

Report to :	EXECUTIVE BOARD
Date :	20 April 2016
Executive Member/ Reporting Officer:	Cllr John Taylor, Deputy Executive Leader Emma Varnam, Head of Stronger Communities
Subject :	TAMESIDE DOMESTIC ABUSE STRATEGY: 2016-2019
Report Summary :	<p>This report requests support for the Tameside Domestic Abuse Strategy 2016-2019. Tackling domestic abuse effectively requires a multi-agency response and the strategy sets out our intentions and plans to do this in Tameside over the next 3 years.</p> <p>The aim of the strategy is to prevent and reduce domestic abuse and the harm it causes to victims, families and communities in Tameside.</p> <p>It identifies 3 key priorities, to ensure that</p> <ul style="list-style-type: none"> • The community rejects all forms of domestic abuse and violence as unacceptable • There is less domestic abuse in Tameside • The impact of domestic abuse is reduced <p>To achieve this it sets 5 objectives:</p> <ul style="list-style-type: none"> • Delivering An Effective Response • Improving Prevention and Early Intervention • Workforce development • Protection of victims • Managing Offenders
Recommendations :	That Executive Board considers the objectives of this report and the accompanying action plan and that the strategy is progressed and sent to Executive Cabinet for approval.
Links to Sustainable Community Strategy :	The Domestic Abuse Strategy supports the aims of the Sustainable Community Strategy under the theme of Safe Tameside and Supportive Tameside.
Policy Implications :	The Domestic Abuse Strategy supports the vision and the objectives of the Equal Opportunities Policy.
Financial Implications : (Authorised by the Section 151 Officer)	<p>There are no direct financial implications arising from the recommendations of the report which provides details of the impact of domestic abuse together with a supporting strategy to prevent and reduce occurrences on residents of the borough.</p> <p>It is recognised that a proportion of Council directorate (the majority of which are within People and Public Health) budgets currently finance both preventative and support for victims of domestic abuse within the Borough. However, the actual cost of the related funding forms part of an integrated package of care services to Tameside residents. A detailed analysis will be required to comprehend the actual value of the associated cost to the Council together with related multi agency partners. This could ultimately lead to a multi-agency pooling arrangement to</p>

ensure resources deployed within the borough and which are related to domestic abuse are utilised in line with the aims and priorities of the strategy.

It should be noted that the Council currently has a contract with New Charter Housing Trust for the provision of Bridges which is an integrated domestic abuse service. The contract commenced on 1 October 2013 with a duration to 30 September 2016. There is however, an option to extend the contract to 30 September 2018. The existing annual contract value is £506,818 and is resourced within the People directorate.

**Legal Implications :
(Authorised by the Borough
Solicitor)**

Once the strategy is approved by Cabinet, the Council will need to put in place appropriate policies and procedures which give effect to the strategy and the outcomes required to be achieved.


Members should ensure they read and understand the Equality Impact Assessment attached at **Appendix 2** before making the decision. This exercise was very useful as it highlighted areas which are underrepresented together with gaps in our provision.

Risk Management :

The risk assessment is set out in section 7 of this report

Access to Information :

The background papers relating to this report can be inspected by contacting Diane Barkley, Poverty and Prevention Manager, Customer Care and Advocacy

 Telephone:0161 342 3110

 e-mail: diane.barkley@tameside.gov.uk

1. INTRODUCTION

- 1.1 Tackling domestic abuse effectively requires a multi-agency response and this strategy sets out the Council's intentions and plans to do this in Tameside over the next 3 years.
- 1.2 The main aim of this strategy is to achieve coordination and consistency in our partnership approach to domestic abuse. This means going much further than traditional partnership work and single issue commissioning. It means fully embedding and integrating our response to domestic abuse in a whole public service response. Though some of this may be about removing duplication it is also about changing roles, culture and responses across our organisations. It goes beyond co-location and requires partners to pool resources to respond to a wide range of demand from individuals, families and communities. Without this radical approach services will become unsustainable.
- 1.3 The strategy sits within a wider context of key challenges that face the health and social care and criminal justice systems. These include significant reductions in public sector funding and growing demands, alongside major public sector reforms, in particular the establishment of an Integrated Care Organisation and the devolution of powers from central to local government.
- 1.4 The Tameside Domestic Abuse Strategic Steering Group has developed the strategy and is responsible for its implementation. The group will also ensure that the strategy and its action plan are up to date and are refreshed as public service reform progresses.

2. BACKGROUND

- 2.1 **Definition of Domestic Abuse:** In 2013 the definition of domestic abuse was expanded to include young people aged 16 to 17 and coercive or controlling behaviour. It states that domestic 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 and emotional.
- 2.2 Controlling behaviour is a range of acts designed to make a person subordinate and / or dependant 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.
- 2.3 Coercive behaviour is an act or pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.
- 2.4 The definition which is not a legal definition includes so called "honour" based violence, female genital mutilation and forced marriage, and it is clear that victims are not confined to one gender or ethnic group".
- 2.5 **Extent and prevalence of domestic abuse:** National and local data on the prevalence, impact and nature of domestic abuse shows that it occurs across all sectors of society, all ages and races and that men and women are both at risk. However, it also shows that not everyone is at equal risk. Some factors can increase vulnerability to domestic abuse, including gender, age, pregnancy and poverty. It is also important to note that domestic abuse is widely under-reported.
- 2.6 The section below presents a snapshot of some statistics:

Extent

- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)¹
- Overall, 30.0% of women and 16.3% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims of domestic abuse and 2.7 million male victims

The Tameside Needs Assessment report applies the national data on prevalence from the British Crime Survey to Tameside adult population data to estimate the extent of domestic abuse to Tameside:

Table 1: Estimated number of people in Tameside experiencing domestic abuse

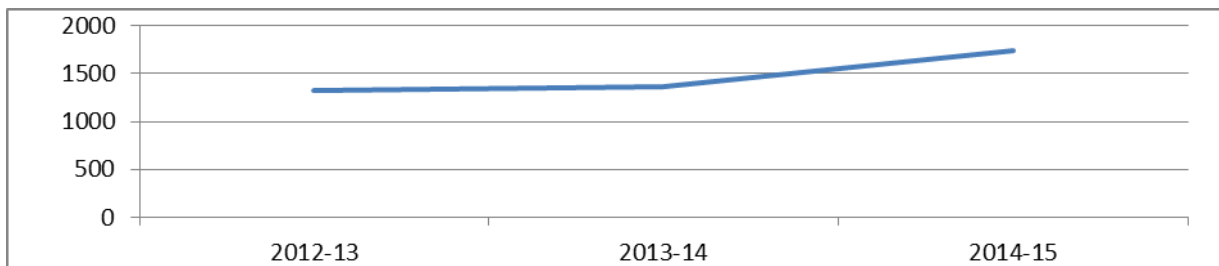
	UK (%)	Estimated nos in Tameside
Women experiencing Domestic Abuse in the last 12 months	8.5%	5,984
Men experiencing Domestic Abuse in the last 12 months	4.5%	3,118
Life Time Prevalence – Women	30.0%	21,120
Life Time Prevalence – Men	16.3%	11,296

- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales²

Greater Manchester Police data shows an increase of 28% in Domestic Abuse crimes in Tameside over the 3 year period from 2012/13 to 2014/15.

Table 2: Domestic Abuse Offences in Tameside

2012-13	2013-14	2014-15
1,320	1,359	1,738



- More than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.²

The Tameside Multi-Agency Risk Assessment Conference (MARAC) meets fortnightly to discuss cases assessed as high risk using the DASH risk assessment tool. In the first three quarters of 2015/16 it has considered 250 referrals

Nature

- 80% of Domestic Abuse crimes are for violence and 10% criminal damage and arson.³

¹ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.

² Safe Lives (2015), Getting it right first time: policy report. Bristol: Safe Lives

³ SafeLives (2015), Insights IDVA National Dataset 2013-14. Bristol: SafeLives

Who is affected

- Victims are largely white British (90%)
- 46% are unemployed and of those that are employed the occupations are largely health and social care and service sector based.
- Women are much more likely than men to be the victims of high risk or severe domestic abuse and more likely to report it with 74% being female and 17% male. 95% of those going to MARAC or accessing an IDVA service are women ⁴
- 30% of domestic violence and abuse begins during pregnancy.
- 140,000 children live in homes where there is high-risk domestic abuse and
- 64% of high and medium risk victims have children, on average 2 each ⁵
- A quarter (25%) of children in high-risk domestic abuse households are under 3 years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life

Impact

- 7 women a month are killed by a current or former partner in England and Wales. ²
- On average victims experience 50 incidents of domestic abuse^{5,4} and high-risk victims live with domestic abuse for 2.6 years before getting effective help ⁴
- 1 in 4 children witness domestic abuse, their physical and mental well-being and chances of doing well at school suffer from an abusive upbringing.
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others ¹
- Most victims – 85% - see on average 5 professionals in the year before they finally get effective support.

3. DEVELOPING THE STRATEGY

- 3.1 The Domestic Abuse Strategy is based on a range of evidence sources and consultation with victims, front line staff and strategic stakeholders. It draws on the Tameside Domestic Abuse Needs Assessment that was completed in February 2015 and the Voice of the Victim Consultation that was completed in April 2015 (Section 4.2).
- 3.2 It takes account of developments within Greater Manchester (Section 3.2), the legal framework (section 3.3) national and local data on Domestic Abuse (Section 3.1 and 4.1) and our current service provision (Section 4.4). It includes a review of achievements against the previous strategy (Section 4.3) and considers a number of national, regional and local strategies and initiatives and reports.
- 3.3 On the basis of the research evidence, our consultation and discussions with specific interest groups, the strategy is based on the following key themes. The action plan associated with the strategy is attached as **Appendix 1** of the strategy

TAMESIDE'S VISION IS: "To develop a community that does not tolerate domestic abuse, that reduces the harm to victims, children, families and communities and challenges and changes the behaviour of perpetrators".

TAMESIDE'S AIM IS "To prevent and reduce domestic abuse and the harm it causes to victims, families and communities in Tameside".

⁴ SafeLives (2014), MARAC National Dataset 2014. Bristol: SafeLives

⁵ SafeLives <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>

TAMESIDE'S PRIORITIES ARE TO ENSURE THAT:

- The community rejects all forms of domestic abuse and violence as unacceptable
- There is less domestic abuse in Tameside
- The impact of domestic abuse is reduced

4. SUMMARY OF KEY OBJECTIVES

- 4.1 To achieve our vision and priorities the strategy sets 5 linked and inter-dependent objectives for Tameside:

Delivering An Effective Response: This means developing the capacity to reduce the harm caused by domestic abuse by partnership working that goes further than traditional partnership work and single issue commissioning. It means fully embedding and integrating our response to Domestic Abuse in a whole public service response. Though some of this may be about removing duplication it is also about changing roles, culture and responses across our organisations. It goes beyond co-location and requires partners to pool resources to respond to a wide range of demand from individuals, families and communities. Without this radical approach services will become unsustainable.

Improving Prevention and Early intervention: This means working to stop domestic abuse from happening in the first place. When that cannot be achieved it means finding the earliest point to intervene and to reduce the harm the abuse may cause. Early intervention is only possible if the abuse is recognised so this work is linked to a comprehensive awareness raising campaign.

Workforce development: This means providing the support and training to increase the number of frontline staff across agencies that have the knowledge, skills and confidence to identify abuse earlier and help family's access all-level services.

Protection of victims: This means working with children, families and communities to establish a culture and awareness within the community that understands what abuse is, does not tolerate or accept its existence and provides no excuses or acceptance for abusive behaviour. It includes addressing the short and long term effects that domestic abuse has on children and reducing the occasions that this occurs.

