

SOLIHULL

SOLIHULL DOMESTIC ABUSE NEEDS ASSESSMENT

FULL DOCUMENT

V4.4



NOTE ON THE NEEDS ASSESSMENT

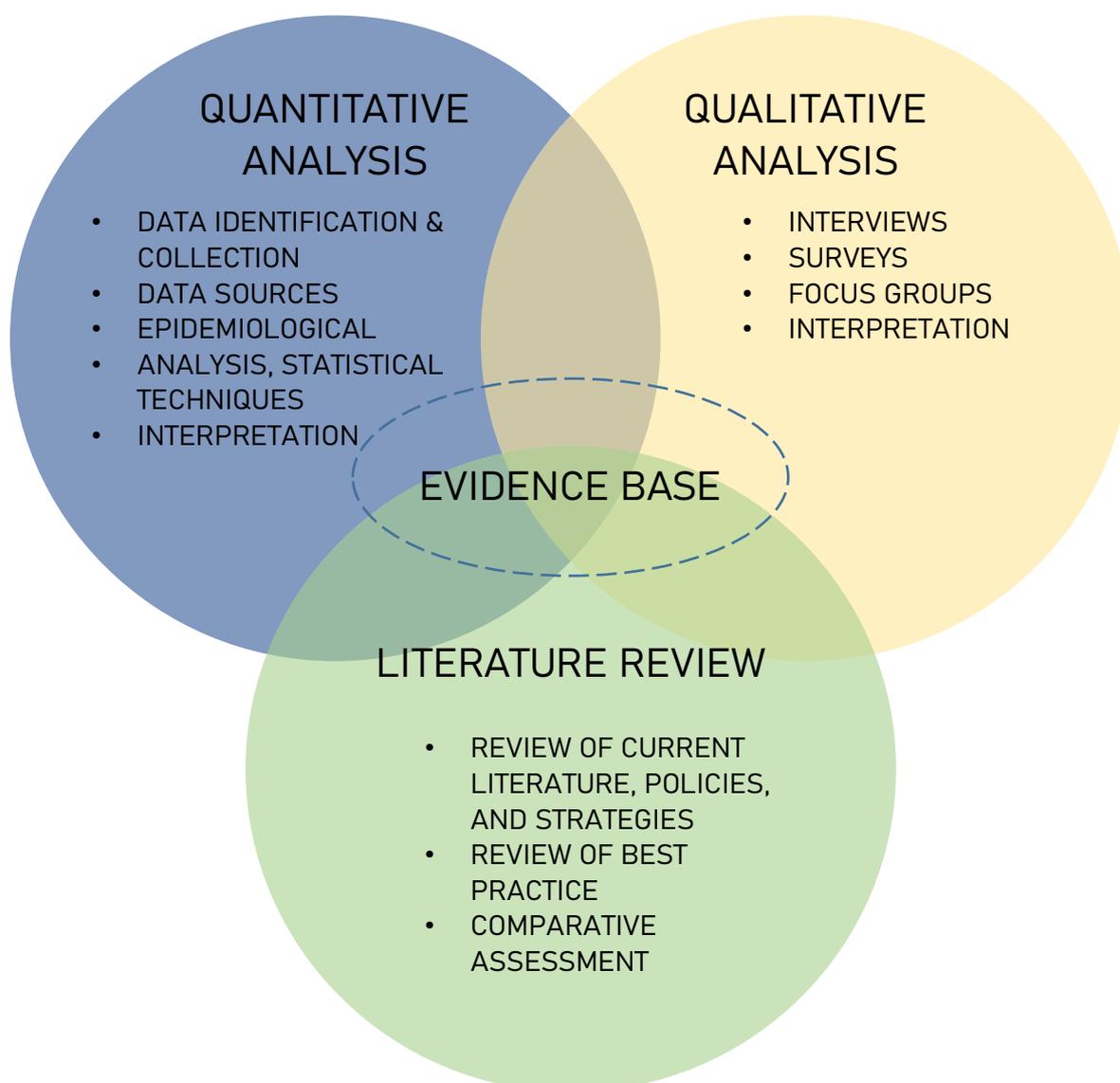
S Squared Analytics were commissioned by Solihull Metropolitan Borough Council to undertake a Domestic Abuse Needs Assessment as required by the Ministry for Housing, Communities and Local Government (MHCLG) in relation to the statutory duties outlined in the Domestic Abuse Act.

Solihull Metropolitan Borough Council has a statutory duty to complete a Needs Assessment on Safe Accommodation relating to victim/survivors of Domestic Abuse. In addition to meeting this statutory duty, this Needs Assessment covers the wider gap analysis of Domestic Abuse across Solihull.

The approach to the undertaking of this Needs Assessment is driven by a systematic approach utilising quantitative analysis, qualitative analysis, and a literature review. This needs assessment was completed in the summer of 2021. The data included in the needs assessment includes the time period impacted by the COVID-19 pandemic.

It is important to recognise that this period was an exceptional time and had an impact on the data for all services. The data for the period impacted by the pandemic is not reflective of previous years and this should be taken into account when viewing the information included in this report.

Multiple datasets, a comprehensive stakeholder engagement plan, and a full literature review was used to inform this document.



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DOMESTIC ABUSE OVERVIEW

RECOMMENDATIONS

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INTRODUCTION

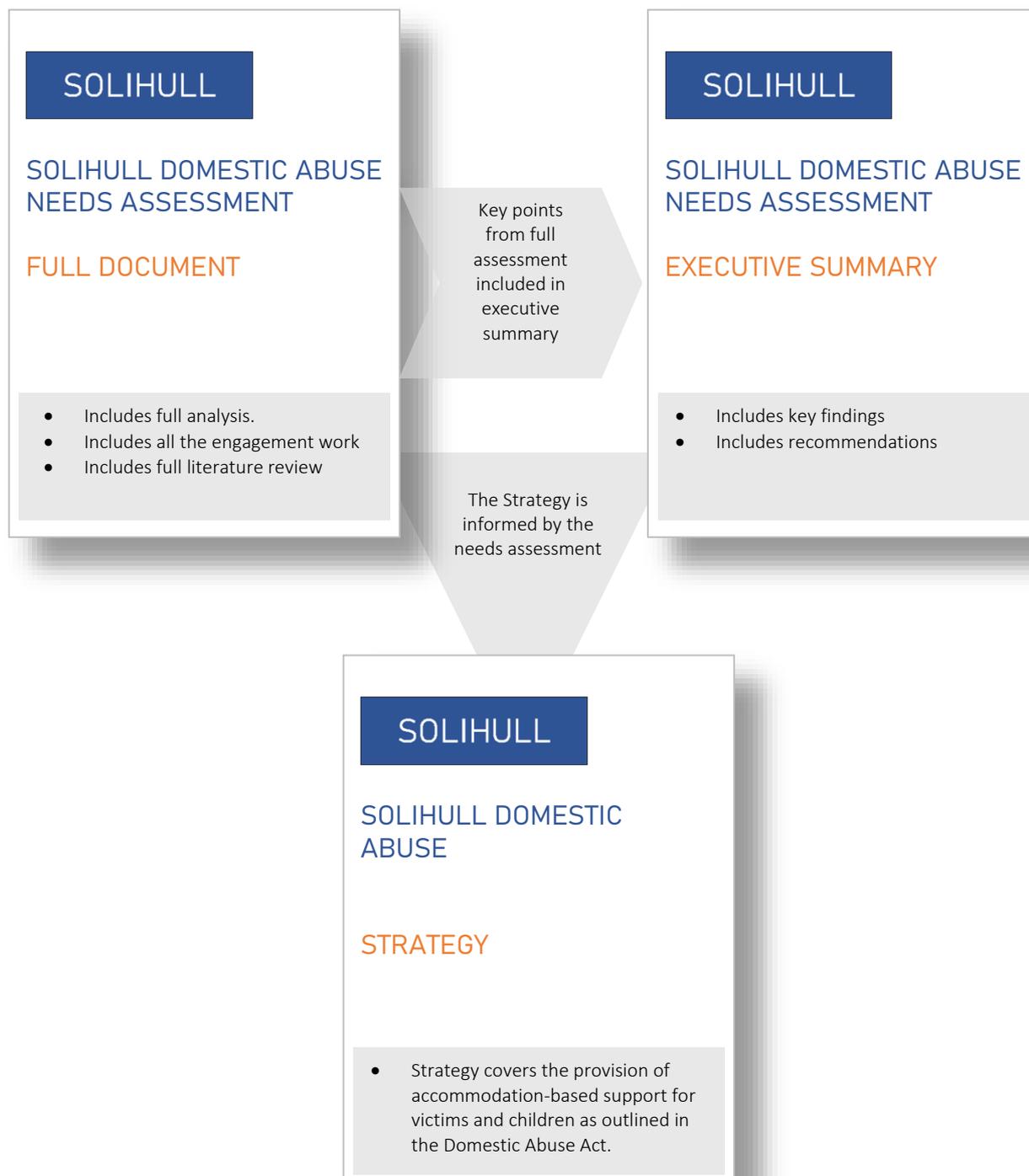
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RECOMMENDATIONS

The recommendations developed through this Needs Assessment can be found in the separate Executive Summary document.

Due to the comprehensive nature of the Needs Assessment, it was agreed with Stakeholders that a separate Executive Summary would be the best approach for displaying the key findings and recommendations.

The Full Needs Assessment along with the Executive Summary and the Strategy form the full suite of the Domestic Abuse Needs Assessment and Strategy documents.



INTRODUCTION

GENERAL INTRODUCTION TO DOMESTIC ABUSE

Domestic violence and abuse is defined by the government¹ as:

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

- psychological
- physical
- sexual
- financial
- emotional

The Domestic Abuse Act 2021 expands this definition² to emphasise that domestic abuse is not just physical, but can also be emotional, coercive or controlling, and can also include economic abuse. It states that domestic abuse must involve a personal connection, which covers different relationships including ex-partners. The two people do not have to live in the same household.

WHAT FORMS DOES DOMESTIC ABUSE TAKE?

Physical³

Physical abuse means hurting someone physically, including pushing, slapping, biting, kicking, hair pulling, choking, or using a weapon. It may involve denying medical help when needed. Physical violence can also involve throwing or damaging objects, such as punching a wall.

Sexual⁴

Sexual abuse means forcing a person to take part in sexual behaviour without their consent. As well as rape, this definition includes unwanted touching or kissing, and being forced to watch pornography.

Emotional^{5,6,7}

Emotional abuse (also known as psychological abuse or coercive control) is a pattern of behaviour that makes the victim feel controlled, intimidated and isolated. In one study, 95 out of 100 domestic abuse survivors reported experiencing coercive control.^{8,9}

¹ Home Office (2013), Definition of domestic violence and abuse: guide for local areas.

² Home Office (2020), Statutory definition of domestic abuse factsheet.

³ United Nations: What is domestic abuse?

⁴ Victim Support: Domestic Abuse.

⁵ Victim Support: Domestic Abuse.

⁶ CPS (2017): Controlling or Coercive Behaviour in an Intimate or Family Relationship. Last reviewed June 2017.

⁷ Kelly, Liz et al (2014), Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence.

⁸ Kelly, Liz et al (2014), Finding the Costs of Freedom: How women and children rebuild their lives after domestic violence.

⁹ Women's Aid: The nature and impact of domestic abuse.

Economic / Financial¹⁰

Economic abuse can be a form of coercive control. It involves behaviours that affect someone's ability to earn, acquire, use or save money or other resources like transport, utilities and food. It may involve making someone financially dependent on the abuser – for example, having sole control over the household income.

Other¹¹

Other forms of domestic abuse include

- online abuse (using the internet and computers, tablets or smartphones to harm or distress someone)¹²¹³
- honour-based violence
- forced marriage
- FGM.

WHAT ARE THE IMPACTS OF DOMESTIC ABUSE?¹⁴

Domestic abuse can have wide-reaching impacts on the physical and mental health of survivors, their financial state and housing. It also affects the health, wellbeing and educational attainment of children who witness it. Physical and emotional harms resulting from domestic abuse are estimated to have cost £47 billion in England and Wales in 2017, with an overall cost to society of £66 billion.¹⁵¹⁶

Physical Health¹⁷

Domestic abuse can cause short-term injuries, but it can also have a long-term impact on health. Health issues associated with abuse include asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, migraines/headaches, and reproductive problems.

¹⁰ Home Office (2020), Statutory definition of domestic abuse factsheet.

¹¹ Victim Support: Domestic Abuse.

¹² Victim Support: Tech Abuse.

¹³ Stop Online Abuse: What is online abuse?

¹⁴ Oliver et al (2019), The economic and social costs of domestic abuse: Research Report 107, Home Office.

¹⁵ Oliver et al (2019), The economic and social costs of domestic abuse: Research Report 107, Home Office.

¹⁶ Home Office (2020), Domestic Abuse Bill 2020: Overarching fact sheet.

¹⁷ SafeLives: How widespread is domestic abuse and what is the impact?

Mental Health^{18,19,20}

Domestic abuse has significant psychological consequences for victims. These include depression, fear, anxiety and panic attacks, loneliness or isolation, a lack of confidence or self-esteem, feelings of guilt or self-blame, relationship difficulties, sleep problems, alcohol and/or drug dependency,²¹ suicidal thoughts or attempts, self-harm and PTSD.

Children^{22,23,24,25}

In relationships where there is domestic abuse, children witness about three-quarters of the abusive incidents. Children who witness domestic abuse may display aggressive or angry behaviour, become withdrawn, have difficulty at school, experience anxiety, depression or eating disorders, have problems sleeping or wet the bed, exhibit self-harming behaviour, take drugs or excessively drink alcohol. They are at risk of being abused themselves, and may repeat the pattern and become abusive when they are older.

Education²⁶

Children affected by domestic abuse may have difficulties at school, including non-attendance, attention and concentration difficulties, hyperactivity, hypervigilance, sleep disturbance, withdrawal, insecurity, guilt, depression and low self-esteem. Their behaviour may be challenging and they may be a perpetrator or victim of bullying. Many children affected by domestic abuse may be homeless or in non-permanent accommodation, which can affect social and academic progress. They may not have a quiet space at home to study or access a computer for homework.

