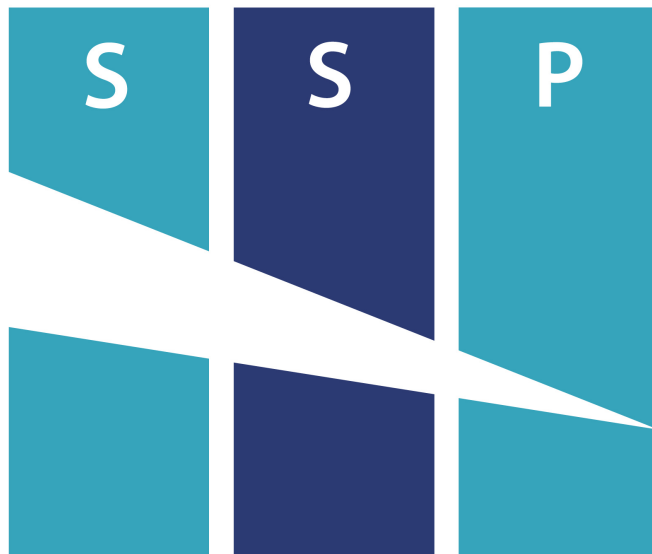


# Stockport Domestic Abuse Prevention Strategy 2015-16



*Safer Stockport Partnership*

## **Foreword by Councillor Wendy Meikle - Stockport Council's Domestic Abuse Champion**

Domestic abuse affects thousands of Stockport residents every year and is a crime that goes under reported.

Anyone can be affected including the most vulnerable in our communities. Domestic abuse happens to men as well as women and can take a variety of forms not just physical abuse. At its extreme domestic abuse can result in homicide. It has a devastating impact on the lives of victims and results in massive costs to society.

Victims of domestic abuse tell us that when they are experiencing problems they appreciate a swift response and support from the right people, at the right time.

This strategy aims to support partnerships and agencies in delivering timely and appropriate responses to those affected by domestic abuse in Stockport.

Stockport has seen real transformation in the way that we identify need across the Borough. We recognise that intervening early and tackling the causes, not the symptoms, is critical to improving outcomes, whilst reducing demand and cost.

We all have a responsibility to address this serious problem and to commit to making Stockport a safer place. Only agencies working together can make a difference to victims and children and help to change perpetrators behaviour.

I would like to thank the range of agencies that have collaborated in the development of this strategy.

A handwritten signature in black ink that reads "W. Meikle". The signature is written in a cursive style with a small loop above the 'i' in "Meikle".

Cllr Wendy Meikle – Domestic abuse champion



## **1. Introduction**

1.1 The Domestic Abuse Prevention Strategy is a new statement of Stockport's approach to improving outcomes for adults, families and children and young people who experience domestic abuse. The strategy sets out the priorities established by the comprehensive 'Review of Domestic Abuse Services' carried out in 2013 and is guided by the best available evidence about the long term effectiveness of interventions.

1.2 The Strategy is underpinned by the Supporting Families Pathway (public facing name of the Multi Agency Safeguarding Hub MASH) which is the borough wide, central means for the identification of need, early in the development of a problem and the MAARS (Multi-agency Adults at Risk ) System which co-ordinates and provides support to vulnerable adults . The SFP and MAARS systems aim ensure that need is identified early and that appropriate support is offered to adults, children and families to reduce the likelihood of escalation to costly statutory services after problems have got worse.

## **2. Purpose**

2.1 The Domestic Abuse Prevention Strategy forms a framework to steer the work of all key partners in Stockport and provides a policy basis for the consistent commissioning and development of provision and services. The aim of the strategy is to set out our key priorities for 2015/16 along with a detailed action plan to support implementation.

2.2 The strategy has been informed by a range of legislation and national guidance including the recently published National Institute of Clinical Excellence Guidance – full details are provided in Appendix A.