Managing offenders: This means identifying and bringing perpetrators of abuse to account and holding them responsible for their behaviour. It includes challenging and changing behaviour and ensuring that justice is pursued.

5. IMPLEMENTATION

- 5.1 The success of this strategy relies on partnership working and requires the full engagement of all partners. The Tameside Domestic Abuse Strategic Steering Group has developed the strategy and is responsible for its implementation. The group will also ensure that the strategy and its action plan are up to date and are refreshed as public service reform progresses.

6. EQUALITY AND DIVERSTY

- 6.1 An Equality Impact Assessment (EIA) has been carried out on this strategy and is attached at **Appendix 2** of this report. Before approving this strategy, members need to consider and

be satisfied that the assessment has been carried out properly and meaningfully in order to discharge their public sector duty under S149 of the Equalities Act 2010.

- 6.2 The EIA identifies that all of the protected characteristic groups are adversely impacted by domestic abuse. It shows that all of these groups will potentially experience a direct and positive impact as a result of the strategy and its action plan.

7. RISKS

- 7.1 Statutory obligations: Under the Crime and Disorder Act 1998, local authorities have a statutory responsibility to work with other agencies to reduce crime and disorder in their local area. A failure to agree and implement an effective Domestic Abuse strategy could increase the risk that the local authority fails to meet its obligations under this legislation
- 7.2 Extent, prevalence and impact of harm: the data and the strategy provide a snapshot of the prevalence and impact of domestic abuse. Having an effective Domestic Abuse Strategy reduces the risk of the harm caused by domestic abuse on adults and children.
- 7.3 Cost of domestic abuse: The Strategy highlights the huge public cost of domestic abuse, estimated at £68.6m per annum for Tameside alone. A failure to agree and implement an effective strategy will increase the risks of these costs being incurred.

8. RECOMMENDATIONS

- 8.1 As detailed at the front of this report

**TAMESIDE DOMESTIC ABUSE STRATEGY
2016-2019**

CONTENTS

FOREWORD

SECTION 1: OUR STRATEGY AT A GLANCE

SECTION 2: INTRODUCTION

- 2.1 OVERVIEW**
- 2.2 HOW WE DEVELOPED THIS STRATEGY**
- 2.3 WHAT IS DOMESTIC ABUSE**

SECTION 3: THE WIDER CONTEXT

- 3.1 THE SCALE OF THE PROBLEM: NATIONAL DATA**
- 3.2 DOMESTIC ABUSE IN GREATER MANCHESTER**
- 3.3 THE LEGISLATIVE FRAMEWORK**
- 3.4 THE COSTS OF DOMESTIC ABUSE**

SECTION 4: WHERE WE ARE NOW

- 4.1 THE EXTENT OF DOMESTIC ABUSE IN TAMESIDE**
- 4.2 INDEPENDENT CONSULTATION**
- 4.3 WHAT WE HAVE ACHIEVED: REVIEW OF TAMESIDE DOMESTIC ABUSE STRATEGY 2013-16**
- 4.4 CURRENT SERVICE PROVISION**

SECTION 5: WHERE WE WANT TO BE

SECTION 6: HOW WE WILL GET THERE

- 6.1 OUR COMMISSIONING STRATEGY**
- 6.2 OUR DELIVERY PLAN TO ACHIEVE THE KEY OBJECTIVES**

Appendix One: SOURCES AND REFERENCES

FOREWORD

The extent and nature of domestic abuse is shocking. Its impact on the lives and well-being of victims, children and communities across Tameside is significant and its effects can be longstanding. It represents a high proportion of violent crime that occurs across the borough, but other types of abuse such as emotional, financial and psychological abuse remain largely hidden or even unacknowledged by victims, perpetrators and within communities.

The effects of domestic abuse on children can impact on healthy and happy development and last well into adulthood. Witnessing violence is associated with emotional, behaviour, and learning problems in children. Children also suffer long term multiple physical and mental health consequences (such as self-harm, depression, anxiety) because of living with domestic violence. Concentration is affected which in turn affects learning at school or places of education. This leaves children who are witness to abuse disadvantaged and less likely achieve academic qualifications at the same time or level as their peers.

Whatever form it takes domestic abuse can have an immediate and long lasting impact on the wider health, well-being and safety of our community. It can breed a culture where this type of harm is tolerated or goes unrecognised. This is not the type of society we aspire to be in Tameside.

Failing to adequately address domestic abuse makes no sense from either an economic, equality or humanitarian perspective. The estimated cost of domestic abuse and its' impacts to Tameside are £68.6m every year.

Since we published the last Domestic Abuse Strategy we and our partners have made some measurable progress in tackling domestic abuse in Tameside. Of particular note is the increased focus on early intervention and prevention and measures, supported by significant investment from the Greater Manchester Police Crime Commissioner.

There is so much more to be done to build on what we have achieved, to respond to new challenges of limited resources and to make the best of the new opportunities presented by the devolution of powers to Greater Manchester and the re-organisation of health and social care.

Cllr John Taylor
Deputy Executive Leader

SECTION 1: OUR STRATEGY AT A GLANCE

TAMESIDE'S VISION IS

“To develop a community that does not tolerate domestic abuse, that reduces the harm to victims, children, families and communities and challenges and changes the behaviour of perpetrators”.

TAMESIDE'S AIM IS

To prevent and reduce domestic abuse and the harm it causes to victims, families and communities in Tameside.

TAMESIDE'S PRIORITIES ARE TO ENSURE THAT:

- The community rejects all forms of domestic abuse and violence as unacceptable
- There is less domestic abuse in Tameside
- The impact of domestic abuse is reduced

TAMESIDE'S KEY OBJECTIVES ARE:

- Delivering An Effective Response
- Improving Prevention and Early Intervention
- Workforce development
- Protection of victims
- Managing Offenders

SECTION 2: INTRODUCTION

2.1 OVERVIEW

Tackling domestic abuse effectively requires a multi-agency response and this strategy sets out our intentions and plans to do this in Tameside over the next 3 years.

The main aim of this strategy is to achieve coordination and consistency in our partnership approach to domestic abuse. This means going much further than traditional partnership work and single issue commissioning. It means fully embedding and integrating our response to domestic abuse in a whole public service response. Though some of this may be about removing duplication it is also about changing roles, culture and responses across our organisations. It goes beyond co-location and requires partners to pool resources to respond to a wide range of demand from individuals, families and communities. Without this radical approach services will become unsustainable.

The strategy sits within a wider context of key challenges that face the health and social care and criminal justice systems. These include significant reductions in public sector funding and growing demands, alongside major public sector reforms, in particular the establishment of an Integrated Care Organisation and the devolution of powers from central to local government.

The Tameside Domestic Abuse Strategic Steering Group has developed the strategy and is responsible for its implementation. The group will also ensure that the strategy and its action plan are up to date and are refreshed as public service reform progresses.

2.2 HOW WE DEVELOPED THIS STRATEGY

In writing this Domestic Abuse Strategy we have drawn largely on the Tameside Domestic Abuse Needs Assessment that was completed in February 2015 and the Voice of the Victim Consultation that was completed in April 2015 (see Section 4.2).

We have also taken account of developments within Greater Manchester (Section 3.2), the legal framework (section 3.3) national and local data on Domestic Abuse (Section 3.1 and 4.1) and our current service provision (Section 4.4). We have also undertaken a review of achievements against the previous strategy (Section 4.3) and considered a number of national, regional and local strategies and initiatives and reports. These include:

- National Service Standards for Domestic and Sexual Violence – Core Standards (February 2009).
- Safe Lives. Getting it Right First Time (February 2015)
- Safe Lives. A Place of Great Safety (February 15)
- Saving Lives Reducing Harm. Protecting the Public. An Action Plan for Tackling Violence, 2008-11. Home Office (February 2008).
- Together We Can End Violence Against Women and Girls: A Strategy. Home Office (December 2009)
- Public Service Reform Programme in Greater Manchester
- Tameside Health and Well-being Strategy 2013-16
- ‘Domestic Abuse in Tameside: identifying Opportunities for Early Intervention and Prevention’ – New Economy (December 2012)
- A Call to End Violence against Women and Girls: Action Plan 2013’ – HM Government (March 2013) and Government Equality Impact Assessment ‘Call to end violence to Women and Girls’ (2011)
- Tameside Community Strategy 2012-22
- Greater Manchester Police and Crime Commissioner Plan
- British Crime Survey 2014-15

- Domestic Violence and Abuse: Multi-Agency Working, NICE Guidelines(PH50) (February 2014)

We undertook consultation and engagement with a range of partners. These included:

Greater Manchester Police Neighbourhood, Senior Leadership Team and Partnership Team,
 Safeguarding Children Independent chair
 Safeguarding Adults Independent chair
 TMBC: Adult Services; Licensing; Customer Care and Advocacy; Children’s Strategy and Early Intervention; Public Health; Public Service Reform Hub;
 Purple Futures – Probation Community Rehabilitation Company
 National Probation Service
 Youth Offending Team
 Tameside and Glossop Clinical Commissioning Group; Nursing and Quality, Safeguarding and Patient Safety
 New Charter Housing Trust
 Bridges Service
 Victim Support

2.3 WHAT IS DOMESTIC ABUSE?

In 2013 the definition of domestic abuse was expanded to include young people aged 16 to 17 and coercive or controlling behaviour. It states that domestic 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 and emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and / or dependant 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 pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The definition which is not a legal definition includes so called “honour” based violence, female genital mutilation and forced marriage, and it is clear that victims are not confined to one gender or ethnic group”.

Abuse types can co-exist. They can be short-lived and infrequent, or long-standing and frequent. The impact however can change the lives of victims, their children, families and communities, often forever.

SECTION 3: THE WIDER CONTEXT

3.1 THE SCALE OF THE PROBLEM: NATIONAL DATA

The statistics below are drawn from a range of data sources. It is important to note that, *“It is widely accepted that available data on domestic violence is likely to be an underestimate, because all types of domestic violence and abuse are under-reported in health and social research, to the police and other services”*.⁶

The data shows that domestic abuse occurs across all sectors of society, all ages and races and those men and women are both at risk. However, it also shows that not everyone is at equal risk. Some factors can increase vulnerability to domestic abuse, including gender, age, pregnancy and poverty.

Extent

- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)⁷ and more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.⁸
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales²
- Overall, 30.0% of women and 16.3% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims of domestic abuse and 2.7 million male victims

Nature

- 80% of Domestic Abuse crimes are for violence and 10% criminal damage and arson.⁹

Who is affected?

- Victims are largely white British (90%)
- The peak age of victims is between 21-29 years.
- 46% are unemployed and of those that are employed the occupations are largely health and social care and service sector based.
- Women are much more likely than men to be the victims of high risk or severe domestic abuse and more likely to report it with 74% being female and 17% male. 95% of those going to MARAC or accessing an IDVA service are women¹⁰
- 30% of domestic violence and abuse begins during pregnancy.
- 140,000 children live in homes where there is high-risk domestic abuse and
- 64% of high and medium risk victims have children, on average 2 each¹¹
- A quarter (25%) of children in high-risk domestic abuse households are under 3 years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life

Impact

- 7 women a month are killed by a current or former partner in England and Wales.²

⁶ Tameside Domestic Abuse Needs Assessment (February 2015)

⁷ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.

