and Abuse

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**Summary**

This report was requested by Communities and Equalities Scrutiny Committee to provide an update on the Domestic Violence and Abuse Strategy 2016-2020.

**Recommendation**

The Committee is asked to note the contents of the report.

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**Wards Affected:** All

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**Background documents (available for public inspection):**

None

## **1.0 Introduction**

This report sets out the activities that took place to develop and launch the Domestic Violence and Abuse (DV&A) Strategy 2016-2020 and the resulting strategy. It also details the 8 typologies campaigns that have been developed in response to the Delivering Differently project that was reported to Communities Scrutiny in October 2015.

## **2.0 Background**

2.1 The new DV&A Strategy 2016-20 has been developed through co-production with a range of key stakeholders. It sets out the ambition for delivering DV&A services over the next four years, with a focus on early intervention and prevention, recovery for victims, and holding perpetrators to account. The strategy also details service pledges for ensuring that people get the right support at the right time. These are:

- Seeking help
- Managing risk
- Training and developing the workforce
- Adapting delivery models in response to changing need and demand

2.2 The strategy also places an emphasis on robust evaluation, including a commitment to developing an Evaluation Framework.

## **3. DV&A Strategy Consultation**

3.1 Consultation on the DV&A Strategy took place with the central aim of engaging with stakeholders to ensure that the refreshed DV&A Strategy accurately reflects the current state of play in Manchester, including the strategic vision, challenges and ambitions for the future of DV&A services. It also sought to continue the co-production that has already taken place in order to create a strategy that reflects not just Manchester City Council's vision for DV&A services but that of the wider public and voluntary and community services (VCS) sectors.

3.2 The objectives of this consultation were to:

- Ensure that all the learning gained through the Delivering Differently programme and Members' Task and Finish Group has been captured within the refreshed DV&A Strategy
- Ensure the DV&A Strategy reflects the new delivery model and is aligned to both other public sector reform (PSR) programmes and the Manchester Strategy
- Ensure that key stakeholders, including organisations who deliver services, have the opportunity to contribute to the refreshed strategy

3.3 The consultation requested key stakeholders to consider the draft refresh of the DV&A Strategy and to agree its content. This took place both through face to face workshops and written feedback submitted to the

[workingwithus@manchester.gov.uk](mailto:workingwithus@manchester.gov.uk) email address. A full list of stakeholders who were engaged through this consultation is included as Appendix 1.

- 3.4 The Strategy and Executive summary developed from this consultation is included in Appendix 2.

#### **4.0 DV & A Strategy Launch**

The DV&A Strategy was launched on 17 June 2016. This was hosted by the Deputy Leader of Manchester City Council Councillor Sue Murphy and included presentations from a number of key individuals that had been instrumental in developing the strategy.

Representatives from the spectrum of organisations across Manchester identified and brought to life the service pledges and how they would be delivered. A film was shown of feedback from the partners involved and also from Wythenshawe Safespots a project run by survivors of domestic abuse. Their input identified what was important to them as victims and survivors of domestic abuse. This film will be enhanced to include footage from the launch and will be available to further promote the strategy.

The event was very well attended and demonstrated the commitment across partner agencies and voluntary and community sector agencies to tackling domestic abuse and delivering the strategy aims over the next 4 years.

#### **5.0 Campaign**

The Delivering Differently programme gave an opportunity to completely review the provision on domestic violence and abuse. As part of this process, learning from Domestic Homicide Reviews in Manchester and Greater Manchester was reviewed, and learning from listening to people who had experienced domestic violence was also crucial to inform the approach.

- 5.1 It was clear that the publicity campaigns used in the past needed to change. Previous campaigns may have consisted of images of men in football tops and communication channels may have been posters on the back of toilet doors. But in depth research has shown that football games are not a significant risk factor for increased domestic abuse and we now live in a multi-media environment and our channels of communication need to expand to reflect this.
- 5.2 An 8 typologies campaign has been developed in close partnership with service users and providers, including imagery, wording, type of materials and potential channels for communication.
- 5.3 Our eight typologies are
- Victims - service users and providers carefully selected imagery and words that would be identifiable and meaningful to them as sometimes people do not identify the relationship they are in as being abusive even though others around the person may have concerns. Subtle signs,

such as being “allowed” to wear or not wear certain items of clothing can be an indication that things are not well. The poster shows this subtle approach rather than the traditional approach of a woman with a black eye and a cut lip.