## **3. What do we mean by Domestic Abuse?**

3.1 The cross-government definition of domestic violence and abuse is:

- psychological
- physical
- sexual
- financial
- emotional

3.2 Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

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

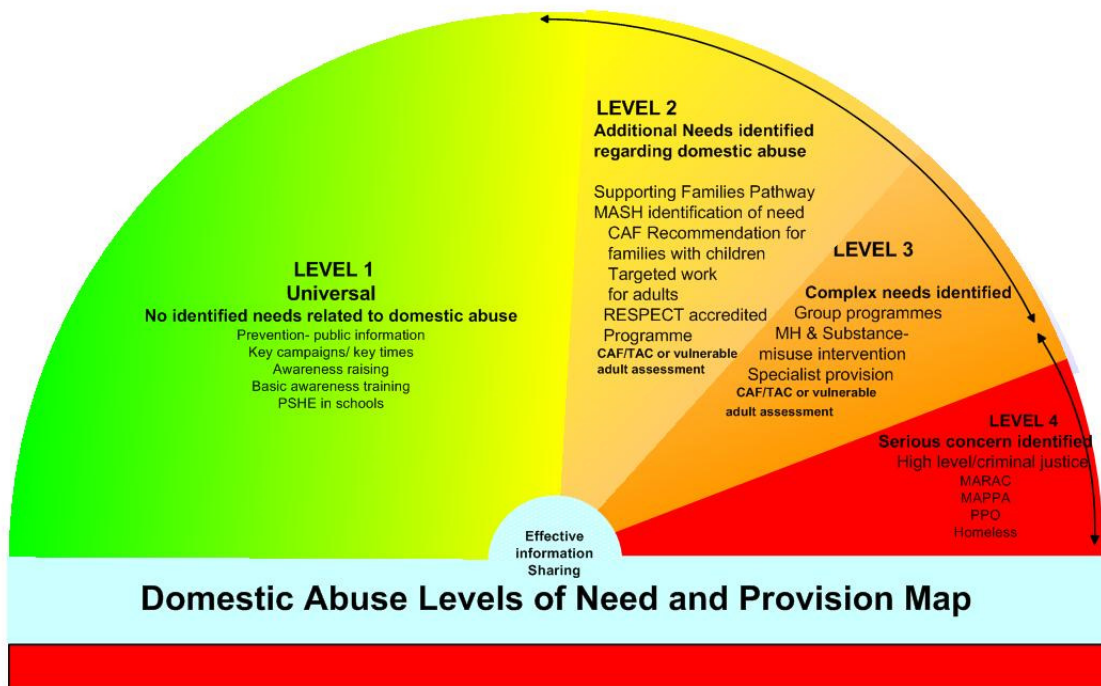
Coercive behaviour is: *an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.*

- 3.3 This definition includes 'honour' based violence, female genital mutilation and forced marriage and is clear that victims are not confined to one gender or ethnic group.

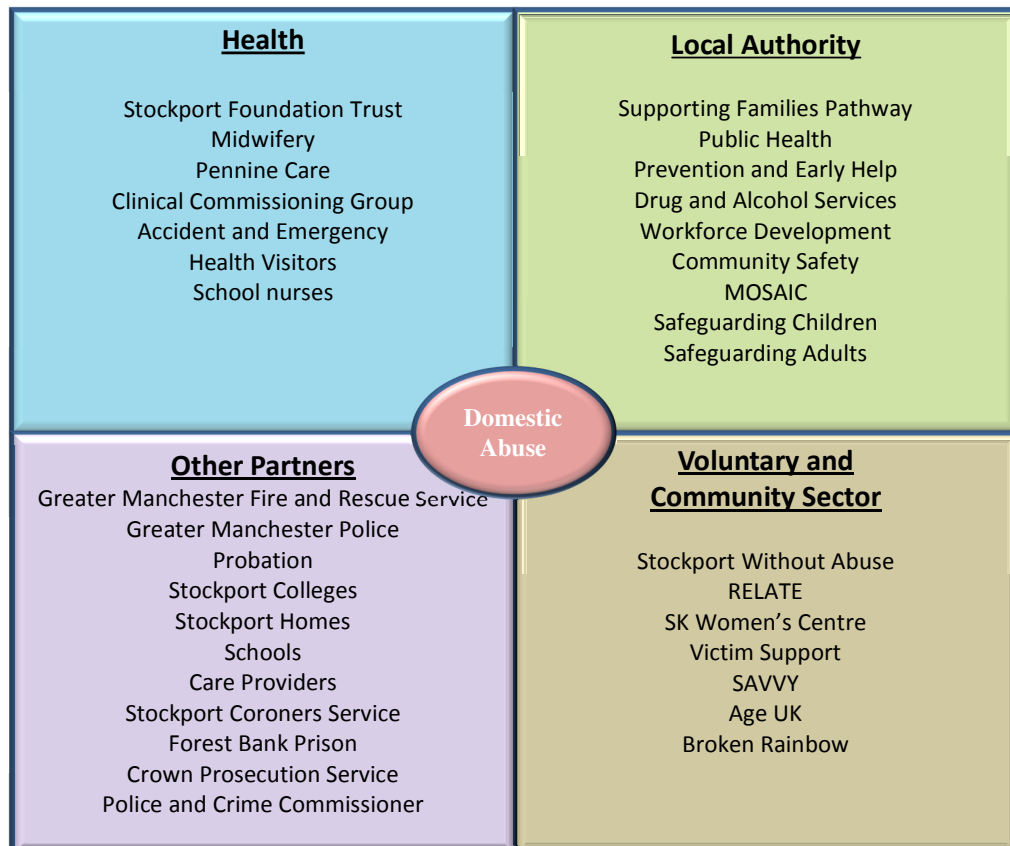
#### **4. Domestic Abuse in Stockport -Context and Impact**