⁸ Safe Lives (2015), Getting it right first time: policy report. Bristol: Safe Lives

⁹ SafeLives (2015), Insights IDVA National Dataset 2013-14. Bristol: SafeLives

¹⁰ SafeLives (2014), MARAC National Dataset 2014. Bristol: SafeLives

¹¹ SafeLives <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>

- On average victims experience 50 incidents of domestic abuse^{5,4} and high-risk victims live with domestic abuse for 2.6 years before getting effective help⁴
- 1 in 4 children witness domestic abuse, their physical and mental well-being and chances of doing well at school suffer from an abusive upbringing.
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others¹
- Most victims – 85% - see on average 5 professionals in the year before they finally get effective support.

Welfare Reform

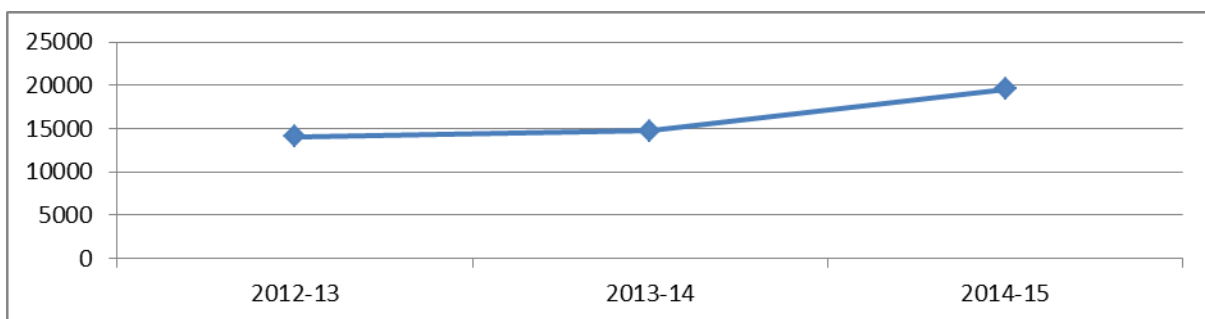
Research evidence¹² shows that women are disproportionately negatively impacted by welfare reform. This is because of systemic issues that mean that women are twice as dependent on social security as men. Women are twice as likely to give up paid work in order to become unpaid carers, 92% of lone parents are women, and the pay gap between men and women persists.

3.2 DOMESTIC ABUSE IN GREATER MANCHESTER

There has been considerable progress since the last strategy in the development of GM approaches to domestic abuse. This is aligned with the development of the GM Combined Authorities (GMCA) and supported by GM Office of the Police Crime Commissioner (OPCC).

Table 1 shows a 33% increase in GMP recorded domestic abuse offences over the 3 year period between 2012/13 to 2014/15:

2012-13	2013-14	2014-15
14100	14711	19561



British Crime Survey Data for April-September 2015 records 9752 domestic abuse offences in Greater Manchester, with a rate of 4 offences per 1000 population.

Across Greater Manchester, Greater Manchester Police recorded 66174 domestic abuse incidents in 2014/15. 74% of these were classed as Standard Risk, the lowest risk classification used by the Force. The repeat vulnerability victimisation rate for these incidents was between 68-82% across the Force.

Greater Manchester Domestic Abuse Partnership Board

A Greater Manchester Domestic Abuse Partnership Board was established in October 2015. It is chaired by GM Police Crime Commissioner and its membership consists of representatives from each local authority, GMP, Crown Prosecution Service, Victims Support and the National

¹² A Widening Gap: Women and Welfare Reform, Engender (Scotland) 2015

Probation Service. Its role is to identify and take forward GM wide priorities in tackling domestic abuse.

It has established the following early priorities for development

- A GM wide communication strategy
- GM wide workforce development
- GM wide education resource
- Focus on work with BME communities
- Supporting the GM wide work that is being undertaken to develop perpetrator provision

The Board has agreed to focus on

- Early intervention and prevention
- Improved information sharing
- Consistent data analysis and evaluation
- Multi-agency inspections
- The integration of DV work with other work streams

In January 2016 The GM Partnership Board agreed that all GM authorities should commence a data sharing exercise to enable a GM wide spatial analysis to identify high risk domestic abuse hot spot areas, based on an exercise undertaken in Manchester by i-Three Analytics.

The analysis will take place during 2016 and the findings will allow GM and local districts to target diminishing resources more effectively by analysing demand, identifying hotspot areas and highlighting predictive factors. This data will support intelligence led commissioning and service redesign.

This strategy will be updated and refreshed in the light of the findings of the data analysis and the development of the simulation model.

3.3 THE LEGISLATIVE FRAMEWORK

Criminal law

Domestic violence is not a specific criminal offence. There are, however, a number of possible offences for which perpetrators could be prosecuted depending on the specific acts, ranging from murder, rape and manslaughter through to assault, harassment and threatening behaviour.

Civil law

There are two important civil law remedies under the Family Law Act 1996 (as amended by Part 1 of the Domestic Violence Crime and Victims Act 2004):

- An **Occupation Order** is a court order which governs the occupation of a family home. It could be used to temporarily exclude an abuser from the home and surrounding area and give the victim the right to enter or remain. In certain circumstances, the court may attach a power of arrest to the occupation order.
- A **Non-molestation Order** is a court order which prohibits an abuser from molesting another person they are associated with. Molestation is not defined in the Act but has been interpreted to include violence, harassment and threatening behaviour. Breach of a non-molestation order is a criminal offence.

The Protection from Harassment Act 1997 (as amended) also provides for important civil and criminal remedies, including

- **Domestic Violence Protection Orders (DVPOs):** enable the police and magistrates in the immediate aftermath of a domestic violence incident; ban a perpetrator from returning to their

home and from having contact with the victim for up to 28 days. The intention is to help victims who may otherwise have had to flee their home, giving them the space and time to access support and consider their options.

- **Domestic Violence Disclosure Scheme (DVDS):** (commonly known as Claire’s law) enables an individual to ask the police to check whether a new or existing partner has a violent past (“right to ask”). If police checks show that a person may be at risk of domestic violence from their partner, the police will consider disclosing the information (“right to know”).

Domestic Homicide Review (DHR) guidance

In April 2011 section 9 of the Domestic Violence, Crime and Victims Act 2004 came into force, making it a statutory requirement for local authorities to undertake a multi-agency review following a domestic homicide. In June and November 2013 the Home Office updated statutory guidance for conducting Domestic Homicide Reviews (DHR), based on the findings of the first 54 DHRs (between April 2011 and March 2013).

Legal Aid

The withdrawal of legal aid for most forms of family law has prompted concern for victims of domestic abuse, who have to meet evidential requirements to access legal aid. An attempt to challenge the legality of the legal aid changes in early 2015 in respect of domestic violence was rejected by the High Court.

The Government have added clauses to the *Serious Crime Bill [HL] 2014-15* to make coercive control a specific criminal offence

3.4 THE COSTS OF DOMESTIC ABUSE

The economic and social costs of domestic abuse are significant. The table below estimates the cost to Greater Manchester and Tameside using the updated 2009 Walby Formula¹³ (pro-rata by population)

Table 2: Estimated costs of Domestic Abuse in Greater Manchester and Tameside (per annum)

	Greater Manchester	Tameside
• Physical and mental health care cost	£84.4m	£7.5m
• Criminal justice cost	£61.5m	£5.5m
• Social services costs	£13.8m	£1.2m
• Housing and refuges cost	£9.6m	£0.9m
• Civil legal services costs	£18.9m	£1.7m
• Local economic output loss	£93.7m	£8.4m
• Total costs	£281.8m	£25.2m
• The Walby formula estimates further human and emotional costs of:	£485.6m	£43.4m

¹³ Walby, S. (2004), *The Cost of Domestic Violence*. London: Women and Equality Unit

A costing exercise will be completed by the Council's Resource Management Team, on the current costings of domestic abuse work to local partners. This piece of work seeks to understand the current spend that both Tameside Council and its local partners provide for the area of domestic abuse.

SECTION 4: WHERE WE ARE NOW

This section sets out our current evidence base and responses to domestic abuse in Tameside. It draws on a range of evidence sources including an assessment of needs that was completed in February 2015, consultation with victims, the Strategic Threat Assessment, Greater Manchester Police data and evidence from current service provision in Tameside to identify our achievements and areas for new or further developments and initiatives.

4.1 THE EXTENT OF DOMESTIC ABUSE IN TAMESIDE

Tameside experiences significant incidents of domestic abuse. The Tameside Needs Assessment report applies the national prevalence data (see Section 3.1) from the British Crime Survey to Tameside adult population data to estimate the extent of domestic abuse to Tameside:

Table 3: Estimated number of people in Tameside experiencing domestic abuse

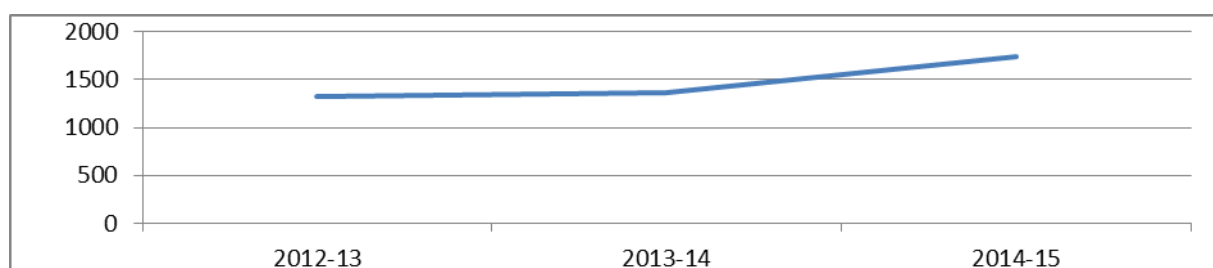
	UK (%)	Estimated number in Tameside
Women experiencing Domestic Abuse in the last 12 months	8.5%	5984
Men experiencing Domestic Abuse in the last 12 months	4.5%	3118
Life Time Prevalence – Women	30%	21120
Life Time Prevalence – Men	16.3%	11296

The Strategic Threat Assessment draws on a range of crime, incidents and socio-economic datasets to inform the development of the Tameside Partnership Crime Plan. The assessment produced in November 2015 includes data on domestic abuse offences and incidents (identified collectively as occurrences) for the time period April 2013-August 2015, by Lower Super Output Areas (LSOA). The Domestic Abuse Data Sets shows a total of 3762 domestic abuse occurrences in the 29 months covered by the assessment.

Greater Manchester Police data shows an increase of 28% in Domestic Abuse crimes in Tameside over the 3 year period from 2012/13 to 2014/15.

Table 4: Domestic Abuse Offences in Tameside

2012-13	2013-14	2014-15
1320	1359	1738



The Tameside Multi-Agency Risk Assessment Conference (MARAC) meets fortnightly to discuss cases assessed as high risk using the DASH risk assessment tool. In the first three quarters of 2015/16 it has considered 250 referrals. The MARAC also considers applications for disclosure under Claire's Law (see 3.3).

Geographical Location

The Strategic Threat Assessment highlights that the highest rate of domestic abuse occurrences were in Ashton Town Centre, also ranked highest for all crimes. 3 of the top 5 LSOAs with the highest rates of domestic abuse occurrences were in Ashton St Peter's ward with the remaining 2 in Dukinfield and Ashton Hurst wards.

Domestic Abuse and multiple deprivations

The data confirms earlier findings by the Commission for the New Economy of geographical hotspots for domestic abuse. It also indicates a correlation between domestic abuse and a wide range of socio-economic disadvantages. However, it should be noted that the location is the crime or incident occurred, rather than where the victim or perpetrator lives. While there are strong links between deprivation and domestic violence prevalence, this does not provide evidence of a causal link.