¹⁸ Women's Aid: The nature and impact of domestic abuse.

¹⁹ SafeLives: How widespread is domestic abuse and what is the impact?

²⁰ McManus, Sally & Scott, Sara (2016), *Hidden Hurt: Violence, abuse and disadvantage*.

²¹ McManus, Sally & Scott, Sara (2016), *Hidden Hurt: Violence, abuse and disadvantage*.

²² Victim Support: Domestic Abuse.

²³ Royal College of Psychiatrists (2015), Domestic violence and abuse – the impact on children and adolescents.

²⁴ Unicef (2006), Behind closed doors: The impact of domestic violence on children.

²⁵ NSPCC: Protecting children from domestic abuse. Last updated August 2020.

Housing^{27,28}

There is a strong link between homelessness and domestic abuse. In one study by Women's Aid, a third of domestic abuse survivors had to give up their home as a result of the abuse or leaving the relationship and nine out of 72 (12.5%) found themselves homeless as a result of leaving.

Financial^{29,30}

As well as the impact of economic abuse on victims' finances, domestic abuse can have long-term financial consequences. In 2019, Women's Aid surveyed 72 survivors. 43.1% of respondents said they were in debt as a result of the abuse. 56.1% of respondents who had left a relationship with an abuser felt that the abuse had impacted their ability to work and over two fifths of all respondents felt the abuse had negatively impacted their long-term employment prospects/earnings.

OVERVIEW OF THE POLICY/ LEGAL FRAMEWORK

Domestic Abuse Act 2021^{31,32}

The Domestic Abuse Act 2021 introduces a new statutory definition of domestic abuse. It aims to

- Raise awareness and understanding about the devastating impact of domestic abuse on victims and their families.
- Further improve the effectiveness of the justice system in providing protection for victims of domestic abuse and bringing perpetrators to justice.
- Strengthen the support for victims of abuse by statutory agencies.

What local authority duties are specified under the Domestic Abuse Act?³³

Local authorities have new legal obligations under the Part 4 of the Domestic Abuse Act, including:

- a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.
- automatic 'priority need' for homelessness assistance for all eligible homeless victims of domestic abuse
- where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

The Act also includes some non-statutory duties affecting local authorities, including:

- New regulations and statutory guidance on Relationships Education, Relationships and Sex Education, and Health Education.
- Investment in domestic abuse training for responding agencies and professionals.
- Improving awareness and understanding of the coercive control offence and review effectiveness of offence.
- Continuing to develop means to collect, report and track domestic abuse data.

²⁷ Women's Aid: The nature and impact of domestic abuse.

²⁸ Women's Aid (2019): The Economics of Abuse: Report Summary.

²⁹ Women's Aid: The nature and impact of domestic abuse.

³⁰ Women's Aid (2019): The Economics of Abuse: Report Summary.

³¹ Ministry of Justice and Home Office (2021), New laws to protect victims added to Domestic Abuse Bill: Press release March 2021.

³² Home Office (2020), Domestic Abuse Bill 2020: overarching factsheet.

³³ Home Office (2020), Domestic Abuse Commissioner factsheet.

Other Relevant Acts

Certain elements of domestic abuse are also covered by existing Acts.

- The Serious Crime Act 2015³⁴³⁵: coercive control is an offence under Section 76.
- The Care Act 2014³⁶³⁷: local authorities are responsible for promoting individual wellbeing, including ensuring their freedom from abuse.
- The Health and Social Care Act 2012: Regulation 13 covers safeguarding service users from abuse.³⁸
- The Adoption and Children Act 2002: "seeing or hearing the ill-treatment of another person" is a form of harm under Section 120.³⁹⁴⁰ This clarifies the definition of harm in the Children Act 1989.
- The Sexual Offences Act 2003 outlaws causing a person to engage in sexual activity without consent⁴¹.

VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

The Council of Europe Convention on preventing and combating violence against women and domestic violence⁴², better known as the Istanbul Convention, is a human rights treaty of the Council of Europe against violence against women and domestic violence.

The Domestic Abuse Act brings the UK into compliance with Article 44, which relates to extra-territorial jurisdiction. However, the issue of support for migrant women leaves the UK still in non-compliance with Articles 59 and 4(3).

The Government's Ending Violence Against Women and Girls strategy 2016-2020⁴³ (due to be updated in November 2021) aimed to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.⁴⁴

The Government has recently been consulting on a VAWG 2021-24 strategy.⁴⁵

³⁴ Serious Crime Act 2015.

³⁵ CPS (2017), Controlling or Coercive Behaviour in an Intimate or Family Relationship.

³⁶ Care Act 2014.

³⁷ Safe Lives (2014): Briefing on the Care Act 2014.

³⁸ CQC: Regulations for service providers and managers: Regulation 13: Safeguarding service users from abuse and improper treatment.

³⁹ NSPCC: Protecting children from domestic abuse. Last updated August 2020.

⁴⁰ Adoption and Children Act 2002.

⁴¹ Sexual Offences Act 2003.

⁴² Council of Europe Convention on preventing and combating violence against women and domestic violence, 2011.

⁴³ HM Government (2016): Ending Violence against Women and Girls Strategy 2016-2020.

⁴⁴ CPS (2017), Violence Against Women and Girls Strategy 2017-2020.

⁴⁵ Home Office: Violence Against Women and Girls (VAWG) Call for Evidence. Published 10 December 2020; Last updated 24 March 2021.

BEST PRACTICE

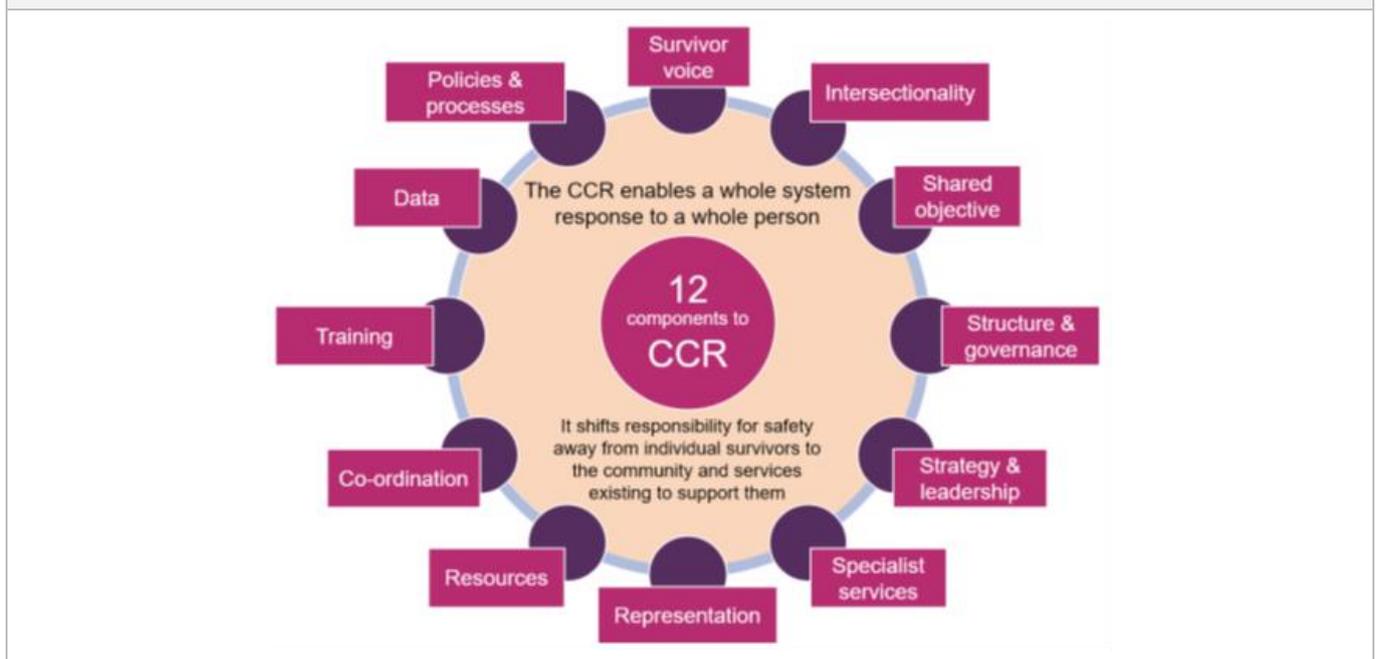
CO-ORDINATED COMMUNITY RESPONSE

The co-ordinated community response (CCR) model encourages collaborative working with other agencies. The CCR is a collaborative multi-agency effort to change the culture of tolerance of domestic abuse by embedding practices and procedures which integrates victim/survivor safety and holds the perpetrator account for abuse.

The CCR encompasses the broadest possible response to domestic abuse addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety, working with a wide range of services, pathways, agencies, and systems. The fundamental premise of the CCR is that no single agency or individual can see the complete picture of the life of a family or individual within that family, but all may have insights and can provide interventions that are crucial to their safety and wellbeing. The CCR enables a whole system response to a whole person. It shifts responsibility for safety away from individual survivors to the community and services existing to support them.⁴⁶

Victims/survivors of domestic abuse – adult or child – require a co-ordinated, multiagency response with all agencies working collaboratively to provide a response that is effective in meeting their needs and making them safer. The model guides coordinators to build interventions within systems that are aligned with the lived experience of victims/survivors.

Figure 1.1: 12 components of the CCR model. From Guidance: In Search of Excellence 2020 (ISOE)



For the CCR to be effective, the responsibility for support and intervention must be spread across agencies, rather than held with a single agency or person.

VIOLENCE AGAINST WOMEN AND GIRLS

In 2015, the Violence against Women, Domestic Abuse and Sexual Violence Act (Wales) received Royal Assent. This landmark law was the first of its kind in the UK, ahead of England's Domestic Abuse Act, which introduces new legal obligations and non-statutory duties to help prevent domestic abuse.

⁴⁶ <https://blog.insidegovernment.co.uk/criminal-justice/the-coordinated-community-response-to-domestic-abuse>

In addition to government legislation, professional guidelines from bodies such as

- NICE⁴⁷⁴⁸⁴⁹
- BASW England⁵⁰
- the Royal College of Nursing⁵¹ and
- Business in the Community⁵²

exist to inform and support professionals to identify, respond to and prevent domestic abuse.

Best practice in preventing domestic abuse is also informed by the work of a number of expert agencies:

- The specialist sector is at the forefront of shaping and co-ordinating responses to domestic abuse. Specialist providers lead on training for tackling and preventing domestic abuse, as well as campaigning for change.
- For GPs, IRIS+ (Identification and Referral to Improve Safety) is a training and advocacy intervention currently active in 30 areas of England and Wales.⁵³
- Respect Phoneline, which provides services for perpetrators, also provides guidance and support for frontline workers. The charity is calling for a national perpetrator strategy, including clear pathways into perpetrator interventions from sentencing, multi-agency forums, police, probation, CAFCASS, social services, health services including drug, alcohol and mental health services, voluntary sector services such as helplines and self-referrals.⁵⁴
- Agenda campaigns for systems and services to be transformed; to raise awareness across sectors; and to promote public and political understanding of the lives of women and girls facing multiple disadvantages. One pertinent campaign is Ask and Take Action: Why public services must ask about domestic abuse.⁵⁵

PREVENTION

There are three broad types of approach to the prevention of domestic violence and abuse:⁵⁶

- 1) Universal services (called primary prevention in a public health context) can seek to address violence before it has ever occurred, often administered to teenagers through school based or educational campaigns.
- 2) Early Intervention (secondary prevention) involves identifying and intervening with those who are at particular risk of domestic violence and abuse, with a specific focus on populations among whom there is a high prevalence, for example young pregnant women or families with children at risk of child maltreatment.
- 3) Late prevention (Tertiary or remedial prevention) involves intervening after violence has been clearly identified and is causing harm. Examples of tertiary prevention include treatment services for victims or perpetrators of domestic violence and abuse.

⁴⁷ Domestic violence and abuse: multi-agency working. Public health guideline [PH50] Published date: 26 February 2014

⁴⁸ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016.

⁴⁹ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010.

⁵⁰ BASW England (2021), Domestic Abuse Guidance for social workers (April 2021).

⁵¹ RCN: Domestic violence and abuse: professional resources.

⁵² Business in the Community: Domestic abuse toolkit.

⁵³ University of Bristol Centre for Academic Primary Care: Iris+.

⁵⁴ Respect (2021), A domestic abuse perpetrator strategy for England and Wales.

⁵⁵ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020.

⁵⁶ Early Intervention Foundation (2014): Early intervention in domestic violence and abuse.

National Picture

There are no accurate figures on prevention spend but Home Office-commissioned research – combined with sector knowledge – suggest that as a fraction of the total costs associated with domestic abuse, it is tiny.⁵⁷ Improvements in early intervention and prevention could have a significant impact on reducing the long-term negative consequences of domestic abuse.⁵⁸

Primary prevention

The new Domestic Abuse Act introduces compulsory Relationship Education for all primary school pupils, and Relationship and Sex Education (RSE) for all secondary pupils in England.

Secondary prevention / early intervention

Early intervention strategies can involve health services, drug and alcohol services, housing services, social services and job centres. They include:

- NICE Public health guideline 50. This recommends that local authorities, health services and strategic partners should participate in a local strategic multi-agency partnership to prevent domestic violence and abuse.⁵⁹
- The government's Violence against Women and Girls Strategy 2016-2020.
- Public Health England guidance on bystander interventions to prevent intimate partner and sexual violence.⁶⁰
- Ask for Ani⁶¹ is a codeword scheme to enable victims of domestic abuse to access immediate help from the police or other support services, from the safety of their local pharmacy
- Preventing serious violence: a multi-agency approach.⁶²

Tertiary prevention (late prevention)

Perpetrator programmes aim to reduce repeated episodes of domestic abuse.

