



SISTERS
FOR CHANGE



UNEQUAL REGARD, UNEQUAL PROTECTION 2

SPOTLIGHT ON MANCHESTER



CONTENTS

01 THIS REPORT

02 EXECUTIVE SUMMARY

- 04 Findings
- 05 Recommendations
- 06 Project partners
- 07 Project funders

08 RESEARCH METHODOLOGY

- 09 Legal and data analysis
- 09 Key terminology

10 1. DOMESTIC ABUSE IN ENGLAND AND WALES

- 12 Local Government funding cuts
- 13 Local Authority spending on domestic abuse
- 14 Local Authority duties in relation to the commissioning of domestic abuse services

16 2. AREA OF STUDY – GREATER MANCHESTER

- 17 Devolution – the Greater Manchester Combined Authority
- 18 Cuts to public services across Greater Manchester
- 20 Domestic abuse in Greater Manchester
- 21 Greater Manchester Police approach to safeguarding and vulnerability
- 22 Greater Manchester Local Authorities' approach to domestic abuse
- 24 Manchester City Council's approach to domestic abuse
- 27 Sisters For Change and Maya Project Partners Stakeholder Roundtable

28 3. EXPERIENCES OF BME VICTIMS OF DOMESTIC ABUSE IN MANCHESTER

- 29 Summary of findings
- 30 Being a BME woman in Manchester in 2019
- 30 Experiences of violence
- 32 Types of support services required by BME women victims of domestic abuse
- 33 Referral pathways to BME specialist VAW support services
- 34 Experiences of accessing public services
- 34 Impact of immigration status on access to services
- 35 Impact of welfare reforms
- 36 Importance of specialist BME support services

38 4. CASE EVIDENCE: MANCHESTER PUBLIC AUTHORITY RESPONSES TO BME WOMEN VICTIMS OF VIOLENCE

- 39 Legal framework
- 43 Analysis of case evidence
- 43 Summary of findings

52 END NOTES



DR SYLVIA SHAM

Dr. Sylvia Sham arrived in the UK in 1987 and joined Wai Yin in 1998. As its Chief Executive, Sylvia became well known as a leading force in Manchester's charity and voluntary sector, renowned for her hard work, energy and dedication to social justice.

When Sylvia arrived in the UK as a student, her limited English did not stop her from continually learning and achieving. Within five years of arriving in Manchester, she had achieved a PhD in Education. During her time at Wai Yin, Sylvia worked tirelessly to help thousands of people in the Chinese community, campaigning in particular for the rights of Chinese women who had suffered domestic abuse, mental health illness, discrimination and isolation. Sylvia strove to influence and change public attitudes towards 'silent minority groups' who had little or no representation in public or political life. Under Sylvia's leadership, Wai Yin grew to be one of Manchester's largest and most well-known and respected community organisations, supporting not only the City's Chinese community, but people from all walks of life in need of care and support.

Sylvia was instrumental in establishing The Manchester Maya Project. With her vision and determination, The Manchester Maya Project evolved from a loose collection of diverse women-led charitable organisations in Manchester to a strong and united consortium working to secure and protect the rights of women from minority communities across Manchester.

Not long after Sylvia was diagnosed with terminal cancer, she received the good news that her vision and hard work had paid off and The Manchester Maya Project had successfully secured funding from the Big Lottery. Sylvia passed away in December 2016. She is sorely missed. We dedicate this report to Sylvia – her spirit and determination live on.

THIS REPORT

In November 2017, Sisters For Change (SFC) published *Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England*.¹ The report assessed UK Government and public authority responses to violence against Black, Asian, minority ethnic and migrant (BME) women at both central and local government levels in London, Coventry, Leicester, Sheffield, Newcastle-upon-Tyne and Rotherham. The report concluded that the UK Government and public authorities were not adequately safeguarding the rights of BME women victims of violence or adequately supporting the BME VAW service providers that provide a critical point of access for them.

In this follow up report, we turn our focus to look at local authority responses to BME women victims of domestic abuse in Greater Manchester. Over the last 12 months, Sisters For Change, in partnership with The Manchester Maya Project, a consortium of specialist BME VAW service providers, has conducted extensive research to examine local authority approaches and responses to domestic abuse, commissioning and funding of domestic abuse services across Greater Manchester. Working directly with three specialist BME VAW support services – Saheli, Wai Yin and Ananna² – we have documented the experiences of BME women victims of domestic abuse living in Manchester and the challenges they face in accessing statutory services and support in Manchester. We have reviewed a wide range of cases to assess how local authorities and welfare and health services in Manchester respond to BME women victims of domestic abuse. Our case evidence raises serious questions as to the compliance of local services with their human rights, homelessness, safeguarding and equality duties in relation to BME women victims of domestic abuse.

In publishing this report, Sisters For Change & The Manchester Maya Project partners seek in the short term to inform the development of the Greater Manchester Combined Authority (GMCA) Violence Against Women and Girls (VAWG) strategy (due to be published later in 2019) and Manchester City Council's current review of its approach to commissioning domestic abuse services and in the longer term to improve and strengthen responses to BME women victims of violence by local authorities and statutory agencies across Greater Manchester.

EXECUTIVE SUMMARY

UNEQUAL REGARD, UNEQUAL PROTECTION 2

SPOTLIGHT ON MANCHESTER

The Home Office indicates that almost a quarter of all women in England and Wales have experienced partner abuse since the age of 16. Whilst domestic abuse remains a hugely underreported crime, in the year ending 31 March 2018, 1.3 million women in England and Wales reported domestic abuse to the police. In January 2019, a Home Office report estimated the social and economic cost for victims of domestic abuse to be approximately £66 billion in the year ending March 2017 in England and Wales.

Black, Asian, minority ethnic and migrant (BME) women experience higher rates of domestic homicide and are 3 times more likely to commit suicide than other women in the UK, and 50% of BME women victims of violence experience abuse from *multiple* perpetrators. In addition, 40% of BME women live in poverty and BME women are more likely than other women to be living in a deprived area, have experience of the State care system and to suffer from discrimination and racism.

Central Government funding for English local authorities has fallen by more than 49% between 2010/11 and 2017/18. Despite the widespread prevalence and the massive human, social and economic cost of domestic abuse, more than 75% of local authorities in England cut their spending on domestic abuse refuges by nearly a quarter between 2010 and 2017. Specialist BME services that support women victims of domestic abuse have been hit the hardest: since 2010 local authorities across England have invested just £1.172 million into a total of 24 specialist BME projects tackling gender-based violence, with funding instead shifting towards generic service providers.

In its Concluding Observations on its review of the UK in February 2019, the Committee on the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW Committee) warned that the move towards commissioning of generic services for women victims of violence may result in “inadequate or inappropriate support for victims” and explicitly urged the UK Government to ensure that commissioning policies do not undermine the provision of specialist support services.

In February 2018, Greater Manchester’s 10 local authorities reported that they will have £689 million less to spend than they had in the year 2010/11 under a 24% reduction in funding. The rate of domestic abuse-related incidents in Greater Manchester is the 5th highest in England and Wales, with 73,312 domestic abuse-related incidents and crimes recorded by police in the year ending March 2018.

Local authorities in England have a duty under the Care Act 2014 to safeguard adults at risk of abuse or neglect. Domestic abuse, including psychological, physical, sexual, financial and emotional abuse and so-called ‘honour-based violence’ constitute a form of abuse/neglect that local authorities have a duty to safeguard against. The Local Government Association guide to adult safeguarding and domestic abuse advises as a matter of good practice that Councils should provide or commission services based on a local needs assessment to meet the needs of people needing safeguarding.

The Greater Manchester Agreement sets out the devolution framework for Greater Manchester and the powers transferred from central to local government. Under the Agreement, the powers devolved to the Mayor and The Greater Manchester Combined Authority (GMCA) include the commissioning of integrated health and social care across Greater Manchester. GMCA is currently developing a VAWG Strategy for Greater Manchester.

Manchester City Council is currently reviewing commissioning arrangements for domestic abuse services across Manchester City. In September 2018, it reported that there were significant funding challenges to the Council’s ability to deliver a “comprehensive and consistent range of early help and intervention measures” across all areas “while still ensuring a sufficient and satisfactory response to the demand for support and services for high risk victims.”

In March 2019, Sisters For Change & The Manchester Maya Project partners held a Roundtable on *Improving public authority responses to BME victims of domestic abuse* with key stakeholders in Manchester. The discussions during the Roundtable highlighted some recurrent and cross-cutting issues regarding public authority responses to BME victims of domestic abuse across Greater Manchester and the commissioning and provision of appropriate support services. We are grateful to all those who attended the Roundtable to engage with us, providing comments on our draft report and sharing additional information requested by SFC following the Roundtable.

FINDINGS

BME women in Manchester – like BME women elsewhere across England – experience first-hand on a daily basis the negative consequences of the ‘hostile environment’ and the toxic debate around immigration in the UK. Many BME women in Manchester have suffered discrimination and racial or religious hate crime, ranging from verbal abuse to physical assaults and criminal damage to their property. Muslim women, in particular, report feeling targeted on a routine basis because of their dress and to feeling the need to be invisible.

Characteristics of violence against BME women and their corresponding support needs are often different from and more complex than other women. This is borne of a lived experience in which factors such as race, ethnicity, language, family structures, social exclusion, income and immigration status cause multiple or intersectional discrimination.

Over 80% of BME women victims of violence in Manchester have suffered abuse or violence by an intimate partner. 43% have suffered abuse or violence from a family member, whilst 44% have suffered domestic abuse from multiple perpetrators. Over 84% of BME women victims of violence accessing specialist BME services lack the necessary English language skills to access physical and mental health services, housing services and welfare benefits. 59.3% have mental health issues and 85% are financially insecure.

BME women victims of domestic abuse feel adult social services and other public authorities in Manchester often provide a minimum response to requests for assistance, either because they fail to understand their needs or because of racial or religious discrimination. Specialist VAW BME service providers are a critical point of access and a safe space for BME women victims of domestic abuse to find help and access mainstream statutory services.

The hostile immigration environment in the UK has led to barriers to access to vital services, including housing, for women victims of domestic abuse with insecure immigration status or no recourse to public funds (NRPF), the term used where an individual’s immigration status prevents them from accessing welfare benefits or publicly funded services. Over 26% of Manchester victims of domestic abuse have NRPF.

Over the last 12 months, Sisters For Change and our partners have reviewed a wide range of cases to assess how local authorities and welfare and health services in Manchester respond to BME women victims of domestic abuse. Our case evidence raises serious questions as to the compliance of local services with their human rights, homelessness, safeguarding and equality duties in relation to BME women victims of domestic abuse, including:

- + local authorities failing to take account of the religious and cultural needs of BME women victims of domestic abuse and failing to provide suitable accommodation to homeless BME women victims of domestic abuse and their children;
- + police and housing authorities failing to respond adequately to religious hate crimes;
- + health and social services failing to adequately safeguard BME women and their children;
- + the routine failure to provide appropriate interpreters for BME victims of domestic abuse with limited or no understanding of English;
- + the lack of any cross-border protocol between local authorities in Greater Manchester defining responsibilities for the provision of housing and care and support services when vulnerable people, including victims of domestic abuse, are transferred across local authority areas.

RECOMMENDATIONS

- 1** The Greater Manchester Combined Authority should consider the findings and recommendations of this report to support the development of an inclusive VAWG Strategy that provides protection and support to all victims of domestic abuse across Greater Manchester, including BME and migrant women.
- 2** GMCA should ensure that specialist BME VAW service providers are given a real opportunity to contribute to the development of a more inclusive Greater Manchester VAWG Strategy through its recently established BME network.
- 3** GMCA should provide guidance and support to all Greater Manchester local authorities to develop domestic abuse strategies based on the assessed needs and priorities of their respective local areas. Data on the nature and prevalence of domestic abuse should be collected in each local authority area to ensure that strategies are in line with local demand and are responsive to the needs of all communities.
- 4** As part of its VAWG Strategy, GMCA should, in consultation with the 10 local authorities of Greater Manchester, develop a cross-border protocol establishing a system of local authority co-operation which defines responsibilities for the provision of housing and care and support services when victims of domestic abuse are transferred across local authority areas. The protocol should include a process for resolving disputes regarding responsibility for providing support in individual cases.
- 5** Manchester City Council should consider the findings and recommendations of this report to support the development of a more inclusive approach to the commissioning of domestic abuse services, which recognises the important contribution that specialist BME VAW support services make in supporting BME victims of violence across Greater Manchester.
- 6** Manchester City Council's *No Recourse to Public Funds Service* set up to respond to individuals and families who do not have access to welfare benefits or housing assistance – because they have insecure immigration status or are subject to immigration control – but are in need of care and support should be recognised as a model of good practice and adopted by other local authorities across England.
- 7** The Government should re-think its current VAWG funding and commissioning model. Localism has led to an inconsistent approach to VAW services and a failure to ensure diversity and specialist service provision. The Home Office should adopt a policy of ring-fencing a proportion of central VAW funding for specialist BME VAW service providers.
- 8** Housing authorities across Greater Manchester should review their homelessness policies and assessment procedures to ensure that accommodation secured for BME women and children made homeless due to domestic abuse is suitable to their needs and that those assessing suitability take account of social considerations that might affect the suitability of accommodation, including any risk of violence, racial or religious harassment or hate crime in a particular locality, as required by the Housing Act 1996.

PROJECT PARTNERS

Sisters For Change

Sisters For Change (SFC) www.sistersforchange.org.uk is an international NGO working to eliminate discrimination and violence against women and girls worldwide through legal reform, legal empowerment, legal accountability and legal advocacy strategies. SFC works to generate systemic change in how governments combat violence, structural change to give women voice and agency in justice mechanisms and social change to end the social acceptance of violence against women and girls. SFC is active in the UK, India and Indonesia and as a member of the *Equality & Justice Alliance*, working to reform laws that discriminate against women and girls across the Commonwealth.



The Manchester Maya Project

The Manchester Maya Project, established in July 2016, is a partnership of eight organisations: Saheli, Ananna, Wai Yin Society, Himmat, Women's Voices, Wonderfully Made Woman, CDMUK and Bauer Academy. The Maya Project was set up as a joint partnership, to enable community organisations to come together to provide support services to Black, Asian, minority ethnic and migrant women (BME) throughout Manchester. The project supports BME women who are in crisis situations and require assistance to access support and welfare services. The partnership delivers over 32 services every week to BME women and girls across Manchester. The project is funded by The National Lottery Community Fund.



Ananna

Ananna is a charity based in Longsight, Manchester. It is led by BME women for BME women, providing a safe space and a wide range of educational, social and emotional wellbeing services. Ananna's programmes for women and girls aim to increase confidence and resilience, improve physical and mental wellbeing, improve skills and employability, reduce social isolation and to influence and change local and national strategy and policy that affects women and girls.



Saheli

Saheli Asian Women's Project was founded in 1976 by a group of South Asian women who identified an urgent need for refuge accommodation for Asian women fleeing domestic abuse. Saheli (meaning friend) is an organisation led by and for South Asian Women, providing a safe place and a voice and identity to South Asian women survivors of violence and offering a range of culturally sensitive services, including language assistance, refuge accommodation, counselling, outreach support, children services, aftercare and resettlement support. Last year Saheli received over 3613 calls for assistance and advice and over the last 5 years has provided shelter and support to over 250 Asian women and their families.



Wai Yin

Wai Yin Society has been supporting and empowering Chinese individuals and families since it was founded in 1988 by a group of community-minded Chinese Women. It has now become one of the largest Chinese community organisations in the UK and currently operates from three centres located across Manchester. As the society has grown, Wai Yin has developed a range of employment, education and community services for Chinese and other ethnic minority groups. Wai Yin has over 3000 service users and 500 adult learners supported by 35 staff and tutors and over 50 active volunteers.





Women's Voices

Women's Voices supports vulnerable BME women. Its vision is to break the cycle of deprivation affecting BME women to enable them to become independent and empowered in the communities to which they belong. Women's Voices provides a number of services to our users to improve their mental health and wellbeing and promote self-esteem; to facilitate access to health services; and to improve their employability. The organisation offers training; advice and information sessions; ESOL classes; peer support; and volunteering opportunities. By building a network of BME women who are able to support each other, Women's Voices aims to empower women to break down the barriers that prevent them reaching their full potential.

PROJECT FUNDERS

Sisters For Change is grateful for the support from the following organisations:

The Baring Foundation for supporting the 12-month research project that led to this report.

Matrix Chambers for supporting the design and printing of this report through the Matrix Causes Fund.

**The Baring
Foundation**

matrix
chambers

RESEARCH METHODOLOGY

The report sets out evidence and data collected from Greater Manchester using the following primary research methods:

- 1** A comprehensive review of UK local and national policy on combating Violence Against Women (VAW), including central government and local authority strategies and policies relating to VAW, commissioning guidelines, funding structures, relevant legislation, guidance and reviews of good practice.
- 2** A comprehensive review of relevant domestic legislation and international human rights standards on VAW.
- 3** Focus group discussion with BME women survivors of domestic abuse living in Manchester, February 2019 (“Survivor Voice”).
- 4** A series of structured interviews with trustees, managers and caseworkers of specialist BME VAW service providers who offer support and/or refuge services to BME women victims of domestic abuse and violence in Manchester (“Leadership voice”).
- 5** Interviews with senior police and local authority councillors and officials with responsibilities and duties in relation to VAW/domestic abuse.
- 6** Collation and analyses of data and case evidence from our partners, involving:
 - i. Legal analysis of cases of domestic violence and domestic homicide in Manchester.
 - ii. Analysis of income and funding sources of BME VAW service providers in Manchester.
 - iii. Analysis of data from BME VAW services providers in Manchester on BME victim characteristics and referral pathways.
 - iv. Demographic data and crime statistics relating to the Greater Manchester area.
- 7** Roundtable discussion with key stakeholders, including local councillors; the Greater Manchester Combined Authority Principal on Victims and Vulnerability; Manchester City Council officials; and representatives from the Department of Work & Pensions Universal Credit Operations Directorate and the Greater Manchester Police Complex Safeguarding Hub.