- 4.1 In 2013 the Safer Stockport Partnership and Stockport Safeguarding Children's Board carried out a detailed review of Domestic Abuse Services in Stockport. The review has highlighted the need for a whole systems approach to domestic abuse in Stockport with a clear need for more consistent preventative action coupled with early identification of need.
- 4.2 Domestic abuse has profound long term implications for victims by seriously undermining their life chances and those of affected children. Family disharmony and violence is a key predictor of adverse long term effects on children and their propensity to engage in crime and become disengaged from mainstream community life as adults.
- 4.3 This significantly increases demand on public services in the medium and longer term. It is estimated that domestic abuse costs the Stockport economy £37 million per year, including costs for criminal justice, health care, other public services and civil legal costs etc. This means that we need a new approach to reduce spend whilst improving outcomes.
- 4.4 The SFP MASH is now well embedded in Stockport and is working effectively to identify and support vulnerable children, adults and families across the borough. The SFP has a strong interface with Children's Social Care and with a range of other child and adult related support services across the borough and has been able to enhance strategic information sharing at the point of identification of need. The SFP MASH and the future development of MAARS are key to reducing the prevalence of domestic abuse in Stockport.

The Diagram below shows the different levels of need for Domestic abuse along with the provision currently available at each level.



Details of the organisations who provide support to victims, perpetrators and their families locally is outlined below:-



## **5. Stockport's position**

### **Incident data**

- Over the past 12 months the Police recorded 5,082 domestic abuse related incidents in Stockport but we know that domestic abuse is a vastly under-reported issue and on average women experience 35 incidents before reporting to the Police
- 57% of child protection cases are linked to Domestic abuse
- 27% of homeless acceptances in the Borough in 13/14 were due to domestic abuse
- Of the 5,082 incidents 31% were alcohol related
- 17.5% of people who reported domestic abuse to the Police in Stockport are men
- 15% of youth offending statutory cases are domestic abuse perpetrators
- 20% of MOSAIC (Young people's substance misuse service) cases have links to domestic violence
- An average of 40% of cases per year, that are screened through the Supporting Families Pathway (Stockport's early identification pathway) show domestic incidents as the predominant presenting issue.

5.1 Consultation with survivors, service providers and staff has identified that Stockport does well in the following areas:

- There are strong multi-agency partnerships in Stockport and Partners are open to new ways of working
- There is high level strategic buy-in and Domestic Abuse is seen as a priority for the Borough
- The MARAC (Multi-Agency Risk Assessment Conference) for high risk cases works well
- Third sector provision is highly valued particularly the services provided by Stockport without Abuse and the Women's Centre.
- We have systems in place that pick up the early warning signs of need or distress in families and enable the offer of effective, with support via the Supporting Families Pathway and development of the Multi-agency Safeguarding Hub (MASH)
- Addressing housing needs of those in crisis

### **5.2 Areas for improvement/development**

- Domestic Abuse Services in Stockport tend to focus on high risk cases/crisis intervention and are relatively well resourced but there are gaps and inconsistencies in provision within early intervention and prevention services.
- Access to voluntary perpetrator programmes locally is also limited.

