
**Manchester City Council
Report for Resolution**

Report to: Communities Scrutiny Committee – 19 November 2014

Subject: Domestic Violence & Abuse

Report of: Strategic Director Adult Social Services
Deputy Chief Executive, Growth & Neighbourhoods

Summary

The report was requested at February 2014 meeting of Communities Scrutiny Committee to provide more information on services for Domestic Abuse in Manchester.

Recommendations

To note the contents of the report and the direction of future activity.

Wards Affected: All

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

Domestic Abuse Report – Communities Scrutiny Committee February 2014

1. Introduction

1.1 The purpose of this report is to outline progress on actions following the motion passed in respect of Domestic Abuse (Full Council – July 2014, minute ref: CC/14/62) and to provide an update on the development of new delivery models for people at risk of domestic violence or abuse. The report includes:

- An analysis of preventative work; the overall impact of domestic violence and abuse, as well as the learning from domestic homicide review cases;
- An overview of the new Triage Service for Domestic Abuse referrals and work on healthy relationships taking place in schools.
- An overview and update on the Delivering Differently programme which has researched prevalence within the city as well as evidence of overlaps with other groups of people the Council are working with e.g. Troubled Families.

2. Background

2.1 Definition

2.1.1 In March 2013, the Government introduced a new cross-government definition of domestic violence and abuse, which is designed to ensure a common approach to tackling domestic violence and abuse by different agencies. The new definition states that domestic violence and abuse is:

“any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: psychological, physical, sexual, financial, emotional.

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

Coercive behaviour 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 their victim.”

2.1.2 This definition, which is not a legal definition, includes so-called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and it is clear that victims are not confined to one gender or ethnic group.

2.2 Impact of Domestic Violence and Abuse

2.2.1 Domestic violence and abuse causes harm (both physical and psychological) to significant number of individuals. It usually takes place in the home and often in the presence of children, and can have severely damaging effects on them also. Agencies can find domestic violence and abuse difficult to deal with due to the

complex nature and victims are often extremely scared and reluctant to report it. Many people who suffer domestic violence and abuse do not report it; this can be due to feelings of embarrassment and being scared of the consequences. Victims can be financially dependent on the perpetrator, fear physical violence, fear losing their home and/or their children. There are additional barriers that face victims from certain communities, for example cultural beliefs and language barriers.

3. An analysis of preventative work

3.1 International Evidence

3.1.1 The impact of responses to domestic violence and abuse interventions is limited due to a lack of funding and inability to evaluate impact effectively. The very nature of domestic abuse does not ethically and safely allow for randomisation i.e. one group receives support and one does not. There is an acknowledgement that both victims and perpetrators are from a wide range of communities, so an intervention that works with one individual, might not work for another. These are international gaps within the field of domestic violence and abuse and are not peculiar to Manchester. Further testing of new models with robust evaluation frameworks is needed. Any future delivery models delivered in Manchester, if evaluated robustly, can add to the international understanding of domestic violence and abuse and what works.

3.2 National work

3.2.1 Greater Manchester has been part of the review into evidence for the effectiveness of interventions for domestic violence and abuse with the Early Intervention Foundation (EIF). The findings of this review can be found at <http://www.eif.org.uk/publications/early-intervention-in-domestic-violence-and-abuse-summary-and-recommendations/>. Greater Manchester asked EIF to prioritise this work and it became the first guide EIF has published.

3.2.2 Manchester is currently a member of a national stakeholder group making recommendations with the NSPCC on a new approach to responding to the harm caused by children's exposure to domestic violence and abuse. The NSPCC states that, "Children who are exposed to domestic abuse are at risk of serious emotional, psychological and physical harm. In particular, there is growing evidence that trauma resulting from childhood exposure to domestic abuse can lead to insecure and disorganised attachment patterns, adolescent delinquency and a trajectory of dysfunction in adulthood including violence, addiction and mental illness." However, this is also research that indicates that this rule of intergenerational transfer is only true in 30% of cases, with 70% resilient to this in adulthood. More work is needed to better understand what makes the 30% less resilient and how this group can be better supported to safely mature into adults who become parents themselves.

3.3 Manchester work

3.3.1 In Manchester, at present, there is a mix of in-house, commissioned and partner delivered services that predominantly deal with adult victims who are at crisis point. There is very little provision that contributes to early intervention and

prevention, work with young people and children, victim recovery or for perpetrators. Some interventions also lack a robust evidence base to support their effectiveness. There is recognition that there is a very small evidence base for many of the interventions on offer within Manchester. However, the best evidenced group based interventions are ordinarily used in the high reactive end of service e.g. probation and refuge accommodation. In Manchester, there are significant opportunities to increase early intervention and prevention services, whilst making services more accessible to the many different types of victims and perpetrators.

3.4 Partnership in Action: Responding to low to medium victims of domestic abuse

3.4.1 The Council's Domestic Abuse Reduction Coordinator facilitated a meeting between Greater Manchester Police (GMP) and Manchester Women's Aid to ask for assistance in offering support to low to medium risk victims of domestic violence and abuse. As a result of the meeting, Women's Aid supported GMP to release one Independent Domestic Violence Advocacy (IDVA) in the North division where there is the highest number of reported incidents and bespoke training is now provided for officers. In return, GMP are supporting Women's Aid with social media, web, Twitter and Facebook design, financial modelling for service improvement, data management and analysis.