LEGAL & DATA ANALYSIS

Evidence and data collected for this report was assessed against the following domestic laws and international standards:

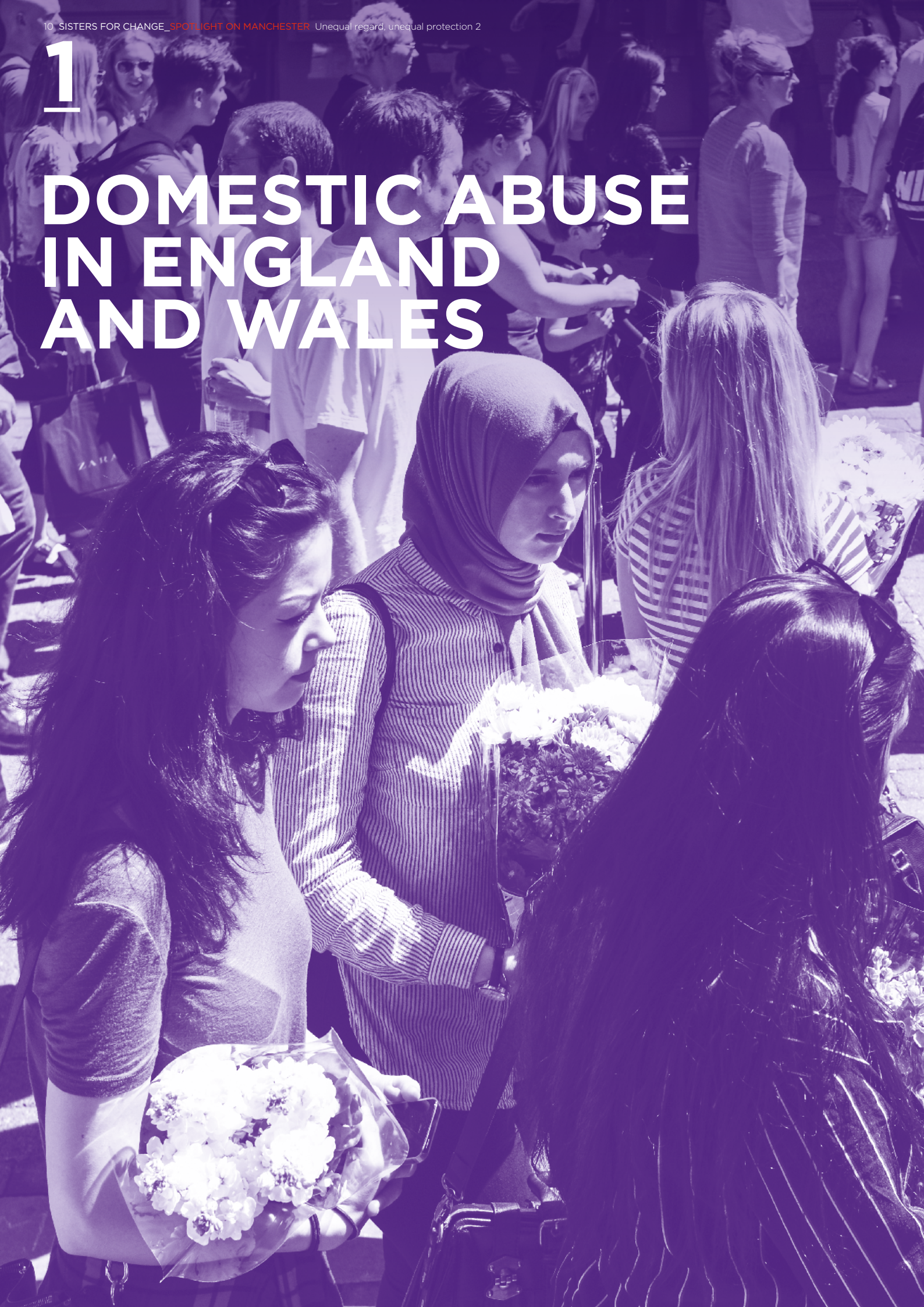
- + The Housing Act 1996; the Homelessness Act 2002; the Homelessness Reduction Act 2017; and related legislation and statutory guidance.
- + Public Services (Social Value) Act 2012 and related advice.
- + The Care Act 2014 and related advice.
- + The Children Acts of 1989 and 2004; Children & Social Work Act 2017.
- + The Immigration and Asylum Act 1999; The Nationality Immigration and Asylum Act 2002, The Immigration Act 2016 and associated Immigration Regulations and Rules.
- + The Equality Act 2010; The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and related guidance.
- + The Human Rights Act 1998.
- + European Union Victims Directive (2012/29/EU) 2012 as implemented in the UK under the Code of Practice for the Victims of Crime (2015).
- + The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
- + The Convention on the Elimination of All Forms of Racial Discrimination (CERD).
- + The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention).

KEY TERMINOLOGY

BME	In this report we adopt the acronym BME as a short form to describe Black, Asian and other minoritised women, as well as migrant women and those with insecure immigration status. We recognise that those that fall within this grouping are not homogenous.
Victim	In this report, we use the term ‘victim’ rather than ‘survivor’ when referring to women who have experienced domestic abuse to signify their rights and legal standing under the Human Rights Act, domestic criminal law and the Code of Practice for Victims of Crime. However, we recognise all women who have experienced violence and all those referred to in the cases included in this report as survivors of violence.
VAW / VAWG	We adopt the acronym VAW to represent violence against women and refer to VAWG when making specific reference to violence against women and girls.
BME VAW service providers	We use this term to describe the range of specialist non-governmental, charitable and/or social enterprise organisations that exist in England to provide ‘ <i>By and For</i> ’ services only for BME women victims of violence, including those providing counselling, advocacy, outreach services, refuge or sheltered accommodation spaces.

1

DOMESTIC ABUSE IN ENGLAND AND WALES



1. DOMESTIC ABUSE IN ENGLAND AND WALES

The Home Office indicates that almost a quarter of all women in England and Wales have experienced partner abuse since the age of 16.³ Of the 900 women in England and Wales killed by men between 2009-15, 64% were killed by current or former partners and 8% by their sons.⁴ Whilst domestic abuse remains a hugely underreported crime, in the year ending 31 March 2018, 1.3 million women in England and Wales reported domestic abuse to the police, with 599,549 domestic abuse-related crimes recorded by the police (and a further 598,545 incidents not subsequently recorded as crimes).⁵

In January 2019, a Home Office report estimated the social and economic cost for victims of domestic abuse to be approximately £66 billion in the year ending March 2017 in England and Wales.⁶ Chart 1 provides a breakdown of costs as a consequence of domestic abuse. The largest component of the estimated cost is the physical and emotional harm to victims (£47.3 billion), particularly emotional harms (fear, anxiety and depression experienced by victims as a result of domestic abuse), which account for the overwhelming majority of the overall costs. In addition, £14 billion is estimated to be lost as a result of lost output due to time off work and reduced productivity as a consequence of domestic abuse.

In comparison, the costs borne by the Government are a small percentage of the overall figure – costs to health services are estimated at £2.3 billion and costs to police at £1.3 billion. Some of the cost of victim services also fall to Government, such as housing costs totalling £550 million, which includes temporary housing, homelessness services and repairs and maintenance. However, the £370m cost to victim services include expenditure by charities and the time given by volunteers to support victims of abuse.⁷

CHART 1: Costs as a consequence of domestic abuse in England and Wales 2016/17

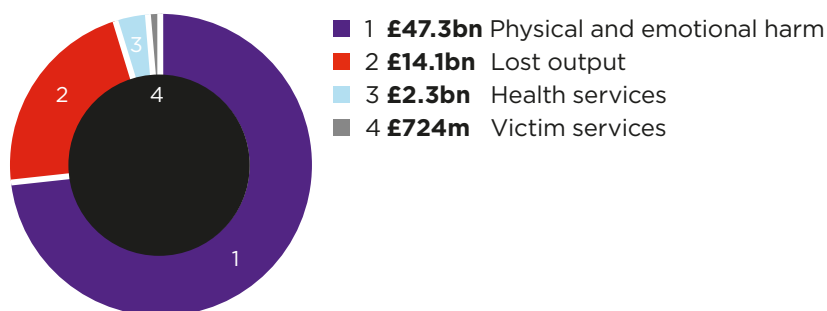
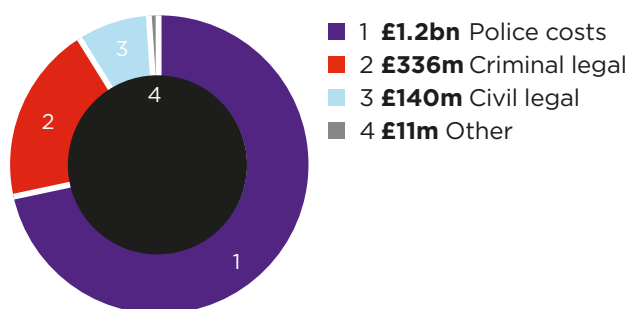


Chart 2 shows the breakdown of costs spent in response to domestic abuse in England and Wales in 2016/2017. The estimates of costs include police costs; criminal justice system and civil legal system costs; and costs associated with multi-agency risk assessment conferences (MARACs).

CHART 2: Costs in response to domestic abuse in England and Wales 2016/17



The Home Office total estimated costs for MARACs⁸ in 2016/17 as £11.3 million.⁹ This is surprising given the current overload of MARACs across England & Wales¹⁰ and is likely to be a significant under-representation. The Home Office recognises that its estimate “is likely to underestimate the full costs of MARACs”. It also recognises that “[b]asing this estimate on 2011 MARAC data may also not provide a representative picture of the current MARAC resourcing needs.”

LOCAL GOVERNMENT FUNDING CUTS

Despite being the world’s fifth largest economy, a fifth of the UK population – 14 million people – now lives in poverty, with 4 million of these 50% below the poverty line and 1.5 million destitute, unable to afford the most basic essentials.¹¹ Women in the UK are more likely to be living in poverty than men, and the risk of poverty increases significantly in households with only female adults.¹² Lone mothers (representing 92% of lone parents) are expected to see a drop in living standards of 17% by 2020. The UK poverty rate is twice as high for BME communities.¹³ BME women are placed at a particular disadvantage: BME women living in the poorest 33% of households in the UK will have received an 11.5% reduction in their individual income by 2020 – almost double the decrease experienced by white women in the same income bracket.¹⁴

Local government spending across the UK accounts for around a quarter of all public spending.¹⁵ Funding for local government is raised from a number of sources, including central government grants, council tax revenue and business rates, with central government funding making up a significant proportion of local government funding. The introduction and continuation of austerity policies by central Government since 2010 has seen the year-on-year erosion of funding allocation to local governments. Between 2009/2010 and 2014/15, Government funding for local authorities fell by 28% in real terms with that reduction set to reach 56% by 2019-20.¹⁶ The consequent crises around adult social care, child sexual exploitation, supported housing and funding for refugees have initiated a national debate on whether local authorities are fit to deliver their increased responsibilities.

In a March 2019 report released by the Women’s Budget Group, it was revealed that central Government funding for local authorities in England has fallen by more than 49% between 2010/11 and 2017/18 under the Coalition and Conservative governments.¹⁷ The same report noted that only 43 local authorities, out of a total of 353 councils in England had conducted equality impact assessments on cuts as required under the Public Sector Equality Duty.¹⁸ This is despite the clear evidence and wide acknowledgement that the burden of the cuts caused by austerity policies are shouldered by women and minority groups.

On completion of his visit to the UK at the end of 2018, UN Special Rapporteur on extreme poverty and human rights, Professor Philip Alston, concluded the UK Government was in a “state of denial” in relation to the misery and harm inflicted on British society by Government welfare reforms and the decimation of local authority funding at a time when demand for key social services is rising.¹⁹ Prof. Alston noted that the costs of austerity have fallen disproportionately on specific groups, including women and ethnic minorities and that primary caregivers, who are disproportionately women, have been shouldering the burden of many of the cuts to social care services. The Government’s introduction of Universal Credit²⁰ to streamline the welfare benefit system, has been the subject of huge criticism.²¹ Prof. Alston reported that the single payment default of Universal Credit risks entrenching “problematic and often gendered dynamics within a couple, including by giving control of the payments to a financially or physically abusive partner.”²²

A recent report²³ to the UK Parliament’s Work and Pensions Committee records that the Committee on the Rights of the Child, the Committee on Economic, Social and Cultural Rights, the Committee on the Rights of Persons with Disabilities, the European Committee of Social Rights and four UN Special Rapporteurs have all expressed serious concerns regarding the UK Government’s fiscal reforms and austerity measures, arguing that tax and social services cuts since 2010 constitute a breach of the human right to social security under the International Convention on Economic, Social and Cultural Rights (ICESCR).²⁴

LOCAL AUTHORITY SPENDING ON DOMESTIC ABUSE

Government local authority funding cuts have weakened almost all forms of services for women victims of violence. Despite the prevalence of domestic abuse and the huge human, social and economic impact it has, more than 75% of local authorities in England cut their spending on domestic abuse refuges by nearly a quarter between 2010 and 2017.²⁵ Specialist BME services that support women victims of domestic abuse have been hit the hardest: since 2010 local authorities across England have invested just £1.172 million into a total of 24 specialist BME projects tackling gender-based violence, with funding instead shifting towards generic service providers.²⁶ The result is that most BME VAW providers are excluded from local statutory authority funding while still being referred the majority of their casework from statutory agencies. A December 2018 report published by Imkaan describes the BME ending VAW sector as the ‘poor relation’ of the wider VAW sector, with almost half of specialist BME organisations surveyed reporting a reduction in income between 2016 and 2017.²⁷

LOCAL AUTHORITY DUTIES IN RELATION TO COMMISSIONING DOMESTIC ABUSE SERVICES

Local authorities have a range of statutory duties which they must comply with in the commissioning of local care and support services. We set these out in summary below.

Duties under the Public Services Act 2012

Under the Public Services Act 2012 (PSA), public services are obliged to consider the way in which the services they commission and procure might improve the economic, social and environmental wellbeing of the local area. The PSA marks a shift in the way in which the concept of value for money is understood, not simply in terms of lower financial costs, but in terms of a wider calculation that takes into consideration social as well as economic factors.

Duties under the Care Act 2014

Public authorities have duties under the Care Act 2014 in relation to the provision of services. These include the duty to provide services that will prevent, delay or reduce the need for care and support of adults in its area²⁸ and in performing that duty, local authorities must have regard to the importance of identifying adults in the authority's area with needs for care and support which are not being met (by the authority or otherwise).²⁹ In promoting diversity and equality in provision of services for meeting care and support needs, local authorities must have regard to the need to ensure that it is aware of current and likely future demands for such services and to consider how providers might meet that demand.³⁰

Under the Care Act 2014, local authorities have a duty to safeguard adults at risk of abuse or neglect. Specific adult safeguarding duties apply to any adult who:

- + has care and support needs (whether or not the local authority is meeting those needs);
- + is experiencing, or at risk of, abuse or neglect; and
- + is unable to protect themselves because of their care and support needs.

Local authorities have a duty to make enquiries, or to ask others to make enquiries, where they reasonably suspect that an adult in its area is experiencing or at risk of abuse or neglect in order to determine with the individual and/or their representatives what action should be taken by the authority or others.³¹ Local authorities are required to establish Safeguarding Adults Boards to help and protect individuals who it believes to have care and support needs and who are at risk of neglect and abuse and are unable to protect themselves, and to promote their wellbeing.³²

The statutory guidance to the Care Act 2014 makes it clear that domestic abuse, including psychological, physical, sexual, financial and emotional abuse and so-called 'honour-based violence' constitute a form of abuse/neglect that local authorities have a duty to safeguard against.³³ Safeguarding duties will arise where a person has care and support needs that mean that they are not able to protect themselves.

The Local Government Association guide to adult safeguarding and domestic abuse³⁴ advises as a matter of good practice that Councils should:

- + provide or commission services based on a local needs assessment to meet the needs of people needing safeguarding;
- + ensure that authority policies, protocols and procedures about safeguarding explain the links with domestic abuse.