- Some highly effective work takes place but it is difficult to evidence impact as we do not have an integrated commissioning strategy in place across partners and this subsequently results in the absence of a consistent, rigorous outcomes framework that effectively evidences distance travelled made by victims and perpetrators of domestic abuse.
- Current silo approaches to data collection make it difficult to evaluate the impact of services provided to victims, perpetrators and children.
- We are seeing an increase in the following types of issue, where there are gaps in terms of the support available:-
  - households where the victim and the perpetrator are interchangeable
  - the normalisation of violence within families
  - where substance misuse linked to chaotic lifestyle is a central factor
  - support required for perpetrators under 18
  - teenager aggression and violence towards parents, grandparents or carers
- Intensive, person-centred holistic support for all involved or affected, including children, perpetrators and male victims, and also including parenting support and integrated support to address co-occurring substance misuse and mental health problems.
- Communication and coordination within and between services, so that people seeking help don't feel 'passed from pillar to post', having to repeatedly re-tell their story. This is linked to a lack of consistency of assessment of victims/perpetrators and this is crucial if we are to establish a streamlined, consistent way of working.
- Education and awareness around abusive relationships, to enable people to recognise abusive relationships (whether perpetrator or victim), and how to access advice and support.
- Adults at Risk are a growing concern in Stockport and place disproportionate pressure on community safety services, mental health and homelessness services as well as adult social care and the Police.
- Awareness of the impact of the fear/trauma on babies and very young children and the long term consequences for mental health

## **6. Key priorities for 15/16**

6.1 We want to reduce the number of victims and perpetrators of domestic abuse in Stockport. The following key priority areas will help us to achieve this ambition:-

### **(a) Governance**

We will establish a strategic multi-agency partner steering group that will oversee the implementation and delivery of the strategy and action plan.

### **(b) Early Help and Prevention**

We will have a clear focus on prevention and early identification as issues emerge and ensure there are responsive interventions.

We will ensure that adults, children and young people experiencing domestic abuse get the right help and support at the right time.

We will ensure that when need has been identified that subsequent engagement rates are high and that service users are enabled and supported to move on.

**(c) Workforce Development**

We will ensure that the workforce is equipped to recognise domestic abuse early and intervene responsively and effectively to reduce the likelihood of escalation. The Voluntary and Community Sector and Young Peoples Violence Advisors will be central to this priority.

We will ensure that domestic abuse enquiries become a routine of good practice and professionals know where to refer.

**(d) Commissioning**

We will establish a multi- agency, evidenced based approach to commissioning.

We will investigate the connections between substance misuse, mental health and domestic abuse, working with specialists to ensure cohesive approaches and reduce duplication

We will address perpetrator behaviour and provide support to help people change their behaviour

**(e) Performance Data and Collection**

We will collect robust performance data in a consistent way across services, improve the quality and frequency of data reporting to the Supporting Families Pathway Executive Steering group and establish an outcomes framework for domestic abuse.

We will put in place consistent assessment processes to better understand the needs of adults, children and families.

**(f) Awareness raising and Communication**

We will ensure that key strategic boards and the workforce promote awareness and understanding of domestic abuse and make sure it is everybody's business and review our use of technology/media campaigns to improve awareness and counter acceptance of domestic abuse within our communities.

The Action plan attached outlines the specific actions we will take in 2015/16 to achieve the above priorities.