The Domestic Abuse Act facilitates the ordering of positive (behaviour change) interventions by judges. It introduces new Domestic Abuse Prevention Orders (DAPOs) to impose both prohibitions and positive requirements on perpetrators - providing new pathways to interventions. However, suitable and quality-assured interventions are far from universally available – indeed there are some groups, such as LGBT+ perpetrators, for whom there are almost no suitable interventions available.⁶³

⁵⁷ Respect (2021), A domestic abuse perpetrator strategy for England and Wales.

⁵⁸ Early Intervention Foundation: Early intervention in domestic violence and abuse.

⁵⁹ NICE (2014), Domestic violence and abuse: multi-agency working. Public health guideline [PH50]Published: 26 February 2014.

⁶⁰ Public Health England (2020), Interventions to prevent intimate partner and sexual violence.

⁶¹ HM Government, Ask For Ani Domestic Abuse Codeword Scheme: Guidance For Pharmacies Using The UK Says No More Safe Spaces Scheme.

⁶² Public Health England, Department of Health and Social Care, and Home Office (2019), Preventing serious violence: a multi-agency approach.

⁶³ Respect (2021), A domestic abuse perpetrator strategy for England and Wales.

CHILD MALTREATMENT

A growing body of research suggests that intimate partner violence and child maltreatment often occur within the same household. Physical punishment of children is more common in households where women are abused, and interventions that address child maltreatment may be less effective in households experiencing intimate partner violence (IPV).⁶⁴ According to SafeLives, just under half of young people (13 to 17 years) exposed to domestic violence are being directly harmed by the family member.⁶⁵

NICE guidance provides a summary of clinical features associated with child maltreatment (alerting features) that may be observed when a child presents to healthcare professionals.⁶⁶

NSPCC services can support children and young people who have experienced domestic abuse to help them move on and receive the care they need.⁶⁷

Young people's violence advisors (YPVAs) can provide holistic support to young people experiencing domestic abuse, but unlike with IDVAs, there is no consistent pathway to specialist support for young people.⁶⁸

SCHOOL-BASED TRAINING

All staff in schools and colleges should be aware of indicators of abuse and neglect, so that they are able to identify cases of children who may be in need of help or protection.

Safeguarding and child protection training are compulsory in schools:⁶⁹

- Governing bodies and proprietors should ensure that all staff undergo safeguarding and child protection training (including online safety) at induction. The training should be regularly updated. Induction and training should be in line with advice from the local three safeguarding partners.
- In addition, all staff should receive regular safeguarding and child protection updates (for example, via email, e-bulletins, staff meetings) as required, and at least annually, to provide them with relevant skills and knowledge to safeguard children effectively.
- Governing bodies and proprietors should recognise the expertise staff build by undertaking safeguarding training and managing safeguarding concerns on a daily basis. Opportunity should therefore be provided for staff to contribute to and shape safeguarding arrangements and child protection policy.

Operation Encompass is a programme that aims to enable staff in every school to understand how to support children who are experiencing domestic abuse, no matter where in the world the child lives. It offers free training available to all schools and education settings. The training updates staff members' knowledge of child victims of domestic abuse.⁷⁰

SCHOOL-BASED PROGRAMMES

Research suggests that relationships education during adolescence is effective in changing attitudes towards domestic violence.⁷¹

⁶⁴ Guedes, A., & Mikton, C. (2013). Examining the Intersections between Child Maltreatment and Intimate Partner Violence. *The western journal of emergency medicine*, 14(4), 377–379.

⁶⁵ SafeLives: Young people and domestic abuse.

⁶⁶ NICE: Child maltreatment: when to suspect maltreatment in under 18s. Clinical guideline [CG89]. Published: 22 July 2009 Last updated: 09 October 2017.

⁶⁷ NSPCC: Protecting children from domestic abuse. Last updated August 2020.

⁶⁸ SafeLives: Safe Young Lives: Young People and Domestic Abuse.

⁶⁹ Department for Education (2015), Keeping children safe in education: Statutory guidance for schools and colleges. Last updated 18 January 2021.

⁷⁰ Operation Encompass: Online Key Adult Training.

⁷¹ SafeLives: Safe Young Lives: Young People and Domestic Abuse.

From September 2020, Relationships Education has been compulsory for all primary school pupils, and Relationships and Sex Education (RSE) has been compulsory for all secondary pupils. Health Education is compulsory in primary and secondary schools.⁷²

- Relationships Education for primary pupils will cover the characteristics of healthy relationships, building the knowledge and understanding that will enable children to model these behaviours.
- RSE in secondary schools will help children understand and recognise domestic abuse and will also cover the concepts of, and laws relating to, sexual consent, sexual exploitation, abuse, grooming, coercion, harassment, forced marriage, rape, and FGM and how these can affect current and future relationships.
- The focus on healthy relationships in both primary and secondary will help children who are experiencing or witnessing unhealthy relationships know where to seek help and report abuse as well as addressing inappropriate behaviour, harassment, abuse or exploitation.⁷³

One study⁷⁴ found that the most successful school-based programmes involve young people in their design by:

- incorporating material co-produced with young people into programmes
- engaging them in participative learning activities such as drama
- training and involving them as peer mentors or facilitators.

PARENTING PROGRAMMES

Evidence shows that parenting programmes can be a critical form of early intervention and help for families experiencing domestic abuse.⁷⁵

Parenting programmes generally target parents who are struggling with parenting or new parents who would like additional support. Most parenting programmes are generic and do not specifically address domestic abuse despite it often being cited as a need amongst participants. There is an opportunity to use parenting programmes as an arena to discuss domestic abuse and link participants into appropriate services.

Parenting interventions aim to improve relationships between parents and their children, and teach parenting skills. A few directly aim at reducing conflict and abuse. Common activities include: individual counselling or group discussion; role play; videotape modelling of positive parenting behaviours; educational communications materials which model or guide positive behaviours; structured or guided play between mothers, fathers and their children.

Some interventions focus specifically on fatherhood, men's roles as caretakers, and men's roles in teaching their sons to respect women.⁷⁶

There are barriers to take-up: individuals who have experienced domestic abuse tend to be reluctant to engage in couple support due to barriers of risk, fear, shame and adherence to religious, social and cultural norms. The Early Intervention Foundation recommends course providers linking up with specialist services such as domestic abuse services, to support high-conflict couples.⁷⁷

⁷² Department of Education (2020): Relationships and sex education (RSE) and health education.

⁷³ The Government response to the report from the Joint Committee on the Draft Domestic Abuse Bill Session 2017-19 HL Paper 378 / Hc 2075: Domestic Abuse Bill.

⁷⁴ Stanley et al (2015), Preventing domestic abuse for children and young people: A review of school-based interventions. *Children and Youth Services Review* Volume 59, December 2015, Pages 120-131

⁷⁵ SafeLives (2014): In plain sight: the evidence from children exposed to domestic abuse.

⁷⁶ Fulu et al (2014), What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls.

⁷⁷ Early Intervention Foundation (2019): Engaging disadvantaged and vulnerable parents: An evidence review.

EMPOWERMENT

There is strong qualitative evidence that women's disempowerment and dependence on men both make them vulnerable to experiencing violence, and less able to challenge or leave situations of violence.⁷⁸

For women and girls living in poverty, the biggest barrier to leaving is usually financial dependence on their partner. Empowering women to generate their own income and have financial independence is therefore an essential part of ending domestic abuse.

Men can use violence to dominate their relationships economically, physically, psychologically and sexually. Giving women and girls access to family planning services can help increase their independence and ability to stand up to abuse or leave abusive relationships.

ALCOHOL

There is a strong relationship between alcohol and domestic abuse, violence and sexual assault. Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73%. However, cases involving severe violence are twice as likely as others to include alcohol, and other research found that the risk of rape was twice as high for attacks involving drinking offenders.⁷⁹

Alcohol use by victims of domestic abuse is also an important issue. Research has found victims of domestic assault to have higher alcohol consumption than non-victims, and that the risk of violence increased with levels of consumption.⁸⁰ There is evidence to suggest that women's drinking is a way of coping with abuse.⁸¹

The Stella Project, launched in 2002, initiated a dialogue between domestic violence and drug and alcohol agencies and discussed ways to improve practice and collaborative work between sectors.⁸²

Building on this, a toolkit from AVA⁸³ and an associated e-learning programme provide a bridge across three areas - domestic and sexual violence, problematic substance use and mental ill-health - which often co-exist for service users but currently are not comprehensively addressed by the practitioners in each sector.

Women with substance or alcohol abuse needs may face barriers to refuge provision. A study by AVA and Solace Women's Aid⁸⁴ recommends that service specifications for domestic violence refuge provision should include specific provisions in relation to supporting women who have substance use problems and mental health problems.

⁷⁸ Fulu et al (2014), What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls.

⁷⁹ Institute of Alcohol Studies (2014): Alcohol, domestic abuse and sexual assault.

⁸⁰ Institute of Alcohol Studies (2014): Alcohol, domestic abuse and sexual assault.

⁸¹ Equation (2010): Factsheet: Grasping the nettle: alcohol and domestic violence.

⁸² AVA (2007), Stella Project Toolkit: Domestic Abuse and Substance Use.

⁸³ AVA (2018), Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health.

⁸⁴ Harvey, S., Mandair, S. & Holly, J (2013), Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol and other drugs or have mental health problems. London: AVA & Solace Women's Aid.

SOCIAL AND CULTURAL NORMS

Social and cultural norms are shared beliefs about others, including beliefs about typical and appropriate behaviour. These beliefs shape the 'social expectations' within a group of people. The desire to conform to social expectations means that social norms can be more persuasive and salient than the threat of more formal punishment by the state.⁸⁵

Social and cultural norms can make domestic abuse seem acceptable to both perpetrators and victims, and can pose barriers to survivors seeking support.

Social norms and violence against women and girls (VAWG)

Transforming gender norms and power relations is one of the most effective ways of tackling VAWG.

Examples of social and gender norms that support violence against women and girls include:⁸⁶

- A man has a right to assert power over a woman and is considered socially superior;
- A man has a right to physically discipline a woman for "incorrect" behaviour;
- Physical violence is an acceptable way to resolve conflict in a relationship;
- Intimate partner violence is a taboo subject;
- Divorce is shameful;
- Sex is a man's right in marriage;
- Sexual activity (including rape) is a marker of masculinity;
- Girls are responsible for controlling a man's sexual urges.

Social norms and FGM

FGM is one form of domestic abuse that is supported by a system of community beliefs and social norms. In a pilot project, the REPLACE approach used a Cyclic Framework for Social Norm Transformation with FGM affected communities living in the EU, using community engagement to understand individual communities and drive behaviour change. It is suggested that the REPLACE Approach could be used to tackle other social norms associated with traditional harmful practices in the EU and elsewhere.⁸⁷

Social norms and LGBT+ survivors

LGBT+ people may experience unique forms of coercive control targeted at their sexual orientation or gender identity. For instance, for those not 'out' to wider networks, the threat of 'outing' gender identity or sexual orientation can be a source of power and control for the perpetrator. Research by Stonewall found that over half (51%) of transgender people who had experienced domestic abuse in the last year reported that their partner had ridiculed their gender identity.

These experiences affect how LGBT+ people experience and respond to domestic abuse, and as such the best ways for services to help LGBT+ victims and survivors to stay safe. The first step towards helping people who identify as LGBT+ to access support must be raising awareness within society as a whole that domestic abuse can happen to anyone regardless of sexual orientation and/or gender identity.

⁸⁵ DFID (2016), Shifting social norms to tackle violence against women and girls.

⁸⁶ DFID (2016), Shifting social norms to tackle violence against women and girls.

⁸⁷ Barrett, H.R., Brown, K., Alhassan, Y. et al. Transforming social norms to end FGM in the EU: an evaluation of the REPLACE Approach. *Reprod Health* 17, 40 (2020).

Social norms and male survivors

Men can be victims of domestic abuse by male or female partners. But the stigma and shame attached to the issue can be a huge barrier in accessing support. It is suggested that masculinity, influenced by social norms, may serve as a barrier to seeking help, with men reluctant to appear weak or ineffectual.⁸⁸

IDENTIFICATION AND RESPONSE

Identifying and responding effectively to domestic abuse is essential for effective secondary and tertiary prevention. Victims and survivors of domestic abuse may access a range of public services – from the health system to social services. These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need. Yet evidence shows that public services are failing to pick up domestic abuse and respond appropriately. This means many survivors are passed from service to service before finally getting the support they need.

The campaign group Agenda are calling for a duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.⁸⁹

SafeLives has resources⁹⁰ outlining best practice for professionals responding to domestic abuse.

HMP Government has published a report offering a framework for partners regarding their roles and responsibilities concerning domestic abuse.⁹¹

For social workers, *Recognising and responding to domestic violence and abuse*⁹² is an interactive web resource that walks through recognising the indicators of abuse, talking to people about it and offering support and referral for protection, if needed.

Once domestic abuse has been identified, it is vital to make an accurate and fast assessment of the danger they're in, so they can get the right help as quickly as possible. The SafeLives Dash risk checklist⁹³ is a consistent and simple tool for practitioners who work with adult victims of domestic abuse, helping them identify those who are at high risk of harm and whose cases should be referred to a MARAC meeting in order to manage their risk.

SCREENING

Victims and survivors of domestic abuse may access a range of public services – from the health system to social services. These services have a vital role to play in recognising the signs of abuse and ensuring survivors get the support they need. Yet evidence shows that public services are failing to pick up domestic abuse and respond appropriately. This means many survivors are passed from service to service before finally getting the support they need.

The campaign group Agenda are calling for a duty on public authorities to ensure frontline staff make trained enquiries into domestic abuse, backed by sufficient funding to make this a reality.⁹⁴

In healthcare settings, according to NICE⁹⁵, there is an ongoing debate about the effectiveness and desirability of screening, routine and targeted enquiries to identify people who are experiencing domestic violence and abuse: “Currently there is insufficient evidence to recommend screening or routine enquiry in healthcare settings.