Research evidence points to strong links between domestic abuse and alcohol misuse. Of all domestic violence incidents in England and Wales (2014/15), the perpetrator was perceived to be under the influence of alcohol in 36% of cases. The Strategic Threat Assessment collects data on alcohol and domestic violence related incidents. The areas for the 5 highest incidences of Alcohol and Domestic Violence related crimes are Ashton Town Centre, Guide Bridge, Stalybridge North and Hattersley Railway Station.

Domestic Abuse is also associated with an increased risk of homelessness. In Tameside it is consistently in the top 5 reasons for people presenting as homeless.

Children and Young People

Tameside data for 2014/15 shows that there were 233 Children in Need, 164 children on Child Protection Plans and 85 Looked After Children where domestic abuse was a feature. The Needs Assessment identified an apparent increase in the number of young people in Tameside in intimate relationships experiencing domestic abuse. This includes partner, sibling and parent to child abuse. The Youth Offending Team has identified that a significant proportion of their case load have experienced domestic abuse as victim, witness or perpetrator. The Needs Assessment has identified a need for specialist domestic abuse support for children and young people and the provision of whole family support where children witness domestic abuse.

The Early Help and the Youth Offending Teams have identified an increase in child to parent domestic abuse. Data from Bridges monitoring shows 25 referrals in 2014/15 and 21 in 2015/16 to end of quarter 3 of child to parent domestic abuse. This is an area that requires further investigation.

The Needs Assessment recommends a universal community awareness programme, including schools, to highlight domestic abuse as an issue, stress its unacceptability both to victims and perpetrators and ensure that the public and professionals are aware of options to support its cessation. The awareness programme could include targeted work in identified hotspots for domestic abuse.

The Needs Assessment identified a need for the establishment of routine enquiries about domestic abuse in a range of front line services. Evidence from midwifery services shows that this resulted in 1 in 30 women disclosing domestic abuse to the midwife.

Convictions

Tameside experiences a problem with victims not supporting prosecutions. In the financial year 2014-15 Tameside was 5% higher than the Greater Manchester average for victims failing to appear – resulting in an unsuccessful outcome. Data for the first quarter of 2015-16 shows

improvements – with Tameside 6% lower than the Greater Manchester average. The needs assessment recommended that continued support should be given to victims seeking recourse through the criminal justice system.

The Needs Assessment also recommended that further research is undertaken regarding: older age groups, same sex relationships and male victims. The Equality Impact Assessment has identified a need for local research on the prevalence and needs of people with disabilities experiencing domestic abuse.

4.2 INDEPENDENT CONSULTATION

Foundation for Families undertook independent consultation with women survivors, male perpetrators, and children and young people affected by domestic abuse. Its aim is to ensure that the strategic objectives set by the Tameside Domestic Abuse Strategic Steering Group accord with the needs and experiences of families affected by domestic abuse.

The consultation with women victims identified a number of recommendations listed below:

Workforce Development

- Better training (for all professionals but especially for the Police) about domestic abuse particularly on the impact on mental health of intimidation, threats and coercion
- Improved listening on the part of all professionals – need to hear and believe what victims say
- Improved systems of communication and coordination between agencies (e.g. ensuring that women are informed before a perpetrator is released from prison)

Improving Awareness in the General Population

- Specific education and awareness-raising in schools about domestic abuse
- More access to information about domestic abuse

Accessing Support

- Police, Social Workers and Healthcare Workers should provide information and telephone numbers for specialist services at the earliest point of contact with a woman experiencing domestic abuse
- Domestic Abuse information and advice facilities should be available through a range of public services, e.g. schools and children's centres, job centres, libraries, community centres (with a letter box system for discreet help requests)
- Recognition of the need for emotional support and access to this from specialists (counselling and therapeutic services)
- Improved staffing levels in refuges (especially at night)
- Improved access to support for children: where counselling or other specialist help for children is provided it should be consistent and available for an appropriate period of time
- Access to services that will address isolation and loneliness following a move to a new area
- Support to help women adjust to living alone and, as one put it, "support to deal with the freedom you have once you've left"

Addressing Behaviour of Perpetrators

- Increased access to cognitive behavioural programmes and anger management for suitable perpetrators

Improved Security

- More advice about improving physical security in the home following separation from the abusing partner
- Quicker access to physical security measures following a move

Safety at Family Courts

- Offering the same options (video links or screens) as provided for victims and witnesses in the criminal courts

It is the intention of this strategy that consultation with victims and practitioners working with people affected by domestic abuse is an ongoing process rather than a one off exercise.

The action plan draws on the evidence and need and the views of victims set out here.

4.3 WHAT WE HAVE ACHIEVED: REVIEW OF TAMESIDE DOMESTIC ABUSE STRATEGY 2013-16

The Tameside Domestic Abuse Strategy 2013-16 set out 5 key objectives and a series of overarching actions against each objective. The table below summarises the achievements of the domestic abuse partnership in Tameside, some of the objectives are ongoing and the actions will be continued to support this strategy.

Table 5: Summary of achievements against Tameside Domestic Abuse Strategy 2013-16

Objective	What we achieved
Improve prevention and early intervention	<ul style="list-style-type: none"> Increased the number of specialist and front line services that are equipped to use the Domestic Abuse Stalking and Honour Based Violence (DASH) risk assessment¹⁴ by providing training for Police Community Support Officers (PCSO) and staff from front line agencies on completing the DASH and making referrals to Multi-Agency Risk Assessment Conference (MARAC). Tameside's participation in the GMP lead STRIVE programme provides support via trained PCSOs, Bridges staff and trained peer mentors for victims identified as standard and medium risk on the DASH assessment. Improved awareness of domestic abuse in schools via a programme of interventions delivered to 63 classes in primary schools and secondary schools. The Bridges Children's outreach team ensures that support is also available for children who are not in mainstream education. Provided support for families at risk via the Family intervention project and Inspire
Protection of Victims	<ul style="list-style-type: none"> Delivered awareness raising messages on domestic abuse linked to key events in the calendar, e.g. Valentine's Day. Monitoring data of the Bridges service shows an increase in the proportion of people referred whose risk is assessed as standard or medium (see section 4.3) The availability of funding from the Office of the Police Crime Commissioner has enabled the strengthening of the Children's team, including the appointment of a Children's Independent Domestic Violence Advocate (CHIDVA) The Sanctuary scheme has increased the provision of security measures in people's homes over the last 3 years, from 205

¹⁴ The DASH risk assessment is a tool used to assess the risk that a victim is exposed to and can help in the action required. It is a checklist used across agencies to identify and assess risk, and trigger referral to MARAC if a score of over 14 is achieved

- households in 2013/14, to 249 in 2014/15 and 208 to date in 2015/16.
- Managing Offenders**
- Through the provision of funding from Probation and New Charter charitable sources Bridges has established New Paths, a voluntary programme designed to promote respectful relationships for perpetrators of abuse. This has been delivered to 33 offenders, 25 of whom have not reoffended since attending the programme.
 - A Custody Suite pilot commenced in November 2015 targeting offenders with domestic abuse and/or drugs and alcohol related offences
 - Developed a management model based on the Integrated Offender Management (IOM) model to respond to the needs presented by perpetrator and victims at all levels of risk, i.e. the MARAC for high risk cases, the Clean Room discussion at the Public Service Hub for medium risk and the daily meeting at the Hub for standard risk cases.
- Workforce Development**
- Created a modular training programme “Whole Family Approach to Domestic Abuse” that included: Domestic abuse in Tameside; Impact of domestic abuse; Assessments & achieving change; Multi agency working in Domestic abuse
 - Delivered the 4 modular programmes to all service leads followed by programme role out to operational staff from across the borough.
 - The Domestic Abuse Needs Assessment that was completed in February 2015 includes a training needs analysis.
 - Bridges provides shadowing opportunities and formal and informal training for staff from other agencies
- Building Service Capacity**
- A Domestic Abuse Needs Assessment was completed in February 2015.
 - The STRIVE programme has provided funding for the development of a Victims Champions network. This has enabled the training of 8 PCSOs and 9 peer mentors.

4.4 CURRENT SERVICE PROVISION

The 2013-2016 Domestic Abuse strategy noted that most Tameside services deal almost exclusively with high risk victims, many of whom have experienced significant abuse for sustained time periods. However the evidence below shows significant progress in achieving one of the aims of the strategy in redirecting service delivery to early intervention and prevention.

Specialist services

The Bridges service integrates the overlapping issues of domestic abuse and substance misuse and provides advice, information, and tackles whole family goals relating to accommodation, health, finance and employment. Service provision includes; initial contact within 48 hours, emergency accommodation (for males and females); outreach work including within dispersed properties; resettlement support; housing safety measures such as panic alarms, cameras and additional locks; Independent Domestic Abuse Advocacy, a telephone advice service, access to a wide range of programmes (victims and perpetrators), family conferencing and children’s outreach work.

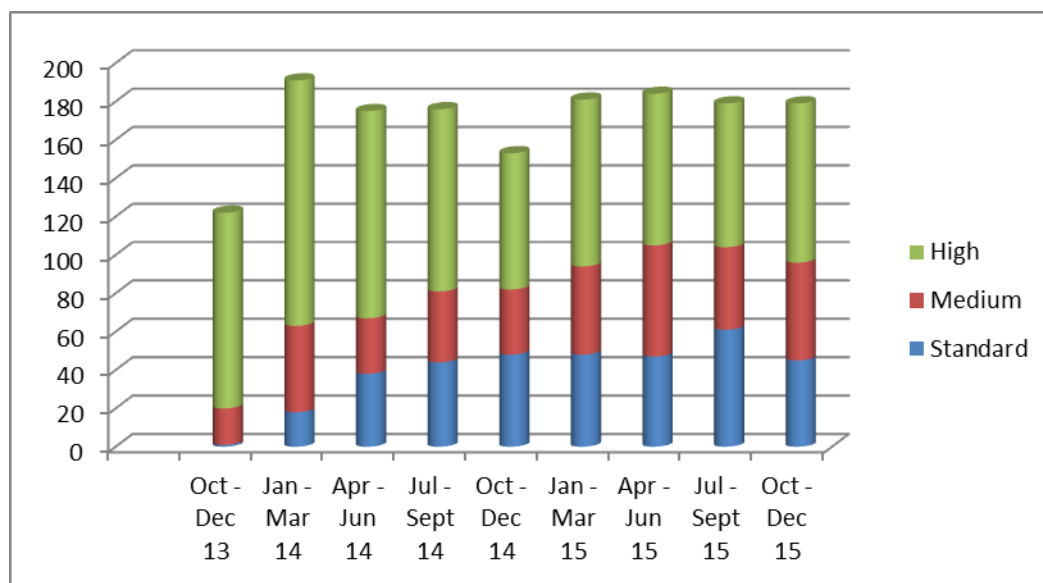
Bridges works with people experiencing every level and type of domestic abuse (physical, emotional/psychological, sexual and financial), from either gender to either gender, their children. It

also responds to calls regarding child-parent violence (CPV) and parent to child abuse, referring on to safeguarding teams as necessary.

Over the last 3 years the service has provided early intervention work such as working within schools and raising awareness of the differing types of abuse and also for the first time assessing and dealing with cases classed as 'standard' and 'medium' abuse alongside high risk cases. The intention of this is to intervene far earlier in episodes or patterns of abuse, educating both parents and children in parenting regarding healthy relationships.