Duties under the Equality Act 2010

Under the Equality Act 2010, any person (service provider) concerned with the provision of a service to the public or a section of the public must not discriminate against, harass or victimise a person requiring that service.³⁵ The person is protected from discrimination, harassment and victimisation both when requesting the service and during the course of being provided with a service.³⁶

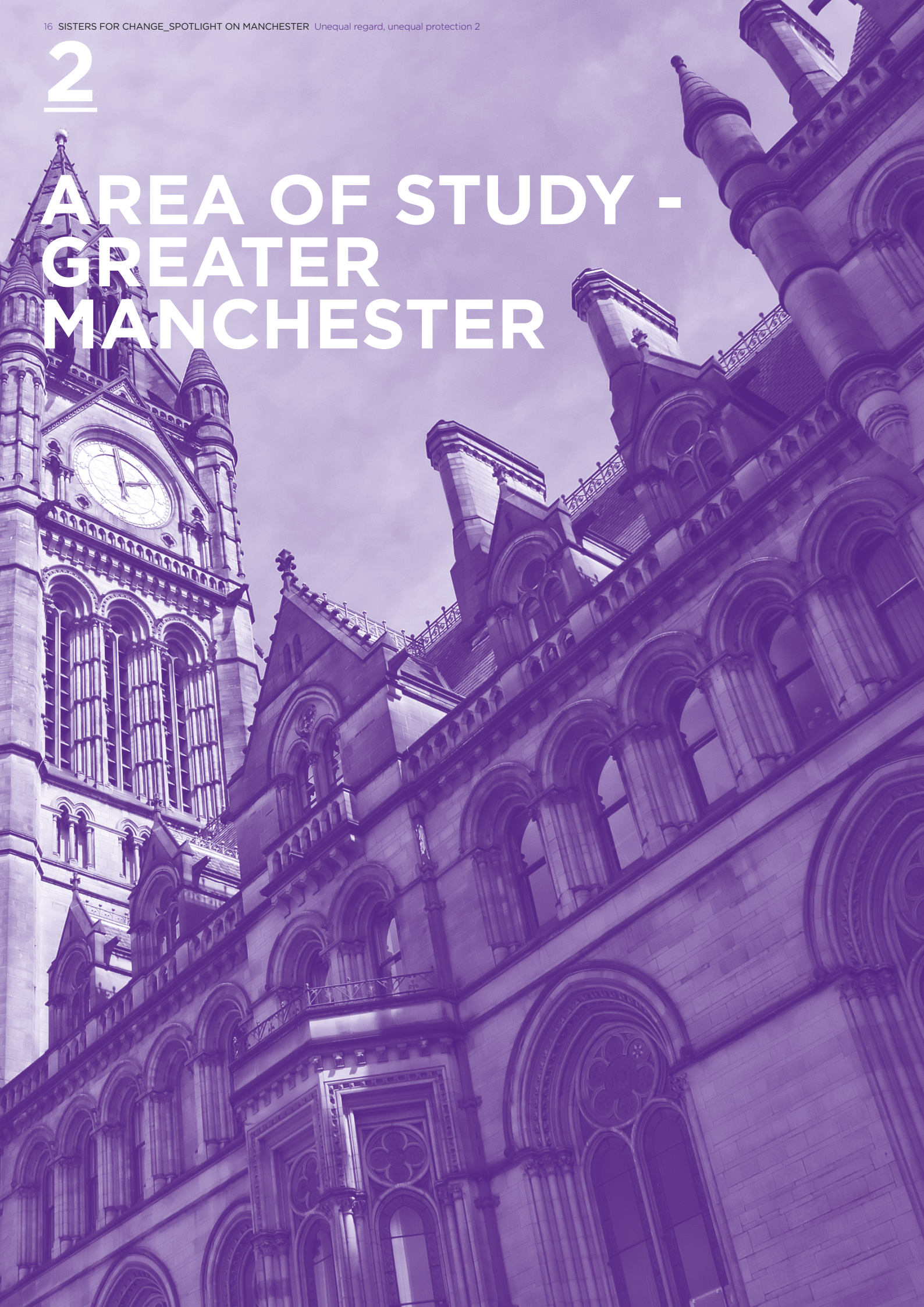
Home Office Guidance on Commissioning VAWG Services

To support local authorities, the Home Office has published a framework for the commissioning of VAWG services which outlines local authority obligations to conduct needs assessments regarding specific communities.³⁷ The guidance states that service users, service providers and local communities should have their needs considered in the decision-making process, through the development of a needs-assessment and formation of a specification for service delivery models.³⁸ The elements of an effective needs-assessment include ensuring consideration of the survivor experience at different points in their journey; experience and data from local specialists around needs and gaps (recognising that information from women's organisations is crucial given the underreporting of VAWG); data from a range of public sector services and the health sector; demographics of the population; and evidence from domestic homicide reviews, serious case reviews, HMIC reports and data on detection and prosecution of VAWG offences.³⁹ The guidance emphasises that all groups – particularly the most vulnerable – should have opportunities to participate in the commissioning process and suggests that the overarching approach to commissioning should be framed in an equalities-based approach across each aspect of the commissioning cycle.

Significantly, Home Office guidance acknowledges the critical role of specialist BME VAW services, noting the significance of cuts to specialist services and the fact that the closure of specialist local services could have a wider national impact given the scarcity of such specialist VAW services. The Home Office makes a clear acknowledgement that investment in BME-led specialist organisations has been shown to deliver both financial savings and social benefits, as well as improving outcomes for service users.⁴⁰

2

AREA OF STUDY - GREATER MANCHESTER



2. AREA OF STUDY – GREATER MANCHESTER

Greater Manchester is the second largest city region in the UK and is home to 2.7 million people, almost 5% of the entire UK population. The area is predominantly urban and is comprised of 10 local authority boroughs,⁴¹ all of which have their own city council. 16% of Greater Manchester's residents are of BME origin and English is not the first language of 8% of residents.⁴²

According to the most recent Index of Multiple Deprivation (IMD), three of the 10 local authority boroughs that make up the Greater Manchester area are amongst the most deprived areas in England – Manchester is in the top five local authority districts with the largest proportion of highly deprived neighbourhoods in England, with both Salford and Rochdale amongst the top twenty.⁴³ As well as being home to some of the most deprived areas in England, Greater Manchester also sees significant inequalities within its own geographical boundaries. Some of the most startling inequalities in the Greater Manchester area are in relation to education and employment, with up to 40% of the resident population in some parts of the Greater Manchester area having no qualifications at all and with employment rates in some parts of the city region standing at less than 40%.⁴⁴ The most recent population statistics for the local authority area of Manchester collected in 2016 reported a population of 541,000, with 28.5% being from an ethnic minority group.⁴⁵

DEVOLUTION – THE GREATER MANCHESTER COMBINED AUTHORITY

Not only has the period since 2010 seen major cuts to the financial resources available to local authorities, but England has also seen major changes to the way in which services are commissioned at local authority level. The mechanisms for commissioning and providing public services, including VAW services, have undergone a significant restructuring process since the introduction of the Localism Act 2010, which devolved decision-making to local authorities. The Cities and Local Government Devolution Act 2016 made further changes and created 'combined authorities' and directly elected mayors in some parts of the country, with Greater Manchester being one such area. The current mayor of the Greater Manchester Combined Authority (GMCA) is Andy Burnham, who was elected in May 2017 to represent all 10 Greater Manchester boroughs.

The Greater Manchester Agreement⁴⁶ sets out the devolution framework and the powers transferred from central to local government. Under the agreement, the powers devolved to the Mayor and GMCA include the commissioning of integrated health and social care across Greater Manchester, responsibilities and functions of the former Police and Crime Commissioner for Greater Manchester, responsibilities for fire and rescue, transport and housing investment.

While responsibility for the provision of essential statutory services has shifted to the Mayor and GMCA, there has been no corresponding increase in financial support from central Government. A 2018/19 Budget Report noted that Greater Manchester Police (GMP) receives the highest number of 999 calls in England and Wales and despite a clear increase in the need for investment in crime and policing – including a 41% increase in the number of crime reports received by GMP according to recent Home Office figures – central Government announced that there would be no increase in the Police Grant Settlement (the contribution to policing in Greater Manchester provided by central Government) for 2018/19.⁴⁷

GMCA is in the process of developing its VAWG Strategy. It has consulted over 200 people as part of its stakeholder consultations, including elected members, survivors and service providers. Following the Sisters For Change & The Manchester Maya Project partners Roundtable on *Improving public authority responses to BME women victims of violence in Manchester* in March 2019, GMCA provided us with information regarding the BME women it has met across Greater Manchester as part of that consultation process. They include:

- + Meeting with 12 BME women in Tameside;
- + Meeting with 4 BME rape survivors;
- + Attending an event with women from Manchester, Rochdale and Oldham (via a food bank) which included 50 BME women;
- + Discussion with women offenders, which included 4 BME women;
- + Meeting with Jewish Women's Aid in Bury;
- + Meeting with a small group of women in Trafford, which included 2 BME women.⁴⁸

Whilst we recognise that GMCA has included BME women in its consultations with survivors of violence, we are very concerned by reports from specialist BME VAW service providers in Manchester that GMCA has not included them in its consultations regarding the Greater Manchester VAWG Strategy. However, we have been informed that following the Sisters For Change & The Manchester Maya Project partners Roundtable in March 2019 that GMCA is taking steps to remedy this consultation gap and will be establishing a BME network. We hope this will offer specialist BME VAW service providers the opportunity to contribute to the development of a more inclusive and effective Greater Manchester VAWG Strategy.

RECOMMENDATION 1

The Greater Manchester Combined Authority should consider the findings and recommendations of this report to support the development of an inclusive VAWG Strategy that provides protection and support to all victims of domestic abuse across Greater Manchester, including BME and migrant women.

RECOMMENDATION 2

GMCA should ensure that specialist BME VAW service providers are given a real opportunity to contribute to the development of a more inclusive and effective Greater Manchester VAWG Strategy through its recently established BME network.

CUTS TO PUBLIC SERVICES ACROSS GREATER MANCHESTER

Despite the Government's declaration of the 'Northern Powerhouse Strategy', apparently intended to transfer powers from Westminster to local people across the towns and cities of the North of England, Greater Manchester has not escaped Government spending cuts. In October 2018, the Local Government Association (LGA) reported that local services will face a further spending cut of £1.3 billion in 2019/20.⁴⁹ The LGA report that between 2010 and 2020, councils will have lost 60p out of every £1 the Government had provided for services, with the financial viability of some councils now under threat. Funding pressures and rising demand for services, such as adult and children's social care and homelessness support, will leave local services in England facing a £3.9 billion funding black hole next year.⁵⁰

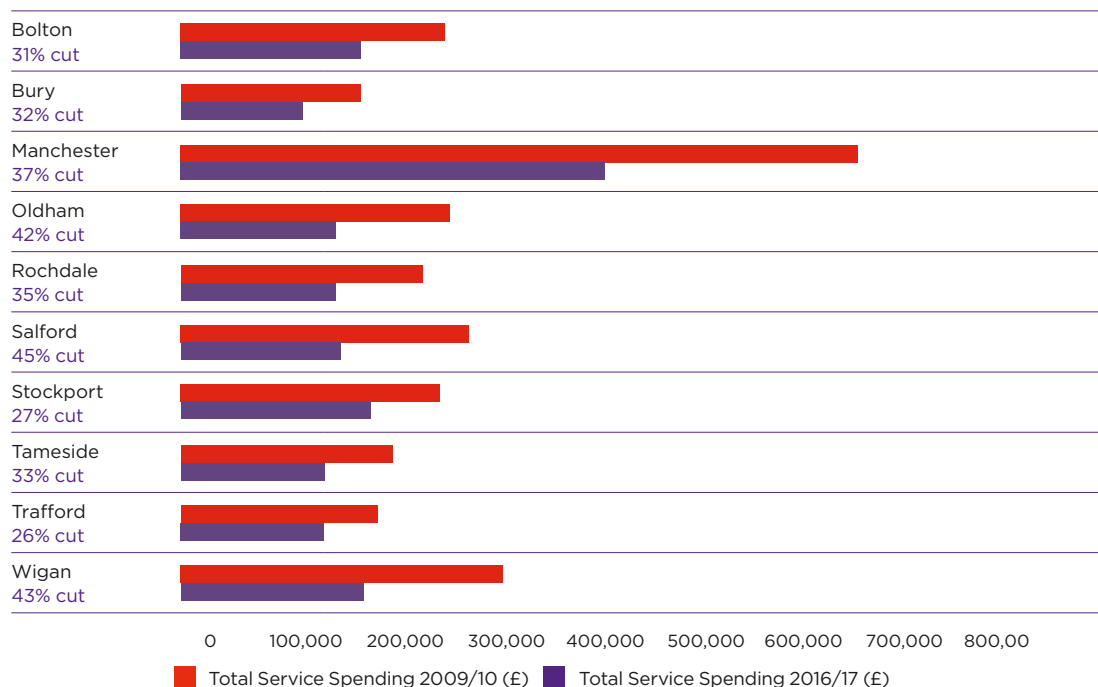
In February 2018, Greater Manchester's councils warned that they could be close to bankruptcy within four years if Government cuts continued at the same rate: local news reports stated in February 2018 that the 10 local authorities that form GMCA will have £689 million less to spend this year than they had in the year 2010/11 under a 24% per cent reduction in funding.⁵¹

Councils across Greater Manchester have seen some of the highest spending cuts in the country, with Salford, Wigan and Oldham each suffering cuts of over 40%. The table and chart below record the real terms cuts in Local Authority spending across Greater Manchester between 2009/10 and 2016/17.

TABLE 1 : Real Terms Changes in Local Government Service Spending in Greater Manchester⁵²

Council	Total Service Spending 2009/10	Total Service Spending 2016/17	% Cuts to Spending 2009/10 to 2016/17
Bolton	265,717	183,515	31%
Bury	179,267	122,209	32%
Manchester	685,822	429,312	37%
Oldham	272,117	156,901	42%
Rochdale	243,027	158,018	35%
Salford	290,901	160,147	45%
Stockport	261,298	191,329	27%
Tameside	213,051	142,968	33%
Trafford	197,303	145,922	26%
Wigan	325,855	185,748	43%

CHART 3: Local Authority spending cuts across Greater Manchester 2009/10 - 2016/17



DOMESTIC ABUSE IN GREATER MANCHESTER

The rate of domestic abuse-related incidents in Greater Manchester is the 5th highest in England and Wales, with 73,312 domestic abuse-related incidents and crimes recorded by police in the year ending March 2018 – the equivalent of 26 incidents and crimes for every 1000 people in the population.⁵³

Table 2 sets out the data on prevalence and cost of domestic abuse in Greater Manchester 2016-2019.

TABLE 2 : Prevalence and costs of domestic abuse in Greater Manchester 2016-2019

Recorded domestic abuse-related incidents and crimes in Greater Manchester <small>(ONS domestic abuse in England and Wales data tool, year ending March 2018)</small>	73,312
Recorded domestic abuse-related crimes in Greater Manchester <small>(ONS domestic abuse in England and Wales data tool year ending March 2018)</small>	41,556
Domestic abuse offences as % of all crimes in Greater Manchester	12%
Tackling violence against women and girls identified as a priority area in Police and Crime Plan <small>(Standing Together: GMCA Police and Crime Plan)</small>	Yes: domestic abuse, modern slavery, female genital mutilation, so-called honour-based abuse each identified as priority areas. Sexual offences not identified as a priority area.

Breakdown of annual cost of domestic abuse in Greater Manchester

Estimated annual cost of domestic abuse in Greater Manchester	£767.5 million
---	----------------

(Figures from Tameside Metropolitan Borough Council Domestic Abuse Strategy 2016-19)

Physical and mental health care cost	£84.4 million
--------------------------------------	---------------

Criminal justice cost	£61.5 million
-----------------------	---------------

Social services cost	£13.8 million
----------------------	---------------

Housing and refuges cost	£9.6 million
--------------------------	--------------

Civil legal services cost	£18.9 million
---------------------------	---------------

Local economic output loss	£93.7 million
----------------------------	---------------

Further human and emotional costs	£485.6 million
-----------------------------------	----------------

(calculated using the updated 2009 Walby formula)

GREATER MANCHESTER POLICE APPROACH TO SAFEGUARDING & VULNERABILITY

In October 2018, Greater Manchester Police (GMP) established the Complex Safeguarding Hub (Safeguarding Hub) based within the City of Manchester Police. It is anticipated that the model will be replicated across the 10 divisions of GMP in the future. The focus of the Safeguarding Hub is on tackling exploitation external to the family, including complex cases of child and adult sexual exploitation and criminal exploitation; trafficking/modern slavery and urban street gangs. Other serious offences including sexual violence and rape; FGM; forced marriage; HBV and domestic abuse causing grievous bodily harm will continue to be dealt with by specialist CID officers.

The Safeguarding Hub includes representatives from Children and Youth Services, Adult Safeguarding Services, *Missing From Home* teams; health and social workers; the National Probation Service; as well as charity and voluntary sector representatives. Representatives from the MASH and Early Help teams and the Independent Child Trafficking Service will also be co-located in the Safeguarding Hub. The rationale for the creation of the Safeguarding Hub is to ensure complex cases are not dealt with in isolation. For example, the Safeguarding Hub adopts a 'whole family approach' to child sexual exploitation, recognising that exploitation can result as a consequence of insecure or 'chaotic' family situations, including the presence of addiction or mental health issues, or domestic abuse.

GMP is in the process of disbanding its Public Protection Investigation Units (formerly responsible for domestic abuse; child protection and safeguarding vulnerable adults). Given the increasing demands, GMP has decided to mainstream vulnerability and safeguarding investigations across the force rather than expecting specialist units to deal with all cases. Whilst we recognise the demands placed on police services across the UK in relation to vulnerable persons, we hope that this decision to mainstream vulnerability and safeguarding investigations does not reduce the effectiveness of GMP's response to victims of domestic abuse and violence.

GREATER MANCHESTER LOCAL AUTHORITIES' APPROACH TO DOMESTIC ABUSE

As noted, Greater Manchester is comprised of 10 local authority areas,⁵⁴ each with their own city council. Our report focuses predominantly on Manchester City Council's approach to domestic abuse, which we discuss in more detail below. Of the nine remaining local authority areas in Greater Manchester, only four – Bury, Oldham, Trafford and Tameside have current domestic abuse strategies. Rochdale, Stockport and Bolton have domestic abuse strategies that are not current, and it appears that Wigan and Salford do not have a domestic abuse strategy in place.

Needs Assessments and Local Contexts

Of the four available current domestic abuse strategies, Bury, Trafford and Tameside made reference to the needs assessments which had been conducted in order to inform the strategies. In Bury, a Domestic Violence and Abuse Health Needs Assessment was completed in 2017 and used to inform the council's domestic abuse strategy.⁵⁵ Although Trafford's Domestic Abuse Strategy 2018-22 does not include details of the needs assessment that had been carried out, it did set out a commitment to include a core minimum dataset including demographics and outcomes in all contracts in order to support the monitoring of the effectiveness of commissioned services, to provide evidence to inform prevention, early help and commissioning of services and to identify emerging issues or gaps in provision.⁵⁶ The Tameside Domestic Abuse Strategy 2016-19 was informed by a needs assessment and a *Voice of the Victim* consultation, both of which were conducted in 2015; details of the needs assessment and consultation were not included in the strategy document. Oldham Council's domestic abuse strategy makes no reference to needs assessments.