⁸⁸ Perryman and Appleton (2011), *Male victims of domestic abuse: Implications for health visiting practice*

⁸⁹ Ask and Take Action (2019): *Why public services must ask about domestic abuse*. Updated 2020.

⁹⁰ SafeLives: Resources.

⁹¹ HM Government, (2019), *Transforming the Response to Domestic Abuse Consultation Response and Draft Bill*

⁹² NICE: *Recognising and responding to domestic violence and abuse*.

⁹³ SafeLives: Resources for identifying the risk victims face.

⁹⁴ Ask and Take Action (2019): *Why public services must ask about domestic abuse*. Updated 2020.

⁹⁵ NICE (2014): *Domestic violence and abuse: multi-agency working: Public health guideline [PH50]*. Published: 26 February 2014

Nevertheless, asking patients routinely about abuse in some specialised health care settings is considered good practice by professionals in those fields.”

There may be further barriers to overcome, in addition to asking the question. People experiencing domestic violence and abuse may choose not to disclose it when asked by a healthcare or other professional. Or, if they do disclose, they do not want to be pressurised to give more details of the abuse or take a specific course of action.⁹⁶ Agenda calls for consultation with experts from the VAWG sector to ensure robust and comprehensive guidance on implementing the duty in practice, backed by appropriate training.⁹⁷

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuse. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.⁹⁸

Best practice⁹⁹

The 2015 Welsh Government Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act places a duty to train all public sector staff on gender-based violence and abuse by 2021. Within this, staff in all public services are trained to carry out targeted inquiry, asking service users about their experiences of abuse when they present certain indicators of such abuse.

In the Citizens Advice ASK Programme, unaccompanied men and women clients seen in a face-to-face confidential advice session with housing, family, debt or benefits enquiries are asked a routine question about whether they are experiencing gender-based violence and abuse, including domestic abuse, or whether they have in the past. Local offices are trained and equipped to provide appropriate support and advice to clients arising from any disclosure. Over 60,000 clients have now been asked about abuse, with over one in five disclosing experiences of abuse.

HEALTH SECTOR

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. The NHS is often the first point of contact for people experiencing abuse. Many drop hints when using health services, because they trust the staff to pick it up and probe sensitively.¹⁰⁰

NICE has published a Quality Standard¹⁰¹ and a public health guideline¹⁰² covering domestic violence and abuse.

Public health guideline 50: Domestic violence and abuse: multi-agency working¹⁰³ covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people.

Quality Standard 116¹⁰⁴ covers identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement.

⁹⁶ NICE (2014): Domestic violence and abuse: multi-agency working: Public health guideline [PH50]. Published: 26 February 2014

⁹⁷ Ask and Take Action (2019): Why public services must ask about domestic abuse. Updated 2020.

⁹⁸ SafeLives: Five Rs of asking about domestic abuse.

⁹⁹ Ask and Take Action (2019): Why public services must ask about domestic abuse.

¹⁰⁰ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017.

¹⁰¹ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016.

¹⁰² Domestic violence and abuse: multi-agency working. Public health guideline [PH50]Published date: 26 February 2014

¹⁰³ Domestic violence and abuse: multi-agency working. Public health guideline [PH50]Published date: 26 February 2014

¹⁰⁴ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016.

In addition, the Department of Health has a resource on domestic abuse with information to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.¹⁰⁵

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuse. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.¹⁰⁶

PSYCHOLOGICAL INTERVENTIONS

The impact of domestic violence and abuse on mental health is detrimental and persistent. And psychological problems in particular may be difficult to manage outside of specialist services, as conventional forms of therapy such as counselling that do not address the violence may be ineffective or even harmful.¹⁰⁷

Psychological Advocacy Towards Healing (PATH) is a novel psychological intervention specifically tailored for survivors of DVA and delivered by domestic violence advocates based in third sector organisation. An eight-session psychological intervention delivered by DVA advocates produced clinically relevant improvement in mental health outcomes compared with normal advocacy care.¹⁰⁸¹⁰⁹

SafeLives¹¹⁰ recommends that extending such programmes, which integrate domestic abuse and mental health support will help improve the response to survivors with mental health issues.

Other recommendations for effective psychological interventions include:

- All organisations in a position to identify domestic abuse (adult and child victim/survivors and perpetrators) should review their training protocols and ensure staff are aware of the associations between mental health issues and domestic abuse, and have appropriate responses to victim/survivors and those perpetrating abuse
- All services which come into contact with victim/survivors and perpetrators of domestic abuse should assess whether their response is trauma-informed. The importance of trauma-informed approaches extends beyond mental health services; all professionals working with victim/ survivors with mental ill health should be trained in these approaches
- Greater awareness of the relationship between domestic abuse and mental health within all organisations and the public will help people get the support they need faster.

¹⁰⁵ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017.

¹⁰⁶ SafeLives: Five Rs of asking about domestic abuse.

¹⁰⁷ University of Bristol Centre for Academic Primary Care: Psychological Advocacy Towards Healing (PATH): a randomised controlled trial.

¹⁰⁸ University of Bristol Centre for Academic Primary Care: Psychological Advocacy Towards Healing (PATH): a randomised controlled trial.

¹⁰⁹ Ferrari et al (2018), Psychological advocacy towards healing (PATH): A randomized controlled trial of a psychological intervention in a domestic violence service setting. PLOS ONE, November 27, 2018.

¹¹⁰ SafeLives (2019), Safe and well: Mental health and domestic abuse.

ADVOCACY

In general, advocacy for people who have experienced domestic violence includes:

- legal, housing and financial advice
- access to and use of community resources such as refuges, emergency housing and psychological interventions
- safety planning advice.

The activities may differ according to the level of risk facing the person. Crisis advocacy involves working with the person for a limited period of time (they may then be referred on to more specialised agencies).

Practitioners providing advocacy can also provide ongoing support and informal counselling. The intensity of the advocacy provided may vary. It may last for a year – or longer, if the person is particularly vulnerable.¹¹¹

Best practice involves ensuring that independent advocacy is available to all who need it and that it is used effectively to support people who are currently or have recently experienced abuse. This includes independent advocates for Mental Capacity (IMCA), Domestic Abuse (IDVA) and Mental Health (IMHA).¹¹²

IDVAs (Independent Domestic Violence Advisors) support victims of domestic abuse, providing advocacy and co-ordinating a multi-agency response, helping them to navigate different services including the courts, probation, housing, mental health and children services.¹¹³

¹¹¹ NICE (2014): Domestic violence and abuse: multi-agency working: Public health guideline [PH50]. Published: 26 February 2014

¹¹² Local Government Association: Supporting adults with learning disabilities and / or autism to stay safe.

¹¹³ SafeLives: Resources for Idvas.

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SOLIHULL

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SUMMARY

CHAPTER SUMMARY

AGE

The latest available ONS mid-year estimates provide a figure of 216,200 population for Solihull. Since 2014, the population has grown on average of 1,229 per year, equating to around 1% annually. The breakdown of age profiles by ward shows notable variances between wards. The median age ranges from 33 in Chelmsley Wood to 48 in Knowle.

The varying age demographics of different wards suggests that a tailored approach based on age may be required. For example, it is known that older people can be particularly vulnerable to certain forms of abuse, including abuse by a carer and financial abuse. Older people may be dependent on the person abusing them which is a barrier to accessing specialist services. Staff working in areas with a high older person population will need additional training and awareness raising to ensure they are able to recognise all types of abuse.

DEPRIVATION

Research and our analysis highlight a correlation between deprivation and the risk of intimate partner violence. There are wards in Solihull where there is likely to be a greater prevalence of domestic abuse. To address this increased need, services will need to consider increasing their resources in areas of high deprivation.

Additional domestic abuse training for all front-line practitioners working in these areas of high deprivation should also be considered to ensure that there is robust identification of need. Appropriate and sensitive routine enquiry must be standard practice across all services that women with experience of abuse come in to contact with. Staff in services outside the domestic and sexual abuse sector must also be appropriately trained.

Multiple deprivations can also be a barrier to accessing specialist domestic abuse services. To address barriers for women who face multiple disadvantages, there needs to be a change in the commissioning and funding arrangements of services to make them truly joined-up.

PREVALENCE

Prevalence figures from the Crime Survey for England and Wales show that there are expected to be 8,835 individuals who have experienced domestic abuse. With the actual number of recorded individuals at 2,761, this potentially leaves 6,074 individuals who did not report - this equates to around 69% of the expected number.

Looking at prevalence by age shows that the 60-74 age group potentially has the highest rates of unmet need. Research shows that older people have a particular set of barriers to disclosing domestic abuse and are less likely to contact the police. There needs to be a better awareness amongst practitioners working with the older age group of indicators of domestic abuse and the pathways available to them. Practitioners should also understand the forms of domestic abuse that are more prevalent amongst the older population.

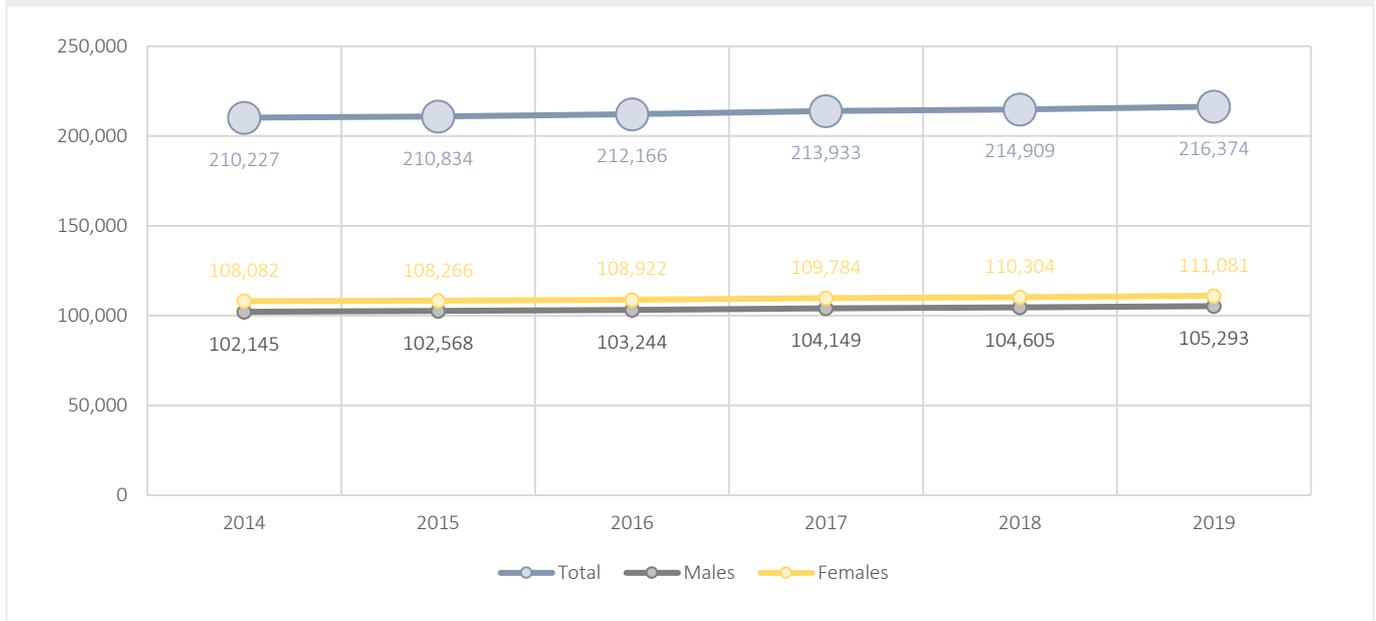
POPULATION

POPULATION OF SOLIHULL

The latest available ONS mid-year estimates provide a figure of 216,200 population for Solihull. Since 2014, the population has grown on average by 1,229 per year, equating to around 1% annually.

The split between males and females is relatively even, at 51% to 49% respectively.

Figure 2.1: Population of Solihull based on ONS Mid-Year Estimates.



POPULATION BY WARD

Solihull is made up of 17 wards. The population by ward ranges from 11,277 in Knowle to 14,497 in Blythe. Figure 2.2 shows the change in population by ward since 2014. The wards that have seen the highest percentage increases are Shirley West, Blythe, and Chelmsley Wood.

Figure 2.2: Population of Solihull by Ward; 2019 Mid-Year Estimates.