Table 6: Referrals to Bridges by risk

Date	Standard	Medium	High	Total referrals	% standard and medium
Oct - Dec 13	1	19	102	122	16
Jan - Mar 14	18	45	128	191	33
Apr - Jun 14	38	29	108	175	38
Jul - Sept 14	44	37	95	176	46
Oct - Dec 14	48	34	71	153	53.5
Jan - Mar 15	48	46	87	181	52
Apr - Jun 15	47	58	79	184	57
Jul - Sept 15	61	43	75	179	58.5
Oct - Dec 15	45	51	83	179	54



The data above shows a steady increase in the number and proportion of standard and medium cases referred to the Bridges service. Since the quarter ending December 2014 these have exceeded both the number and the proportion of high risk cases.

The service has also increased its work with children and young people. From April 2015 Threshold provided funding (using legacy funding from Tameside Women's Project that was transferred to Threshold) for the resources currently of a senior play worker and 2 play workers based at Ruffley House. Bespoke sessions for all ages are delivered in house to meet the needs of the resident's children.

In July 2015 TMBC awarded Bridges funding (using funding from OPCC) for a Children's IDVA this has enabled us to increase our outreach provision for children; this has resulted in a surge of

referrals from a variety of agencies. There were 96 referrals received within this period some for multi children in families.

The service delivers intervention programmes to meet the demand and to ensure children are not placed on a waiting list for long periods. This includes the 15-18 year old Freedom Programme which help young people to identify the traits of a dominator in a relationship and develop understanding into why it is hard to leave. The service also uses the Expect Respect toolkit and the Real Love Rocks resources for this age group.

For younger children the service provides Time for you groups for children aged 6-9 years and 10-14 years which aims to improve confidence and self-esteem, explore choice and develop understanding as to how behaviours can affect others. Managing your emotions is provided for children aged 10 -15 years delivered every quarter. This course is suitable for children who are demonstrating some signs of their potential to be abusers in the future, or who are already using violence in the home such as to parents etc. The course is designed to develop better self-awareness and ability to manage emotions, violence from young people to parents, low self-esteem/ self-worth, and poor relationships (forming and maintaining).

Bridges is commissioned by the People Directorate and is funded from Public Health, Children's and Housing Services. Over the last 3 years the range of service provision has been enhanced by funding from the Office of the Police Crime Commissioner. This has enabled the appointment of a Children's IDVA and enabled Bridges to support the delivery of the STRIVE Programme in Tameside.

STRIVE Programme in Tameside

In 2014/15 GMP piloted a new multi-agency approach to responding to Standard Risk incidents that aimed to reduce demand and prevent the escalation of risk to medium or high level. The new approach has three work-streams, victim re-visits, enhanced service provision and behaviour change (of perpetrators), it is collectively known as the STRIVE Programme. It has been rolled out across Greater Manchester during 2015/16 and 2016/17. The Programme is funded by the Police Innovation Fund until the end of March 2017.

The purpose of STRIVE is to intervene earlier with the victim and their family, signposting to other services to prevent repeat incidents. This includes the development of a Victim Champion Network (comprising of partner organisations) to develop and improve pathways of support for victims. This work will include the recruitment and training of volunteer 'peer to peer' mentors.

The behaviour change work stream targets those perpetrators who want to engage and change their behaviours before abuse escalates and requires further and more intensive interventions. It aims to deliver a family-centred approach that will seek to get victims and perpetrators to:

- Identify and own their issues and behaviour
- Identify the triggers and causes of abusive behaviour
- Agree and sign up to address these issues with a bespoke intervention plan

One of the key aims of STRIVE is to make contact with all victims of Standard Risk domestic abuse, who have made between 1 and 3 calls to the police. The key mechanism for victim contact is the development of a sustainable network of victims' champions based within local voluntary sector organisations.

In Tameside STRIVE is delivered by a partnership of GMP, New Charter Housing Trust Bridges Service and the Public Service Hub. Bridges has provided training on domestic abuse for 8 Police Community Support Officers (PCSOs) and has created a Victims Champion network via the training of 9 peer mentors. Cases that fit the criteria are triaged every day at the Public Service Hub, drawing on the skills of the multi-agency team. Bridges staff and peer mentors support the

PCSOs in responding to incidents that meet the STRIVE criteria. Cases where there may be a safeguarding issue are referred to TMBC for follow up.

Bridges has provided a voluntary programme for perpetrators since June 2014. This delivers a 10 week session focussing on 3 themes motivation, triggers and change.

Tameside Public Health commissions the 'Off the Record' service to provide counselling for children and young people. The presenting issues sometimes include domestic abuse. The service is also commissioned directly by some schools to provide counselling support and also work with some domestic abuse perpetrators.

The Tameside Public Service Reform Hub brings together multi agency teams in virtual and real environments to respond to cases where traditional and established responses have not had the desired impact. It was identified early on that a high proportion of the households referred have existing or previous domestic abuse. A Clean Room approach is one of the problem solving techniques adopted in the Hub and one session per week is dedicated to households where domestic abuse is a feature.

A range of universal services also provide support to people experiencing domestic abuse. These include TMBC Early Help Team, and health services, such as midwifery and General Practice. TMBC Early Help teams respond to domestic abuse as part of their day to day work and also contribute to the training programme on Domestic Abuse.

Tameside midwifery service operates a policy whereby women attend their first scan appointment alone to give the midwives the opportunity to make a routine enquiry about domestic abuse. The routine enquiry has been an area of development for the trust since 2012, where 35% of women were asked about Domestic Abuse. This figure is now at 80% and rising with mandatory training of staff. Where a disclosure is made an assessment is undertaken to assess the level of risk and the appropriate onward referral is made.

Tameside Licensing works in partnership with Public Health to reduce alcohol-related harm (including domestic abuse). The services have jointly developed a "public health toolkit" which measures licensed premises (both existing and new applications) against a range of alcohol harm statistics – one of which is alcohol-related domestic violence incidents

Victim Support work across Greater Manchester providing a range of services. Until recently an IDVA post commissioned by Office of the Police and Crime Commissioner was based within Tameside Hospital. This post was de-commissioned in 2015. The project supported 29 people from an overall 232 in Greater Manchester. This has created a gap in provision at the Hospital.

Domestic abuse is known to be an issue in approximately 25% of all probation caseloads, either as perpetrator or victim, or in a number of cases both. The National Probation Service has a key role to play in tackling domestic abuse by working together across the partnerships and as part of its remit in protecting the public and reducing re-offending. It works with all (both sexes) high risk perpetrators of domestic abuse using a range of delivery methods. It also works with victims of abuse.

The National Probation Service has recently completed a new Domestic Abuse Strategy. It has developed new Probation Instruction/Guidance for all staff, a new MARAC Framework and a review of the contribution and learning from Domestic Homicide Reviews. The new guidance sets out best practice relating to the importance of early identification of domestic abuse.

SECTION 5: WHERE WE WANT TO BE

TAMESIDE'S VISION IS:

"To develop a community that does not tolerate domestic abuse, that reduces the harm to victims, children, families and communities and challenges and changes the behaviour of perpetrators".

TAMESIDE'S AIM IS

"To prevent and reduce domestic abuse and the harm it causes to victims, families and communities in Tameside.

TAMESIDE'S PRIORITIES ARE TO ENSURE THAT:

- The community rejects all forms of domestic abuse and violence as unacceptable
- There is less domestic abuse in Tameside
- The impact of domestic abuse is reduced

TAMESIDE'S OBJECTIVES

To achieve our vision we have set 5 linked and inter-dependent objectives for Tameside:

Delivering An Effective Response: This means developing the capacity to reduce the harm caused by domestic abuse across the partnership. This means going much further than traditional partnership work and single issue commissioning. It means fully embedding and integrating our response to Domestic Abuse in a whole public service response. Though some of this may be about removing duplication it is also about changing roles, culture and responses across our organisations. It goes beyond co-location and requires partners to pool resources to respond to a wide range of demand from individuals, families and communities. Without this radical approach services will become unsustainable.

Improving Prevention and Early intervention: This means working to stop domestic abuse from happening in the first place. When that cannot be achieved it means finding the earliest point to intervene and to reduce the harm the abuse may cause. Early intervention is only possible if the abuse is recognised so this work is linked to a comprehensive awareness raising campaign.

Workforce development: This means providing the support and training to increase the number of frontline staff across agencies that have the knowledge, skills and confidence to identify abuse earlier and help family's access all-level services.

Protection of victims: This means working with children, families and communities to establish a culture and awareness within the community that understands what abuse is, does not tolerate or accept its existence and provides no excuses or acceptance for abusive behaviour. It includes addressing the short and long term effects that domestic abuse has on children and reducing the occasions that this occurs.

Managing offenders: This means identifying and bringing perpetrators of abuse to account and holding them responsible for their behaviour. It includes challenging and changing behaviour and ensuring that justice is pursued.

SECTION 6: HOW WE WILL GET THERE

This section sets out our high level plans to meet the unmet needs, issues and priorities identified in this strategy. The Domestic Abuse Strategic Steering Group will develop, implement and update detailed action plans to achieve this.

6.1 OUR COMMISSIONING STRATEGY

Addressing the issues of domestic abuse and its causes, providing a clear, effective, and coordinated response must be everyone's responsibility if it is to be realised. There are continued key challenges facing the health and social care system in terms of reductions in public sector funding and a growing population where people are living longer with more complex conditions.

This coupled with major public sector reforms such as the Children and Families Act, the Care Act, the introduction of the Better Care Fund/Devolution Manchester means that the health and social care system has to work differently to ensure health and wellbeing outcomes are being delivered differently within the resources available.

What we will do

We will ensure that the services we commission are relevant to national policy, research evidence and local needs.

We will undertake periodic refreshments of the local Needs Assessment in line with the GM data analysis project (see section 3.2). This will enable us to target diminishing resources more effectively by analysing demand, identifying hotspot areas and highlighting predictive factors. This data will support intelligence led commissioning and service redesign.

We will ensure that our local needs assessment includes consultation with victims and with practitioners that work with them, and that the results inform our commissioning processes.

We will ensure that the services we commission draw on evidence based best practice.

We will strive to take a consistent approach across our multi-agency provision, working in partnership to development common and/or combined approaches to commissioning services.

We will work with the Integrated Care Organisation as it evolves to explore opportunities for the integration of funding and commissioning of domestic abuse services between health and social care.

We will ensure that our commissioning methodology is planned, co-designed and executed to achieve the best providers with whom we can jointly achieve the most enhanced outcomes.

We will develop an outcome framework so that we measure real sustained outcomes and not merely numbers accessing service provision.

We will ensure that the domestic abuse services we commission are aligned with associated services such as the Drug and Alcohol Recovery Service, Homelessness Services, Troubled Families scheme and Women and Families Centre.

We will ensure that our commissioning processes promote equality and diversity within our services, deliver sustainable provision and pursue social value and value for money.

6.2 OUR DELIVERY PLAN TO ACHIEVE THE KEY OBJECTIVES

Objective 1 Delivering an Effective Response

To have the capacity to reduce the harm.

To fully embed and integrate our response to Domestic Abuse in a whole public service response with effective ownership at its core and continue to consult on local need.

Aligned to NICE Guidance Recommendations:

1. Plan services based on an assessment of need and service mapping.
2. Participate in a local strategic multi-agency partnership to prevent domestic violence and abuse.
4. Commission integrated care pathways
5. Create an environment for disclosing domestic violence and abuse
7. Adopt clear protocols and methods for information sharing.
8. Tailor support to meet people's needs
9. Help people who find it difficult to access services
12. Provide specialist advice, advocacy and support as part of a comprehensive referral pathway.