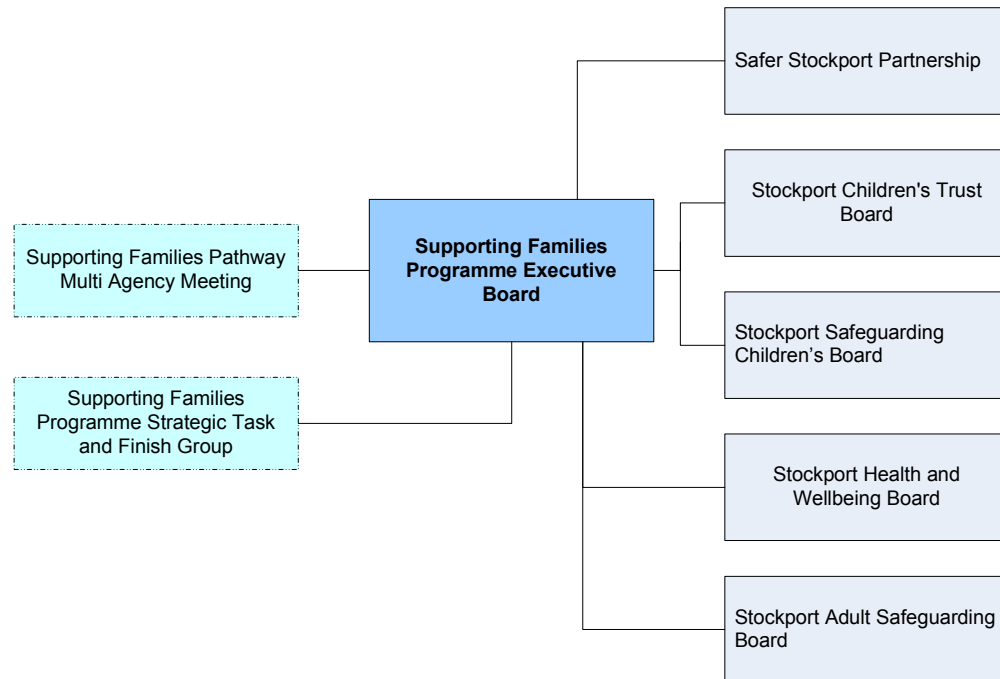
## 7. Governance

7.1 The delivery and performance of the strategy will be led by the Supporting Families Executive Steering Group. All key partners sit on the Steering group and a place will be available for a representative of the Voluntary and Community Sector.

There will be regular progress to the following Boards:-

- Safer Stockport Partnership
- Stockport Safeguarding Children's Board
- Stockport Children's Trust Board
- Stockport Health and Well Being Board
- Stockport Adult Safeguarding Board

The Governance model for the programme of work is shown below:-



### Key enablers

- Supporting Families Pathway MASH
- MAARS - Multi-Agency Adults At Risk System
- National Troubled Families Programme (also known as Supporting Families in Stockport)
- The transformation programme that will create integrated locality based teams that are jointly managed by Stockport NHS Foundation Trust and the Local Authority
- Prevention and Early Help Strategy

- Safeguarding Adults Policy 2013
- Stockport Joint Strategic Needs Assessment
- Health and Well Being Strategy
- Public Service Reform Programme
- Crime Needs Assessment

### **Key Interdependencies**

- Prevention and Early Help Strategy 2014-16
- Health and Well Being Strategy 2012-15
- Children and Young People's Strategic Plan 2014-15
- Stockport Safeguarding Children's Board Strategy
- Joint strategic needs assessment
- Safer Stockport Partnership Plan 2014-2016
- Drug and Alcohol Strategy 2014-17
- Mental well-being and suicide prevention strategies
- Homelessness Strategy 2011-16
- Stockport NHS Foundation Trust Five Year Strategic Plan 2014-2019
- Safeguarding Adults at Risk Policy 2013
- A Quality Strategy for Adult Social care in Stockport 2013-2016
- Diversity and Equality Policy



Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
<b>Objective 2 : Early Help and Prevention</b>				
(a)The Supporting Families Pathway and MAARS are the main vehicles for identifying domestic abuse early and ensuring adults and children get the right support at the right time. We need to strengthen our response to domestic abuse at the point of identification of need – this will be developed through the Supporting Families Pathway/MAARS/MASH.	<p>Reduction in the prevalence of domestic abuse</p> <p>Reduction in levels of homelessness due to domestic abuse</p> <p>Confident and resilient workforce able to identify and address and improve outcomes for children adults or families experiencing domestic abuse</p>	<p>1.Need to build a rigorous response to Domestic Abuse from our key service providers ( current engagement rate issues)</p> <p>2.Specialist referral of appropriate domestic abuse cases as they present through the Supporting Families Pathway or through Risk Identification Checklist (RIC) assessments</p>	Susan Claydon /Jo Lancaster	March 2015
(b)Address the current gap in provision for male victims, Perpetrators and People with substance misuse/mental health and domestic abuse issues	Victims and perpetrators of domestic abuse get help and support when they need it	<p>1. Building on the SFP MASH/MAARS - establish additional pathways for perpetrators of domestic abuse and male victims.</p> <p>2. Enhance pathways for people with Substance Misuse and/or mental health problems who are also affected by Domestic Abuse.</p>	Susan Claydon /Alison Leigh/Gina Evans/Jo Lancaster	March 2015
(c)Develop clear protocols and methods within the	Intelligent information sharing	1.Review current protocols and methods of sharing and	Susan Claydon/Jo Lancaster	March 2015

