Tameside Domestic Abuse Strategy
2016-2019
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, 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
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
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 main emphasis in this strategy is on early intervention and prevention, for example Tameside’s involvement in Operation Strive (4.5) and on work to reduce the harm to children in households experiencing domestic abuse through an increase in work with schools for example Tameside’s involvement in Operation Encompass (Action Plan Objective 2).

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)
- 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)
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.
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”.¹

The data shows that domestic abuse 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.

**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)² 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.³
- In 2013-14 the police recorded 887,000 domestic abuse incidents in England and Wales.²
- 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.⁴

**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 women.⁵
- 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.⁶
- 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.

¹ Tameside Domestic Abuse Needs Assessment (February 2015)
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 and high-risk victims live with domestic abuse\(^3,4\) 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.

Welfare Reform

Research evidence\(^7\) 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:

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of Cases</td>
<td>14,100</td>
<td>14,711</td>
<td>19,561</td>
</tr>
</tbody>
</table>

British Crime Survey Data for April-September 2015 records 9,752 domestic abuse offences in Greater Manchester, with a rate of 4 offences per 1000 population.

\(^{1}\) A Widening Gap: Women and Welfare Reform, Engender (Scotland) 2015
Across Greater Manchester, Greater Manchester Police recorded an average of 1588 domestic abuse crimes per month and 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 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 Formula\(^a\) (pro-rata by population)

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

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

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 it’s local partners provide for the area of domestic abuse.
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**

<table>
<thead>
<tr>
<th></th>
<th>UK %</th>
<th>Estimated number in Tameside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women experiencing Domestic Abuse in the last 12 months</td>
<td>8.5%</td>
<td>5984</td>
</tr>
<tr>
<td>Men experiencing Domestic Abuse in the last 12 months</td>
<td>4.5%</td>
<td>3118</td>
</tr>
<tr>
<td>Life Time Prevalence – Women</td>
<td>30%</td>
<td>21120</td>
</tr>
<tr>
<td>Life Time Prevalence – Men</td>
<td>16.3%</td>
<td>11296</td>
</tr>
</tbody>
</table>

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.

GMP data shows that incidents of domestic abuse in 2014/15 increased by 30% when compared with the previous 12 months and by 19% when compared to 2011/12.
Table 4: GMP Data - Domestic Abuse Offences in Tameside

<table>
<thead>
<tr>
<th>Financial Year Count</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 / 12</td>
<td>1477</td>
</tr>
<tr>
<td>2012 / 13</td>
<td>1320</td>
</tr>
<tr>
<td>2013 / 14</td>
<td>1359</td>
</tr>
<tr>
<td>2014 / 15</td>
<td>1760</td>
</tr>
<tr>
<td>2015 / 16 ('til Dec)</td>
<td>1199</td>
</tr>
</tbody>
</table>

GMP data shows that there are an average of 139 domestic abuse crimes per month in Tameside, the chart below shows that Tameside is ranked 6th in Greater Manchester in the number of crimes per month.

Table 5: Average number of DVA crimes per month 2015 by GM District

An analysis of GMP data on domestic abuse incidents, rather than just crimes shows that Tameside consistently ranks within the top 5 in GM in frequency of incidents.
An analysis of GMP data of domestic abuse incidents in Tameside by risk shows that there was an increase in medium risk incidents towards the end of 2014/15. The trend for incidents assessed as ‘High risk’ is increasing, above and beyond that for other risk types. These incidents increased by 27% in 2014/15 when compared with 2011/12.

The Tameside Multi-Agency Risk Assessment Conference (MARAC) meets fortnightly to discuss cases assessed as high risk using the DASH risk assessment tool. The MARAC also considers applications for disclosure under Claire’s Law (see 3.3).
Table 7 shows data on referrals to the Tameside MARAC since 2007/08. This shows an increase in referrals year by year, an increase in the proportion of repeat cases – from 12% of cases in 2009/10 to 27% in 2014/15 (note 15/16 data shows further increase in proportion of repeat cases, up to 37% as at 1/3/16 for the previous 12 months). The increase in the numbers of children affected year by year seems to have reduced in 2015/16 (note data for 2015/16 is up to 1/3/16).