- Perpetrators - research into behaviour of perpetrators details that they often disassociate themselves from the harm they cause. However, they do find meaning in their role as fathers, although they do not necessarily accept from their children’s mum that their behaviour could be damaging to their children. The campaign for perpetrators is developed around the idea of a child’s picture speaking right to dad saying, “This hurts me too”.
- BAMER (Black, Asian, Minority Ethnic and Refugee) communities - specialist BAMER domestic violence and abuse services in the city helped to devise the content, imagery and wording for the campaign that means something and connects with the target audience. The key phrase that resonated for many victims in this situation is how trapped they feel in the house and relationship.
- Friends and family - there is evidence that those people nearest to victims and perpetrators will often know that domestic abuse is present in a relationship. We were very privileged to have the input from the mother of a woman who was subject to a domestic homicide to help develop this campaign.
- LGBT communities - LGBT providers have been very important in identifying an effective campaign. Based on previous success this will be a targeted campaign on Gaydio
- Local response –it is important that the workforce, across all agencies, whether statutory or voluntary, universal or targeted should have confidence to talk with someone experiencing domestic violence and abuse and help them earlier on. A training model and a card have been developed for all staff working in a local area to support this approach.
- Schools pack – taking into consideration the learning from healthy schools and some existing materials for schools, a one-stop shop schools pack on domestic violence and abuse which can be disseminated in every learning setting in the City from pre-school to sixth form college will be produced.
- Young people – it is recognised we need to support our young people to develop good relationship habits as they mature into adulthood. This campaign has been co-produced with young people for young people and includes issues such as control and sexting. A series of 3 animations have been developed for social media.

5.4 The 8 typologies were shared and well received at the DV&A Strategy Launch and will be promoted through a variety of channels over the coming 6 months. Some examples are detailed in Appendix 3

## 6.0 Conclusion

The Domestic Violence and Abuse Strategy has reflected the co-productive approach that has been developed from the Delivering Differently work on

domestic violence and abuse. Key to delivering the strategy will be to continue this joined up approach as the pledges are fulfilled.

Stakeholder	Contacts
Directorate Staff	Hazel Summers (Adults) Fiona Worrall (Neighbourhoods) Paul Marshall (Children's) Julie Heslop (Early Help)
Elected Members	<b>Members' Task and Finish Group:</b> Cllr Sue Murphy Cllr Paul Andrews Councillor Bev Craig Councillor Donna Ludford Councillor James Wilson Councillor Josie Teubler Councillor Sameem Ali
Stakeholder Boards	Manchester Safeguarding Children's Board Manchester Safeguarding Adults Board Community Safety Partnership
Voluntary Sector Providers	Manchester Women's Aid Saheli Independent Choices Victim Support BIG Manchester Manchester Community Central (MACC) Broken Rainbow Relate Children's Society Survivors Manchester Barnardos Young People Support Foundation (YPSF) LGBT Foundation
Service Users	Manchester Women's Aid Saheli Independent Choices Victim Support Probation Service Relate
Public Sector Partners	Greater Manchester Police Clinical Commissioning Groups (CCGs) Central Manchester University Hospitals – NHS Foundation Trust (CMFT) St Mary's, North MCR and Wythenshawe Midwifery Units Probation Service Office of the Police and Crime Commissioner Northwards Housing Mosscafe Housing Manchester Metropolitan University University of Manchester
Districts	All

## **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**

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 work and in 2015, 30.6% of all young people on a child protection plan were affected by domestic violence and 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 where 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 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 services responses at key times.

We will continue to work with marginalised groups who experience DV&A in BME, 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 all agencies are held to account and 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 and also provide an annual report for Manchester City Council's Communities' Scrutiny Committee.



## 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 status.<sup>1</sup> 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.

### *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 one-time event, and is not part of a pattern of control and manipulation.

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<sup>1</sup> 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.

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.

## **Domestic Violence and Abuse: What we know**

### **Incidence of Domestic Violence and Abuse**

Domestic violence and abuse impacts 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 who are 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 Advisor) 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.

these are often a woman's first or only point of contact.<sup>7</sup> The cost to the health service is £1.7billion per year, which does not include mental health costs.<sup>8</sup>

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.<sup>9 10</sup> Other psychological consequences for victims include anxiety, depression, low self-esteem, inability to trust others, flashbacks, sleep disturbances, and emotional detachment.<sup>11</sup>

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 health.<sup>12</sup>

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.

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<sup>7</sup> Department of Health

<sup>8</sup> 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

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

<sup>10</sup> SafeLives (2015) Getting it right first time

<sup>11</sup> CTC (2014)

<sup>12</sup> IRIS commissioning document [www.irisdomesticviolence.org](http://www.irisdomesticviolence.org)

11% of cases involved victims aged 16-17, 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 LGBT. 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.<sup>17</sup>

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.<sup>18</sup> These include 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.<sup>19</sup>

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.<sup>20</sup> 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.<sup>21</sup>

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<sup>17</sup> SafeLives (2015), Getting it right first time: policy report. Bristol: SafeLives

<sup>18</sup> In plain sight: Effective help for children exposed to domestic abuse CAADA's 2nd National Policy Report February 2014

<sup>19</sup> Behind Closed Doors : The Impact of Domestic Violence on Children UNICEF report 2006

<sup>20</sup> Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

<sup>21</sup> MSCB Policy 2011

## Our Journey

Domestic violence and abuse in Manchester impacts 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.

<b>Non-DV&amp;A specific services</b>	<b>2013/14 estimated cost of DV&amp;A</b>
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
<b>Total</b>	<b>£23,227,098</b>

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, MWA IRIS, Mosscafe, 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.

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 a woman.
- 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.



## **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 e.g. shops, GPs and services that are already open 24 hours, such as supermarkets, shops 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 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 to 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 as 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

- ✓ 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 the 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 violent. 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 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 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 opportunities to explore and change their behaviour.

deliver and commission appropriate service responses at these key times, for example 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 BME 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

## **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.

## **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 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 both 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.