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
SFP/MAARS for sharing information with specific groups e.g. GPs and schools	across agencies	develop a new approach 2.Link into the Council's Digital by Design cross cutting work theme		
d)Support individuals and families to build the life skills and capacity to respond resiliently to mental and emotional distress	People know where to get help and evidence based interventions are available to them when they need it.	<ol style="list-style-type: none"> <li>1. Review access to psychological therapies for Victims/perpetrators</li> <li>2. Pilot the use of strength based approaches with families /individuals</li> <li>3. Pilot Community solutions and co-production such as self -help and peer support approaches.</li> </ol>	Public Health Children's services CCG Adult/disability services	September 2015
(e)Improve links with services supporting children particularly schools	Support is available to children whose parents are victims/perpetrators is maximised	<ol style="list-style-type: none"> <li>1.Broker conversations with schools</li> <li>2.Ensure links between work carried out with adult victims of DA is aligned with services supporting children particularly schools</li> </ol>	Integrated Prevention Service – Viki Packman/schools	September 2015

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
<b>Objective 3: Workforce Development</b>				
(a) Ensure the workforce are equipped to recognise the indicators of domestic abuse and know where to refer for help	Domestic abuse enquiries become a routine of good practice and professionals know where to refer to	<p>Review the training that is currently provided to <b>all</b> professionals who come into contact with adults and children and raise awareness of the different types of abuse such as coercive control, post separation abuse and stalking.</p> <p>Mapping the training provided to professionals on domestic abuse by the following :-</p> <ul style="list-style-type: none"> <li>• Council Services – social care, youth services providers , adults services, early years and schools/colleges</li> <li>• Health – GPs, health Visitors, Midwives, A&amp;E, sexual health workers, District Nurses, Podiatrists, Carers and other adult health workers</li> <li>• Voluntary and Community Sector</li> <li>• Substance Misuse Services</li> <li>• Mental Health</li> </ul>	Kate Fitzhugh Jane Connolly Simon Armour GMP CCG Foundation Trust	September 2014 – September 2015

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
		Services <ul style="list-style-type: none"> <li>• Drug and alcohol treatment services</li> <li>• Public health lifestyle services</li> <li>• Police</li> <li>• Probation</li> <li>• Stockport Homes</li> </ul> Explore potential GM collaboration in support of Primary care Training and referral initiative based on the IRIS project	Simon Armour	
(b)Embedding of multi-agency training approach for frontline workforce	Key professionals know how to recognise the signs of domestic abuse , know how to engage with victims and perpetrators and know how to assess and where to refer to	<ol style="list-style-type: none"> <li>1. Ensure that Young People Violence Advisers /CAADA roll out specialist training to wider workforce starting with a pilot approach</li> <li>2. Embed restorative practice across a range of universal providers</li> </ol>	Susan Claydon Rebecca Key VCS	March 2015
<b>Objective 4: Commissioning</b>				
(i)Produce an Integrated Commissioning Strategy for Domestic Abuse based on evidence of what works and a	Resources are aligned behind key interventions that can deliver the best	A review of preventative commissioning is currently taking place in Stockport. Domestic abuse services are	Donna Sager – Deputy Director of Public Health Jo Lancaster –	October 14

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
solid understanding of the needs of service users.	<p>outcomes</p> <p>Better use of Pooled resources</p>	<p>included in this work. The aim is to have an integrated prevention commissioning strategy by the end of September 2014. This will then provide a framework to inform future work.</p> <p>1.Mapping of current commissioning arrangements</p> <p>2.Review the evidence base of what interventions work</p> <p>3.Gain service user insight to inform the work or use evidence from previous consultations where appropriate</p> <p>4.Any future Commissioning strategy needs to address current gaps in the following areas:-</p> <ul style="list-style-type: none"> <li>• Support for male and female Perpetrators</li> <li>• Support for male victims</li> <li>• Mental health , Domestic Abuse and Alcohol</li> <li>• Support for pregnant</li> </ul>	<p>Supporting People Manager</p> <p>Task and Finish Group – comprising key partners</p>	<p>October 14-October 15</p>



Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
		victims <ul style="list-style-type: none"> <li>• Support to manage households where victim and perpetrator are interchangeable</li> <li>• Specific programmes to address teenager aggression and violence towards parents/carers – frequently a cause for DV Notifications into the Contact centre</li> <li>• Training and awareness raising in Primary and Secondary Schools.</li> <li>• Exploration of New delivery models for appropriate housing provision</li> <li>• Support for vulnerable adults</li> <li>• support for babies/very young traumatised children and their parents/carers – parent-infant mental health services</li> </ul>		