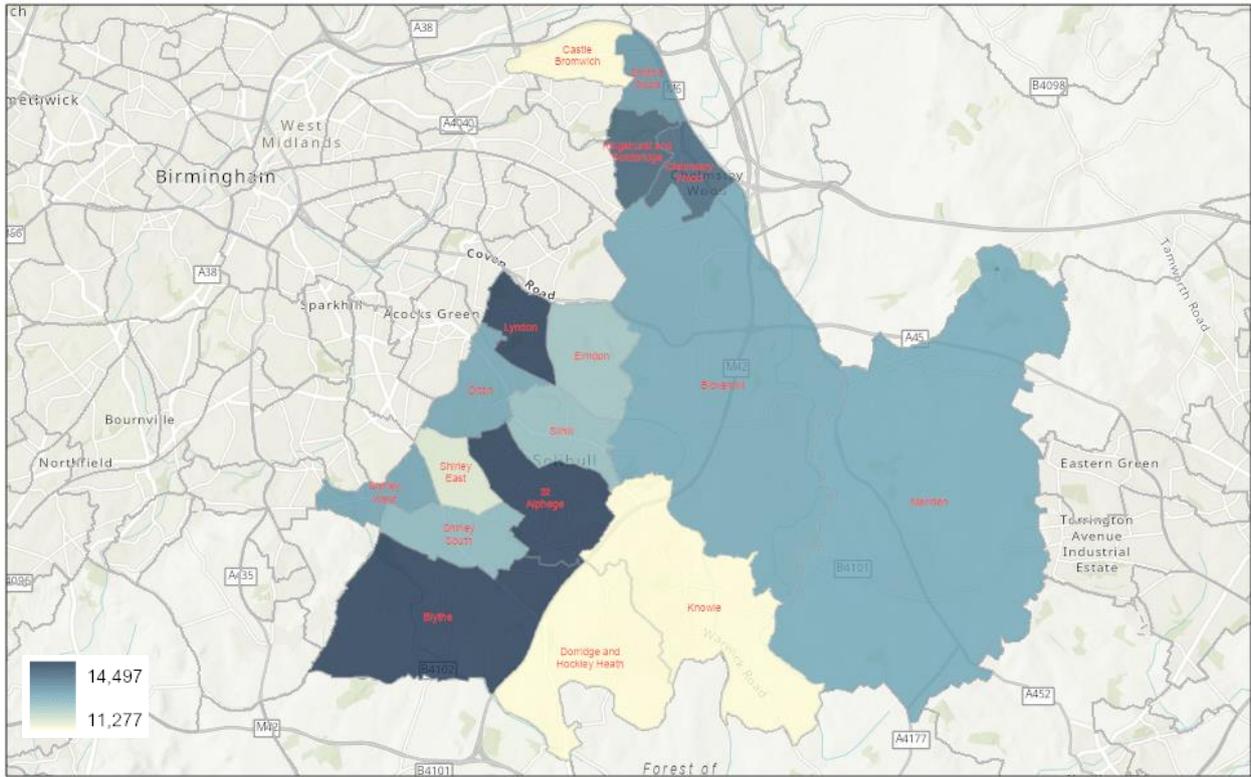
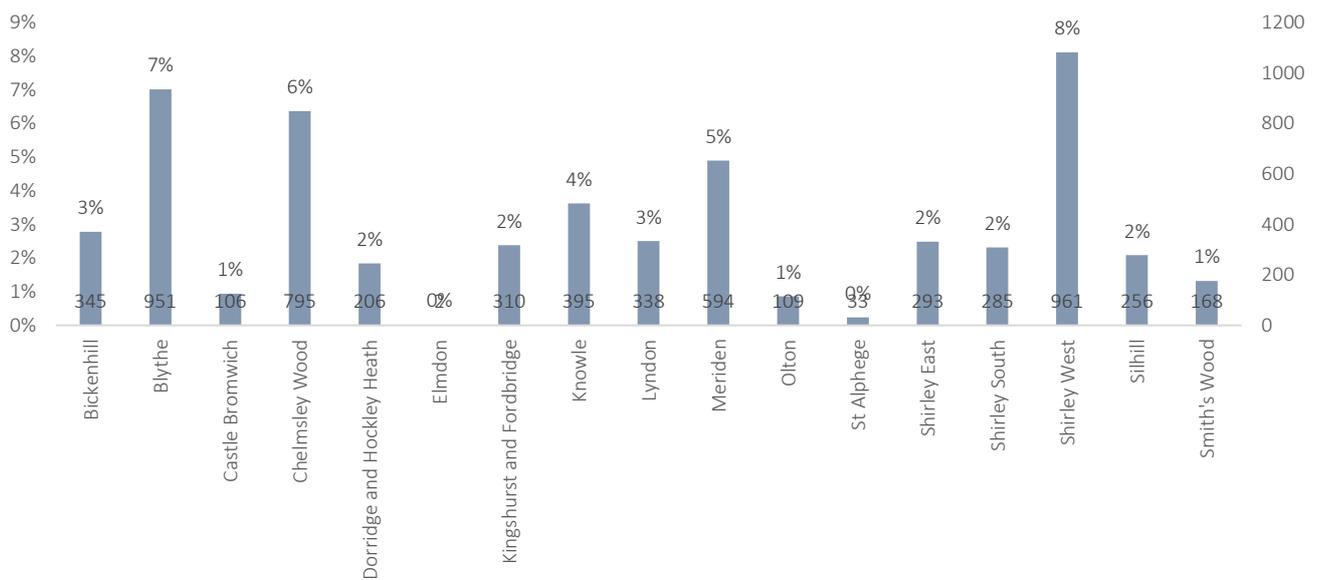


Figure 2.3: Population of Solihull by Ward; change since 2014 to 2019.



DEMOGRAPHICS

AGE

Figure 2.4 shows the median age in Solihull compared against the CIPFA Nearest Neighbours¹¹⁴. At 43, the median age in Solihull ranks near the median of the nearest neighbours.

The breakdown by ward shows notable variances ranging from 33 in Chelmsley Wood to 48 in Knowle.

Figure 2.4¹¹⁵: Median Age: Solihull compared against CIPFA Nearest Neighbours, West Midlands, and England & Wales.

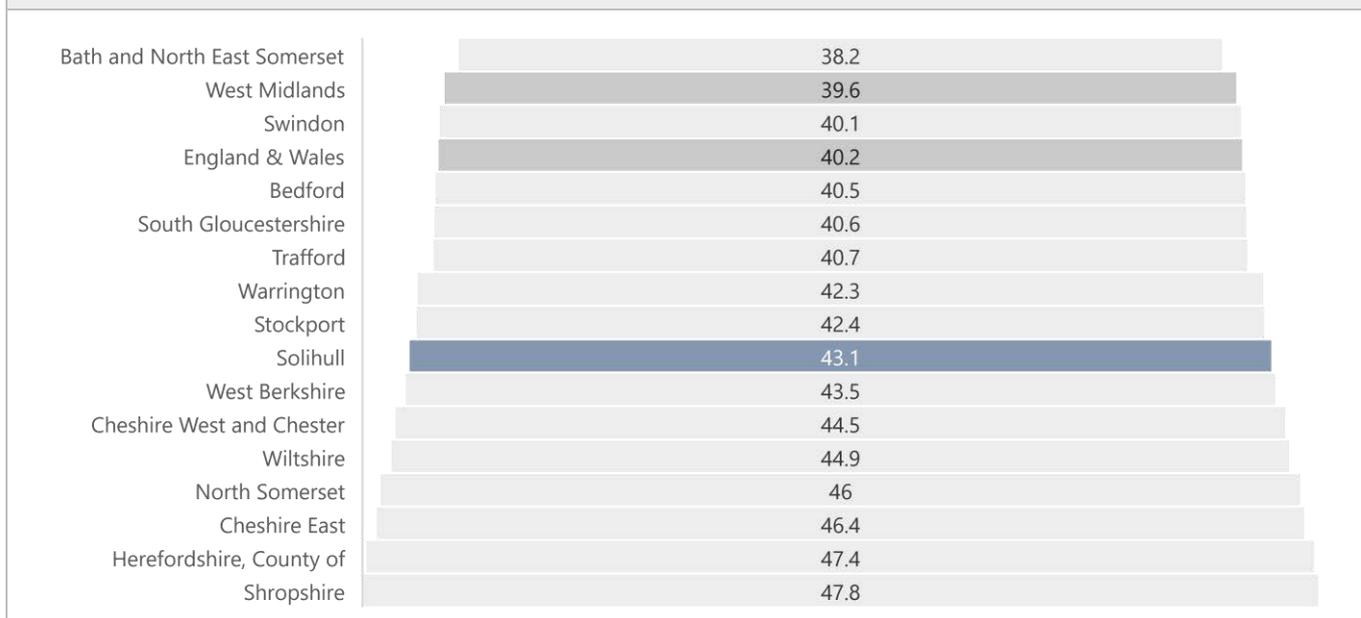
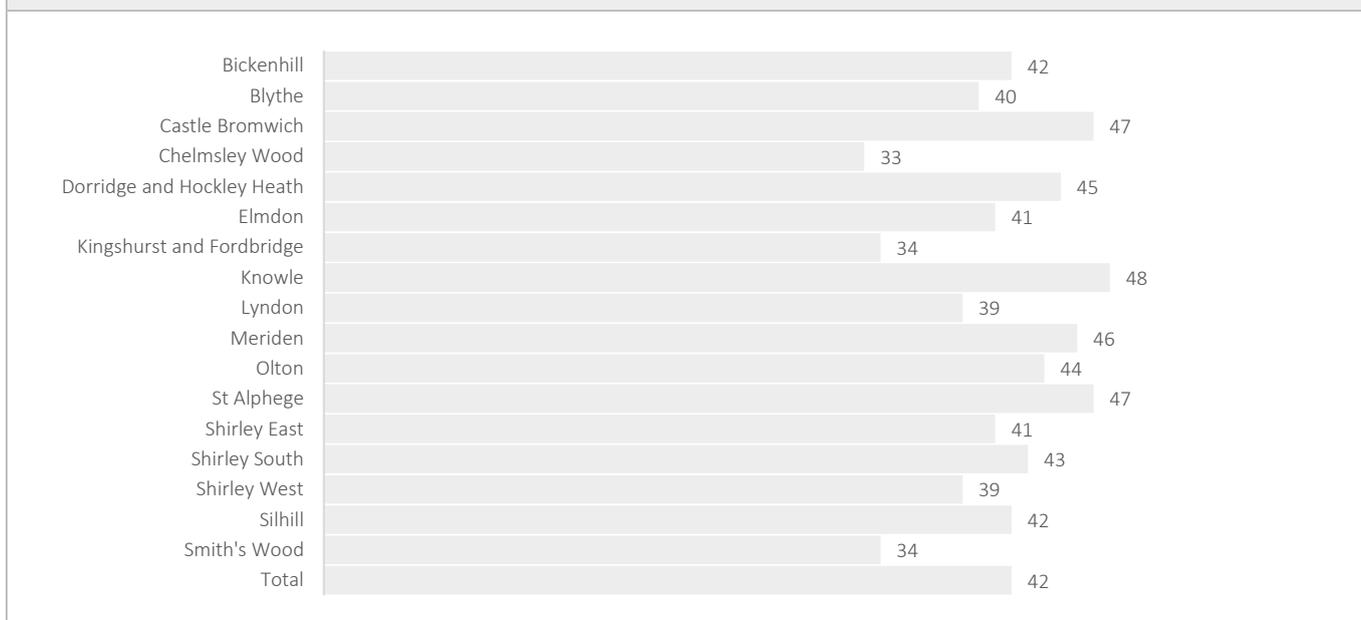


Figure 2.5¹¹⁶: Median Age: Solihull Wards.



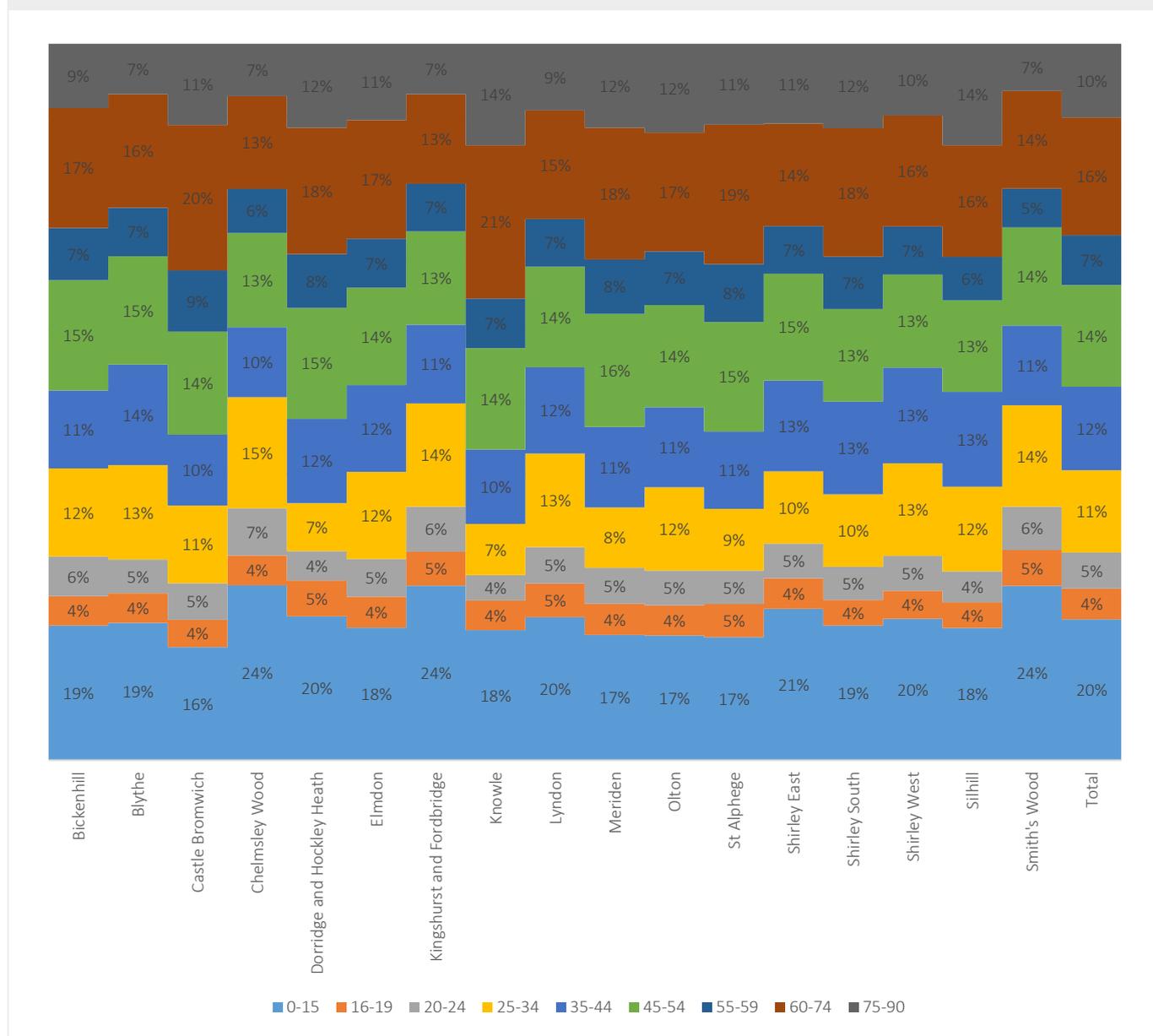
¹¹⁴ <https://www.cipfa.org/services/cipfastats/nearest-neighbour-model>

¹¹⁵ ONS 2019 MYE. West Midlands, and England & Wales includes Birmingham data.