4. The costs and impacts of domestic violence and abuse services

The total cost of service interventions for domestic violence and abuse across all Council services has been estimated to be around £24.5m. Of the £24.5m, only just over 5% is actually spent on interventions specifically designed to tackle domestic violence and abuse.

4.1 MCC specialist domestic violence and abuse costs

4.1.1 MCC directly delivers two services for people affected by domestic abuse at a total cost of £565,524 in 2013/14. These services are the Oaklodge homeless families accommodation and the Independent Domestic Violence Advocacy (IDVA) service. In addition, MCC also commissions seven services from five different providers at a total cost of £754,013. These services are:

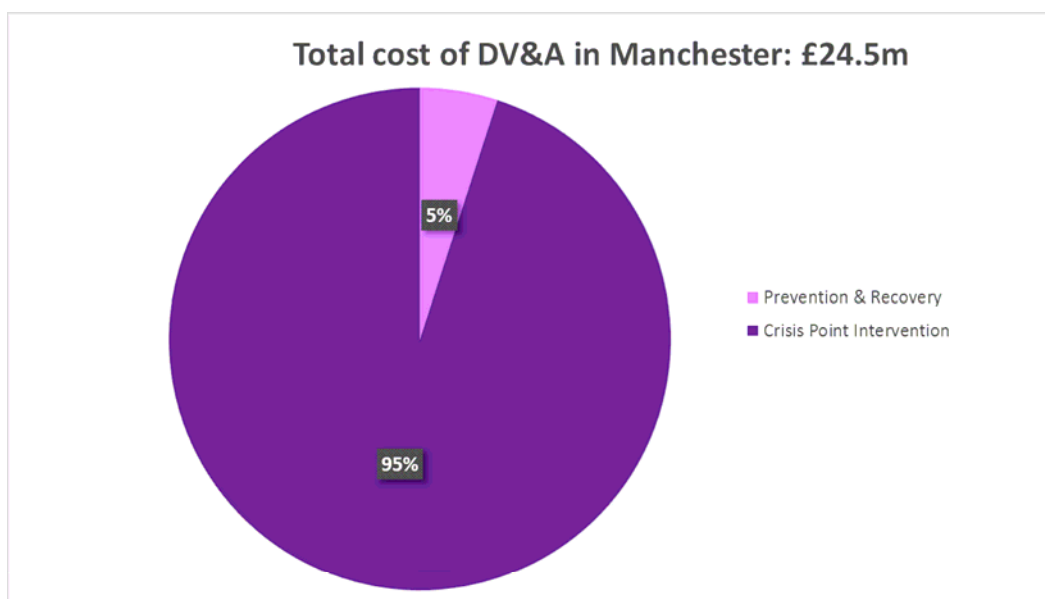
- End The Fear domestic abuse website and helpline,
- Domestic Violence E-Learning,
- Victim Support,
- Manchester Resolve
- IRIS (Identification and Referral to Improve Safety) Project which provides training for GPs and staff working in GP surgeries.
- Two womens refuges
- Floating Support.

Specialist DVA Costs	2013/14 Estimated cost of DA
Oaklodge Accommodation	£565,524
Commissioned Services	£754,013
Total	£1,319,537

4.2 Wider MCC system costs on domestic violence and abuse

4.2.1 The majority of these costs (95%), as shown in the table below is spent on crisis point interventions, rather than prevention, early intervention or recovery services.

Non DA specific services	2013/14 Estimated cost of DA
Contact Centre	£6,908
Homelessness	£1,411,560
Troubled Families	£8,408,880
Child Protection Referrals	£251,000
Serious Case Reviews	£26,000
MARACs (Multi-agency risk assessment conference)	£12,971,000
Domestic Homicide Reviews	£28,750
No Recourse To Public Funds Team	£123,000
Total	£23,227,098



4.3 Cost benefit analysis

4.3.1 Preparatory work for a full cost benefit analysis has focused on determining accurate estimates of significant monetary costs of domestic violence and abuse, where relevant to the development of outcomes sought through the New Delivery Model:

- a reduction in repeat victimisation;

- a reduction in homelessness that results as a consequence of domestic abuse;
- a reduction in re-offending; and,
- a reduction in children's vulnerability / need that results as a consequence of domestic violence and abuse.

4.3.2 Once the new delivery model is developed in finer detail a cost benefit analysis will be made to better understand the fiscal, economic and social impacts of the model. As the model begins to be implemented, actual data will be collected so the assumptions can be refreshed.

4.4 A reduction in repeat victimisation

4.4.1 Local analysis shows that a significant proportion of demand on services relates to a subset of particularly vulnerable victims who present as repeat victims. For a sample period in 2012/13, 31% of domestic abuse crimes recorded by the Police happened to individuals who had been a victim of at least one other crime reported to the Police since October 2010. According to Multi-Agency Risk Assessment Conference (MARAC) statistics in May 2014, 329 of the 1,379 (24%) cases most recently referred to Manchester MARACs were repeat referrals – this is therefore one of the key drivers for changing the current system.