Tameside Council's domestic abuse strategy is clearly informed by the local context, using data from Greater Manchester Police and MARAC referrals to develop an evidence-based response to domestic abuse in the borough, for example, recognising that there are low numbers of MARAC referrals from the council's Adult Social Care and mental health teams and acknowledging the consequent need to develop a programme to raise awareness and provide training on domestic abuse across all council agencies.⁵⁷

Using an evidence base, including population demographics of a local authority area, and conducting effective and accurate needs assessments, are both essential to enable local authorities to be able to identify the barriers that exist in accessing support services, particularly for marginalised groups, and to inform the development of local domestic abuse strategies that serve the needs of all communities in a local authority area.

RECOMMENDATION 3

GMCA should provide guidance and support to all Greater Manchester local authorities to develop domestic abuse strategies based on the assessed needs and priorities of their respective local areas. Data on the nature and prevalence of domestic abuse should be collected in each local authority area to ensure that strategies are in line with local demand and are responsive to the needs of all communities.

Sharing Good Practice

Common themes and initiatives are evident across the four published strategies of Bury, Oldham, Trafford and Tameside, including the implementation of *Operation Encompass*, an initiative that connects the police with schools to ensure better outcomes for children who are subject to or witness police-attended incidents of domestic abuse. By establishing channels of communication from police forces to 'key adults' in schools, the programme aims to mitigate the harm caused by experiencing domestic abuse by enabling the provision of immediate support.

Trafford Local Authority launched a project known as *STRIVE* in 2016 which trains and deploys volunteers to work with families affected by domestic abuse incidents in which no crime has been logged. This initiative was 'championed across Greater Manchester' in 2017 and following an evaluation by GMCA has been rolled out to all Greater Manchester boroughs.⁵⁸

The implementation of *Operation Encompass* and *STRIVE* across Greater Manchester demonstrates how good practice can be identified and shared between local authority areas to support the development of more effective strategies to combat violence against women.

Cross-border Protocols

There is no formal cross-border protocol between local authorities in Greater Manchester defining responsibilities for the provision of housing and care and support services when vulnerable people, including victims of domestic abuse, are transferred across local authority areas. As we highlight in our case evidence in chapter 4, this is resulting in serious delays in providing access to safe emergency housing and welfare and support services to BME women and children fleeing domestic abuse.

Only Oldham's Domestic Violence and Abuse Strategy references the need to develop cross-border protocols for the provision of domestic abuse support between local authority areas.⁵⁹ Difficulties in establishing local authority responsibility to provide support to victims of domestic abuse where victims are moved between local authority areas have been identified as a significant issue in our case evidence and interviews with our partners. There is a strong argument for developing a Greater Manchester-wide protocol which provides clear guidance on the allocation of responsibility of local authorities for the provision of domestic abuse support services in cases where two or more local authorities are involved in an individual case, such as where a victim escaping domestic abuse is offered housing or schooling outside the local authority area where she was formally resident or has been transferred from outside Greater Manchester to a local authority area within Greater Manchester for her own safety. Guidance should be developed in line with responsibilities under the Care Act 2014, including the safeguarding duty in relation to adults experiencing or at risk of abuse⁶⁰ and the duties and powers to provide support to adults in urgent need who are ordinarily resident in another local authority area.⁶¹

RECOMMENDATION 4

As part of its VAWG Strategy, GMCA should, in consultation with the 10 local authorities of Greater Manchester, develop a cross-border protocol establishing a system of local authority co-operation which defines responsibilities for the provision of housing and care and support services when victims of domestic abuse are transferred across local authority areas. The protocol should include a process for resolving disputes regarding responsibility for providing support in individual cases.

MANCHESTER CITY COUNCIL'S APPROACH TO DOMESTIC ABUSE

As local government budgets fall, the need for the response and support services they fund are rising. Home Office figures released in 2018 show a 27% increase in recorded crime in Greater Manchester in the year ending March 2018. This includes a 39% increase in sexual offences and a 41% increase in violent offences, at a time when the number of police officers and staff has been reduced by 25% amid continued central Government cuts.⁶²

Manchester City Council's Domestic Abuse Strategy 2016-20

Manchester City Council's Domestic Abuse Strategy 2016-20 indicates that the number of domestic abuse incidents in Manchester increased by 35% between April 2014 and March 2015.⁶³ The strategy outlines Manchester City Council's aims to improve the coordination of services that can respond effectively to those affected by domestic abuse in order to enable early identification and improve safeguarding measures to support victims and their children. The strategy specifically commits to reaching out to 'underrepresented groups and hard-to-reach communities' and to work with marginalised groups that experience domestic violence and abuse, including BME women,⁶⁴ recognising the additional barriers that BME women victims of violence face in reporting abuse, including language barriers, insufficient access to information and cultural norms related to concepts of 'shame' and 'honour'.⁶⁵ The strategy also acknowledges that women who have no recourse to public funds (NRPF) as a consequence of their immigration status constitute a particularly vulnerable and high-risk group.⁶⁶

Responsibility for delivery of Manchester City Council's domestic abuse strategy lies with Adult and Children's Safeguarding and the Community Safety Partnership (CSP), with the CSP holding primacy and leading on governance.⁶⁷ The Manchester Domestic Violence and Abuse Forum, currently led by the Deputy Leader of Manchester City Council, is responsible for producing an annual action plan aligned to the service pledges set out in the strategy. The Domestic Violence and Abuse Forum is open to all relevant organisations in the city and the group meets once every quarter to discuss the council's approach to domestic abuse and to obtain feedback from stakeholders. The Chair of the Domestic Violence and Abuse Forum is responsible for reporting to the Community and Equalities Scrutiny Committee⁶⁸ and is required to submit an annual report on domestic abuse and the council's provision of services. The Chair is additionally responsible for reporting annually to the Community Safety Partnership. A further group - the Domestic Abuse Strategy Group - consisting of selected stakeholders from the voluntary and charity sector and statutory authorities such as police and housing authorities, also provides input to the council's work on domestic violence and abuse.

Since the publication of the Domestic Violence and Abuse Strategy 2016-20, Manchester City Council has implemented *Operation Encompass*, which allows police officers attending domestic abuse incidents where children are present to share with schools, which is intended to enable schools to put measures in place to more effectively support children affected by domestic abuse.

Budget allocation for domestic abuse services

Following the Sisters For Change & The Manchester Maya Project partners Roundtable on *Improving public authority responses to BME victims of domestic abuse* in March 2019, Manchester City Council (MCC) provided further information regarding domestic abuse spending and data on homelessness in Manchester City.⁶⁹ We discuss this on the following pages.

Total annual spending on domestic abuse and violence

The overall total spending on all domestic abuse and violence services in Manchester City in 2018/2019 was a little under £1m – £972,218.62. This sum comprises services funded by the following:

- + Core MCC Budget;
- + GMCA;
- + Manchester Health & Care Commission;
- + Central funding from the Ministry for Housing, Communities and Local Government for LGBT domestic violence services;
- + Adult Services; and
- + Community Safety Partnership funding.⁷⁰

Manchester City Council did not provide a percentage breakdown of the total spending by authority/agency but informed us that the £972,218.62 spending was used to finance the following services across Manchester City:

- + Manchester Domestic Violence Helpline;
- + Refuge and outreach services;
- + Midwifery service;
- + LGBT Domestic Violence accommodation project;
- + Contribution towards the Greater Manchester LGBT IDVA;
- + GP domestic abuse training support and referral programme (Manchester Public Health Identification and Referral to Improve Safety (IRIS) service);
- + Victim Support;
- + Therapeutic interventions with children
- + Work around forced marriage, so called 'honour-based violence' and female genital mutilation.

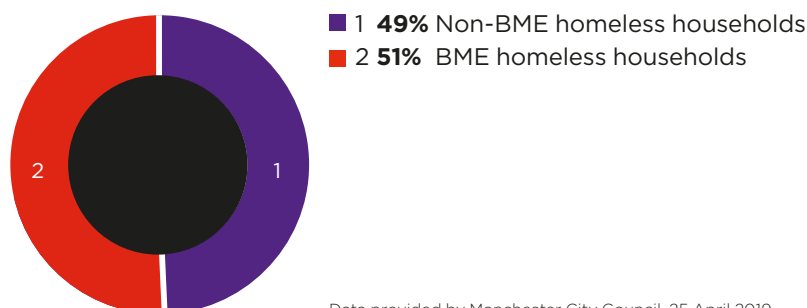
Spending on refuge and outreach services

The only domestic abuse services directly commissioned by Manchester City Council are refuge and domestic abuse outreach services. In 2018/2019, MCC spending on these services was £561,538.62.⁷¹ MCC did not provide a breakdown of the percentage of this figure allocated to specialist BME VAW service providers.

Homelessness caused by domestic abuse

In 2017/2018, a total of 3,581 households (homeless individuals and homeless families) were housed in temporary accommodation by MCC. 12% of those households (443 households) were homeless due to domestic abuse. Chart 4 sets out the breakdown of households accommodated in temporary accommodation due to domestic abuse. 51% (224 households) accommodated due to domestic abuse were BME households.

CHART 4: Homeless households in temporary accommodation in Manchester due to domestic abuse 2017/2018



Data provided by Manchester City Council, 25 April 2019.

Manchester City Council review of commissioning of domestic abuse services

Manchester City Council's Domestic Violence and Abuse Strategy Group and Integrated Commissioning Group are currently reviewing commissioning arrangements for a range of domestic and abuse services. Alarming, the Group reported to the Council's Communities and Equalities Scrutiny Committee in September 2018 that there were significant funding challenges to the City Council's ability to deliver a "comprehensive and consistent range of early help and intervention measures" across all areas "while still ensuring a sufficient and satisfactory response to the demand for support and services for high risk victims." Both Manchester City Council and GMCA have submitted funding bids to the Home Office's *Children Affected by Domestic Abuse Fund*.⁷²

We hope the findings and recommendations of this report will contribute to the development of a more inclusive approach to the commissioning of domestic abuse services by Manchester City Council which recognises the important contribution that specialist BME VAW support services make in supporting and advocating for BME victims of violence and abuse across Greater Manchester.

RECOMMENDATION 5

Manchester City Council should consider the findings and recommendations of this report to support the development of a more inclusive approach to the commissioning of domestic abuse services which recognises the important contribution that specialist BME VAW support services make in supporting and advocating for BME victims of violence across Greater Manchester.

Manchester City Council's No Recourse to Public Funds Service

Manchester City Council is the only local authority in Greater Manchester with a *No Recourse to Public Funds (NRPF) Service*. The NRPF Service was set up to coordinate the provision of the Council's services to individuals and families who have insecure immigration status or are subject to immigration control and do not have access to welfare benefits or housing assistance but are in need of care and support. The establishment of the Service recognises that NRPF cases are often complex and require significant expertise to identify, support and resolve to avoid vulnerable individuals and families becoming destitute. The Council has a team of five officers reporting to the Director of Adults delivering the Service on behalf of the Council. The team is supported by a part-funded designated legal officer who provides legal advice on NRPF matters. The aim of the centralised team is to provide a level of expertise, challenge and rigour to the evaluation of NRPF cases whilst ensuring that a valuable safety net is provided to avoid children becoming destitute and vulnerable adults being left without care.⁷³

We recognise Manchester City Council's innovative and important step of establishing a *No Recourse to Public Funds Service* to respond to individuals & families who have insecure immigration status or are subject to immigration control and do not have access to welfare benefits or housing assistance but are in need of care and support as a model of good practice and commend this model to local authorities across England.

RECOMMENDATION 6

Manchester City Council's *No Recourse to Public Funds Service* set up to respond to individuals and families who have insecure immigration status or are subject to immigration control and do not have access to welfare benefits or housing assistance but are in need of care and support should be recognised as a model of good practice and adopted by other local authorities across England.

SISTERS FOR CHANGE & MAYA PROJECT STAKEHOLDER ROUNDTABLE

In March 2019, Sisters For Change & The Manchester Maya Project partners held a Roundtable on *Improving public authority responses to BME victims of domestic abuse* with key stakeholders in Manchester, including local councillors; the GMCA Principal on Victims and Vulnerability; Manchester City Council (MCC) Leads for Homelessness and Equalities, MCC's Commissioning Manager, MCC's No Recourse to Public Funds Manager; MCC's Policy Officer on Safeguarding in Education; as well as representatives from the Department of Work & Pensions Universal Credit Operations Directorate and the Greater Manchester Police Complex Safeguarding Hub.

The discussions during the Roundtable highlighted a number of recurrent and cross-cutting issues regarding the provision of support to BME victims of violence across Greater Manchester. First, the complex nature of the service commissioning process and a lack of clarity regarding the relationship between GMCA and the 10 Greater Manchester local authorities. Second, a lack of cross-border protocols defining the relationships between the Greater Manchester local authorities themselves. For victims of violence and abuse, this exacerbates an already complicated map of public services and criminal justice agencies with which they have to engage.

Third, the discussions highlighted the need to examine more critically how the needs of domestic abuse victims are assessed and how the particular needs of BME victims of domestic abuse are incorporated within those assessments to ensure the commissioning and provision of support services reflects the needs of all victims of domestic abuse.

A central focus of the discussions related to the substantial and growing challenge of homelessness in Greater Manchester – and concerns regarding the capacity to support the growing numbers of homeless people. Stakeholders agreed the need to align local authorities' homelessness strategies and the Greater Manchester VAWG strategy (in development) to ensure the provision of safe and suitable accommodation for all victims of domestic abuse.

A further critical issue raised during the discussions – and central to the services provided by The Manchester Maya Project partners – was support for vulnerable migrant women victims of domestic abuse who have NRPF. Manchester City Council has established a NRPF Service. However, stakeholders acknowledged that migrant women victims of domestic abuse with NRPF are heavily reliant on the support of specialist BME service providers who receive no funding from statutory services to provide this assistance.

We are grateful to all those who attended the Roundtable in March and engaged with us, providing comments on our draft report and sharing additional information requested following the Roundtable. The discussions have informed the development of the recommendations made in this report.

3

EXPERIENCES OF BME VICTIMS OF DOMESTIC ABUSE IN MANCHESTER



3. EXPERIENCES OF BME VICTIMS OF DOMESTIC ABUSE IN MANCHESTER

As part of our research for this report, Sisters For Change held a focus group discussion with BME survivors of violence and conducted a series of in-depth interviews with Trustees, managers and case-workers of specialist BME VAW service providers in Manchester. The participants of the focus group discussion were asked a series of open questions regarding their experiences as survivors of violence and their experiences of statutory and voluntary support services in Manchester.

We set out below the key themes that emerged from our focus group discussion and in-depth interviews with frontline BME VAW service providers.

SUMMARY OF FINDINGS

- + BME women in Manchester – like BME women elsewhere across England – experience first-hand and on a daily basis the negative consequences of the ‘hostile environment’ and the toxic debate around immigration in the UK.
- + Characteristics of violence against BME women and their corresponding support needs are often different from and more complex than other women. This is borne of a lived experience in which factors such as race, ethnicity, language, family structures, social exclusion, income and immigration status cause multiple or intersectional discrimination.
- + Over 80% of BME women victims of violence in Manchester have suffered abuse or violence by an intimate partner. 43% have suffered abuse or violence from a family member, whilst 44% have suffered domestic abuse from multiple perpetrators.
- + 84.3% of BME women victims of violence accessing specialist BME services lack the necessary English language skills to access physical and mental health services, housing services and welfare benefits. 59.3% have mental health issues and 85% are financially insecure.
- + Many BME women in Manchester have suffered discrimination and race or religious hate crime. Chinese, Bengali, Pakistani and Afghani women all reported experiences of racial and religious abuse, ranging from verbal abuse to physical assaults and criminal damage to their property. Muslim women, in particular, reported feeling targeted because of their dress and to feeling the need to be invisible.
- + BME women feel adult social services & other public authorities provide a minimum response to their requests for assistance, either because they fail to understand their needs or because of racial or religious discrimination. Specialist BME VAW service providers provide a critical point of access and a safe space for BME women victims of domestic abuse to find help and access mainstream statutory services.
- + Immigration status creates significant barriers preventing women with insecure status from reporting domestic abuse, either due to fear they will be reported for immigration offences if they make themselves known to public authorities, or by virtue of the fact that their immigration status means that they have no recourse to public funds (NRPF), the term used where an individual’s immigration status prevents them from accessing welfare benefits or publicly funded services such as social housing and healthcare. Over 26% of Manchester victims of domestic abuse have NRPF.

BEING A BME WOMAN IN MANCHESTER IN 2019

“Sometimes, because of our identities, we have to be careful about what we do and where we go. There are spaces where we are able to be visible, and spaces where we need to be invisible, where we are fearful.”

(Bengali Survivor, Ananna)

“They see us as ‘other’”.

(Bengali Survivor, Ananna)

Participants discussed the challenges of coming from an ethnic minority community or being an immigrant in the current ‘hostile environment’. A number of women expressed the importance of their religion and ethnicity to their identity but commented that they felt it difficult to preserve this identity in the UK. Muslim women participants stated they were ‘fearful’ of going out while wearing the hijab and that they felt targeted on a daily basis. Chinese, Bengali, Pakistani and Afghani women all reported experiences of racial and religious abuse, ranging from verbal abuse to physical assaults and criminal damage to their property. Participants reported feeling safer in areas of the City where they were able to live alongside people from similar ethnic communities and felt very insecure and isolated in predominantly white communities. All participants identified a lack of English language skills as a major barrier to accessing statutory support services, and more broadly to feeling part of the community.

“With no English [language skills] it is really hard to fit into the community. Even basic needs like going out and dealing with schools are really hard; it is a struggle to live in this country.”