- **Increasing Capacity:** We will increase the capacity of the outreach and housing provision by utilising funding from the Department of Communities and Local Government to increase the provision of advice and safety measures, and developing more options such as access to sheltered provision and dispersed self-contained properties to provide a place of refuge for people for whom standard refuge environments are not ideal.
- **Remove inefficiency and waste:** We will promote the coordination of care and integrating services focussing on the reduction of multiple 'hand offs' and referrals – this requires relevant data being aligned across agencies to allow more meaningful understanding of the ways in which domestic abuse affects each partner and reduce barriers to working together.
- **PSR Hub / Place Based Working:** We will continue to develop responses to standard and medium risk cases via multi-agency working co-ordinated at the Public Service Reform Hub and the new neighbourhood hubs. This includes developing information sharing to ensure that victims and their children are supported.
- **Support for victims pursuing Criminal/Civil proceedings:** We will support victims seeking recourse through the criminal justice system via the victims peer mentor network that is part of the STRIVE programme and is supported by funding from the OPCC.
- **STRIVE Programme:** We will continue to participate in and learn from the STRIVE programme to ensure that this approach to supporting victims of standard risk cases of domestic abuse and involves joint working between GMP, Bridges and peer mentors is sustainable once the OPCC funding ends.
- **Alcohol Related Domestic Abuse:** We will co-ordinate the development of a GM-wide “enforcement and compliance guide” with the aim of ensuring a consistent approach to enforcement and compliance from all local authorities and other enforcing authorities around licensed premises. This guide will include recognition of the part alcohol plays in domestic abuse, and how licensing authorities can ensure that licensees are playing their part in helping to reduce it.

Objective 2 Prevention and Early intervention

Aligned to NICE Guidance
Recommendations 10. & 11.

10. Identify and, where necessary, refer children and young people affected by domestic violence and abuse

11. Provide specialist domestic violence and abuse services for children and young people

Objective 3 Workforce development

Aligned to NICE Guidance
Recommendations 5. 9. 15. & 17.

To reduce demand for targeted services by creating a strategic shift of resources towards Early Intervention & Prevention.

To understand and address the effect that Domestic Abuse has on children.

- **Reducing demand in the system** – We will determine how to identify those victims, children and perpetrators who are not in contact with the Police or existing services.
- **Specialist work with children:** We will develop our focus on children and young people's domestic abuse, providing more intensive support to both victims and perpetrators around their children by using financial resources provided by the GMPCC to strengthen the Bridges Children's and Young Persons team through the appointment of a YPIDVA.
- **Universal Education and Prevention:** We will pilot and evaluate a programme to reduce the risk of young people being harmed as a result of domestic abuse and to inform young people where they can seek advice and support if they are living with domestic abuse. The programme will co-designed with young people and be appropriate for both primary and secondary schools ages and be available for other sources such as higher and further education sites and the youth service. Work is planned for 2016 with heads, teachers, staff, governors, children from key stage 1-5 and parents
- **Education Champions.** We will further develop teacher "champions" in partnership with schools and pre-schools This will ensure awareness and knowledge is sufficient to raise awareness safely and assist children and young people to access advice and support.

To increase the number of frontline staff who have the knowledge, skills and confidence to identify abuse earlier and help family's access all-level services.

- **Tameside-Wide Training Plan:** We will continue to deliver a 4 stage module programme a "Whole Family Approach to Domestic Abuse" that includes: Domestic abuse in Tameside; Impact of domestic abuse; Assessments & achieving change and Multi agency working in Domestic abuse as part of the Tameside Safeguarding Children Board training programme to operational staff. The programme will respond to the learning

5. Ensure trained staff ask people about domestic violence and abuse

9. Help people who find it difficult to access services

15. Provide specific training for health and social care professionals in how to respond to domestic violence and abuse

16. GP practices and other agencies should include training on, and a referral pathway for, domestic violence and abuse.

17. Pre-qualifying training and continuing professional development for health and social care professionals should include domestic violence and abuse

Objective 4 Protection of victims

Aligned to NICE Guidance Recommendations 5. 10. & 13

5. Create an environment for disclosing domestic violence and abuse.

10. Identify and, where necessary, refer children and

points gained from delivery and will also include domestic abuse from the vulnerable Adult perspective. It will also ensure that frontline staff, including those within the Community and Voluntary Sector is aware of all appropriate risk assessment tools.

- **Routine Enquiries:** We will explore ways to expand the implementation of routine enquiries about domestic abuse in a range of front line services. Evidence from midwifery services shows that this resulted in 1 in 30 women disclosing domestic abuse to the midwife.
- **Training in Higher Education:** We will continue to support the MMU Teaching Partnership to ensure that domestic abuse is integrated into social work training.
- **Tameside Domestic Abuse Workforce Policy:** We will develop corporate strategies to support employees who experience domestic abuse.

To work with families and communities to establish a culture and awareness within the community that understands what abuse is, does not tolerate or accept its existence and provides no excuses or acceptance for abusive behaviour.

To address the effects including long-term that domestic abuse has on children and reduce the occasions that this occurs.

- **Communications and awareness raising:** We will develop, in partnership with GM colleagues, a comprehensive and targeted communication and awareness raising plan. This will include providing awareness training for a range of front line services including housing staff, Job Centre Plus, magistrates etc. It may also include geographically specific campaigns as an outcome of the GM spatial analysis.

young people affected by domestic violence and abuse

13. Provide people who experience domestic violence and abuse and have a mental health condition with evidence-based treatment for that condition

- **Culture of Community Awareness:** We will work alongside Voluntary and Community organisations and groups to establish a culture of community awareness of domestic abuse and the impact on children and young people.
- **Research:** We will continue to commission, where resources permit research into the needs of under-represented groups as recommended by the Needs Assessment. This includes older people, people in same sex relationships, parent to child abuse and men.
- **Listening.** We will continue to listen to victim survivors and their children as part of our research, consultation and updating the needs assessment.
- **Safety.** We will ensure that survivors of domestic abuse and their families move more quickly into suitable, safe accommodation once they are ready to move-on and it is safe to do so - supported by appropriate enforcement/safety measures and support for emotional well-being.
- **Unmet needs:** We will explore the means of providing services to meet unmet needs and gaps in provision, for example ways of providing specialist advice and support within the hospital and at the courts.
- **Wider Health support.** We will continue to work with victims and their children in response to their mental health needs, providing support, counselling and establishing toolkits with victims to enable them with the skills, confidence and support to access other necessary provision such as Community Mental Health provision. The Strategic Domestic Abuse Steering Group will ensure completion and use of the NICE self-assessment to understand how health services can work together. The recommendations from NICE form a basis of the strategic document and are aligned to the intentions we have committed to deliver.
- **Peer mentoring capacity – Victims Champions.** We will continue to support the development of the network of peers and mentors who can support services and partner agencies to help victims of Domestic Abuse. Peer Mentors within Bridges will support keyworkers with client interventions, courses such as the Freedom programme and other support groups. They will also support clients with court appearances and the delivery of awareness raising with front line staff. They will work in Public Sector Hub and in partnership with the Women and Families Centre and boost confidence and be role models of ongoing support in the community to victims. The Peer Mentors will also support staff within the engagement of perpetrators to the New Paths perpetrator programme.

Objective 5
Managing offenders

**Tackle Perpetrators –
Change Behaviours**
**Aligned to NICE Guidance
Recommendations 14.**

14. Commission and evaluate tailored interventions for people who perpetrate domestic violence and abuse.

To identify and manage perpetrators of abuse, challenging behaviour and ensuring justice is pursued.

- **Perpetrator Programmes / Behaviour Change.** We will commission relevant and adequate voluntary programmes for perpetrators of violence that challenge and change behaviour, making them a key person responsible for change.
- We will identify sustainable funding for the delivery of such programmes
- We will adopt a whole family approach to ensure that wrap around support is provided to the victims and children of perpetrators engaged in the programme to reduce risk
- Following recent 'Voice of the Victim' research the Strategic Domestic Abuse Steering Group will complete further work to develop pathway and provisions for **Young People** on the cusp of criminal careers and domestic abuse activity. This may be addressed by use of youth workers, youth services and early help workers considering out of court disposals or restorative justice to determine paths for behaviour change.

Appendix One: Sources & References

Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada.

ONS (2015), Crime Survey England and Wales 2013-14 and 2014-15 London: Office for National Statistics.

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

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Walby, S. (2004), The Cost of Domestic Violence. London: Women and Equality Unit.

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Johnson, Michael P (2008), A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence.

Safelives <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>

New Economy - 2015

The Sixth report of the Confidential Enquiry into Maternal and Child Death

APPENDIX 2

Subject / Title	TAMESIDE DOMESTIC ABUSE STRATEGY 2016-2019
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Service Unit	Service Area	Directorate
CUSTOMER CARE AND ADVOCACY	STRONGER COMMUNITIES	PEOPLE

Start Date	Completion Date
JANUARY 2016	APRIL 2016

Lead Officer	DIANE BARKLEY
Service Unit Manager	MANDY KINDER
Assistant Executive Director	EMMA VARNAM

EIA Group (lead contact first)	Job title	Service
Diane Barkley	Poverty and Prevention Manager	Customer care and advocacy
Francine Cooper	Planning and Commissioning Officer	Adults

PART 1 – INITIAL SCREENING

An Equality Impact Assessment (EIA) is required for all Key Decisions that involve changes to service delivery. All other changes, whether a Key Decision or not, require consideration for the necessity of an EIA.

The Initial Screening is a quick and easy process which aims to identify:

- *those projects, policies, and proposals which require a full EIA by looking at the potential impact on any of the equality groups*
- *prioritise if and when a full EIA should be completed*
- *explain and record the reasons why it is deemed a full EIA is not required*

A full EIA should always be undertaken if the project, policy or proposal is likely to have an impact upon people with a protected characteristic. This should be undertaken irrespective of whether the impact is major or minor, or on a large or small group of people. If the initial screening concludes a full EIA is not required, please fully explain the reasons for this at 1e and ensure this form is signed off by the relevant Service Unit Manager and Assistant Executive Director.

1a.	What is the project, policy or proposal?	DOMESTIC ABUSE STRATEGY 2016-2019
1b.	What are the main aims of the project, policy or proposal?	Tackling domestic abuse effectively requires a multi-agency response and this strategy sets out the Council's intentions and plans to do this in Tameside over the next 3 years. The main aim of the strategy is to achieve coordination and consistency in our partnership approach to domestic abuse

1c. Will the project, policy or proposal have either a direct or indirect impact on any groups of people with protected equality characteristics? Where a direct or indirect impact will occur as a result of the policy, project or proposal, please explain why and how that group of people will be affected.				
Protected Characteristic	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Age	x			The strategy includes a proposal to undertake research into the needs and extent of older people experiencing domestic abuse in Tameside. It also includes proposals to increase service provision for children and young people. The evidence shows that 64% of high and medium risk cases have children. The evidence shows that the peak age of victims is 21-29 years.
Disability	x			Research evidence indicates that disabled women experience domestic abuse but that services are limited.
Race	x			90% of victims are White British; however the research evidence shows that all races can experience domestic abuse.
Sex / Gender	x			The strategy affects both men and women. While the evidence shows that most victims are female, a significant proportion (4.5% of the population) is men. The strategy addresses the needs of both victims and perpetrators
Religion or Belief	x			The definition of domestic abuse includes behaviours which may be associated with particular religions or beliefs, for example honour based violence, female genital mutilation and forced marriage.
Sexual Orientation	x			The definition of domestic abuse includes all relationships regardless of gender or sexuality
Gender Reassignment	x			The definition of domestic abuse includes all relationships regardless of gender or sexuality
Pregnancy & Maternity	x			The evidence shows that pregnancy is a key risk factor for domestic abuse, with 30% of abuse commencing during pregnancy

Marriage & Civil Partnership	x			Forced marriage is included within the legal definition of domestic abuse. For abuse to be defined as domestic it must take place within an intimate relationship or between family members, this includes marriage or civil partnerships. Domestic abuse is higher amongst people who have separated, followed by those who are divorced or single
Are there any other groups who you feel may be impacted, directly or indirectly, by this project, policy or proposal? (e.g. carers, vulnerable residents, isolated residents)				
Group (please state)	Direct Impact	Indirect Impact	Little / No Impact	Explanation
Low income		<u>x</u>		Domestic abuse is more likely to occur in households on a low income, including unemployed households.
People with substance abuse issues	<u>x</u>			Research evidence points to strong links between domestic abuse and alcohol misuse. Of all domestic violence incidents in England and Wales (2014/15), the perpetrator was perceived to be under the influence of alcohol in 36% of cases.