The costs of responding to domestic abuse by different services is costly and some estimate of costs are detailed below.

- High risk victims, case management: National research carried out by Co-ordinated Action Against Domestic Abuse (CAADA) in 2012 provided an estimated cost of capacity across 260 MARACs nationally, with an average cost of £11,900 per meeting. This does not include direct staffing costs associated with the provision of IDVA support;
- Health system costs: The immediate health service response to domestic abuse (ambulance service call out, hospital procedures, etc) is estimated to cost approximately £1,700 per instance of wounding, £600 per robbery and £150 per common assault; and,
- Mental health: Wider work to address families / individuals with complex needs makes clear the complex and overlapping nature of domestic violence and abuse with other challenges, such as mental health. The average cost of service provision for adults suffering from depression and/or anxiety disorders (per person per year) is estimated at approximately £950.

4.5 A reduction in homelessness that results as a consequence of domestic abuse

4.5.1 Recent data returns in respect of statutory homelessness cases in Manchester suggest the main reason for presenting as homeless was “violent breakdown of relationship, involving partner” in 31% of applicant households. The unit cost estimate for administration costs of dealing with these homelessness applications is approximately £1,150 per case.

4.5.2 Local analysis has been undertaken to estimate not only the cost of dealing with statutory homelessness, but also the expenditure on accommodation provision where this directly supports victims of domestic violence and abuse. The total annual cost associated with accommodation support for victims of domestic violence and abuse is estimated to be approximately £1.4m.

4.6 A reduction in re-offending

4.6.1 Emerging evidence from GMP is building a clearer picture of the police costs of managing the public protection dimensions of domestic violence and abuse. Pilot work has identified that whilst the average cost to GMP of a standard risk repeat incident would be around £75, in high risk cases where children are involved, the public protection costs are close to £500 per case. These costs are in addition to the initial costs of receiving and responding to a call for service. Analysis of police custody data suggests that the cost of arrest and charge equates to nearly £800 per case. National research suggests that the average annual cost of a first time entrant (over 18) to the Criminal Justice System is approximately £12,000. The yearly average cost of a first time entrant (under 18) is significantly higher: approximately £21,000 per annum. Further estimates are available to capture discrete costs associated with periods of custodial imprisonment, costs of running bespoke perpetrator programmes, and costs of new initiatives such as Domestic Violence Protection Orders (DVPOs). Suitable unit costings will be used to examine the cost-effectiveness of different enforcement and rehabilitation options.

4.7 A reduction in children's vulnerability / need that results as a consequence of domestic abuse.

4.7.1 Local analysis shows that 56% of Manchester children in need at 31 March 2013 had "abuse/neglect" recorded as the primary need at initial assessment. A similar proportion of Manchester children who became the subject of a child protection plan during this time had their initial category of need recorded as "abuse/neglect", as did 50% of Manchester children who became Looked After. However, it has only been possible to report on child protection referrals specifically as a result of domestic abuse from October 2013. This shows that, the period November 2013 to July 2014, there were 51 cases where a child protection plan was put in place due to domestic abuse within the family home. A clearer picture of volumes will emerge once the new national recording practices are further embedded. The system costs relating to the safeguarding implications of domestic abuse are significant, wherever they occur: the average total costs of case management processes for a single child in need is estimated to be around £1,000 over a six month period; the equivalent costs for a child in need with a Child Protection Plan is around £2000, and approaching £3,500 if the child is under 6 years old; and, the accepted best estimate of costs associated Looked After Children (LAC) per case per year is approaching £60,000.

5. Domestic homicide review cases

5.1 Domestic Homicide Reviews (DHR) was established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004), with the provision

coming into force on 13th April 2011. The purpose of a DHR is to establish what lessons can be learned from the domestic homicide in the way in which local professionals and organisation work individually and together to safeguard victims and apply these lessons to service responses including changes to policies and procedures as appropriate. The Community Safety Partnership is responsible for establishing whether a homicide should be subject to a DHR and an independent Chair / Author is commissioned to oversee the process.

5.2 Since June 2013, there have been six domestic homicides in Manchester, all of which have resulted in a Domestic Homicide Review. Currently, one is with the Home Office Quality Assurance Panel, two are in process of being approved locally and three are ongoing.

5.3 Emerging themes include:

- Front-line staff, particularly but not exclusively those within the health services, need to be aware that victims will not always disclose abuse; they need to recognise the signs, build trust and make sensitive enquiries to establish whether the individual may be affected;
- victims from BME communities may face additional barriers when seeking support; it can be difficult to identify “honour based violence”;
- victims usually disclose to family and/or friends so more needs to be done so that family and friends can help those affected to access help and support and use tools available such as the Domestic Violence Disclosure Scheme;
- victims can have complex needs which can mask or be used to divert attention from the abuse that is taking place;
- it can be extremely difficult to manage serial domestic abuse perpetrators who do not comply with sanctions imposed by the court.