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
(ii) Link into Greater Manchester Commissioning Strategy	Improved GM Collaborative Commissioning of Victims Services	Ensure Stockport is represented on GM Groups for developing commission of domestic abuse services	OPCC/CSU	October 14
(iii) Include domestic abuse in Stockport's Joint Strategic Needs Assessment to inform future commissioning decisions	A good understanding of the health and well-being needs, emerging challenges and projected future needs	Use current Stockport data along with Supporting Families pathway /MAARS data to input into the JSNA.	Eleanor Bannister – Public Health	March 2015
<b>Objective 4 (a) Commissioning: Mental Health, Alcohol and Domestic Abuse Services</b>				
(a) Improve responses to adults and children and families who experience Domestic abuse and/or have a mental health condition and/or substance misuse issues.	<p>People who experience DA and have a mental health condition and /or use alcohol/drugs receive evidence based treatment for their condition</p> <p>Common understanding across the</p>	<p>1. The connections between alcohol, drug use, mental health and domestic abuse have been identified in response to the commitment in Stockport's Health and Well-Being Strategy</p> <p>Use this work to inform the development of referral pathways, commissioning, workforce development and future collaborative working</p>	Donna Sager/Alison Leigh/Simon Armour/Stockport Clinical Commissioning Group	October 14 – March 2015

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
(b) Improve information sharing between key professional groups	workforce of what domestic abuse is and how mental health and substance misuse impact on abuse  Intelligent information shared across key professional groups	Workshop with key professionals to improve knowledge when supporting victims and perpetrators of domestic abuse and identify gaps in information sharing and collectively agree a way forward.	Donna Sager/Alison Leigh	March 2015
<b>Objective 4 b: Commissioning: Perpetrator Provision</b>				
(b) Review current provision in Stockport for Perpetrators of Domestic Abuse	Programmes increase the safety of the perpetrators partner and children and help perpetrators change their behaviour	Mapping of current perpetrator provision including any evaluation and costs/benefits of that provision including RESPECT accredited programmes.	Task and Finish Group: Helen Boyle /Heidi Shaw/Alison Leigh/Susan Claydon/Maura Appleby/Amanda Carbery/VCS	September 2014
(c) Consultation with male and female perpetrators of domestic abuse	To gain insight and a better understanding of what people need to help them	Consultation with perpetrators to identify abuse and produce key findings	Community Safety Unit/Policy Performance and Reform	December 2014

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
	understand and change their behaviour.			
(d) Review and evaluate relationship based interventions for perpetrators of domestic abuse	Establish what we already have and whether it is working	Mapping of relationship based interventions in Stockport	Community Safety Unit/Policy Performance and Reform	October 2014
(e) Identify a programme to support adults/families where the victim/perpetrator are interchangeable	Test out whether increased access to locally delivered good quality perpetrator programmes could prevent escalation into high risk activity and entrance into the Criminal justice system.	Pilot a strength based programme for families who are experiencing domestic abuse	Community Safety Unit/Policy Performance and Reform	December 2014 – December 2015
<b>Objective 5: Performance and data collection</b>				
(a) Establish rigorous and robust multi-agency data collection through a cross cutting, shared performance framework across the public, voluntary, independent and community sector	Enhance understanding of need in the Borough and raise awareness of issues  Better understanding of the distance travelled by people	Establish an outcome framework for domestic abuse, review current data available and identify gaps.  Useful measures could include :- <ul style="list-style-type: none"> <li>number of cases identified where DA is predominant issue (already</li> </ul>	Task and Finish Group – Community Safety Unit/SFP Data Analyst, adults, health partners, Police, VCS	March 2015 – September 2016

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
	via different interventions and whether they are making a difference to people's lives	available) <ul style="list-style-type: none"> <li>• Engagement rate as a % of these cases where DA is a Presenting issue</li> <li>• Improved self- esteem and emotional well-being at end of intervention and case closure</li> <li>• Numbers of households becoming homeless due to domestic abuse/repeat homelessness</li> <li>• Increased referrals from GP's to MASH</li> <li>• Improvement across a arrange of domains within an agreed distance travelled performance framework</li> <li>• Improved school attendance of children living in households with DA</li> <li>• Repeat Offending Rates</li> <li>• Conviction rates for domestic abuse</li> </ul>		