¹¹⁶ ONS 2019 MYE. West Midlands, and England & Wales includes Birmingham data.

Figure 2.6 shows the population of Solihull by ward and by age bands. The age bands have been banded to reflect those recorded in the Crime Survey of England and Wales (CSEW).

Figure 2.6: Population of Solihull by ward and age band.



The varying age demographics of different wards suggests that a tailored approach based on age may be required. For example, it is known that older people can be particularly vulnerable to certain forms of abuse, including abuse by a carer and financial abuse. Older people may be dependent on the person abusing them which is a barrier to accessing specialist services. Staff working in areas with a high older person population will need additional training and awareness raising to ensure they are able to recognise all types of abuse.

ETHNICITY

Data by ethnicity is limited as the last comprehensive dataset is from the 2011 Census. Based on the latest data, 10.9% of the population were from a Black or Minority Ethnic (BAME) background, which is slightly lower than the averages for England (14.6%) and West Midlands (17.3%).

DEPRIVATION

INTRODUCTION

A recent study published in the journal *Epidemiology* looked at the effect of neighbourhood disadvantage on intimate partner violence against women in the UK. The report found that cumulative exposure to greater neighbourhood deprivation over the first 18 years of life was associated with women's increased risk of experiencing intimate partner violence in early adulthood.¹¹⁷

SOLIHULL

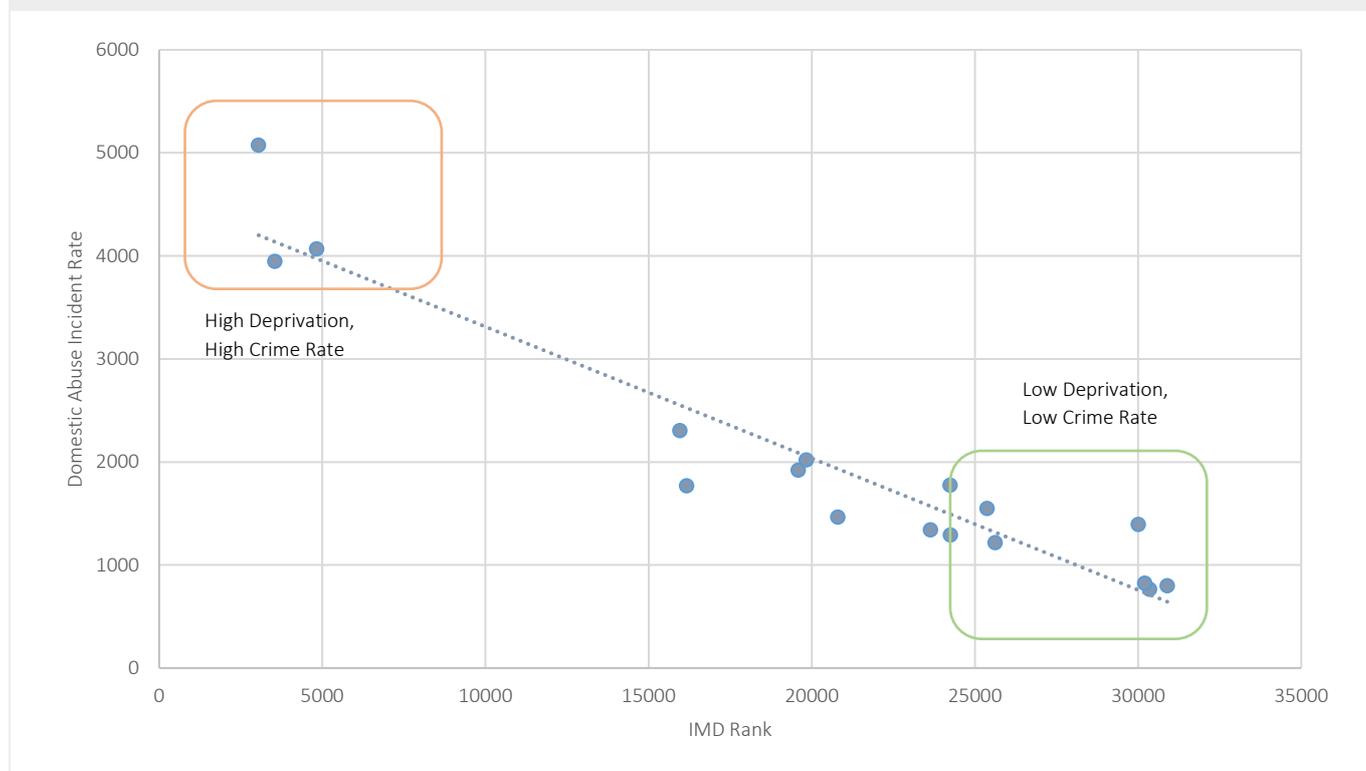
Based on the 2019 Index of Multiple Deprivation (IMD), Solihull is the 32nd least deprived upper tier Local Authority in England, and the least deprived upper tier Local Authority across the West Midlands.

Despite the overall low average deprivation for Solihull, there is significant polarisation between the neighbourhoods as demonstrated in Figure 2.8. Figure 2.8 shows the IMD decile by ward, where 1 is the most deprived (most deprived 10%) and 10 is the least. Note that the calculations are the average of the Lower Super Output Areas in the ward as IMD is not produced at ward level.

Combining the IMD along with other factors such as age may help to understand prevalence. For example, Knowle Ward has a lower expected prevalence based on age, and in addition, low deprivation.

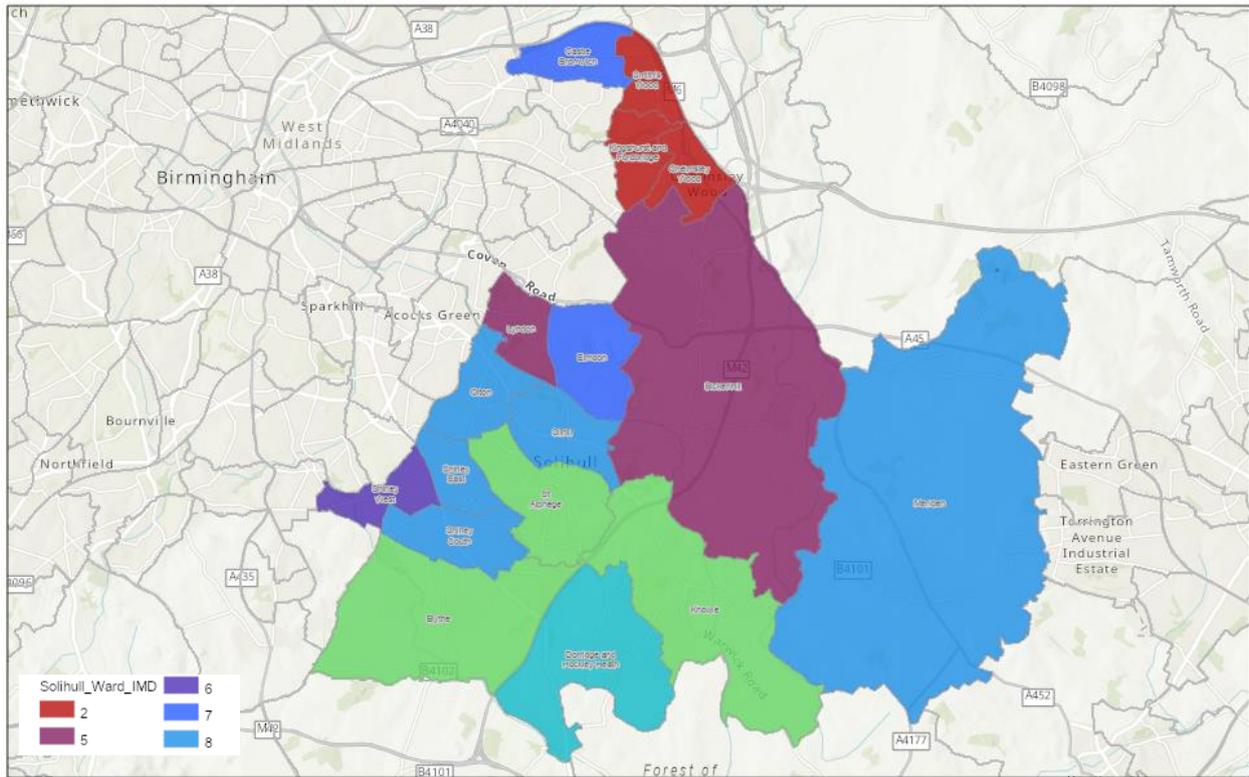
Analysis of the correlation of Domestic Abuse incidents recorded by the police and IMD by ward gives a result of 0.95, which is nearly a perfect correlation. This is illustrated in Figure 2.7.

Figure 2.7: Correlation between deprivation and crime rates; by wards in Solihull.



¹¹⁷ Yakubovich, Alexa R.a,b; Heron, Jonc,d; Feder, Genec,e; Fraser, Abigail,d,e; Humphreys, David K.a Long-term Exposure to Neighborhood Deprivation and Intimate Partner Violence Among Women: A UK Birth Cohort Study, *Epidemiology*: March 2020 - Volume 31 - Issue 2 - p 272-281 doi: 10.1097/EDE.0000000000001144

Figure 2.8: IMD Decile in Solihull by Ward; 2019 Mid-Year Estimate.



The correlation between deprivation and the increased risk of intimate partner violence discussed above indicates that there are wards in Solihull where there is likely to be a greater prevalence of domestic abuse. To address this increased need, services will need to consider increasing their resources in areas of high deprivation.

Additional domestic abuse training for all frontline practitioners working in these areas of high deprivation should also be considered to ensure that there is robust identification of need. Appropriate and sensitive routine enquiry must be standard practice across all services that women with experience of abuse come in to contact with. Staff in services outside the domestic and sexual abuse sector must also be appropriately trained to ensure that violence against women and girls truly is everyone’s business.

Suffering from multiple deprivations can also be a barrier to accessing specialist domestic abuse services. Reasons for women being prevented from seeking help include a fear of losing their children due to involvement from social care services.¹¹⁸

To address barriers for women who face multiple disadvantages, there needs to be a change in the commissioning and funding arrangements of services to make them truly joined-up. The focus of services should move from cost to social value and move away from short-term contracts that prevent long-term support.¹¹⁹

Women facing multiple deprivation require more support to promote their economic independence and pathways into employment, when they are ready.

¹¹⁸ The National Commission on Domestic and Sexual Violence and Multiple Disadvantage, (2019), Breaking Down the Barriers

¹¹⁹ The National Commission on Domestic and Sexual Violence and Multiple Disadvantage, (2019), Breaking Down the Barriers

PREVALENCE

INTRODUCTION

Domestic abuse is recognised as a hidden crime as it is often not reported to the police. Therefore, data held by the police can only provide a partial picture of the actual level of domestic abuse experienced. Many cases will not enter the criminal justice process as they are not reported to the police¹²⁰.

One of the strengths of the Crime Survey for England and Wales (CSEW) is that it covers many crimes that are not reported to the police. Domestic abuse measured by the CSEW combines non-sexual abuse, sexual assault and stalking. Information is collected on whether these types of abuse were carried out by a partner (including a former partner) and/or a family member other than a partner (father or mother, stepfather or stepmother or other relative). This definition broadly matches the government definition of domestic violence and abuse¹²¹.

The prevalence used for this assessment is based on the data collected to the year ending March 2020. Data covering the year to March 2021 which covered the COVID-19 lockdown period is not available due to concerns around confidentiality, and respondent safeguarding limits the types of questions asked. This could mean that the expected prevalence is lower than the actual prevalence as bodies of research suggests that domestic abuse may have intensified during periods of national lockdown and that victims faced difficulties in safely seeking support under these conditions.

¹²⁰ Home People, population and community Crime and justice Domestic abuse prevalence and trends, England and Wales Domestic abuse prevalence and trends, England and Wales: year ending March 2020

¹²¹ Home People, population and community Crime and justice Domestic abuse prevalence and trends, England and Wales Domestic abuse prevalence and trends, England and Wales: year ending March 2020

EXPECTED PREVALENCE IN SOLIHULL

OVERVIEW

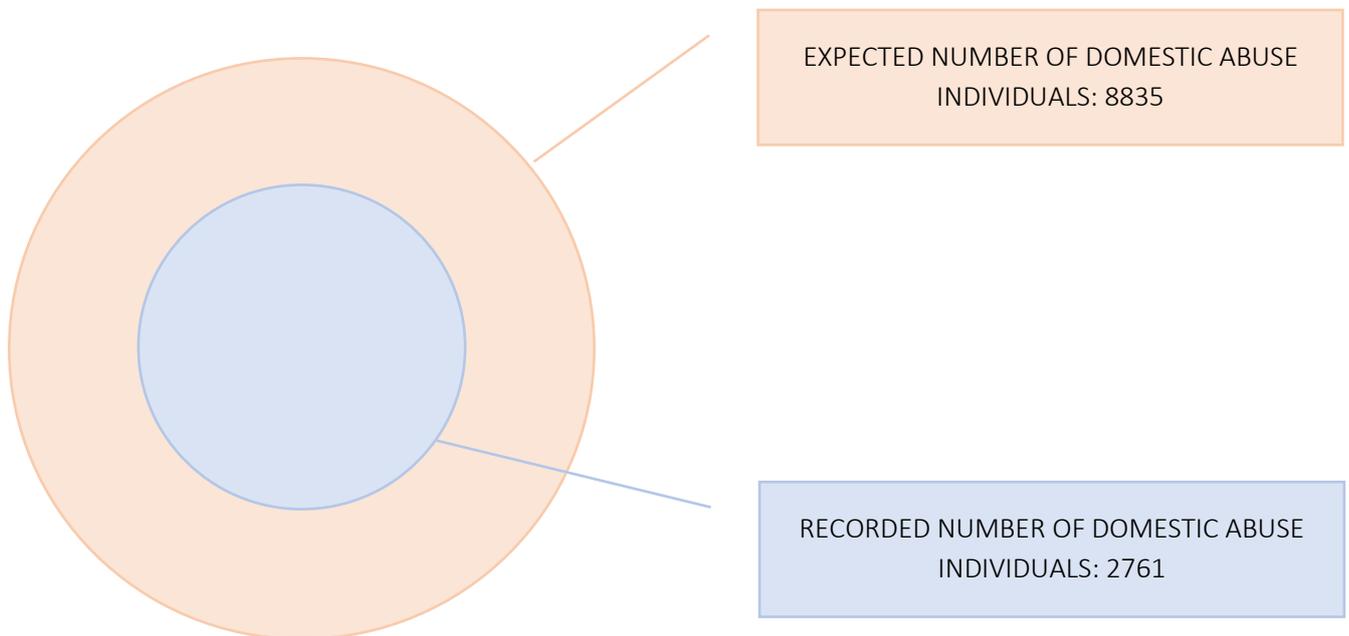
Figure 2.9 shows the expected prevalence by age and gender taken from the CSEW. This covers any domestic abuse in the last year among adults aged 16 to 74.