6. Frontline response from police

6.1 Since Her Majesty’s Inspection of Constabulary (HMIC) a year ago, GMP has implemented a programme of work to improve the police response to domestic violence and abuse. Work has involved:

- Each Response Team has had a specific training day on DVA, which focussed on safeguarding and risk assessment, and included a very impactful input from a family who had lost their daughter due to DVA;
- Each Response Team has had a series of 10-minute briefings on a variety of topics around DA and wider vulnerability;
- Vulnerability road shows have been held with all divisional officers and staff;
- Sergeants are checking all Domestic Abuse incidents reported to ensure they are being dealt with correctly;
- Domestic Abuse Leads on each division are identifying all addresses where there is high incidence of DVA and are working with partners to deal with these cases using a problem solving approach;
- GMP has piloted the body worn video cameras and has been successful in using evidence to secure victimless prosecutions in a number of cases;

6.2 GMP have reported that the training has resulted in significant improvements to the quality of DASH (Domestic Abuse Stalking and Harassment) Risk Assessments

completed, which in turn has led to better safety planning for victims. GMP is due to be re-inspected in November 2014.

6.3 Council Officers attended the Police & Crime Commissioner's Domestic Abuse Partners session on 1 October 2014 to discuss what lessons can be learnt from both the HMIC inspection and from the Commissioner's two recent calls for evidence for domestic abuse and sexual abuse. The consensus was that partner agencies must better integrate their governance and response to domestic violence and abuse. MCC has worked with GMP to develop advice and guidance booklets for all of GMPs first response staff on "Offering alternative support to domestic abuse victims".

7. New Triage Service for Domestic Abuse referrals

7.1 The new domestic violence and abuse multi agency triage team, comprising social workers, health staff and GMP was set up in September 2014. There are three key principles underpinning the triage model; a) information sharing b) joint working and decision making (MCC has the statutory lead); and c) coordinated response/intervention at the earliest opportunity. These principles complement the drivers for change, including public sector reform and work on complex dependency. The team will be part of the Multi Agency Public Services Hub (MAPSH).

7.2 The MAPSH will have a key role in managing demand more effectively through early identification and a better understanding of risk and harm, victim identification and intervention, harm identification and reduction. All safeguarding notifications or concern for welfare will go through the Hub, where professionals from core agencies will be co-located to research and share relevant information. The Hub is fire walled and has its own recording system, keeping MAPSH activity confidential and separate from operational activity. There will also be an agreed process for analysing and assessing risk, including identifying appropriate action and a process to identify victims and emerging harm through research and analysis.

7.3 A phased approach to implementing a MAPSH is being adopted with four distinct phases: **phase one** – domestic triage; **phases two and three** – delivery of a safeguarding hub and **phase four** – development of Public Services and Safeguarding Hub. The objectives of the phase one multi agency team are to provide a single pathway and joint response to domestic abuse notifications for children (between 0-18 years of age) and families as well as better understanding of characteristics of the group of people who access these services. It will reduce duplication between agencies and manage and reduce demand whilst at the same time testing a RAG (Red, Amber, Green) rating system. There will be an improved response to domestic abuse by dealing with notifications comprehensively at the earliest stage and reducing repeat referrals.

7.4 Between 22 September 2014 and 3 October 2014, the team has received 121 contacts; 63 of which were identified for multi agency triage; 58 required no further response following the sharing of information; 63 were subject to a multi agency triage; 41 were referred for early help; 20 for social work assessment; and, two for the Family Intervention Project. This has resulted in more effective response and has reduced the flow into social work intervention.

8. Work on positive relationships in schools, young people and social media

8.1 Manchester Healthy Schools

8.1.1 The Manchester Healthy Schools Team supports schools (and their pupils) in a variety of ways to raise awareness about the importance of 'Healthy Relationships'. A key role of the team is to support teachers and non-teaching school staff to feel confident to deliver high quality Sex and Relationships Education in the classroom to pupils.

8.1.2 Primary Sector: The Growing and Changing Together teaching resource is recommended and covers Healthy Relationships through a spiral and progressive curriculum which is both child age appropriate and sensitive to Manchester's diverse population. Years 1 to 3 lessons introduce the topics of Healthy Relationships through empathy and friendships. The children learn that what they do has an impact on those around them and they identify important qualities in friends. The children learn the word 'trust' and are taught the definition of the word. They identify five people that they can trust and understand that if they are ever worried about anything they can always talk to one of the people they have identified. During Years 4 to 6, lessons revisit the topics of friendship and the children learn about the importance of respect for self and others. The children learn about different relationships (grandparents, mother, father, brother, sister, same sex parents etc) and understand that it doesn't matter who is in your family, but rather, the most important thing is you are loved and every family is equal to one another.

8.1.3 Alongside this we also promote the use of the NSPCC Underwear Rule on appropriate touch and encourage teachers to weave this through the curriculum <http://www.nspcc.org.uk/preventing-abuse/keeping-children-safe/underwear-rule/> Some schools may be encouraged to invite Childline in to deliver awareness sessions/assemblies to pupils should the schools want to 'extend' the learning using an external agency.