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
		crimes		
(b)DHR Learning to inform future practice and serious case Review for Children	Improve services for Victims of Domestic abuse	Establish multi-agency action plans on each review conducted	Helen Boyle	As and when required
(c) Submit expression of interest to the police and crime commissioner to establish a new delivery model that will implement innovative new approaches around DA – eg work to halt the negative and repeat cycle of removal of children from mothers as a result of combinations of substance misuse, mental health issues and domestic abuse.  Rehabilitation of children in looked after placements back into the family home once stability is evident	Less children being removed from mothers as a result of combinations of substance misuse, mental health issues and domestic abuse.	Prepare expression of interest that will enable an effective, innovative approach to DA	Susan Claydon Deborah Woodcock	EOI submission July 2014
(d)To ensure robust links between Organised Crime Groups (OCG) and Operation Challenger and this DA Strategy	Better focus on vulnerability within work across organised crime Enhanced information sharing between	1.Appoint analyst to support work on Supporting Families Pathway and Operation Challenger 2.Develop analytical products that inform work with OCG's and the wider community	Steve Dix Susan Claydon	Review Jan 15

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
	enforcement and support agencies	3. Use systems thinking approach to develop multi-agency action in tackling established/emerging OCGs.		
<b>Objective 6 : Awareness Raising and Communication</b>				
<p>(a)Ensure that key strategic boards and the workforce promote and understand domestic abuse and make sure it is everybody's business</p> <p>(b)Review current use of technology to communicate key messages /signposting information</p>	Adults and Children and Young People understand what domestic abuse is and know where to go to get help	<p>1.Publicise and communicate the specific services/interventions available locally and sub-regionally ( End the Fear, Claire's law)</p> <p>2 Investigate the use of social marketing community engagement and 'critical health education' approaches</p> <p>3.Review the current website and use of social media and explore the potential of using partner websites</p> <p>4.Ensure a co-ordinated approach to national, sub-regional and local media campaigns and public health messages</p> <p>5. Explore the feasibility of running awareness raising programmes in Primary schools as well as secondary</p>	Community Safety Unit/Public Health	March 2015

Objective	Desired Outcome	Action	Responsible Body/Lead Officer	Timescale
		schools.  6. Ensure awareness raising campaigns in places where older people and those with disability meet.		



### **Legislation**

Anti-Social Behaviour, Crime and Policing Act 2014  
Domestic Violence Disclosure Scheme – Clare’s Law 2014  
Domestic Violence Crime and Victims (Amendment) Act 2012  
Equality Act 2006 and 2010  
Mental Capacity Act 2005  
Children Act 1989 and 2004  
Domestic Violence, Crime and Victims Act 2004  
Adoption and Children Act 2002 (Amended 2005)  
Housing Act 2003  
Sexual Offences Act 2003  
Homelessness Act 2002  
Female Genital Mutilation Act, 2003  
Crime and Disorder Act 1997  
Protection from harassment Act 1997  
Family Law Act 1996  
Misuse of Drugs Act 1971

### **Publications**

NICE Public Health Guidance50: Domestic Violence and Abuse: how health services, social care and the organisations they work with can respond effectively 2014  
Early Intervention Foundation – Early Intervention in Domestic Violence and Abuse March 2014  
Her Majesty’s Inspectorate of Constabulary (HMIC)– Greater Manchester Police’s approach to tackling domestic abuse 2014  
Home office Action Plan – Call to End Violence Against Women and Girls Action Plan 2014  
Women’s Aid National Service Standards and Aya Outcomes Framework 2014  
Justice and Rehabilitation Exec Board Greater Manchester Domestic Abuse Action Plan Jan 14-March 15  
ADASS Guidance on Domestic Abuse and Vulnerable Adults 2013  
Adult Safeguarding and Domestic Abuse, ADASS 2013  
Home Office – Domestic Homicide Reviews – Common Themes Identified as lessons Learned 2013  
Research In practice: Children Experiencing Domestic Violence: A research Review 2011  
Adding Value to Local Domestic Abuse Partnerships - Towards a coordinated response to domestic abuse across the Greater Manchester area 2010  
Report from the Department of Health Taskforce on the health aspects of violence against Women and Children 2010  
Sylvia Walby 2009, Leeds University – social and economic costs of Domestic abuse  
Association of Chief Police Officers (ACPO) Guidelines on investigating Domestic abuse 2008  
Vision for Services for Children and Young People affected by domestic violence – Guidance to local commissioners of children’s services (2007) CAF/CASS, Women’s Aid, LGA and Leaders in social care