Wherever a direct or indirect impact has been identified you should consider undertaking a full EIA or be able to adequately explain your reasoning for not doing so. Where little / no impact is anticipated, this can be explored in more detail when undertaking a full EIA.

1d.	Does the project, policy or proposal require a full EIA?	Yes	No
		x	
1e.	What are your reasons for the decision made at 1d?	All of the protected characteristic groups will potentially experience a direct and positive impact as a result of the strategy.	

If a full EIA is required please progress to Part 2.

PART 2 – FULL EQUALITY IMPACT ASSESSMENT

2a. Summary
<p>This EIA is of the Council's Domestic Abuse Strategy 2016-19. Tackling domestic abuse effectively requires a multi-agency response and the strategy sets out the Council and its partners intentions and plans to do this in Tameside over the next 3 years</p> <p>The Tameside Domestic Abuse Strategy aims to prevent and reduce domestic abuse and the harm this causes to victims, families and communities in Tameside.</p> <p>The priorities of the strategy are to ensure that:</p> <ul style="list-style-type: none"> • The community rejects all forms of domestic abuse and violence as unacceptable • There is less domestic abuse in Tameside

- The impact of domestic abuse is reduced

This EIA examines the impact of domestic abuse across protected characteristic groups and individuals and how the Domestic Abuse Strategy will positively impact upon service users and those in need. While the impact of domestic abuse is negative and harmful, the impact of the strategy is positive.

2b. Issues to Consider

The impact of physical, sexual and psychological violence and abuse can result in a range of negative and harmful effects on health, well-being and outcomes in life. Physical and sexual abuse can cause short term, long term and permanent injuries or conditions. Psychological abuse can lead to a variety of problems such as low self-esteem; disturbed patterns of eating and sleeping; lack of confidence; depression; extreme anxiety; alcohol and substance misuse; self-harm and suicide. The social and economic consequences of violence can include homelessness; loss or separation from family friends; isolation; loss of employment, debt and destitution.

- 7 women a month are killed by a current or former partner in England and Wales.
- On average victims experience 50 incidents of domestic abuse and high-risk victims live with domestic abuse for 2.6 years before getting effective help
- 1 in 4 children witness domestic abuse, their physical and mental well-being and chances of doing well at school suffer from an abusive upbringing.
- 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others
- Most victims – 85% - see on average 5 professionals in the year before they finally get effective support.

In 2013 the definition of domestic abuse was expanded to include young people aged 16 to 17 and coercive or controlling behaviour. It states that domestic 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 and emotional.

Controlling behaviour is a range of acts designed to make a person subordinate and / or dependant 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 pattern of acts of assaults, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

The definition which is not a legal definition includes so called “honour” based violence, female genital mutilation and forced marriage, and it is clear that victims are not confined to one gender or ethnic group”.

Abuse types can co-exist. They can be short-lived and infrequent, or long-standing and frequent. The impact however can change the lives of victims, their children, families and communities, often forever.

Tameside experiences significant incidents of domestic abuse. The Tameside Needs Assessment report applies national data on prevalence to Tameside population data to estimate the extent of domestic abuse to Tameside:

Table 3: Estimated number of people in Tameside experiencing domestic abuse

	UK (%)	Estimated
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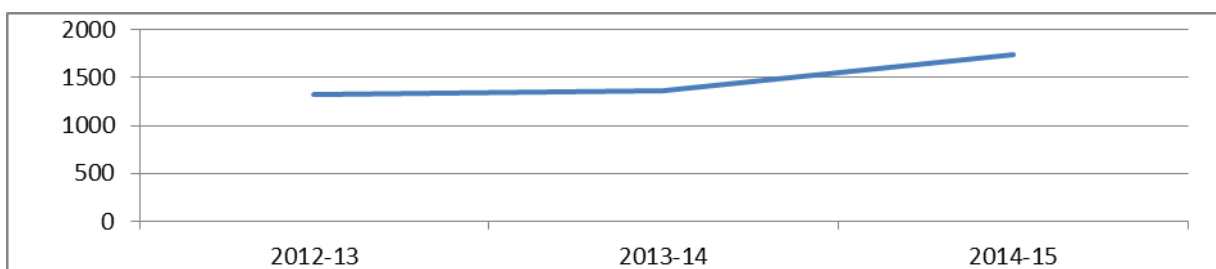
		number in Tameside
Women experiencing Domestic Abuse in the last 12 months	8.5%	5984
Men experiencing Domestic Abuse in the last 12 months	4.4%	3118
Life Time Prevalence – Women	30%	21120
Life Time Prevalence – Men	16.3%	11296

The Strategic Threat Assessment draws on a range of crime, incidents and socio-economic datasets to inform the development of the Tameside Partnership Crime Plan. The assessment produced in November 2015 includes data on domestic abuse offences and incidents (identified collectively as occurrences) for the time period April 2013-August 2015, by Lower Super Output Areas (LSOA). The Domestic Abuse Data Sets shows a total of 3762 domestic abuse occurrences in the 29 months covered by the assessment.

Greater Manchester Police data shows an increase of 28% in Domestic Abuse crimes in Tameside over the 3 year period from 2012/13 to 2014/15.

Table 4: Domestic Abuse Offences in Tameside

2012-13	2013-14	2014-15
1320	1359	1738



The Tameside Multi-Agency Risk Assessment Conference (MARAC) meets fortnightly to discuss cases assessed as high risk using the DASH risk assessment tool. In the first three quarters of 2015/16 it has considered 250 referrals.

In writing the Domestic Abuse Strategy the Strategic Steering Group has drawn largely on the Tameside Domestic Abuse Needs Assessment that was completed in February 2015 and the Voice of the Victim Consultation that was completed in April 2015. It takes account of developments within Greater Manchester, the legal framework, national and local data on Domestic Abuse, current service provision and considered a number of national, regional and local strategies and initiatives and reports.

This EIA outlines considerations taken in relation to the public sector equality duty (Section 149 of the Equality Act 2010) and the impact of Domestic Abuse, and how it is confronted and dealt with, across the different protected characteristic groups.

Gender

There is a clear gender divide in respect of the experience of domestic abuse. In England and Wales, women are more likely than men to have experienced intimate violence across all component types of domestic abuse.

- Each year around 2.1m people suffer some form of domestic abuse - 1.4 million women (8.5% of the population) and 700,000 men (4.5% of the population)¹⁵ and more than 100,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.

¹⁵ ONS (2015), Crime Survey England and Wales 2013-14. London: Office for National Statistics.

- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales
- Overall, 30.0% of women and 16.3% of men had experienced any domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims of domestic abuse and 2.7 million male victims

The nature of the Domestic Abuse experienced by male victims tends to be different to that experienced by female victims. Men are generally less likely to suffer from repeat victimisation and are less likely to suffer serious physical and sexual assaults.

Age

Domestic Abuse can be experienced at any stage in an individual's life

Children & Young People

Growing up in an abusive family can have life-long effects upon a child. These can include (but are not restricted to) depression, low educational attainment, unemployment, difficulties in forming personal relationships, conducting relationships in an abusive fashion or becoming victims of domestic abuse themselves, drug and alcohol misuse and chronic law-breaking.

- 140,000 children live in homes where there is high-risk domestic abuse and
- 64% of high and medium risk victims have children, on average 2 each
- A quarter (25%) of children in high-risk domestic abuse households are under 3 years old. On average, high-risk abuse has been going on for 2.6 years, meaning these children are living with abuse for most of their life

Tameside data for 2014/15 shows that there were 233 Children in Need, 164 children on Child Protection Plans and 85 Looked After Children where domestic abuse was a feature. The Needs Assessment identified an apparent increase in the number of young people in Tameside in intimate relationships experiencing domestic abuse. This includes partner, sibling and parent to child abuse. It identified a need for specialist domestic abuse support for children and young people and the provision of whole family support where children witness domestic abuse.

Children are affected by domestic abuse and violence in a number of ways:

- often begins or escalates during pregnancy resulting in injury or death to the foetus.
- Children witness violence, are forced to take part in the violence or be directly abused themselves.
- Contact with children is used by perpetrators after parental separation to coerce women into reconciliation, to cause further distress or to pressure women into withdrawing from any involvement in civil or criminal proceedings. This can cause severe stress for children and result in poor health; slow development; loss of concentration; withdrawn or disruptive behaviour; self-blame; low confidence and social isolation.
- The effects of living with domestic abuse and violence can lead to children being more vulnerable to grooming and teenage pregnancy and increasing their likelihood of becoming involved in crime; anti-social behaviour; alcohol and substance misuse.
- The majority of childhood sexual abuse is committed by a man known to the child. Where domestic abuse and violence is present in a family, there is an increased likelihood of child sexual abuse.

Adulthood

- The peak age of victims is between 21-29 years.

Old Age

Currently, a piece of local work has been completed by Public Health Tameside to understand further the situation in Tameside regarding elder abuse. It is noted that there is limited literature from the UK, and so a lot of the wider evidence is taken predominantly from Australian and North American sources. There is no firm data available about the extent of domestic abuse against older women.

'Older people' are typically considered within public service delivery to be those of 65 years and

over. However, more often now reports include people over the age of 50 and therefore some data refers to differing age groups.

- Some findings suggest that older women are more likely than younger to define a given event as “domestic violence”. This contradicts the view that older women may not report domestic violence because they fail to recognise it as “abuse”, or find it more acceptable than younger women.
- Approximately 227,000 older people are neglected or abused in the UK over a period of one year, by family members (including partners), carers or close friends. Modest estimates indicate this reflects 2.6% of the over-65 population nationally, although it is likely to be more, accounting for issues of under-reporting. In Tameside, this equates to approximately 900 people over the age of 65 who are experiencing domestic abuse and 65% of those perpetrating interpersonal abuse in older age live in the victim’s home.
- Currently there are 34,525 people aged 65 and older in Tameside, making up 15.7% of the local population. Over the next 20 years the age profile of Tameside will change quite significantly. Population projections show a doubling in the number of people over the age of 85; from 4,213 to 10,800 by 2035. The estimated numbers of older people experiencing domestic abuse are therefore also set to increase as the local population ages.
- Similar to adults under 65, later-life domestic abuse is most prevalent amongst women and 80% of interpersonal abuse perpetrators in older age are men.
- Some research suggests that an adult child is the perpetrator in up to 25% of cases where older women are abused.
- The British Crime Surveys found that younger women were more likely to report violence than older women, despite potentially there having been a longer period for violence to have occurred.
- A number of themes re-occur in the body of literature relating to domestic abuse and older age. Once again - similar to that of adults under 65 – these are:
 - Difficulties for older women in identifying or disclosing abuse, or doing anything about it once they have recognised it;
 - Shortage of appropriate services; and
 - Inappropriate responses by professionals, particularly those working in health and social care services.
- When abuse begins or is exacerbated in old age, it is likely to be linked to retirement; disability; changing roles of family members; and/or sexual changes. Not necessarily the ‘stressed care giver’ as previously thought.
- Some accounts of domestic abuse against older women have distinguished three categories: **Domestic violence grown old** (domestic abuse started earlier in life), **Entering into abusive relationships late in life** or **Late onset domestic violence** begins in old age.
- Barriers - research on external barriers to older women found that the responses of family, clergy, the justice system, and community resources all played a part in their disempowerment. Other major barriers directly relate to the potential consequences of reporting, i.e. the fear that disclosure will exacerbate the abuse, cultural and social factors, not identifying themselves as abused, shame and embarrassment, dependency on, or of, perpetrators (partners) or older children, traditional attitudes towards marriage and gender roles, financial dependency, fear that family would not be supportive, being less aware of services, cultural misconceptions (norming of certain behaviours), professional ageist stereotyping and language.