8.1.4 Secondary Sector: The Healthy Schools Team are currently revising the Growing Up and Moving On (GUMO) resource and are developing a new Key Stage 4 resource which will build upon the learning in Key Stage 3. Through GUMO, pupils in Year 7 learn about friendships and relationships including developing coping strategies for dealing with changes in their own and others relationships. In Year 8 pupils have the opportunity to assess what they would see as valid reasons for being in a relationship. They consider the qualities they would see as essential in a relationship and look at the different ways in which relationships can develop into commitment. In Year 9 pupils look at sexual health and consider the reasons why people have sex and they consider the potential negative consequences associated with underage sexual activity. Through the lessons, the pupils will be able to identify warning signs that a relationship is becoming abusive or exploitative, and they are taught where to go for help.

8.1.5 Schools can also access young people's online resource called, "keep calm and read on...", which contains case-studies (written by young people for young people) and information on a range of services in Manchester, including services

supporting those experiencing domestic abuse.

<http://www.manchesterhealthyschools.nhs.uk/Documents/brochure/index.html>

8.1.6 The Healthy Schools Team have developed a DVD-Rom called SNAPSHOT which contains film-clips, lesson plans and powerpoint presentations which can be used with secondary pupils to raise awareness about a range of issues affecting young people, one of which focuses on 'control' within a relationship. Recently the Healthy Schools Team took part in the 'Love Safely' Campaign in Wythenshawe. In partnership with Women's Aid and Fresh Clinics, three lessons were developed and delivered on the key topics of Sexual Health, Risk and Consent to secondary aged pupils. The Love Safely Project delivering the key 'Healthy Relationships' message to 1,113 pupils through the three lessons, while a further 1,188 pupils were engaged in Love Safely education-based school assemblies.

8.1.7 Manchester Safeguarding Children's Board (MSCB) has done a lot to try and improve its existing approach to Forced Marriages in Manchester. MSCB has drafted "The One Chance Protocol" which takes account of further legislative and governmental guidance changes which took place this summer. Approval is now needed by Children's Board, once this is given, the Protocol will be circulated city wide and this will greatly improve the response for victims of forced marriage. Whalley Range High School has been a pioneering school in dealing with Forced Marriages. MCC has also supported the University of Manchester Forced Marriage event in September 2014 as the University seeks to develop its own protocol and procedure.

8.1.8 The Domestic Abuse Reduction Coordinator secured Community Safety Partnership funding to deliver domestic abuse awareness raising workshops called "Safe Dates" in seven of Manchester's high schools including the Health Academy Wythenshawe, Manchester Enterprise Wythenshawe, St Pauls Wythenshawe and St Peters RC High School in Gorton South, which are located in the five wards where over a three year period, a quarter of all the domestic abuse crimes were reported. The workshops provoked discussion and increased the children's awareness around what is a healthy relationship and how to access local support.

8.1.9 The City Council bid to the Police & Crime Commissioner's Greater Manchester Public Service Reform work included a request to use funds to target a social media campaign to young people on healthy relationships. It is acknowledged that a lot of young people use social media rather than perhaps youth provision in the community. It is also acknowledged that via social media young people maybe being exploited via the use of 'sexting' and access to a wide range of internet pornography, which are relatively new phenomenon and spheres of influence on young and maturing minds.

8.2 Progress on actions from the Domestic Abuse motion (Full Council – July 2014, minute ref: CC/14/62)

8.2.1 The Council Motion principally focused on the need for an early intervention approach to domestic violence and abuse for children and young people. The families most affected by domestic abuse think such help is vital in helping to addressing an intergenerational risk of transfer of dysfunctional behaviours to future

generations. The new delivery model seeks to spend more on prevention than the current 5% of our current approach. Social media will help us to achieve this. Via the implementation phase of Delivering Differently, the Council must build on its work with schools to ensure all school staff know how to access the front door for the right support, at the right time. Lastly, as a Cabinet Office Delivering Differently area, the Council may make recommendations on Government policy. A key recommendation from Manchester would be to consider what changes could be made to the national curriculum on healthy relationships and how to access support within Personal, Health and Social Education (PHSE) and to make this mandatory, so that no child is vulnerable to being withdrawn from lessons as part of wider family domestic abuse and violence.

9.0 An update on the Delivering Differently programme.

9.0.1 The Delivering Differently programme is a joint initiative through the Cabinet Office, the Department for Communities and Local Government (DCLG), the Local Government Association (LGA) and the Society of Local Authority Chief Executives (SOLACE). The programme, which is targeted at local authorities, has been designed to support councils to select and implement new models of delivery for public services.

9.0.2 In March 2014 MCC was selected as one of the ten local authorities to take part in the programme. The focus in Manchester is to develop a new delivery model for domestic violence and abuse. The Cabinet Office ran a procurement exercise to appoint the consultants for each local authority, who began work on the 2 July 2014 and will complete by 19 November 2014.