(Chinese Survivor, Wai Yin)

EXPERIENCES OF VIOLENCE

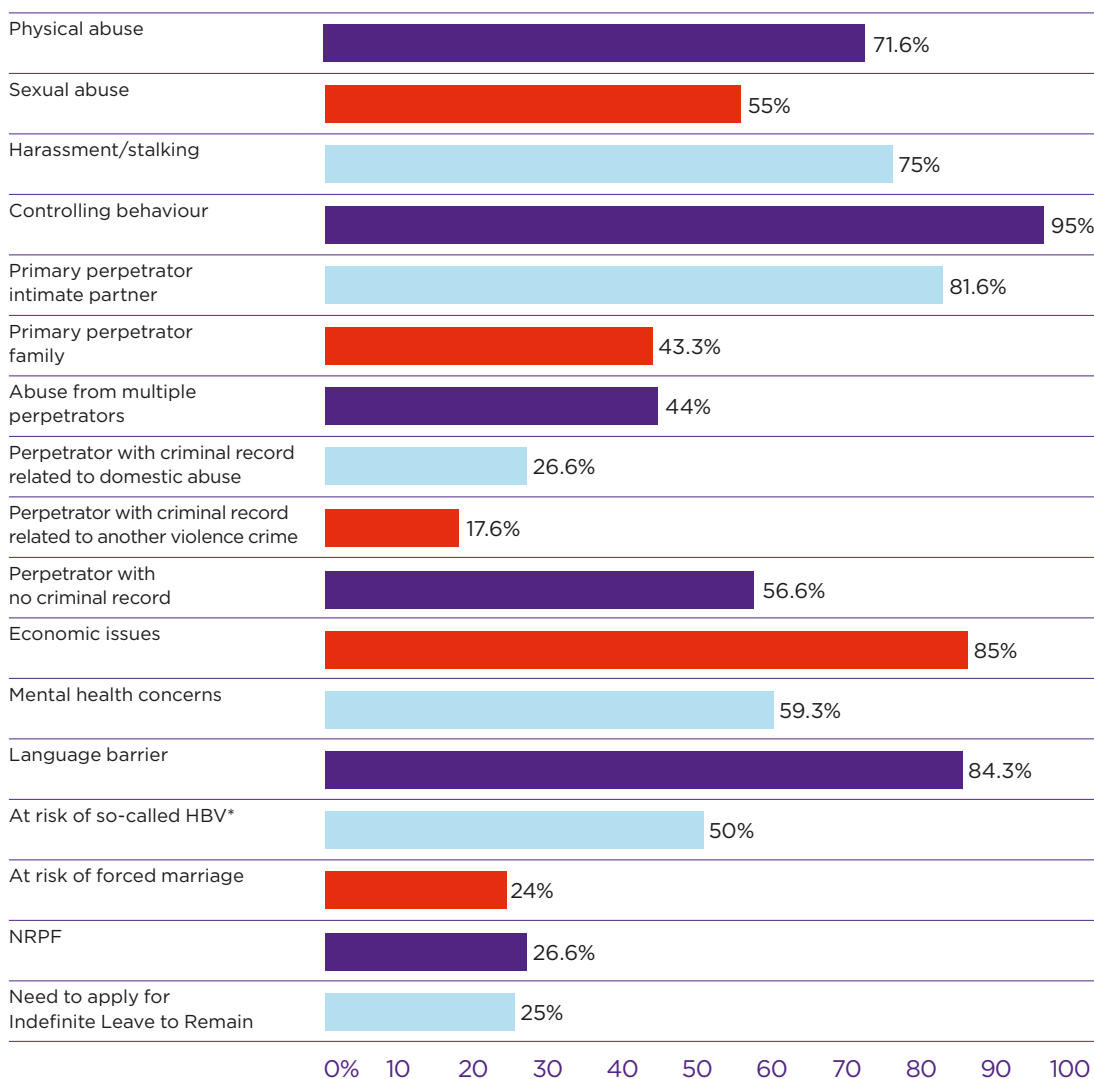
In our 2017 Report, *Unequal Regard, Unequal Protection*, Sisters For Change evidenced how BME women’s experience of violence is often very different from other women, due to factors such as race, ethnicity, language, family structures, social exclusion, income and, in some instances, immigration status. The data on Manchester BME women victims of violence characteristics collated by our partners in large part reflects the data presented in Sisters For Change 2017 report. BME women’s experience of violence is known to be different from other women due to a range of intersecting factors such as race, ethnicity, language, family structures, socio-economic factors and immigration status.

Chart 5 sets out the characteristics of BME women victims of violence 2018/2019. Over 80% of BME women victims of violence suffered abuse or violence by an intimate partner. 43% suffered abuse or violence from a family member whilst 44% suffered domestic abuse from multiple perpetrators. 84.3% of BME victims of violence accessing specialist BME services lack the necessary English language skills to access physical and mental health services, housing services and welfare benefits. 59.3% of BME victims have mental health issues, whilst 85% of victims are financially insecure. 50% of Manchester BME women victims of violence were recorded as at risk of so-called ‘honour-based violence’, whilst over one quarter were at risk of forced marriage.

It is important to highlight that within the ‘average’ data for BME victims there is significant diversity amongst women from different ethnic minority communities. Our data demonstrates that women victims from South Asian communities were far more likely to report mental health concerns, with much lower numbers of mental health concerns reported by women from Chinese communities. Language barriers were a concern for a greater number of women from Chinese and Bangladeshi communities, where 98% and 90% of women victims respectively did not speak fluent English, compared to 65% of women from other BME communities. Forced marriage was only reported to be an issue in South Asian & Bangladeshi communities, with no such cases reported by Chinese women. South Asian & Bangladeshi women were also more likely to experience abuse from multiple perpetrators. Reports of controlling behaviour and abuse where the primary partner is an intimate partner were high across all groups.

Immigration status creates significant barriers preventing women with insecure status from reporting domestic abuse, either due to fear they will be reported due to their immigration status or by virtue of the fact that their immigration status means that they have no entitlement to access welfare benefits – known as No Recourse to Public Funds (NRPF). Over 26% of Manchester BME victims of violence have NRPF, meaning they are excluded from accessing vital services such as housing support, welfare benefits and healthcare services.

CHART 5 : Characteristics of Manchester BME Victims of Violence 2018/2019⁷⁴



* % for co-called ‘honour-based violence’ calculated by averaging data from Saheli & Ananna. Not relevant to cases supported by Wai Yin.

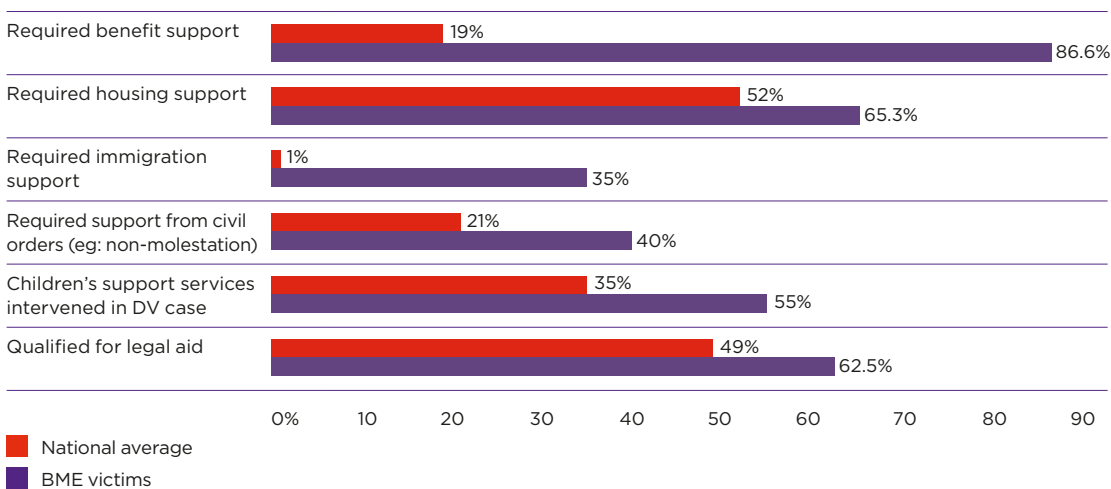
TYPES OF SUPPORT SERVICES REQUIRED BY BME WOMEN VICTIMS OF DOMESTIC ABUSE

The complex range of characteristics and needs of BME women victims of violence means that the support that they require necessitates more time, knowledge and specialist skills in comparison to the support required by many other women. The need for specialist support services includes specialist language, legal and immigration advice.

Chart 6 below sets out the types of support services required by BME women victims of domestic abuse in Manchester 2018/2019 vs national average data for 2017/2018. Key points to note include the fact that nearly 90% of BME women victims require advice on accessing benefits and over 65% require housing support once they report domestic abuse. When compared to the national average, BME women victims of violence are far more likely to require assistance in accessing welfare benefits and Children's Services are significantly more likely to intervene in cases involving BME victims of domestic abuse.

Over a third of BME women victims of violence required support in dealing with immigration matters, including insecure immigration status (e.g. where a foreign wife of a British national comes to the UK with a two-year spousal which subsequently lapses). The majority of BME women with insecure immigration status have no recourse (or access) to public funds, meaning as victims of violence they cannot access housing or social welfare benefits.

CHART 6 : Types of Support Services required by BME Women Victims of Violence in Manchester 2018/2019 vs National Average Statistics 2017/2018⁷⁵

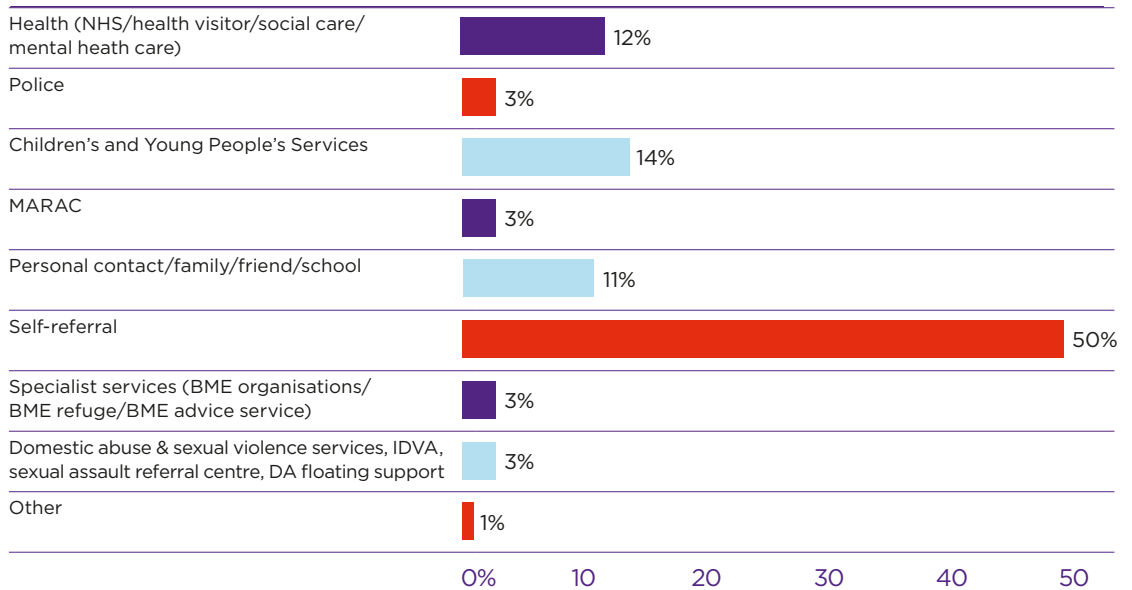


REFERRAL PATHWAYS TO BME SPECIALIST VAW SUPPORT SERVICES

Despite the fact that many BME specialist service providers now receive no local authority funding, statutory agencies nonetheless continue to rely on these services as a primary support for BME women victims of violence. This is the case in Manchester. Chart 7 shows that whilst self-referrals comprised the largest source of referral to BME specialist VAW support services in Manchester at 50%, in 2018/2019 BME services providers received over 35% of their referrals from statutory agencies, including health providers, youth services providers, other statutory VAW service providers (such as Multi Agency Risk Assessment Conferences (MARACs), Independent Domestic Violence Advocates (IDVAs), Sexual Assault Referral Centres (SARCs) and the police). As one BME VAW service provider manager commented: “They recognise the need for specialist BME support services, but they don’t fund us as a core element of their VAW outreach services.”

This reinforces our *Unequal Regard, Unequal Protection* 2017 Report finding of the failure of the current local VAW funding and commissioning model in England to fairly distribute funding to where it is needed and to those providing critical services and referral pathways.

CHART 7 : Typical referral pathways to Manchester BME VAW service providers 2018-2019



EXPERIENCES OF ACCESSING PUBLIC SERVICES

“A social worker told me if I didn’t move away from London [from my violent husband] and something happened, the blame would be on me and my children would be taken away.”

(Afghani Survivor, Saheli)

“When we are single women with no children, statutory services just throw us away.”

(Pakistani Survivor, Saheli)

BME women participating in our focus group discussion highlighted multiple problems in accessing public services including language barriers; immigration status; lack of information about how to access statutory services; and cultural notions of shame in relation to disclosing domestic violence and abuse. A Muslim woman victim of domestic abuse who had a spousal visa with NRPF described how after she fled her violent husband, she had been referred to a refuge but was told that she was not entitled to a bed because of her immigration status. She was given a mattress to sleep on the floor of the common area but was given no further support.

In instances where BME women had been able to access public services, they emphasised that they were only able to do so because of the support they had received from specialist BME VAW service providers. Participants felt adult social services and other public authorities only ever provided a minimum response to requests for assistance, either because they failed to fully understand the needs of BME victims of violence or because of racial or religious discrimination. Many participants described negative experiences, including one BME woman victim of domestic abuse who was told by a social worker that if she did not leave her husband and move away from the city where she and her family were living, she would be held responsible if her children came to any harm and her children would be removed from her. Another participant described contacting the police for assistance when her abusive husband was withholding her children’s passports and was told that this was not the job of the police and that she had been wrong to call them for help.

BME women victims of domestic abuse who understand and write limited or no English highlighted an additional barrier in accessing permanent accommodation – the Manchester City Council bidding system used to allocate permanent social housing is entirely online and lack of English language skills and IT-literacy prevents many BME women being able to use the online system.

IMPACT OF IMMIGRATION STATUS ON ACCESS TO SERVICES

“I was treated like an animal and given a mattress to sleep on the floor.”

(Pakistani Survivor, Saheli)

The hostile immigration environment in the UK has led to barriers to access to vital services, including housing, for women victims of violence with insecure immigration status or no recourse to public funds, the term used where an individual’s immigration status prevents them from accessing welfare benefits or publicly funded services such as social housing and healthcare.

Navigating the labyrinth of UK immigration law and policy as it applies to and affects migrant women is not straightforward. What is clear is that the UK's Immigration Rules establishes a hierarchy in relation to immigration status and consequent levels of access to public services for women victims of violence. The immigration rules related to victims of domestic abuse are narrowly drawn. The Destitute Domestic Violence Concession (DDVC) does not protect all categories of migrant women victims of domestic abuse. It applies only to migrant spouses of British citizens or settled migrants who are eligible to apply for leave under the immigration rules on the basis that they claim to need access to funds in order to leave an abusive relationship and intend to apply for Indefinite Leave to Remain (ILR). A migrant woman eligible for the DDVC will be granted 3 months' leave to submit her application for ILR, during which time she can access public funds (welfare benefits and support services).

Recently, critical concerns have been raised that immigration enforcement is coming before protection of migrant women victims of domestic abuse, so that when migrant women report domestic abuse to authorities, their details are often shared with the Home Office for immigration enforcement purposes.⁷⁶ Over half of all 45 police forces in the UK admit to sharing details of domestic abuse victims with immigration enforcement officials.⁷⁷ The issue of information-sharing between police and the Home Office in this context is currently the subject of a super-complaint to the Independent Office of Police Conduct.⁷⁸

Participants of our focus group raised insecure immigration status and the lack of entitlement to public funds. Women described either not being able to access statutory support at all or, when they were eventually granted access to support, experiencing significant delays. One woman explained how she had fled domestic violence and made a report to the police; the police had taken her to the Manchester City Council housing office, but she was told that the council were unable to support her due to her immigration status. The woman was sent to a refuge, but because of her NRPF status, she was informed that the council could not fund her place at the refuge and so she could not have a room or a bed. Manchester City Council later referred the woman to a non-statutory specialist BME organisation.

Another woman explained that she had entered the UK on a spousal visa with NRPF so when she left her abusive husband there was a four-month period during which she was not entitled to any publicly-funded support before she was granted the DDVC. Without the specialist BME VAW service provider support she would have been destitute.

IMPACT OF WELFARE REFORMS

Universal Credit was intended to streamline the welfare benefit system by combining six different benefits⁷⁹ into a single monthly payment. The benefit is available to those who are out of work or on a low income and the single monthly payment is made directly into claimant's bank accounts. Universal Credit is paid in arrears. Payments include a core 'personal allowance' and additional payments depending on the individual situation of the claimant.⁸⁰

Universal Credit was piloted in certain areas of Greater Manchester in 2013 and full service Universal Credit was rolled out in Greater Manchester in 2017 and 2018. A 'full service' Universal Credit area is one in which all new claims (with limited exceptions) for benefits must be made and managed online. This means that all changes in circumstances and other relevant information can only be submitted using an online account.