Figure 2.9: Expected prevalence by age and gender taken from the CSEW; year ending 2020.

ALL ADULTS	Men	Women	All
16-19	5%	14%	10%
20-24	5%	10%	7%
25-34	4%	8%	6%
35-44	4%	7%	6%
45-54	4%	8%	6%
55-59	3%	7%	5%
60-74	2%	4%	3%
Total	4%	7%	5%

The following expected prevalence¹²² uses the findings from the CSEW and applied to the population by age across Solihull. The expected number is based only on age and does not take into account other factors such as ethnicity and deprivation. Note that the expected prevalence is the number of individuals.

Using the expected prevalence by age and gender and applying the rates to the Solihull population gives a figure of 8,835 individuals. With the actual number of recorded individuals at 2,761, this potentially leaves 6,074 individuals who did not report - this equates to around 69% of the expected number.



¹²² Prevalence of domestic abuse in the last year among adults aged 16 to 74, by personal characteristics and sex, year ending March 2020 CSEW.

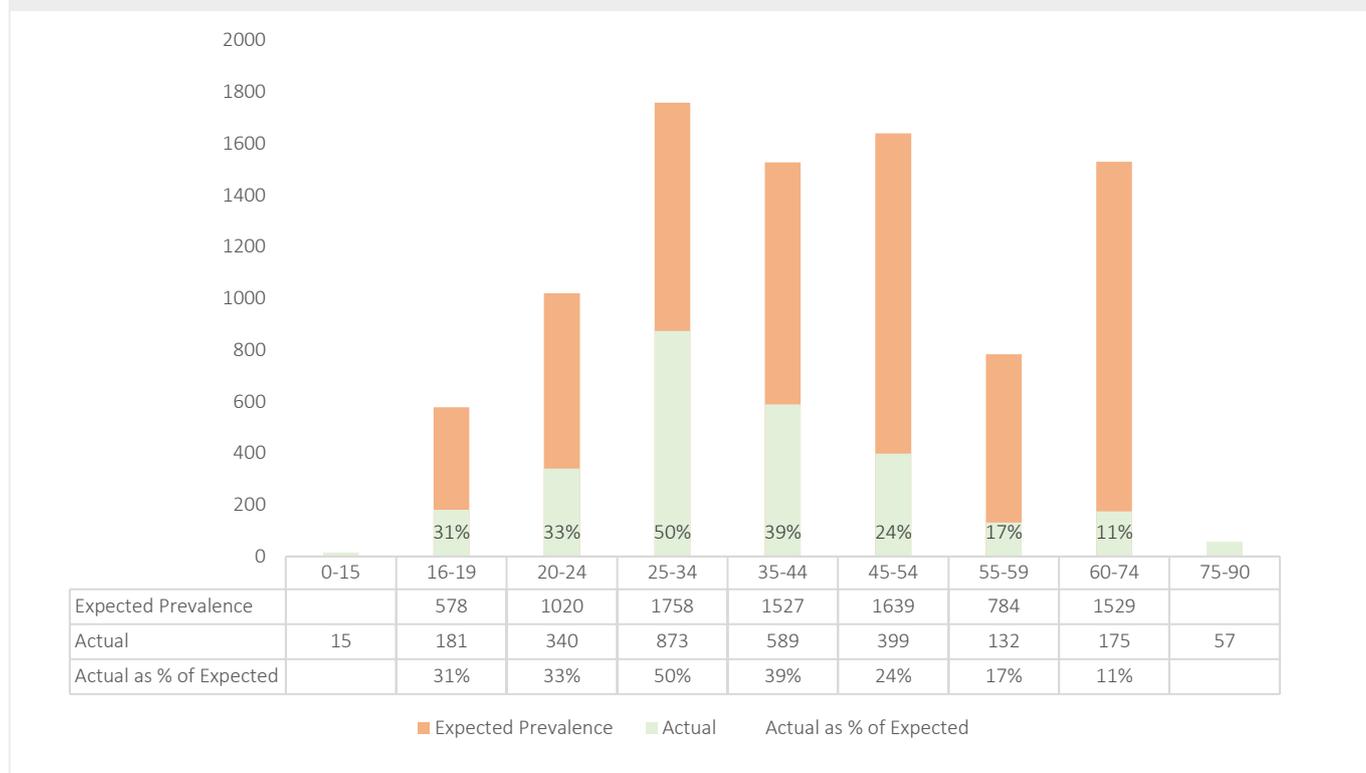
AGE

The following chart shows the expected and actual prevalence of domestic abuse by age group.

In terms of the expected number of incidents, the 25-34 age group exhibits the highest number with 1,758 expected incidents per year. The actual number was 873 which equates to 50% of the expected incidents and is the highest among the different age groups.

The older age groups, in particular the 60-74 group, show potentially the highest rate of unmet need. Only 11% of the expected number of incidents were recorded. Research shows that older people have a particular set of barriers to disclosing domestic abuse and are less likely to contact the police. There needs to be a better awareness amongst practitioners working with the older age group of indicators of domestic abuse and the pathways available to them. Practitioners should also understand the particular forms of domestic abuse that are more prevalent amongst the older population.

Figure 2.10: Expected and actual prevalence by age group.



WARD

The following chart shows the expected and actual prevalence of domestic abuse by ward. A constraint of the prevalence model is that it does not take into account other factors including deprivation.

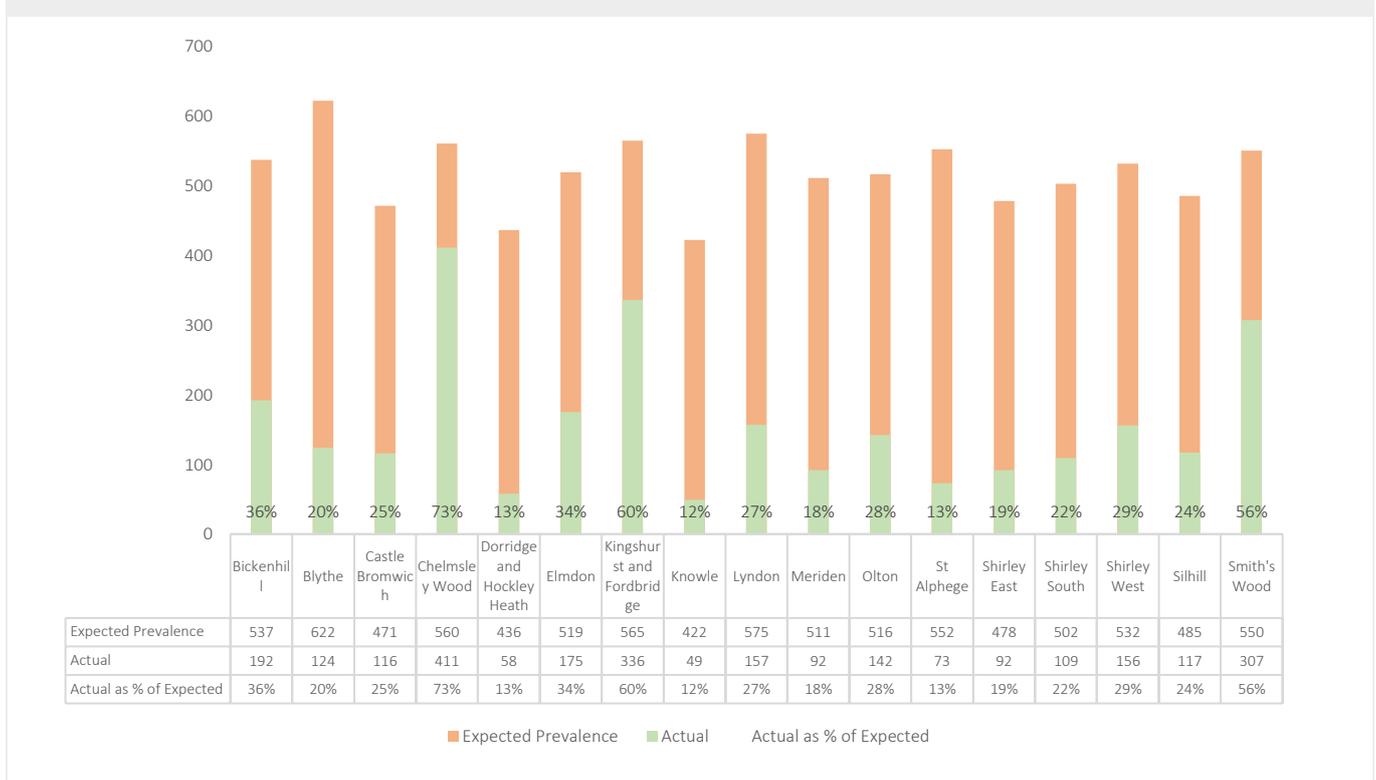
The northern wards of Smith’s Wood, Kingshurst & Fordbridge, and Chelmsley Wood have the highest rate of reported domestic abuse incidents and in addition they are the most deprived wards in Solihull.

Applying the number of domestic abuse incidents against the CSEW shows that these 3 wards have the highest rate against the expected prevalence. It may be the case, however, that the expected prevalence of these wards is higher than the CSEW model.

Conversely, the southern wards exhibit lower rates. This could be due to the lower deprivation in the ward or barriers to reporting incidents amongst the older population.

Older persons are hugely underrepresented among domestic abuse services.¹²³ There is a duty on services working with older people and in areas where there are high proportions of older people to ensure that practitioners have the ability, confidence, and knowledge to intervene and the skills to identify domestic abuse in older people.

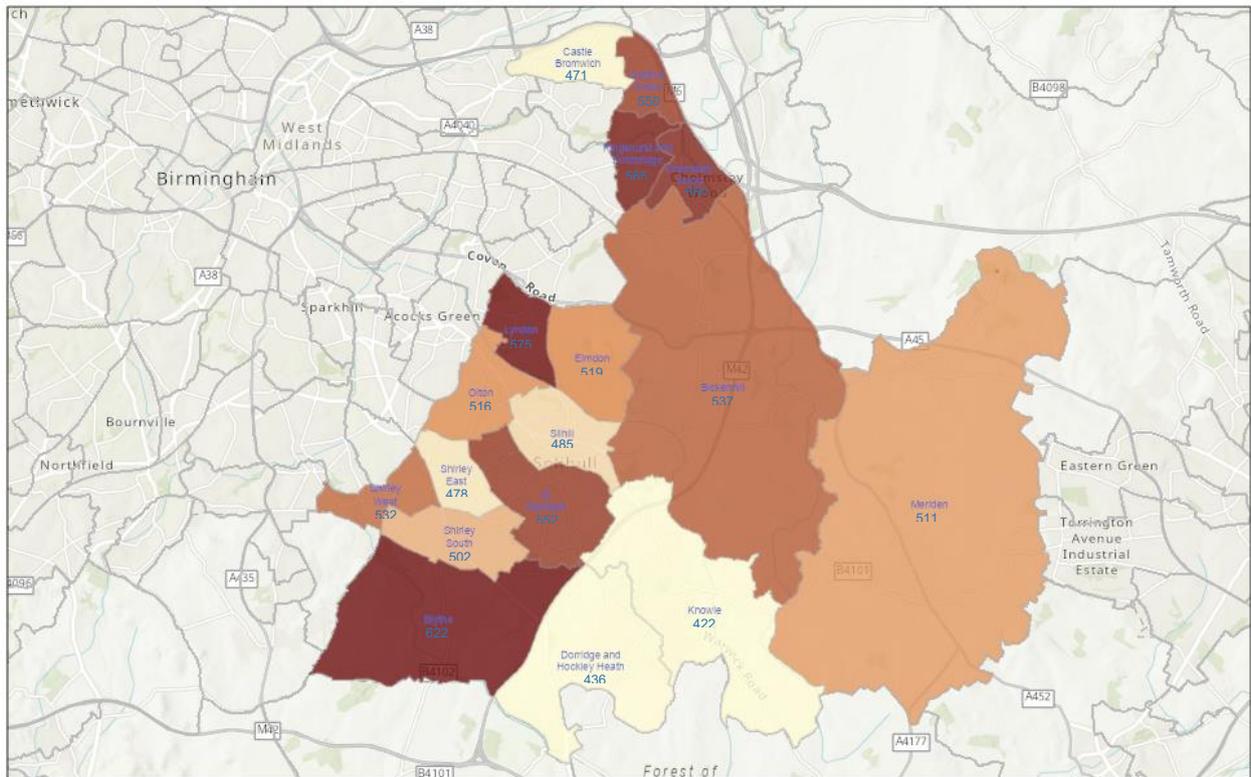
Figure 2.11: Expected and actual prevalence by age ward.



¹²³ SafeLives, (2016), Safe Later Lives: Older people and domestic abuse

The following map shows the expected prevalence at ward level. As described on the previous page, the expected prevalence is based on age and gender.

Figure 2.12: Expected prevalence of any domestic abuse based on the Crime Survey of England and Wales.