9.1 Prevalence in Manchester (Data from GMP)

9.1.1 Between April 2013 and March 2014, the number of crimes flagged as domestic abuse, reported by residents of Manchester increased by 7% compared to the same period the previous year, rising from 2645 to 2830 crimes. Of these, 76.4% were categorised as violent crime, which includes a number of crime types such as harassment, assault and murder. Domestic abuse isn't recorded as a crime in itself, the crime would be assault or harassment, and a flag or marker is used to indicate that the offence it was linked to domestic abuse.

9.1.2 Over the three year period April 2011 to March 2014, a total of 8400 domestic abuse flagged crimes were reported by victims who live in Manchester. The majority of offenders linked to domestic abuse crimes reported across Manchester over the last three years were male (90%). However, the proportion of female offenders is higher in the City Centre (15% of offenders, compared to 10% elsewhere across Manchester).

9.1.3 Between October 2013 and September 2014, there were 3159 individuals linked to DA offences that happened in Manchester. 551 of these individuals were linked to more than one DA offence and 183 linked to more than two. In terms of their long term offending histories, these 3159 individuals had been linked to a total of 33,103 offences since GMP's recording system was introduced in 1994 (although this does include a small number of historic offences from prior to this date).

9.1.4 Between October 2013 and September 2014, there were 3436 individual victims of DA offences in Manchester. 434 of these individuals had been identified as victims in more than one DA offence within the same 12 month period, and 83 as victims of more than two DA offences. When looking at individuals who have been victims most frequently over a longer term, they are also likely to be known to police as offenders themselves, have issues with alcohol and/or drug abuse, and may be flagged for child neglect and other concerns.

9.2 Prevalence in Manchester City Council Services

9.2.1 In 2013/14, 548 households were accepted to receive support from the homelessness service, of which 158, or 28% of these applications were due to a “violent breakdown of relationship involving partner”. If “violent breakdown of relationship involving associated persons”, is included, which involves wider family relationships, this rises to either 205 cases or 37% of the total.

9.2.1 At the end of March 2013, 56% of Manchester Child in Need cases were recorded as being due to domestic abuse compared with an England average of 47%. 56% percent of children who became subject to a child protection plan were recorded as the same, as were 50% of looked after children compared with England averages of 41% and 56%. Manchester has high numbers of Child in Need and Child Protection, where domestic abuse is often a factor. In 2012/13 884 children became subject to a CP plan, a rate of 81 per 10,000 children compared with 46 per 10,000 nationally.

9.2.3 Of the existing 2,459 identified troubled families 83% have a presenting domestic violence and abuse need. Almost 81% of these also present with alcohol misuse, and 77% with substance misuse.

9.3 Data Analysis

9.3.1 Between April 2011 and March 2014, 8,400 domestic violence incidents were reported by Manchester residents. The majority of victims (84%) reported only one incident over the 3 year period; the remaining 1091 were repeat victims. Troubled Families data from this period shows that the programme supported 2,045 families with a domestic violence and abuse occurrence. This leaves a remainder of 5,264 incidents in Manchester not linked to this programme i.e. 72% of cases did not meet the criteria. The Troubled Families suite of interventions does not offer specialist domestic violence and abuse interventions; however key workers will support families to access these services. The current work on complex dependency (families and individuals with a range of complex needs who require involvement / support from a range of agencies) is looking into the overlap issue with other programmes and is also applying 20 indicators of need to those people who bypass Manchester City Council services altogether and go straight to services in the private, voluntary, community and independent sectors.

9.3.2 Domestic violence and abuse has been shown to transcend ethnicity, religion and social class; however victims in certain religious and ethnic groups can find it harder to ask for and gain support for a variety of reasons including language barriers

and cultural issues. While domestic violence and abuse is often perceived as something that occurs between heterosexual partners it is also clear that this also affects the lesbian, gay, bi-sexual and transgender communities. One survey has found 38.3%¹ of respondents had experienced abuse at some time in a same sex relationship. Another found that 80%² of transgender people identified having experienced some form of abusive behaviour from a partner or ex-partner. Despite these facts there are very few services that are equipped to cater for either of these groups.

9.4 Pathways

9.4.1 The pathways for adult victims, child victims and perpetrators share common themes, namely that there are a large number of services where each group *could* be identified, a high number of triage, immediate response services and medium-term intervention and support with very little in the way of true “recovery” services. The work being undertaken recognises that an improved system would present many opportunities for people to be identified, and single coordinating service to manage a range of specialist interventions and recovery services.

9.5 Stakeholder Engagement

9.5.1 As part of the design process for a new model of domestic violence and abuse, linked to the wider programmes of work, the Council has held design workshops with victims/survivors, perpetrators, voluntary and community sector providers, commissioners and providers (including the police, NHS organisations, and registered providers of social housing). The engagement process began in May 2014 and will be an ongoing process throughout the Delivering Differently design and implementation programme. To date, there have been 13 consultation events which have resulted in feedback from over 200 stakeholders including:

- A survey for victims / survivors;
- A survey for stakeholders;
- A survey distributed via the Lesbian and Gay Foundation;
- 4 x workshops with stakeholders including statutory service providers and voluntary and community sector providers;
- 2 x victims / survivors consultation events;
- 3 x perpetrator consultation events.