Race / Ethnicity

Findings from the British Crime Survey show that once other variables are controlled for, white people were more likely to be victims of domestic abuse and sexual assault than those from a non-White background. However, when behavioural factors such as use of any drug, frequency of alcohol consumption and number of visits to a nightclub in the last month are controlled for, there is no statistically significant difference by ethnicity in the risk of being a victim of domestic abuse or sexual assault.

However, consideration needs to be given to women and girls from black minority-ethnic (BME) background who may find it more difficult to leave an abusive situation due to cultural beliefs or lack of access to appropriate services. Victims from BME communities may often be more isolated or may have to overcome religious or cultural barriers to disclosing abuse and seeking help. These may include:

- language barriers;
- cultural acceptance of domestic abuse and fear of rejection from own community;
- fear of bringing shame onto their 'family honour' and risking additional domestic abuse in the form of honour crimes;
- fear of racist responses from statutory agencies;
- fear of jeopardising any immigration or entitlement status;
- Services provided have inappropriate cultural biases or make inappropriate assumptions.

Forced marriages, female genital mutilation (FGM) and so called 'honour'-based violence (HBV) are more likely to be prevalent in (although are not limited to) certain communities, including BME communities, although the data on these crimes is limited. Forced Marriage is a significant safeguarding concern for children and vulnerable adults

Disability (Inc. Mental Health issues)

The small body of research available on domestic abuse and disability (again, focusing primarily on women as victims) suggests that disabled women experience more abuse than their non-disabled peers (though this is based on literature and research based on domestic abuse as experienced by people with physical disabilities rather than learning difficulties, and disabilities or mental health issues other than depression as a symptom and result of domestic abuse).

There is a lack of dedicated service provision and policy development for disabled people experiencing domestic abuse. These victims experience a greater need for services, accompanied by far less provision and therefore lose out on both counts.

The way in which disabled people experience domestic abuse is similar in many respects to all other victims. However, some features seem to be more pronounced:

- Women's impairments are frequently exploited within the abuse, alongside humiliation and belittling.
- Sexual violence appears to be proportionately more common for disabled than non-disabled women.
- Financial abuse is common, with carers often taking women's personal allowances and other money.
- Many abusers deliberately emphasised and reinforced the victim's dependence as a way of asserting and maintaining control.
- The abuse experienced by disabled people is particularly acute when their abusive partner is also their primary carer.

A research study in England has indicated that people with a long-term illness or disability are more likely to be a victim of domestic abuse and stalking than people without. It should be noted that this does not imply causation and these findings should be treated as indicative rather than conclusive.

The research also indicated that disabled women or those with mental health problems are at a higher risk of victimisation. Disabled women maybe around twice as likely to be assaulted or raped, and more than half of all women with a disability may have experienced some form of domestic violence in their lifetime. In addition, at least half of all women in touch with mental health services have experienced violence and abuse, yet the level of awareness amongst mental health professionals can be low and women are rarely asked about their experience of violence or sexual abuse.

Sexuality

People in same-sex relationships also experience domestic abuse, although it is difficult to know its full extent in lesbian, gay, bisexual, and transgender (LGBT) communities, since for a variety of reasons reliable statistical data are not yet available in the UK. A national survey in 2002 found that 64 per cent of lesbian women surveyed had experienced some form of homophobic violence or harassment. A London based study, also in 2002, found that 75 per cent of lesbians who had been assaulted felt unable to report the crime to the Police.

The 2010 EHRC report 'How Fair is Britain?' found that LGB people are more likely than average to have experienced sexual assault and domestic violence during their lifetimes.

The national organisation Broken Rainbow estimate that gay men experience domestic and sexual abuse in similar levels to heterosexual women.

People from LGBT communities may be reluctant to report domestic abuse for a variety of reasons, including:

- Reluctance to disclose their sexual orientation;
- Fear of a homophobic or transphobic response;
- Cultural pressures to conform to societal norms;
- Religious or cultural hostility towards homosexuality/ transgender issues;
- Fear of not being believed;
- A lack of suitable services.

Religion & Belief

Issues of religious faith, or the belief in a specific system of principles and practices that give reverence to a higher power, are often central to the experiences of many victims and survivors of domestic abuse. Often these are interlinked with issues around ethnicity and culture. Indeed, very similar issues around under-reporting of domestic abuse seem to occur amongst communities of religion, faith and belief. Faith communities and secular domestic abuse services within the Borough are becoming increasingly aware of the need to create an awareness of domestic abuse within faith communities, as well as the need for cross-training and education about dynamics of domestic abuse and the role that faith plays in individuals' lives. Yet there exist historic misconceptions between faith communities and secular advocates that have served as barriers to collaboration between these two entities

Pregnancy & Maternity

Studies show that 30% of domestic violence starts during pregnancy and up to 9% of women are thought to be abused during pregnancy or after giving birth. A further national study indicates that 70% of teenage mothers are in violent relationships.

Domestic abuse has been identified as a prime cause of miscarriage or still-birth and of maternal deaths during childbirth. Where domestic abuse is already present in relationships prior to pregnancy, abuse will often increase and become more violent during this time. As is common in cases of domestic abuse, pregnant women are often reluctant to admit abuse without prompting. Controlling partners may accompany women to antenatal and other medical appointments, preventing women from speaking out. Other women feel particularly vulnerable during pregnancy and may fear the consequences of disclosure more than the abuse itself.

Marriage/civil partnership

Domestic abuse is higher amongst people who have separated, followed by those who are divorced or single.

Poverty and deprivation

The Strategic Threat Assessment highlights that the highest rate of domestic abuse occurrences were in Ashton Town Centre, also ranked highest for all crimes. 3 of the top 5 LSOAs with the highest rates of domestic abuse occurrences were in Ashton St Peter's ward with the remaining 2

in Dukinfield and Ashton Hurst wards. The areas for the 5 highest incidences of Alcohol and Domestic Violence related crimes are Ashton Town Centre, Guide Bridge, Stalybridge North and Hattersley Railway Station.

The data confirms earlier findings by the Commission for the New Economy of geographical hotspots for domestic abuse. It also indicates a correlation between domestic abuse and a wide range of socio-economic disadvantages. However, it should be noted that the location is the crime or incident occurred, rather than where the victim or perpetrator lives. While there are strong links between deprivation and domestic violence prevalence, this does not provide evidence of a causal link

2c. Impact

As identified in section 2b all protected characteristic groups can be impacted by domestic abuse. The strategy aims to address some of these impacts with positive results:

Gender

While the evidence shows that most victims are female, a significant proportion (4.5% of the population) is men. There are more services focussed on the needs of women and few specialist services for men. The strategy includes an action to develop dispersed refuge units that would be available for men and to undertake more research into the needs of male victims.

AGE

Children and Young People

The strategy identifies the negative effect of domestic abuse on children. To mitigate this it supports the development of more services via the appointment of a Young Persons IDVA, the delivery of programmes for children that have experienced or witnessed domestic abuse. It also proposes the development of an awareness raising programme to be delivered in schools and colleges to reduce the risk of young people being harmed as a result of domestic abuse and to inform young people where they can seek advice and support if they are living with domestic abuse

Older Age

The strategy identifies the potential under recognition and reporting of domestic abuse in older age. It supports further local research into the prevalence and nature of domestic abuse in older age in Tameside.

Race / Ethnicity

The strategy supports the development of dispersed units of refuge accommodation for people, including those from BME communities where refuge accommodation may not be suitable. It also supports the development of a comprehensive and targeted communication and awareness raising plan.

Disability (including mental health)

There is a lack of dedicated service provision and policy development for disabled people experiencing domestic abuse. The strategy supports further research into the prevalence and nature of domestic abuse among people with a disability, including those with mental health needs in Tameside

Sexuality

The strategy supports further local research into the prevalence and nature of domestic abuse in same sex relationships in Tameside

Religion & Belief

Faith communities and secular domestic abuse services within the Borough are becoming increasingly aware of the need to create an awareness of domestic abuse within faith communities,

as well as the need for cross-training and education about dynamics of domestic abuse and the role that faith plays in individuals' lives. The strategy supports the development of a comprehensive and targeted communication and awareness raising plan.

Pregnancy and maternity

Midwives now make a routine enquiry about domestic abuse of all pregnant and newly delivered women. The strategy supports the development of further specialist domestic abuse provision within health services, including pregnancy and maternity.

Marriage and Civil Partnership

Forced marriage is included within the definition of domestic abuse. There is a need to improve the awareness of domestic abuse within all communities and the strategy supports the development of a comprehensive and targeted communication and awareness raising plan.

Poverty and deprivation

The strategy identifies a correlation between domestic abuse and a wide range of socio-economic disadvantages. It supports the development of a comprehensive and targeted communication and awareness raising plan, this includes those geographical areas identified in the strategic threat assessment as those where most occurrences are located.

Substance misuse

The strategy identifies a correlation between domestic abuse and alcohol abuse. It identifies actions undertaken to raise awareness among licensees of domestic abuse.

2d. Mitigations *(Where you have identified an impact, what can be done to reduce or mitigate the impact?)*

Less is known about and fewer services are available for men, older people, people with disabilities and people in same sex relationships experiencing domestic abuse	The strategy supports further research into the needs of older people, men, people in same sex relationships and disabled people experiencing domestic abuse
Fewer services are available for male victims / people in BME communities	The strategy supports the development of dispersed refuge units that will be suitable for all groups for whom traditional shared refuge spaces are not suitable

2e. Evidence Sources

Tameside Strategic Threat Assessment 2016
 Tameside Domestic Abuse Needs Assessment February 2015
 Voice of the Victim Consultation April 2015
 New Economy - 2015
 Greater Manchester Police data published online
 Caada (2014), In Plain Sight: Effective help for children exposed to domestic abuse. Bristol: Caada.
 ONS (2015), Crime Survey England and Wales 2013-14 and 2014-15 London: Office for National Statistics.
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Johnson, Michael P (2008), A Typology of Domestic Violence: Intimate Terrorism, Violent Resistance, and Situational Couple Violence.
 Safelives <http://safelives.org.uk/policy-evidence/about-domestic-abuse/who-are-victims-domestic-abuse>
 The Sixth report of the Confidential Enquiry into Maternal and Child Death

2f. Monitoring progress		
Issue / Action	Lead officer	Timescale
The Domestic Abuse Strategy is accompanied by an overarching action plan. This will be supported by a detailed annual action plan that will be overseen by the Strategic Steering Group which is chaired by the Executive Director	Diane Barkley	<i>6 weekly reports</i>

Signature of Service Unit Manager	Date
Signature of Assistant Executive Director	Date