In response to serious criticisms in relation to the roll out and operation of Universal Credit, in April 2019, the Department for Work & Pensions (DWP) commissioned Citizens Advice Bureau (CAB) in England & Wales to deliver a new *Help To Claim Service* to support claimants of Universal Credit. The service is intended to provide support to claimants on gathering evidence in support of their application and on preparing for their assessment. CAB in Greater Manchester will provide the *Help To Claim Service* in Job Centres and community venues, including libraries.⁸¹

It is clear that the mandatory online application system for Universal Credit creates a 'double barrier' for BME women with limited English language and who do not have access to a computer or are not computer literate. Participants of our focus group reported experiencing delays of up to six weeks when their benefit payments were transferred from the previous payment system to Universal Credit. One Chinese woman reported that she had been unaware that she was required to input information into the online system until she received a letter through the post, at which point she had already been sanctioned and had her benefit payments suspended. Another woman explained that she did not have access to a computer or smart phone and was therefore only able to apply for Universal Credit and update her workbook when she visited a specialist BME service provider, Wai Yin. The most common complaint with Universal Credit was the significant delays that women experienced in receiving benefits payments and deductions made as a result of sanctions imposed for non-compliance with requirements that claimants are not aware of.

The Communities Lead of the DWP Greater Manchester Universal Credit Operations Directorate who attended the Sisters For Change & The Manchester Maya Project partners Roundtable in March 2019 indicated that the new *Help To Claim Service* is intended to address these shortcomings.

IMPORTANCE OF SPECIALIST BME SUPPORT SERVICES

“Three months before finding Ananna, I was suicidal. I saw no way out. I couldn't leave my husband; I had no money...Ananna was a lifeline. It's like having a new life. I have agency over my own life and the choices I make about what I do. The only reason I'm still here now is my children and the support I received from Ananna”.

(Bengali Survivor, Annana)

“In other [non-specialist] services, I felt ignored, looked down on”.

(Chinese Survivor, Wai Yin)

“It is very important for me to see someone from the same culture who understands my language. In a dramatic situation, it is hard to express my feelings. It is important to have somebody who listens and gives importance to my issues and who doesn't ignore them”.

(Bengali Survivor, Annana)

Participants of the focus group discussion described the support they had received from specialist BME VAW service providers with caseworkers who shared the same culture and language as a 'lifeline'. Participants stated that they were isolated and unaware of their rights prior to accessing support from specialist BME organisations which had played a crucial role in connecting them with public services such as healthcare, social care and housing.

Specialist services provide holistic support to women who are experiencing or recovering from violence. Services provided include dedicated caseworkers who accompany clients to meetings with public authorities, interpreting for them and translating official letters and documents; help in making medical appointments; assistance in making applications for housing and welfare benefits; and emotional support. A number of participants disclosed that had they not had the support of specialist BME service providers, they would have 'nowhere to turn' and believe they would have harmed themselves or been forced to return to the country of origin where they faced the risk of so-called honour-based violence.

“Sometimes it’s not just about translation, it’s about having agency to do things myself. Other services just tell me what to do. Specialist services are more enabling – they explain what a letter says and then I have the agency to make my own choices. It makes my mind happy”.

(Bengali Survivor, Ananna)

“I feel free to ask Wai Yin for help; I don’t feel like I am causing a burden to them like I do with statutory services”.

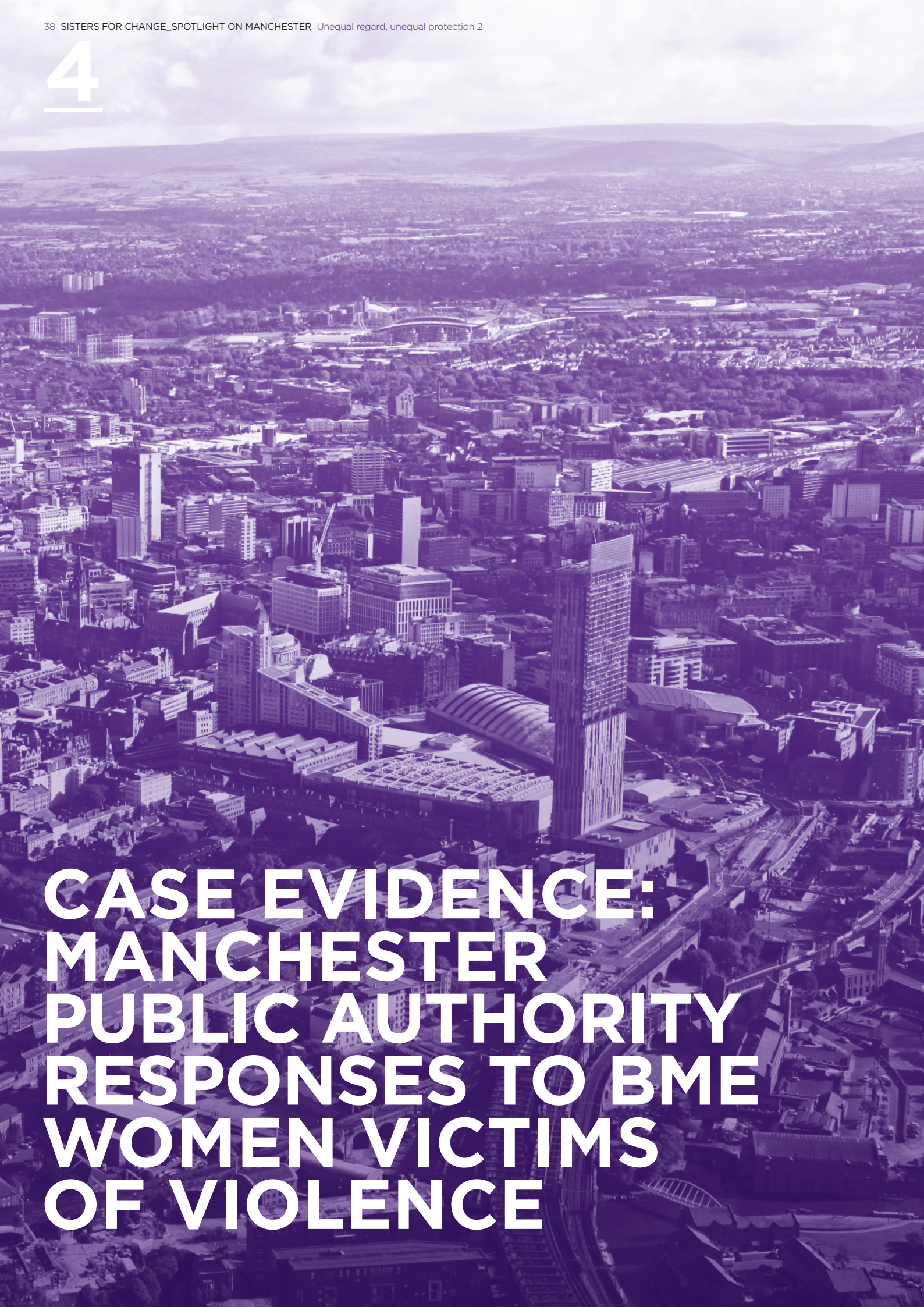
(Chinese Survivor, Wai Yin)

As highlighted in Sisters For Change 2017 Report,⁸² it is critical to appreciate the role specialist BME support services play in providing an essential point of access for BME women victims of violence to statutory services such as health, social services and criminal justice authorities. Without them, the further isolation or exclusion of BME women victims from formal systems of support and redress remains a very real risk. We therefore repeat in this report the recommendation we made in 2017 regarding the funding of specialist BME VAW service providers.

RECOMMENDATION 7

The Government should re-think its current VAWG funding and commissioning model. Localism has led to an inconsistent approach to VAW services and a failure to ensure diversity and specialist service provision. The Home Office should adopt a policy of ring-fencing a proportion of central VAW funding for specialist BME VAW service providers.

4

An aerial photograph of Manchester, UK, showing a dense urban landscape with numerous buildings, roads, and green spaces. The image is overlaid with a semi-transparent purple filter. In the foreground, a large, white, bold text block is superimposed over the city view.

CASE EVIDENCE: MANCHESTER PUBLIC AUTHORITY RESPONSES TO BME WOMEN VICTIMS OF VIOLENCE

4. CASE EVIDENCE: MANCHESTER PUBLIC AUTHORITY RESPONSES TO BME WOMEN VICTIMS OF VIOLENCE

In this chapter we turn to consider the response of Manchester public authorities to BME women victims of violence and whether that response complies with the human rights, equality, safeguarding and homelessness duties of public authorities. Whilst our *Unequal Regard, Unequal Protection 2017 Report* focused on assessing police responses to violence against BME women, in this report we focus on local authorities, specifically housing authorities and social and welfare services.

In the first part of the chapter, we set out the framework of legal duties of local authorities, housing authorities, health services and social services. In the second part, we present the findings of our case evidence and discuss a small sample of cases which exemplify key themes from our case analysis.

LEGAL FRAMEWORK

Duties to protect individuals at risk of harm

Public authorities, including local authorities, housing authorities, health services, the police and social services, have positive obligations to protect under the Human Rights Act 1998 (specifically ECHR Articles 2, 3 and 8) and are required to take reasonable steps to safeguard the lives of individuals known to be at risk of harm.

Under ECHR Article 2, where State authorities know, or ought to know, of the existence of a real and immediate risk to the life of an individual from the criminal acts of another, they must take reasonable measures in the circumstances to avoid that risk. Where they do not do all that could be reasonably expected of them to avoid a real and immediate risk to life of which they have or ought to have knowledge, they will be in breach of their positive duty to protect under ECHR Article 2.⁸³ Similar positive duties also arise in relation to the prohibition against torture, inhuman or degrading treatment (ECHR Article 3)⁸⁴ and the right to respect for private life (ECHR Article 8)⁸⁵ The definition of private life includes physical and psychological integrity.⁸⁶ Public authorities must take measures to ensure that individuals are not subjected to torture, inhuman or degrading treatment, including ill-treatment perpetrated by private individuals. These measures should provide effective protection, in particular, of children and other vulnerable persons and include reasonable steps to prevent ill-treatment of which the authorities had or ought to have had knowledge.⁸⁷ In addition, where an individual has been murdered or suffered serious violence in breach of ECHR Articles 2 or 3, those provisions, read in conjunction with ECHR Article 1, requires the police to conduct an effective official investigation capable of leading to the identification and punishment of the perpetrators.⁸⁸

Duties to safeguard adults at risk of harm, abuse and neglect

Local authorities have been responsible for the provision of care and support to adults to keep them safe from abuse or neglect (adult safeguarding) for many years but there was no statutory framework defining roles and responsibilities of public authorities for adult safeguarding until the Care Act 2014. The 2014 Act sets out the statutory framework for how local authorities and other parts of the health and care system identify & protect adults at risk of abuse or neglect and places a series of duties on local authorities in relation to the provision of care & support for adults who live in their areas.

Under the Act, local authorities are required to:⁸⁹

- + Provide a range of high quality, appropriate care and support services.
- + Ensure people can access the information and advice they need to make good decisions about their care and support.
- + Provide services, facilities and resources to people who live in their areas in order to prevent their care needs from becoming more serious.

Sections 42 to 47 of the Care Act 2014 outline the responsibilities of local authorities and other agencies in relation to the safeguarding of adults at risk of abuse or neglect, including the requirement to establish Safeguarding Adults Boards in every local authority area⁹⁰ to help and protect adults who (a) have needs of care and support; (b) are experiencing, or at risk of, abuse or neglect; and (c) as a result of those needs, are unable to protect themselves against abuse or neglect or the risk of it.⁹¹

Duties to safeguard children

Local authorities have a general duty under the Children Act 1989, s.17 to safeguard and promote the welfare of all children within their area⁹² who are “in need”. This applies to all children in the UK regardless of their nationality or immigration status. As long as it is not contrary to the welfare of the child, s.17(1)(b) provides that local authorities must promote the upbringing of children in need “by their families”.

Section 17 gives the local authority the power to provide services, including accommodation and financial subsistence to the entire family of a child in need. Social services can decide what services they will provide but this must follow a lawful assessment of the child’s needs. In deciding what services to provide, social services must act fairly, reasonably, within the limits of their legal powers, in compliance with their human rights obligations and with the child’s best interest as a primary consideration. Support under s.17 is not within the current definition of “public funds” so receiving s.17 support is not in breach of the ‘no recourse to public funds’ requirement.

Duty not to discriminate

All public authorities in the exercise of their functions have the duty to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Equality Act and to advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and those who do not (the Public Sector Equality Duty (PSED)).⁹³ The relevant protected characteristics⁹⁴ are sex, race, religion or belief, age, sexual orientation, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity⁹⁴ Having due regard to the need to advance equality of opportunity, service providers must take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.⁹⁵ The duty could lead a local authority to provide funding for a black women’s refuge for victims of domestic abuse, with the aim of advancing equality of opportunity for women, and in particular meeting the different needs of women from different racial groups.⁹⁶ The PSED is non-delegable, which means the duty remains the responsibility of the public authority that is subject to it.⁹⁷

Local authority duties to provide homelessness services

A person is deemed to be 'homeless' if she has no accommodation available for her occupation in the UK or elsewhere, or if she does have accommodation but is unable to secure entry to it.⁹⁸ The Housing Act 1996, s.177 provides that it is not reasonable for a person to continue to occupy accommodation if it is probable that this will lead to domestic violence or other violence against her, or against another family member or other person living with her.⁹⁹

The Housing Act 1996 Part 7 requires housing authorities to secure that accommodation is available for any person they have reason to believe may be homeless, eligible for assistance and have a priority need.¹⁰⁰ S.193 sets out the duty to provide accommodation to persons with priority need who are not homeless intentionally.

The Homelessness (Priority Need for Accommodation) (England) Order 2002, s.6 defines the categories of persons who have a priority need for accommodation, including:

- + pregnant women;
- + adults with dependent children (who reside with them);
- + persons who are vulnerable as a result of ceasing to occupy accommodation because of violence from another person or threats of violence from another person which are likely to be carried out.

Under the main housing duty (s.193), housing authorities must ensure that suitable accommodation is available for the applicant and her household until the duty is brought to an end, usually through the offer of a settled home.

Duties in relation to victims of domestic abuse

*Homelessness Code of Guidance for Local Authorities*¹⁰¹ (the Guidance) sets out guidance for local authorities regarding provision of homelessness services to people who have suffered domestic violence or abuse or are at risk of domestic violence or abuse. The Guidance states:

- + Households at risk of domestic abuse often have to leave their homes and the area they have lived. There is a clear need for victims of abuse and their children to be able to travel to different areas in order for them to be safe from the perpetrator. Housing authorities should extend the same level of support to those from other areas as they do their own residents.¹⁰²
- + An assessment of the likelihood of a threat of violence or abuse being carried out should not be based on whether there has been actual violence or abuse in the past.¹⁰³
- + There may be occasions where victims of abuse seek emergency assistance having left behind ID and other documentation that may be required to support their application. Housing authorities should work with police; domestic abuse agencies and the applicant to ensure that essential documentation can be recovered or replaced without putting the applicant at further risk of abuse.¹⁰⁴
- + When developing a personalised housing plan the housing authority should be particularly sensitive to an applicant's wishes and respectful of their judgment about the risk of abuse.¹⁰⁵
- + It is not only domestic violence and abuse that is relevant, but all forms of violence, including racially motivated violence or threats of violence likely to be carried out.¹⁰⁶

Providing suitable accommodation

Housing authorities have a duty to ensure that accommodation secured for a homeless applicant and her children is suitable.¹⁰⁷ Housing authorities must have regard to a number of matters when determining suitability.¹⁰⁸ The Guidance explicitly states housing authorities:

- + Must take account of any social consideration relating to the applicant and their household that might affect the suitability of accommodation, including any risk of violence, racial or other harassment in a particular locality.¹⁰⁹
- + Must consider the need for alternative accommodation whose location can be kept a secret, and which has security measures and staffing to protect the occupants where domestic violence is involved and the applicant is not able to stay in the current home.¹¹⁰
- + Have a continuing obligation to keep the suitability of accommodation under review and to respond to any relevant change in circumstances which may affect suitability, until such time as the accommodation duty is brought to an end.¹¹¹
- + Are required to assess whether accommodation is suitable for each household individually.¹¹²

Duties in relation to children

Local authorities have a duty under s.11 of the Children Act 2004 to safeguard and promote the welfare of children when securing accommodation for families with children. This includes minimising disruption to the education of children and young people.¹¹³ Local authorities have a duty to ensure that school places are available for children who have moved in to their area.¹¹⁴

Use of B&B accommodation

Homelessness (Suitability of Accommodation) (England) Order 2003 specifies that B&B accommodation is not regarded as suitable for applicants with family commitments provided with accommodation under The Housing Act 1996 Part 7. Housing authorities are instructed to use B&B accommodation to discharge a duty to secure accommodation for applicants with family commitments only as a last resort.¹¹⁵

Right to request review of suitability

Applicants are entitled to request a review as to the suitability of accommodation regardless of whether or not they accept the accommodation. This applies equally to offers of accommodation made¹¹⁶ to discharge the main housing duty to secure accommodation for a person with priority need¹¹⁷ and to offers of an allocation of accommodation¹¹⁸ that would bring that duty to an end.¹¹⁹

ANALYSIS OF CASE EVIDENCE

Over the last 12 months, Sisters For Change has worked with our partners Saheli, Ananna and Wai Yin to review and analyse the responses of public authorities in Manchester to a wide range of cases of BME women victims of domestic abuse. Our case evidence raises serious questions as to the compliance of Manchester public authorities with their human rights, homelessness, safeguarding and equality duties in relation to BME women victims of domestic abuse. We discuss below a small number of cases which exemplify multiple cases handled by our partners on an annual basis. These cases highlight key themes repeated across the case evidence we have analysed.

SUMMARY OF FINDINGS

- + Cases of local authorities failing to take account of the religious and cultural needs of BME women victims of domestic abuse.
- + Cases of housing authorities failing to provide suitable accommodation to homeless BME victims of domestic abuse.
- + Cases of police and housing authorities failing to respond adequately to religious hate crimes.
- + Cases of local authorities failing to take measures to protect BME women victims of domestic abuse from inhuman or degrading treatment perpetrated by private individuals.
- + Cases of housing authorities failing to adequately safeguard children of BME victims of domestic abuse.
- + Cases of health and social services failing to adequately safeguard BME women victims of domestic abuse in need of care and support.
- + Disputes regarding responsibilities between Greater Manchester local authorities delaying access to critical housing and welfare services for BME victims of domestic abuse.
- + Routine failure to provide appropriate interpreters for BME victims of domestic abuse with limited or no understanding of English.