Table 7 - Tameside MARAC cases 2007/8 to 2015/16

<table>
<thead>
<tr>
<th></th>
<th>Number of cases discussed</th>
<th>Number of repeat cases</th>
<th>Number of children in the household</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007 / 2008</td>
<td>53</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>2008 / 2009</td>
<td>82</td>
<td>3</td>
<td>136</td>
</tr>
<tr>
<td>2009 / 2010</td>
<td>179</td>
<td>22</td>
<td>228</td>
</tr>
<tr>
<td>2010 / 2011</td>
<td>240</td>
<td>50</td>
<td>279</td>
</tr>
<tr>
<td>2011 / 2012</td>
<td>297</td>
<td>63</td>
<td>378</td>
</tr>
<tr>
<td>2012 / 2013</td>
<td>363</td>
<td>111</td>
<td>431</td>
</tr>
<tr>
<td>2013 / 2014</td>
<td>376</td>
<td>112</td>
<td>489</td>
</tr>
<tr>
<td>2014 / 2015</td>
<td>445</td>
<td>120</td>
<td>575</td>
</tr>
<tr>
<td>2015 / 2016</td>
<td>335</td>
<td>127</td>
<td>441</td>
</tr>
</tbody>
</table>

The MARAC data also shows that the Police remain the highest source of at round 60% of referrals and that Adult Social Care, mental health, substance misuse and education are consistently low referrers. The majority of voluntary sector referrals are by Victim Support, with small numbers from refuges out of borough and the Citizens Advice Bureau. This indicates a need for an ongoing workforce development programme to raise and maintain awareness of domestic abuse in all agencies.

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 deprivation

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 incidence 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 shows that significant numbers of children are affected by domestic abuse. 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.

GMP data shows that the trends for incidents involving children follow those observed for all domestic abuse incidents. An analysis of the percentage change by financial year show that incidents have increased by 6% when comparing 2014/15 with the previous 12 months and by 3% when compared to 2011/12.

The largest percentage change is of incidents assessed as ‘High Risk’ which have increased by 28% when compared to the baseline in 2011/12. Incidents involving children account for an average of 57% of all domestic abuse incidents recorded over the last 12 months. When examined by risk type this percentage increases with the risk level: 53% of Standard risk incidents involved children, 63% of Medium risk incidents and 66% of High Risk incidents.

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 either 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 MARAC data shows a sharp increase in the number of young victims and perpetrators since 2013/14.

### Table 8 – Numbers of young victims and perpetrators discussed at MARAC

<table>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of victims aged 16 - 17 years</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Number harming others aged 17 or below</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

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 of need and the views of victims set out here.
4.3 DOMESTIC VIOLENCE HOMICIDE REVIEWS: LESSONS LEARNED

A publication by the Home Office sets out 7 common themes identified as lessons learned from domestic violence homicide reviews. The report includes suggestions for how to address these themes locally. These include the need for

Awareness raising and communication

- Ensuring that all forms of domestic abuse are covered in all training and communications
- Publicising the support that is available for all forms of domestic abuse
- Involving survivors in communications and training programmes

Awareness and training for healthcare professionals

- Consideration should be given to commissioning the Identification and Referral to Improve Safety (IRIS) project, a general practice based domestic abuse training support and referral programme
- Midwives to undertake routine enquiry of all pregnant women

Risk assessment

- Ensure that all agencies have up to date and robust risk assessment and management approaches and know how to complete a DASH risk assessment

Information sharing and multi-agency working

- Review local information sharing protocols
- Ensure appropriate agencies are attending the MARAC

Complex Needs

- Ensure substance misuse services risk assessment frameworks take account of domestic abuse
- Promote attendance at MARAC by mental health and substance use services

Perpetrators and Bail

- Ensure bail conditions are shared with agencies at the MARAC

Awareness of the safeguarding needs of children

- Ensure that the needs of children in households affected by domestic abuse are considered
4.4 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 following pages (Table 9: Summary of achievements against Tameside Domestic Abuse Strategy 2013-16) 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.

**Objective**

Improve prevention and early intervention

**What we achieved**

- Increased the number of specialist and front line services that are equipped to use the Domestic Abuse Stalking and Honour Based Violence (DASH) risk assessment 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.

- Delivered awareness raising messages on domestic abuse linked to key events in the calendar, e.g. Valentine’s Day.
Objective
Protection of Victims

What we achieved

• 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 households in 2013/14, to 249 in 2014/15 and 208 to date in 2015/16.

Objective
Managing Offenders

What we achieved

• 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.
Objective

Workforce Development

What we achieved

• 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 programme 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

Objective

Building Service Capacity

What we achieved

• 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.
4.5 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 10: Referrals to Bridges by risk

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

**Other Domestic Abuse Services**

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 operate 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.
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.
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 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.
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 though 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 a 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:

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.

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

• 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.

• Operation Encompass: We will pilot and evaluate the implementation of Operation Encompass. This project ensures that a lead person in school is notified by the police that domestic abuse has occurred in the household of a pupil (aged between 4-18)
Objective 3

Workforce development:

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.

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

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

• 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 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 are 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.

• Health professionals: We will explore the options for implementing IRIS with GPs and for improving support to health staff in how to respond to domestic abuse.
Objective 4

Protection of victims:

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.

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 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

- 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.

- 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 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 partners 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):

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

Aligned to NICE Guidance Recommendations 14.


- 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

Home Office (2014) Domestic Violence Homicide Reviews, Common Themes identified as lessons to be learned. London


New Economy - 2015

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