9.6 What victims/survivors told us

9.6.1 The most common response from all victims/survivors was their unflinching desire to work as a means of empowerment. Financial independence was prized as they felt it ensured their future resilience to ever being in an abusive relationship again. They expressed a sense of entrapment by being on benefits in crisis

¹ Donovan et al, 2006, “Comparing Domestic Abuse in Same Sex and Heterosexual Relationships”
<http://www.bris.ac.uk/sps/research/projects/completed/2006/rc1307/rc1307finalreport.pdf>

² Roch et al, 2010, “Transgender People’s Experience of Domestic Abuse”,
http://www.scottishtrans.org/wpcontent/uploads/2013/03/trans_domestic_abuse.pdf

accommodation. An equally key finding was the need for a broader definition of who victims can be in order to develop a more appropriate response e.g. gang members, family based violence including the wider family and not just the intimate partner as well as lesbian, gay, bi-sexual and transgender people. There is more than one particular type of “victim” and any new delivery model must reflect this. Additionally, they spoke of:

- a lack of housing to move into once they had been in crisis accommodation;
- a lack of appropriate talking therapies to help deal with the emotional trauma they had been through;
- husbands not applying for the wife’s right to stay when coming from overseas therefore ensuring the legal vulnerability of victims to leave the relationship;
- a lack of legal aid; Law Centres being difficult to use
- a more diverse workforce either commissioned or provided to work with victims/survivors;
- BME victims highlighted a lack of information about services available to them, and that they don’t have access to public funds.

9.6.2 Some quotes from victim/survivors on what works are contained in the speech bubbles.

Stakeholder engagement – service user feedback

What works:

“I had no one to help me before and didn’t know where to get help”

“Being told that I’m doing well at something makes me feel better about myself”

“Security lighting fitted outside my backdoor makes me feel secure”

“Being told that it wasn’t my fault”

“Services have helped me take control of my life so me and my family are in a better place”

“Knowing that someone understands and believes me”

9.7 What perpetrators told MCC

9.7.1 Unlike victims/survivors, all of the perpetrators that were engaged including those choosing to attend programmes to address their behaviour, low-risk or high-risk offenders, were in employment apart from one. The most common response from all perpetrators was the lack of support at a voluntary level. Some spoke of their proactive efforts to seek support to change and being unable to find any help. Those who were referred to voluntary support were charged for using the services. Most said they would ask their GP for help first and foremost as they trust GPs to be confidential.

9.7.2 For those who had been through the Criminal Justice System, prison was not cited as being the worst thing that had happened to them; not seeing their children was cited as much more significant. Only one perpetrator out of the group we engaged with had come via the CAF/CASS (Children and Family Court Advisory Support Service) route. Additionally, they praised the perpetrator programmes they had attended and stated that more courses were needed, available at different times, to allow for different types of perpetrator to attend.

9.7.3 The vast majority thought that work with children and young people in school on healthy relationships was important, although some were not supportive of the idea as children, "may get the wrong idea about what is happening at home and tell a teacher."

9.8 What statutory sector partners told us

9.8.1 Statutory providers identified the following essential components of any new delivery model:

- It must be able to address complex needs;
- It needs to be more preventative offering localised delivery;
- There needs to be a greater focus on perpetrators (both a robust Police response to offending and the employment of evidence based behaviour change interventions);
- It needs improved multi-agency risk assessment with improved data sharing;
- It must have a common purpose and performance regime;
- It must include policies and procedures for dealing with cases when domestic violence and abuse is suspected but not declared;
- It must up-skill all staff to ensure effective risk assessment; strengthen the role of education in schools as a preventative measure
- Support services must align with the integration of wider public services due to the complex interdependencies experienced by some service users.

9.9 What the voluntary and community sector (VCS) told us

9.9.1 The VCS identified the following gaps in the current model:

- Perpetrator programmes for young people aged 16-19 years;
- Programmes for male victims; programmes for same sex victims;
- A need to expand training for GP's;

- Suitable tailored housing for both perpetrators and victims;
- Healthy relationships training / awareness sessions in schools; and
- A lack of services aimed at young women;

9.10 Feedback from LGB&T

9.10.1 Feedback from the LGB&T community has highlighted the following:

- There is currently a lack of recognition of domestic violence and abuse affecting same sex relationships, which leads to a lack of understanding of individual's experiences and needs;
- There is often confusion among services and service users between sexual violence and domestic violence;
- DVA is not a gender neutral issue; it is important that the language used when talking about DVA reflects that there can be male victims and it does affect same-sex relationships;
- There are no specific LGB&T DVA projects in Manchester which is a gap;
- Those consulted were keen to explore LGB&T inclusion within mainstream DVA services as well as specific services delivered within LGB&T services.
- Data shows that whilst LGB&T people are affected by domestic violence and abuse, they are not currently accessing mainstream services;
- More awareness raising is needed around healthy relationships, recognising coercion and control, addressing own behaviours and interventions to support perpetrators.