CASE 1 : Breach of housing authority duty to provide suitable accommodation for victims of domestic abuse and their children resulting in religious hate crimes¹²⁰

Case
1

A is a Muslim women and mother of four children who was referred to Saheli in June 2018. A does not speak or understand English and is unable to read or write in English. She was the victim of very severe domestic abuse in another part of England where her life was at risk from the perpetrator, her former husband. She was moved to Manchester into temporary accommodation because of fears for the safety of herself and her children. A was allocated housing in a deprived, predominantly white area of Greater Manchester. As a practicing Muslim, A wears a headscarf. When A initially arrived in the area, she wore a full face covering, but she abandoned this practice as a consequence of the religious abuse she suffered from people in the local area. A and her children have been the victims of repeated and on-going hate crimes since moving into the area, suffering religious and racial verbal abuse, being spat at, having bricks thrown at the windows of her temporary accommodation and having people trying to break down the door to her property during the early hours of the morning. A lives in fear and is scared to go out of the property, even to take the children to school. Her younger children are also scared. Rather than shopping in the local area where she is targeted, A spends money she doesn't have to get a taxi to take her to a different area where she is able to buy essentials without being harassed, abused and intimidated. A plans her activities carefully, minimising the time she leaves her accommodation, only going out at times she knows will be quiet and buying her food in bulk.

Following the incident where bricks were thrown at the windows of her accommodation, police attended to take a statement. They had no interpreter. Rather than making arrangements for an interpreter to attend to take A's statement, the police officer asked A's 15 year-old son to act as interpreter.

The local authority offered A alternative temporary housing, but this accommodation was in a similar deprived, predominantly white area (known locally as a racist area) and situated between two pubs. A visited the property and felt that she and her children would be at an even greater risk of violence if she moved to the alternative accommodation. She therefore refused to move. Housing authority officers refused to acknowledge that there were any risks associated with the location and informed A that she would not be assessed as being in priority need of alternative housing. The local authority is no longer actively searching for alternative accommodation for her and her children and they remain in an area where they are subjected to religious hate crimes on a weekly basis.

BME specialist VAW caseworkers consider that A's needs have been deprioritised as a result of her refusal of alternative accommodation which they agree was wholly unsuitable for her and her children. The Police Community Support Officer has expressed concern that A and her children have not been allocated alternative housing and is aware of the hate crime and harassment that they are enduring. No arrests have been made in relation to the incidents reported by A.

As well as being socially and culturally isolated, A has reported an overall lack of support from statutory services, including local authority housing services, her children's school and the police.

Analysis

Housing authorities have a duty under the Housing Act 1996 to ensure that accommodation secured for BME women and children made homeless due to domestic abuse is suitable. Housing authorities are required to take account of any social consideration relating to the applicant and their household that might affect the suitability of accommodation, including any risk of violence, racial or other harassment in a particular locality and have a continuing obligation to keep the suitability of accommodation under review and to respond to any relevant change in circumstances which may affect suitability.

The case demonstrates the failure by the housing authority to understand or take into account A's religious and cultural needs and to take seriously the risk posed to A and her children from religious hate crimes. The case raises significant questions regarding the housing authority's compliance with its duties to provide homelessness services, including:

- + The failure to provide suitable accommodation to A and her children indicates a potential breach of the duty to extend the same level of support to those from other areas as they do their own residents.¹²¹
- + The failure to take account of the religious and cultural needs of A and her children indicates a potential breach of the housing authority's duties under the Equality Act and a potential breach of its duties under Part 7 of the Housing Act 1996, including the requirement when developing a personalised housing plan to be particularly sensitive to an applicant's wishes as required by the *Homelessness Code of Guidance for Local Authorities*.¹²²
- + The failure of the housing authority to recognise and adequately respond to the risk posed to A and her children by religious hate crimes indicates a potential breach of the duty to take account of all forms of violence, including racially or religiously motivated violence or harassment, in assessing the suitability of accommodation.¹²³
- + The failure of the housing authority to respond to the religious hate crimes experienced by A's children indicates a potential breach of the s.11 Children Act 2004 duty to have regard to the need to safeguard and promote the welfare of children.
- + The failure of the police and housing authority to take seriously A's repeated reports of religious hate crimes indicates a potential breach of human rights duty to take measures to ensure that individuals are not subjected to torture, inhuman or degrading treatment, including ill-treatment perpetrated by private individuals under ECHR Article 3.
- + The housing authority's de-prioritisation of A following her refusal to move to alternative accommodation indicates a potential breach of A's right to request a review of the suitability of her accommodation.

RECOMMENDATION 8

Housing authorities across Greater Manchester should review their homelessness policies and assessment procedures to ensure that accommodation secured for BME women and children made homeless due to domestic abuse is suitable to their needs and that those assessing suitability take account of social considerations that might affect the suitability of accommodation, including any risk of violence, racial or religious harassment or hate crime in a particular locality, as required by the Housing Act 1996.



CASE 2 : Failure to provide suitable accommodation for BME woman victim of domestic violence and to safeguard the welfare of her three young children

C is a Muslim women and mother of three children aged 3 years, 2 years and 6 months. C understands and speaks little English. She was a victim of sustained domestic violence at the hands of her husband and his family members. She was not permitted to leave the house without a male chaperone and had experienced physical assaults, controlling and coercive behaviour, emotional and psychological abuse. Her mother-in-law, herself a victim of similar abuse within the family, had helped C to escape with limited belongings she was able to take with her. After fleeing her violent husband, C found private rented accommodation (likened to a hostel) where the family had one private room in a building shared with six other people, all sharing kitchen and bathroom facilities.

C was referred to a specialist BME VAW service provider by an NHS health visitor who had expressed concerns about the suitability of her accommodation, describing it as overcrowded and inadequate. The caseworker immediately took C and her three children to the Manchester City Council housing office to find more suitable accommodation for her and her children. They were directed to the homelessness desk where they waited to be seen on a 'first come, first served' basis. C was interviewed by a council officer. The caseworker translated for C while she explained in front of her children that she had fled an extremely violent and abusive marriage but was unable to go to a refuge because her 2-year-old child, who was traumatised by witnessing the abuse, was exhibiting violent behaviour towards other children. During the interview the council worker became annoyed that one of C's children was crying and threatened to terminate the interview if the child continued to cry. Eventually, council staff arranged for an alternative interpreter for C to allow C's caseworker to take care of her children while she was interviewed.

Following this initial interview, C was asked to wait for a second interview again allocated on a 'first come, first served' basis. Following the second interview, C and her children were allocated local hotel accommodation for one night and told to return to the housing office the next day. C informed the council officer that she had no money and no food; the council officer informed her that this was not the council's responsibility and referred her to a different desk to request a food parcel. When she went to the desk, she was informed that they had run out of food parcels.

When C went to the housing officer the following morning, she was instructed to follow the same process of waiting to be seen. A specialist BME VAW caseworker again attended with her to take care of her children while C met with council staff. C saw the same housing officer as the previous day. After some time, C was placed in a hotel located about 40 minutes' drive away for a period of two weeks. It took two full days before C was allocated this temporary accommodation. She was given no food or subsistence allowance. Staff at the specialist BME VAW service provider raised money from their friends and families to buy basic essentials for C and her children, including food and nappies. During the two weeks C and her children stayed at the hotel, C had was given no food/subsistence allowance or access to cooking facilities. The only additional advice that the local authority provided was a list of foodbanks – none of which were nearby, and C did not have a car or the fare to visit them.

After two weeks, C again returned to the housing office and followed the same process before being informed that she and her children would be sent to the same hotel again for a further week, again without breakfast or any form of food provision. When she returned to the hotel with her children, C was informed by staff that no booking had been made for her so they could not give her a room. By this time, the council office had closed so C's support worker contacted the social services out of hours service. It took two hours before the issue was resolved.

After a week, C returned to the housing office and she and her children were allocated a different hotel. The hotel was in fact more like a hostel, with shared kitchen and bathroom facilities. C was told by staff that she was not allowed to leave her children alone in their one bedroom for any period of time, so C had to take all three children with her each time she needed to use the toilet or bathroom. C was allocated this accommodation for a period of 40 days, during which time she was advised to use the Council's online bidding process for the allocation of long-term accommodation. C does not understand English and does not have access to a computer.

Due to the fact that C was allocated accommodation in two different local authority areas, the two local authorities disputed who was responsible for C and her children – each claiming that it was the other. As a result, C was left without food/subsistence allowance for a period of over a week. With the persistence of her caseworker, C was eventually able to secure a daily living allowance of around £25 for herself and her three children.

C has been advised by local authority housing staff that 'long-term' accommodation is provided for anywhere between six weeks and two years. Once in long term accommodation, C will be eligible to bid for permanent accommodation. Because their current accommodation is temporary, C's children are not in school or nursery and she has been advised that this is the standard process.

Analysis

The case raises significant questions regarding the housing authority's compliance with its child safeguarding duties as well as its duty to provide homelessness services, including:

- ✦ The allocation of hotel accommodation by the local authority raises questions of compliance with the Homelessness (Suitability of Accommodation) (England) Order 2003 which specifies that B&B accommodation is not regarded as suitable for applicants with family commitments and that families should be allocated B&B accommodation only as a last resort.¹²⁴
- ✦ The disputes between the neighbouring local authorities regarding responsibility for C and her children delayed provision of subsistence payments indicating a potential breach of the duty to have regard to the need to safeguard and promote the welfare of C's children under both the Children Act 1989, s.17 and the Children Act 2004, s.11.

The case underlines the problems caused by the lack of any formal cross-border protocol between local authorities in Greater Manchester defining responsibilities for the provision of housing and care and support services when victims of domestic abuse are transferred across local authority areas. We have discussed this in chapter 2 and made a specific recommendation regarding the establishment of a cross-border protocol to prevent further cases like this one arising.

CASE 3 : Discriminatory treatment of Chinese woman victim of domestic abuse and failure to safeguard welfare of her children

Case
3

M is a Chinese woman. She does not understand or speak English. M was referred to a specialist BME service provider by the local multi-agency safeguarding hub (MASH). The MASH referral was made after M had been admitted to hospital following a suicide attempt. M disclosed to her caseworker that her husband was controlling and unstable, having issues with drug use and gambling and had accumulated significant debts, including debts in her name and had borrowed money from their relatives in China. M was not receiving any form of support from social services or the local authority. M only felt comfortable engaging with the specialist BME service. Initially, M's caseworker provided general advice in relation to making an application for welfare benefits. Later, M requested additional support in securing accommodation for herself and her children so that she could leave her husband. She was in private rented accommodation but could not afford to rent a flat for herself and her children as she was only in part-time employment and most private landlords were reluctant to accept a tenant in receipt of benefits. M's caseworker took her to meet with the local authority's homelessness team. At their initial meeting, both M and the caseworker were treated disrespectfully and informed them that they would have to book an independent interpreter.

M returned for another meeting and explained that she was in private rented accommodation that she could no longer afford – M was behind in her rent and facing eviction. The local authority homelessness team initially contacted M's private landlord and requested that he allow her to stay in the property for a further month to allow her time to find alternative accommodation for herself and her children. After the month had passed and M had been unsuccessful in finding alternative accommodation, the homelessness team carried out an assessment and provided M and her children with temporary accommodation in a hotel, where she stayed for a period of three weeks before being allocated housing. During this time, M's children were unable to attend school due to the distance between the hotel and their school.

Analysis

The case raises significant questions regarding the housing authority's compliance with its equality duties as well as its duties to provide homelessness services, including:

- + The allocation of hotel accommodation by the local authority raises questions of compliance with the Homelessness (Suitability of Accommodation) (England) Order 2003 which specifies that B&B accommodation is not regarded as suitable for applicants with family commitments and that families should be allocated B&B accommodation only as a last resort.¹²⁵
- + The failure to provide suitable accommodation to A and her children indicates a potential breach of the duty to extend the same level of support to those from other areas as they do their own residents.¹²⁶
- + The inability of M's children to attend school due to the location of temporary accommodation indicates potential breaches of the local authority's duties under s.11 of the Children Act 2004 to safeguard and promote the welfare of children when securing accommodation for families with children, which includes minimising disruption to the education of children.¹²⁷



CASE 4 : Denial of benefits to victim of domestic abuse suffering severe mental health issues

E is a Bengali woman who understands and speaks very little English. E suffered severe physical domestic violence from her husband over a prolonged period. Staff at E's children's school had noticed that the children were unhappy and withdrawn and often failed to complete homework. They alerted social services who conducted a home visit, during which E disclosed the domestic violence she was suffering and her children were witnessing.

E and her children left her violent husband. E was suffering severe mental health issues as a result of the prolonged violence and abuse. She was referred by the NHS Psychotherapy Department to a BME VAW service provider with specialist mental health caseworkers. E's mental health caseworker accompanied her to GP appointments and arranged for her GP to make a referral for professional psychiatric consultation to determine E's treatment and issues with medication.

E's caseworker supported her to make an application for a Personal Independence Payment (PIP), a non-means-tested benefit for people who require support in their everyday lives (the daily living component) and/or mobility support (the mobility component). E's application for PIP was initially denied. E had her all of her benefits stopped for a period of approx. six months. During this time, E continued to suffer from serious mental health problems and was undergoing physiotherapy following an accident where she broke her leg. E's caseworker provided support over a period of two years to appeal the decision, obtaining and documenting extensive evidence from mental health nurses, doctors, medical specialists and consultants. E's appeal was successful and she received backdated PIP for the two-year period, totalling around £17,000.

Analysis

The case raises profound questions regarding the social services' response to E's application for a Personal Independence Payment, in particular, the efficacy and veracity of their initial assessment of E. Without the support and dedication of her mental health caseworker, E simply would not have been able to navigate the complex benefits appeal system and would not have had access to the statutory support to which she was entitled.

**Case
5****CASE 5 : Eviction of BME victim of violence suffering serious mental health issues and denial of access to her children**

G is a Muslim woman with two children who suffered years of domestic violence and psychological abuse by her former husband. G was referred to a specialist BME VAW service provider. Her caseworker raised serious concerns regarding G's mental health and wellbeing, making numerous referrals to social services and other statutory authorities to no avail. G's mental health declined, and she was eventually detained under the Mental Health Act 1983. Her caseworker is adamant that if E had been given the proper care to which she was entitled, the need for her to be sectioned would have been avoided.

While G was detained under the Mental Health Act, she was evicted from her property as a result of maladministration by the Department for Work and Pensions (DWP). The DWP incorrectly informed the local council that G was working and consequently deductions were made from G's benefits' payments. G's caseworkers are in the process of submitting evidence to prove that G was not liable for council tax payments for the two year period that she spent in hospital and supported accommodation as she recovered from her mental breakdown.

G's caseworker continued to support her during her recovery. G's ex-husband who had custody of her two children, refused to allow her contact with them, claiming that her mental health issues made her unfit to care for them, despite that fact that she was at this time responding well to treatment. Without making any formal assessments, and without meeting with her children to take their views into account, social services took the decision to deny G any form of contact with her children. According to G's caseworkers, G had been in good physical and mental health at the time the decision was made by social services to stop contact and she would have been fit to participate in supervised visits with her children.

G's caseworker supported G in accessing legal representation and she was able to successfully appeal against the decision of social services and the court ruled that supervised visits were appropriate. Shortly after the supervised visits had commenced, G's ex-husband halted the visits, again claiming that G was unfit to see her children. This was contrary to the medical assessments that had been conducted for the court proceedings. G's caseworker is again supporting G to reinstate visits with her children. Her caseworker is extremely concerned that continued denial of access to her children may trigger a relapse in G's mental health.

In addition to helping G engage with statutory services and advocating on her behalf, G attends a variety of classes hosted by the specialist BME service provider, including English classes and yoga sessions to help with her physical and mental health. The value of association with women from her own community is particularly important given G has been allocated accommodation by the local authority in a deprived, predominantly white area where she is frequently subjected to racist and Islamophobic abuse.

ANALYSIS

The case raises significant questions regarding compliance of health and social services and the local authority with their adult safeguarding duties and equality duties, including:

- + The denial of care and support by health and social services when G was first referred to them with mental health issues raises serious questions of compliance with their duties to identify and protect adults at risk of abuse and to provide care and support under the Care Act 2014 and also raises questions regarding compliance with Equality Act duties.
- + The decision of social services to deny G any form of contact with her children in the absence of both a formal assessment of G and meeting with G's children to take their views into account indicates a potential breach of adult safeguarding duties under the Care Act 2014 and child safeguarding duties under the Children Act 2004.
- + G's overall treatment by health social services indicates a potential violation of her human rights (specifically, the prohibition against inhuman and degrading treatment under ECHR Article 3).

END NOTES

THIS REPORT

- 1 Available at <https://www.sistersforchange.org.uk/2017/11/20/unequal-regard-unequal-protection/>.
- 2 All three organisations work primarily with BME women based in the city of Manchester. For this reason, this report focuses on the Manchester City Council area rather than Greater Manchester as a whole.