9.11 The proposed model

9.11.1 The aim of the new model will be to focus the considerable investment of multiple statutory and voluntary agencies and professionals to eradicate domestic violence and abuse whilst securing better outcomes for Manchester residents. The key outcomes the Council wants to achieve through a new delivery model, agreed and ranked by providers are:

- Improved life outcomes and independence for victims / survivors;
- More defined interventions for particular groups;
- Better awareness raising to ensure domestic violence and abuse are recognised for what they are;
- Improved and easier access to range of services to meet need;
- Earlier intervention; reduction in the number of people who are repeat victims;
- Reduction in the number of people who are perpetrators;
- Reduction in the number of young people with a Child Protection Plan related to domestic violence and abuse;
- Improvement in links to other public service reform programmes e.g. early years support and Troubled Families;
- Streamlining and simplifying routes into and within support;
- A reduction in the system costs as a result of domestic violence and abuse.

9.12 The domestic violence and abuse pathway

9.12.1 The analysis of all of the datasets that have been examined point to the following pathway as being the most logical way to categorise a pathway for a new delivery model. Key stages of the pathway include:

- **Prevention** (proactive work with everyone and targeted against the key groups of people at risk);
- **Identification** (identification by agencies, presentation by individuals, triage and immediate response);
- **Intervention and support** (response and ongoing support, commissioning and delivery of support services);
- **Recovery** (independence for victims and survivors).

9.13 The new model for domestic violence and abuse

9.13.1 A significant amount of work has focused on the “as is” position of current domestic abuse services. Engagement with several stakeholders has identified eight key change elements including: modern prevention activities; an integrated emergency response ; a single point of access; triage; integration of support pathway; recovery leading to independence; shared information; and, shape of overall funding and investment.

9.13.2 A diagram of a suggested high level model can be found at appendix 1. The detail of this actual model and how it will operate locally still needs to be co-designed with voluntary and statutory partners. However, the model will place a greater emphasis on information sharing and multi-disciplinary triage to enable more effective risk assessments to take place, an increased focus on early intervention and prevention and recovery services, creation of a single point of access and adopt a new approach to perpetrators. The new model will have much better recognition of the different groups affected by domestic violence and abuse and will allow for a more tailored response that meets the individual needs.

10. Conclusion

10.1 There is currently significant amount of money being spent on domestic abuse services, however this funding is generally being spent on services that respond to victims who are in crisis.

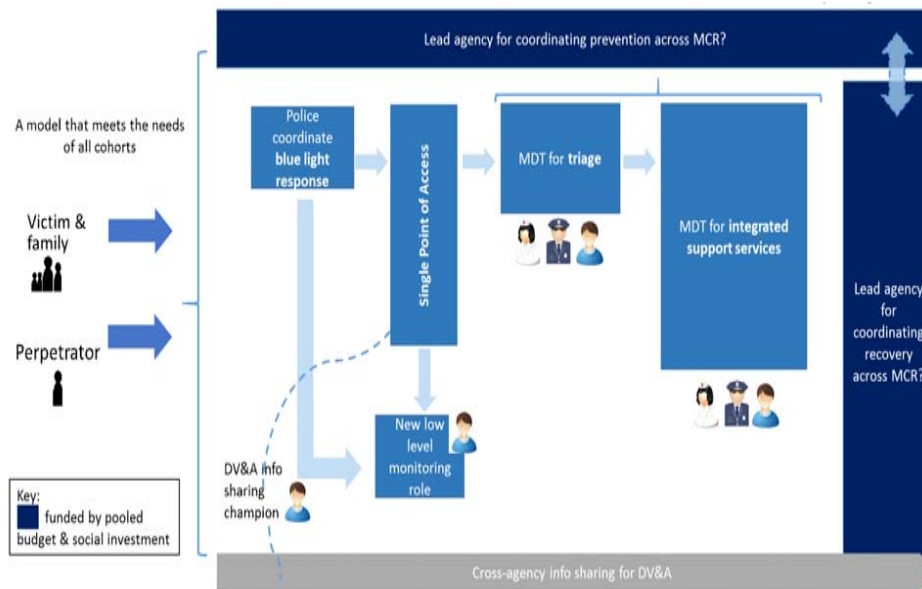
10.2 Work carried out as part of the Delivering Differently programme has highlighted gaps within the current system, particularly around early intervention and prevention, work with perpetrators and work to support recovery and a lack of services designed specifically for victims / perpetrators e.g. BME, LGBT groups.

10.3 The Delivering Differently Programme is providing Manchester with a real opportunity to improve how Domestic Abuse Services are delivered in Manchester with a focus on improving efficiency and providing better outcomes for victims.

Appendix 1

The Delivering Differently model for DV&A

The proposed 'whole system' model has been produced following engagement with a series of partners, whilst also drawing on knowledge of the current system, and local and national best practice.



Key changes to organisational structures:

- Creation of a **Single Point of Access**
- Creation of a **lead shared information champion**
- Integration of the support pathway** and multi-agency service provision

Supported by a **shifted focus** towards:

- The shape of **overall funding, spending and investment**
- A new approach to **perpetrators**
- Investment in **prevention, early identification and recovery**