1. DOMESTIC ABUSE IN ENGLAND AND WALES

- 3 Home Office Research Report 107, *The economic and social costs of domestic abuse*, January 2019, p.7.
- 4 *The Femicide Census: 2016 findings. Annual Report on cases of Femicide in 2016*, published December 2017. Available here: <https://www.womensaid.org.uk/what-we-do/campaigning-and-influencing/femicide-census/>
- 5 Office of National Statistics, Statistical Bulletin, *Domestic abuse in England and Wales: year ending March 2018*, citing the Crime Survey for England and Wales year ending March 2017.
- 6 Home Office Research Report 107, *The economic and social costs of domestic abuse*, January 2019, p.5.
- 7 The Home Office figures acknowledge that due to a lack of data, the costs included within victim services does not fully encapsulate the complete options of support that are available to victims.
- 8 MARACs are local multi-agency meetings involving statutory and voluntary agency representatives that are intended to encourage information sharing information and a coordinated approach to supporting high-risk victims of domestic abuse.
- 9 Home Office Research Report 107, *The economic and social costs of domestic abuse*, January 2019, p.41.
- 10 See Sisters For Change, *Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England, November 2017*, pp. 43-44.
- 11 Report of the Special Rapporteur on extreme poverty and human rights, Visit to the United Kingdom of Great Britain and Northern Ireland, Professor Philip Alston, A/HRC/41/39/Add.1, 23 April 2019, p.3. (Prof. Alston Report).
- 12 *The Female Face of Poverty*, Women's Budget Group, July 2018, p.7, available at <http://wbg.org.uk/wp-content/uploads/2018/08/FINAL-Female-Face-of-Poverty.pdf>
- 13 Joseph Rowntree Foundation, *Poverty and Ethnicity in the Labour Market*, September 2017, p.1, available at <https://www.jrf.org.uk/report/poverty-ethnicity-labour-market>
- 14 Women's Budget Group, *New research shows that poverty, ethnicity and gender magnify the impact of austerity on BME women*, 28 November 2016.
- 15 Department for Communities and Local Government, *A Guide to the Local Government Finance Settlement in England*, December 2013.
- 16 National Audit Office, *The impact of funding reductions on local authorities*, November 2014.
- 17 *Triple Whammy: The impact of local government cuts on women*, Women's Budget Group, March 2019 (Women's Budget Group Report March 2019), p.4.
- 18 Women's Budget Group Report March 2019, p.6.
- 19 Prof. Alston Report, p.4.
- 20 A social security payment for working age people on a low income or out of work.
- 21 Further details of the problems with the implementation of Universal Credit are contained in the National Audit Office report *Rolling out Universal Credit*, available here <https://www.nao.org.uk/wp-content/uploads/2018/06/Rolling-out-Universal-Credit.pdf> and in the House of Commons Work and Pensions Committee report *Universal Credit and domestic abuse* available here <https://publications.parliament.uk/pa/cm201719/cmselect/cmworpen/1166/1166.pdf>
- 22 Prof Alston Report, p.15.
- 23 Just Fair and Others, *Written Submissions to the HC Work and Pensions Committee*, p.2, available at: <http://justfair.org.uk/wp-content/uploads/2019/01/JustFair-submission-WPC-Dec2018-FINAL.pdf>
- 24 See *Joint letter to the UK Government*, UN doc. AL GBR 1/2016, April 2016, p.12; CRC, *Concluding Observations: UK*, July 2016, UN doc. CRC/C/GBR/CO/5, para.s 66 & 69-70; CESCR, *Concluding Observations: UK*, July 2016, UN doc: E/C.12/GBR/CO/6; para.s 40-42 & 47-48; CRPD, *Inquiry concerning the UK*, 2016, UN doc. CRPD/C/15/R.2/Rev.1; ECSR, *Conclusions XXI-2 (2017) UK*, January 2018. See also BIHR et al, *Joint Civil Society Report to the UN Universal Periodic Review of the UK (3rd Cycle)*, 2016, pp. 20-23.
- 25 Women's Budget Group Report March 2019, p.8.
- 26 Ibid.
- 27 Imkaan, *From Survival to Sustainability*, 2018, p.21.
- 28 Care Act 2014, s.2.
- 29 Care Act, s.2(2)(b).
- 30 Care Act, s.5(2)(b).
- 31 Care Act 2014, s.43.
- 32 Care Act 2014, s.43.
- 33 Department of Health & Social Care, *Care and Support Statutory Guidance*, para. 14.7 available at: <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>.
- 34 Local Government Association, *Adult safeguarding and domestic abuse. A guide to support practitioners and managers*, Second edition 2015.
- 35 Equality Act 2010, s.29.
- 36 Equality Act 2010 Explanatory Notes, para. 107.
- 37 Home Office Toolkit, *Violence Against Women and Girls Services Supporting Local Commissioning*, December 2016 (Home Office VAWG Toolkit 2016), p.12.
- 38 Home Office VAWG Toolkit 2016, p.12.
- 39 Home Office VAWG Toolkit 2016, p.14.
- 40 Home Office VAWG Toolkit 2016, p.16.

2. AREA OF STUDY – GREATER MANCHESTER

- 41 Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan.
- 42 Greater Manchester Combined Authority Police and Crime Plan, 2018, p.16.
- 43 Department for Communities and Local Government, *English Indices of Deprivation 2015*.
- 44 Greater Manchester Combined Authority Police and Crime Plan 2018, pp.16-17.
- 45 Manchester Safeguarding Children Board 2017/18 Annual Report.
- 46 *Greater Manchester Agreement: devolution to GMCA & transition to a directly elected mayor*, HM Treasury and the Greater Manchester Combined Authority.
- 47 Greater Manchester Police Fund Revenue Budget and Capital Programme 2018/19, p.6.
- 48 Information provided by GMCA Principal, Victims and Vulnerability following SFC email request dated 2 April 2019.
- 49 Local Government Association Press Statement, *Local services face further £1.3 billion funding cut in 2019/20* available at <https://www.wired-gov.net/wg/news.nsf/articles/LGA+Local+services+face+further+1.3+billion+government+funding+cut+in+201920+09102018154000?open>
- 50 Ibid.
- 51 *Greater Manchester's Councils 'could be close to bankruptcy within four years', leaders warn*, Manchester Evening News, 26 February 2018, available at <https://www.manchestereveningnews.co.uk/news/greater-manchester-news/greater-manchesters-councils-could-close-14336504>
- 52 *Dataset: Real terms changes in local government service spending by local authority decile of grant dependence, 2009-10 to 2016-17 in England, Scotland and Wales*, Neil Amin Smith, David Phillips and Polly Simpson, November 2016 available at <https://www.ifs.org.uk/publications/8781>. Figures in £s, thousands.
- 53 Office of National Statistics, *Domestic Abuse in England and Wales Data Tool*, year ending March 2018.
- 54 Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan.
- 55 Bury Domestic Violence and Abuse Strategy 2018-2021, p.2.
- 56 Trafford Domestic Abuse Strategy 2018-2022, p.10.
- 57 Tameside Domestic Abuse Strategy 2016-2019, p.15.
- 58 Trafford Domestic Abuse Strategy 2018-2022, p.9.
- 59 Changing Hearts and Minds: Domestic Violence and Abuse Strategy 2017-2020, p.5.
- 60 Care Act 2014, s.42.
- 61 Care Act 2014, ss.18-19.
- 62 Neal King, *Robberies, sex offences, and violent attacks are all on the rise in Greater Manchester*, Manchester Evening News, 22 July 2018.

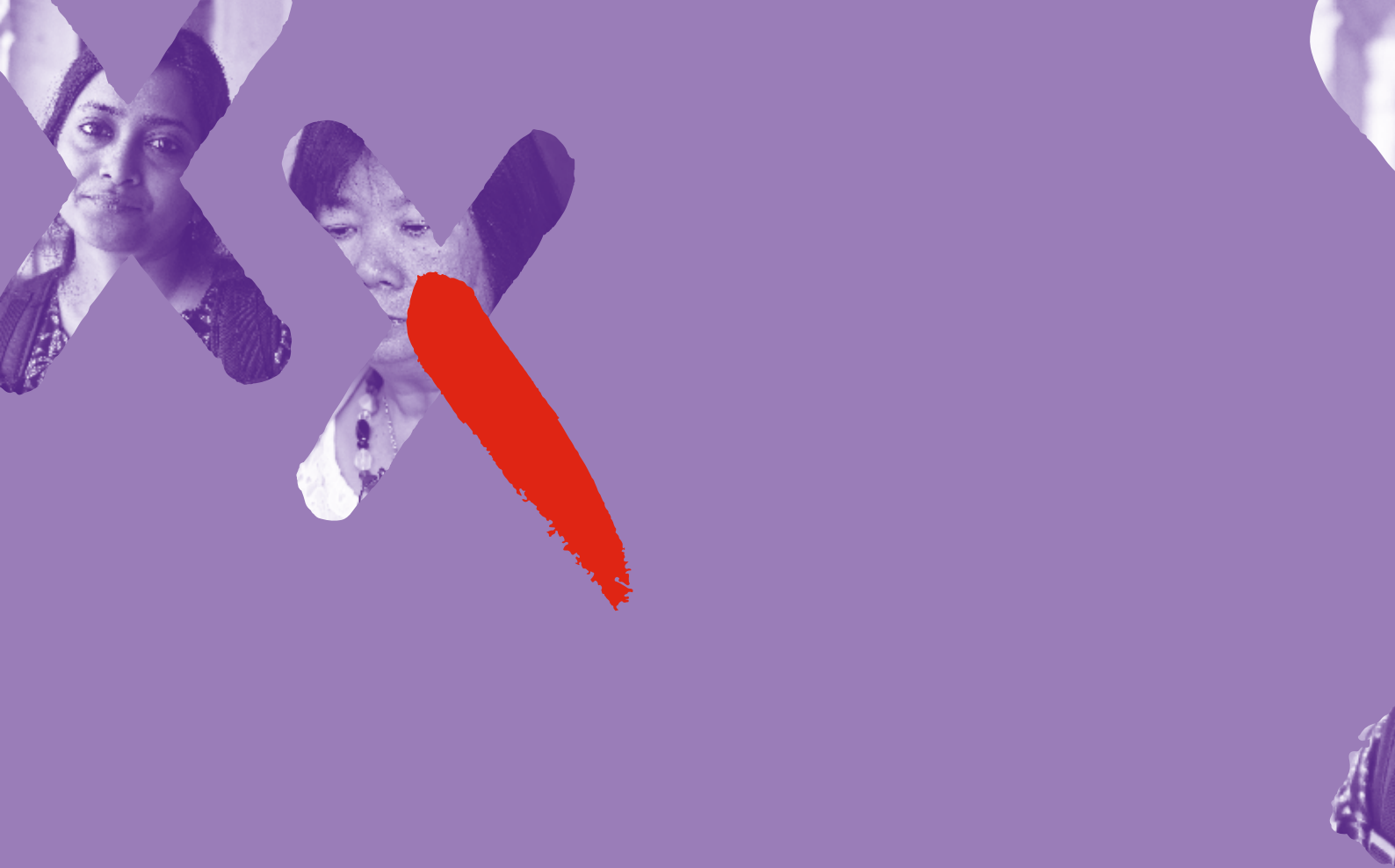
- 63 *Delivering Differently: Manchester's Domestic Violence and Abuse Strategy 2016-20* (MCC Domestic Abuse Strategy 2016-2020), p.2.
 64 MCC Domestic Abuse Strategy 2016-2020, p.3.
 65 MCC Domestic Abuse Strategy 2016-2020, p.7.
 66 MCC Domestic Abuse Strategy 2016-2020, p.13.
 67 Manchester City Council Report for Information, Report of the Chief Operating Officer for Neighbourhoods to the Communities and Equalities Scrutiny Committee, Domestic Violence and Abuse Update, 6 September 2018.
 68 The role of the Communities and Equalities and Scrutiny Committee is to challenge public services and to assess how Manchester City Council and its partners are making sure that their services are equally easy for all Manchester's residents to access. The Committee's areas of interest include equality and inclusion and domestic violence.
 69 Information provided by Strategic Lead, Homelessness and Migration, Children and Families Directorate, Manchester City Council, by letter dated 25 April 2019 following SFC email request for information dated 29 March 2019 (MCC Letter, 25 April 2019).
 70 MCC Letter, 25 April 2019.
 71 MCC Letter, 25 April 2019.
 72 Manchester City Council Report for Information, Report of the Chief Operating Officer for Neighbourhoods to the Communities and Equalities Scrutiny Committee, Domestic Violence and Abuse Update, 6 September 2018.
 73 Information provided by No Recourse to Public Funds Service Manager, Children & Families Directorate, Manchester City Council following email request from SFC dated 29 March 2019.

3. EXPERIENCES OF BME VICTIMS OF DOMESTIC ABUSE IN MANCHESTER

- 74 Chart 5 is derived by averaging the data collected from our 3 partner BME VAW service providers in Manchester – Saheli, Ananna & Wai Yin.
 75 Chart 6 is derived by averaging data collected from our 3 partner BME VAW service providers in Manchester and comparing these statistics with national victim statistics set out in SFC's *Unequal Regard, Unequal Protection* Report 2017, p.26.
 76 The #StepUpMigrantWomen campaign run by the Latin American Women's Rights Service and supported by 36 organisations, including SFC, focuses on the threat posed to migrant women by the UK's hostile environment policy. More information available at: <https://stepupmigrantwomen.org/>
 77 Diane Taylor, 'Victims of crime being handed over to immigration enforcement', *The Guardian*, 14 May 2018, available at <https://www.theguardian.com/uk-news/2018/may/14/victims-crime-handed-over-police-immigration-enforcement>
 78 Details available here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/767396/Super-complaint_181218.pdf; <https://www.southallblacksisters.org.uk/news/press-release-first-police-super-complaint-logged>; <https://www.libertyhumanrights.org.uk/news/blog/our-police-super-complaint-chance-end-data-sharing-%E2%80%93-and-make-us-all-more-safe>
 79 Child Tax Credit, Housing Benefit, Income Support, income-based Jobseeker's Allowance, income-related Employment and Support Allowance and Working Tax Credit.
 80 Additional payments can include housing costs, allowances for children and disability allowances.
 81 Information provided by DWP Greater Manchester Universal Credit Operations Directorate following SFC & Maya Roundtable in response to SFC email request of 3 April 2019.
 82 *Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England*.

4. CASE EVIDENCE: MANCHESTER PUBLIC AUTHORITY RESPONSES TO BME WOMEN VICTIMS OF VIOLENCE

- 83 *Osman v. UK* (87/1997/871/1083) [GC] 28 October 1998, para.116.
 84 *A v the United Kingdom*, App. no. 3455/05, 19 February 2009.
 85 *X and Y v. the Netherlands*, App. No. 8978/80 (1985) 8 EHRR 235.
 86 See *X and Y v. the Netherlands*; *Sandra Janković v Croatia*, App. No. 38478/05, 5 March 2009.
 87 *Z and Others v UK*, [GC] Application No. 29392/95, 10 May 2001, para. 73. See also *A. v. UK* [GC] App. No. 3455/05, 19 February 2009.
 88 *M.C v Bulgaria* (2005) 40 EHRR 20; *Commissioner of Police of the Metropolis v DSD & Anr* [2018] UKSC 11.
 89 Care Act 2014, s.2(1).
 90 Care Act 2014, s.43(1).
 91 Care Act 2014, s.42(1).
 92 This simply means that a child has to be physically present in the geographical area of the local authority to trigger the s.17 duty.
 93 Equality Act 2010, s.149(1).
 94 Equality Act 2010, s.149(7).
 95 Equality Act 2010, s.149(3).
 96 Equality Act 2010 Explanatory Notes, para. 484.
 97 In practice, this means that while a public authority may commission other organisations to provide services, the legal obligation to comply with the PSED remains with the public authority.
 98 Housing Act 1996, s.175.
 99 'Violence' is defined as 'violence from another person' or 'threats of violence from another person which are likely to be carried out'; violence is classified as domestic violence if it is from a person who is 'associated with the victim' in accordance with Housing Act 1996, s. 178 namely: spouses or ex-spouses; civil partners or ex-civil partners; current or former co-habitants; living or have lived in the same household; relatives; they have agreed to be married or enter into a civil partnership, regardless of whether that agreement has been terminated; in relation to a child, each of them is a parent of the child or has, or has had, parental responsibility for the child.
 100 Housing Act 1996, s.188(1).
 101 The Ministry of Housing, Communities & Local Government, *Homelessness Code of Guidance for Local Authorities*, February 2018 (LA Guidance), chp. 21.
 102 LA Guidance, chp. 21, para. 21.15.
 103 LA Guidance, chp. 21, para. 21.20.
 104 LA Guidance, chp. 21, para. 21.22.
 105 LA Guidance, chp. 21, para. 21.26.
 106 LA Guidance, chp. 21, para. 21.33.
 107 Housing Act 1996, s.206.
 108 Housing Act 1996, s.210.
 109 LA Guidance, chp. 17, para. 17.6.
 110 LA Guidance, chp. 17, para. 17.6.
 111 LA Guidance, chp. 17, para. 17.8.
 112 LA Guidance, chp. 17, para. 17.9.
 113 LA Guidance, chp. 17, para. 17.51.
 114 LA Guidance, chp. 17, para. 17.52.
 115 LA Guidance, chp. 17, para. 17.33.
 116 Under Housing Act 1996, s.193(5).
 117 Under Housing Act 1996, section 193(2).
 118 Under Housing Act 1996, s.193(7).
 119 Housing Act 1996, s.202(1A).
 120 The term 'hate crime' is used to describe a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards the victim's race, religion, disability, sexual orientation or transgender identity. These aspects of a person's identity are known as protected characteristics. A hate crime can include verbal abuse, intimidation, threats, harassment, assault and bullying, as well as damage to property.
 121 LA Guidance, chp. 21, para. 21.15.
 122 LA Guidance, chp. 21, para. 21.26.
 123 LA Guidance, chp. 21, para.s 17.6 and 21.33.
 124 LA Guidance, chp. 17, para. 17.33.
 125 LA Guidance, chp. 17, para. 17.33.
 126 LA Guidance, chp. 21, para. 21.15.
 127 LA Guidance, chp. 17, para. 17.51.



www.sistersforchange.org.uk
@sisters_4change
✉ research@sistersforchange.org.uk

MAKING JUSTICE WORK FOR WOMEN