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HOUSING

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SUMMARY

CHAPTER SUMMARY

HOMELESSNESS

Data shows that the percentage of households assessed as being owed a duty due to domestic abuse increased in 2020 compared to 2019 (19% compared to 14%). Of households assessed as being homeless, 19% of cases were due to domestic abuse. This is the highest rate in comparison to Solihull's nearest neighbours (for example, Wiltshire have a rate of 11% and Cheshire East have a rate of 6%). The reasons for the high rates are not 100% clear, however they could be related to the embedded IDVAs within Solihull Community Housing, who signpost and advocate on behalf of domestic abuse victims.

Feedback from the Housing IDVAs indicated that there were fluctuations in referrals to their service from Solihull Community Housing. Knowledge of the pathway to specialist services for housing/homelessness practitioners should be strengthened. A domestic abuse champion with SCH should also be considered.

Homeless young people are assisted to find accommodation by St Basils in Solihull. Practitioners fed back that young people often present with a need relating to domestic abuse. Since 2019, the number of young people with a DA need identified has remained constant. Practitioners fed back that young people are reluctant to move to a refuge, with reasons including not wanting to be away from their family. Young people and practitioners are missing information about what refuges are like. On a wider note, practitioners fed back that it was difficult to get young people to engage with the Women's Aid service. It is recommended that the pathway to specialist services for housing/homelessness practitioners working with younger people be strengthened. As with Solihull Community Housing, a domestic abuse champion should be considered. The possibility of placing a Housing IDVA in St Basils should also be explored.

Regarding SCH, there are some ongoing internal recommendations and actions that this needs assessment supports. These relate to a number of areas including SCH having a greater role in the borough response to domestic abuse.

SAFE ACCOMMODATION

The recent Domestic Abuse Act placed a requirement on local authorities to provide appropriate safe accommodation (refuge, sanctuary, dispersed accommodation etc). Within Solihull, there are two refuge properties, providing a combined total of 17 units. There is also a sanctuary scheme that works with those who wish to remain safe in their own home.

Based on the Council of Europe formula, the recommended number of refuge spaces in Solihull is 21. This approach has its limitations as those seeking a refuge space do not always do so in their local area due to potential risk factors. Other limitations are that bed spaces are not always available in an area when a person presents, which forces them to be offered spaces in other areas. There should be a review of local usage of refuges.

The review of the usage of local refuges should also look at the reasons for the increases in lengths of stay of residents within refuges in Solihull.

There is a need related to survivors of domestic abuse being placed in temporary accommodation, which includes hotels and bed and breakfast accommodation. Temporary accommodation is not classed as safe accommodation under the Domestic Abuse Act and domestic abuse practitioners have highlighted the inappropriateness of survivors, especially those with children, being located in temporary accommodation. In Solihull, at any one time, it was estimated that there were 44 households placed in temporary accommodation. There will need to be enough domestic abuse specialist support to meet the needs of those with a domestic abuse need placed in temporary

accommodation. This should meet the requirements for specialist support for victims with complex needs as described in the guidance to the DA Act.

There is high prevalence of trauma and anxiety in survivors of domestic abuse, particularly at points of crisis such as in refuges. The refuges in Solihull should explore models of practice that enable refuges to become psychologically-informed environments.

GUIDANCE AND BEST PRACTICE

Domestic abuse draft statutory guidance from the Home Office details the importance of community support and having a joined-up, multi-agency approach to domestic abuse in order to identify victims and their families at an early stage and before reaching crisis point.¹²⁴

Below is a summary of recommendations for how housing services should approach the identification of abuse and ensure that survivors receive support and protection tailored to their particular needs.

HOUSING	
1.	
GUIDANCE AND BEST PRACTICE	Alternative housing options are key to ensuring victims are able to escape domestic abuse, and factor strongly in a victim's decision-making about whether they stay or leave a perpetrator.
APPROACH AND OPPORTUNITIES IN SOLIHULL	There are 17 refuge units available in Solihull.
2.	
GUIDANCE AND BEST PRACTICE	As the majority of domestic abuse is perpetrated at home, housing providers can play a unique role in supporting victims of abuse who are their tenants and reporting perpetrators where appropriate. It is vital that housing providers are able to recognise and respond to the signs of domestic abuse. A report by SafeLives identified the risk of misdiagnosing the effects of domestic abuse as anti-social behaviour (ASB).
APPROACH AND OPPORTUNITIES IN SOLIHULL	Training that seeks to embed professional curiosity amongst housing practitioners should be implemented. Potential signs of domestic abuse should be made clear to housing practitioners, such as multiple moves in quick succession; a refusal to let housing officers into the property; neighbour complaints or damage to property. Housing officers should recognise the impact of wrongly criminalising victims in such instances and consider safety planning and specialist support for the victim if action is taken against the perpetrator.
3.	
GUIDANCE AND BEST PRACTICE	The Domestic Abuse Housing Alliance (DAHA) is a partnership of three agencies that has established the first domestic abuse accreditation for housing providers. It aims

¹²⁴ Domestic abuse: draft statutory guidance framework

	<p>to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process.</p> <p>DAHA has led the introduction of a Whole Housing Approach to domestic abuse. The programme aims to raise awareness of domestic abuse within all housing sectors and improve outcomes for victims so they can achieve stable housing and live safely. It recognises the diversity in both the housing needs of survivors and the approaches required across different tenures, including social and private renting and privately owned, to identify how they can be part of an effective response.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	Solihull Community Housing should seek to become DAHA accredited.
4.	
GUIDANCE AND BEST PRACTICE	<p>Housing providers should have policies in place to identify and respond to domestic abuse.</p> <p>Housing providers should carefully consider the nature and effects of domestic abuse with regards to the needs of victims, including tactics used by a perpetrator which have financial and safety implications for victims.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	There are internal recommendations in Solihull for SCH to develop their domestic abuse strategy.
5.	
GUIDANCE AND BEST PRACTICE	Housing officers and homelessness commissioners should be involved in multi-agency working, including by being part of local safeguarding arrangements such as MASH or MARACs.
APPROACH AND OPPORTUNITIES IN SOLIHULL	There are internal recommendations in Solihull for SCH to have greater input in the MARAC process.

HOMELESSNESS

INTRODUCTION

HOUSING AND HOMELESSNESS SERVICES

INTRODUCTION

Domestic abuse is a significant cause of homelessness, and survivors of domestic abuse who become homeless face multiple barriers to gaining a safe and secure place to live.¹²⁵ The legal definition of 'homelessness' is wider than simply sleeping rough. A person counts as homeless if they are:

- staying with friends or family (if accommodation is being brought to an end – e.g asked to leave)
- staying in a hostel, night shelter or B&B
- squatting (because they have no legal right to stay)
- at risk of violence or abuse in their home
- living in poor conditions that affect their health
- living apart from their family because they don't have a place to live together.¹²⁶

There is a strong link between homelessness and domestic abuse. In one study by Women's Aid, a third of domestic abuse survivors had to give up their home as a result of the abuse or leaving the relationship and nine out of 72 (12.5%) found themselves homeless as a result of leaving.

NATIONAL PICTURE

Domestic abuse is the third most common cause of homelessness. Between January 2019 and December 2019, 25,510 households lost their settled accommodation due to domestic abuse.¹²⁷

Housing concerns also represent a significant barrier to leaving an abusive partner. A 2019 Women's Aid study¹²⁸ found that survivors are sometimes weighing up staying in a home shared with an abusive partner or leaving for another potentially unsafe situation due to a lack of housing options. Survivors not eligible for public funds (because of their immigration status) have even fewer housing options, as they are not entitled to housing-related benefits or housing help from their local authority.

Accommodation options for survivors of domestic abuse are often temporary (such as refuges, supported accommodation and staying with friends or family).

The new Domestic Abuse Act places several legal obligations on local authorities:

- a duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.
- automatic 'priority need' for homelessness assistance for all eligible homeless victims of domestic abuse
- where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy.

But domestic abuse victims with no recourse to public funds may not be eligible for this support¹²⁹.

¹²⁵ SafeLives (2018), Safe at Home: Homelessness and domestic abuse.

¹²⁶ Shelter: What is homelessness?

¹²⁷ Home Office (2020), Policy Paper: Homelessness. Updated 17 August 2020.

¹²⁸ Women's Aid. (2020) The Domestic Abuse Report 2020: The Hidden Housing Crisis. Bristol: Women's Aid.

¹²⁹ NRPF Network: Support for victims of domestic abuse.

BEST PRACTICE

The Ministry of Housing, Communities & Local Government sets out a Homelessness code of guidance for local authorities, specifying that alongside their role in tackling homelessness, authorities should take an active role in identifying victims and referring them for help and support. They are key partners in local domestic violence partnerships and should be represented at their local multi-agency risk assessment conference (MARAC).¹³⁰

The Whole Housing Approach¹³¹ aims to reduce the number of people made homeless as a result of domestic abuse. It represents a move away from a siloed approach, recognising that survivors of domestic abuse need access to a range of housing options and specialist advice to ensure that they can make informed choices about their ability to stay safely in their own homes or what to do next. This approach is currently being piloted in three areas of England.¹³²

Housing providers are in a unique position to be able to identify domestic abuse and prevent escalation through offering support and guidance to residents. Several housing providers have taken steps to identify domestic abuse by training frontline staff and housing officers.¹³³

¹³⁰ Ministry of Housing, Communities & Local Government (2018), Homelessness code of guidance for local authorities. Last updated April 2021.

¹³¹ Domestic Abuse Housing Alliance: What is the Whole Housing Approach?

¹³² Women's Aid. (2020) The Domestic Abuse Report 2020: The Hidden Housing Crisis. Bristol: Women's Aid.

¹³³ SafeLives (2018), Safe at Home: Homelessness and domestic abuse.

HOMELESSNESS APPROACHES

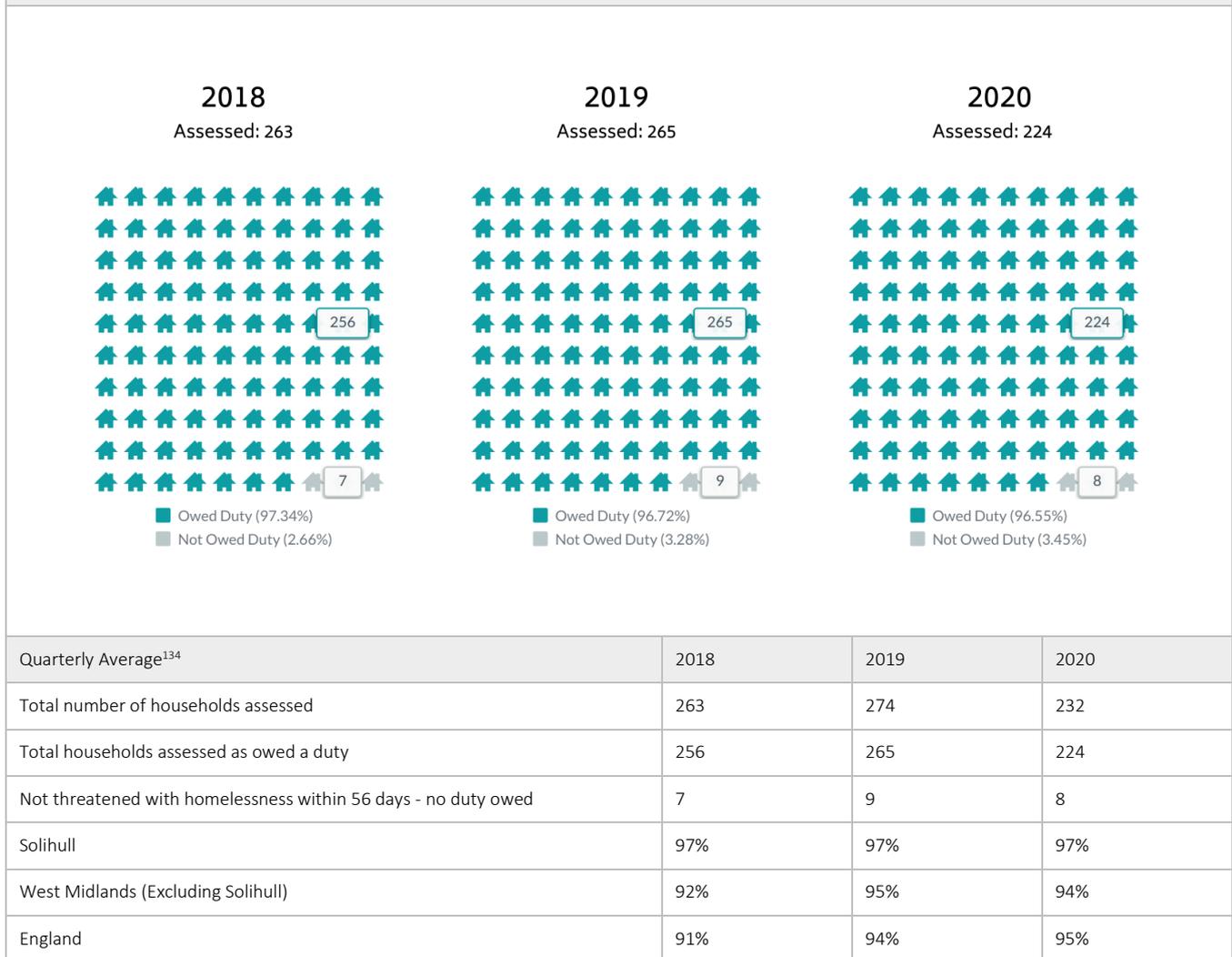
HOUSEHOLDS ASSESSED AND OWED A DUTY

The information below shows the quarterly average for those households assessed and owed a homelessness duty.

The main findings include:

- There has been a decrease in actual numbers in 2020.
- The percentage owed a duty has remained similar over the years analysed.
- The percentage of households assessed and owed a duty is higher than both England and the West Midlands.

Figure 3.2: Number of households assessed and owed a duty; quarterly average by calendar years.



¹³⁴ Excludes Jan-Mar 2020.

REASON FOR LOSS OF LAST SETTLED HOME FOR HOUSEHOLDS OWED A DUTY: DOMESTIC ABUSE

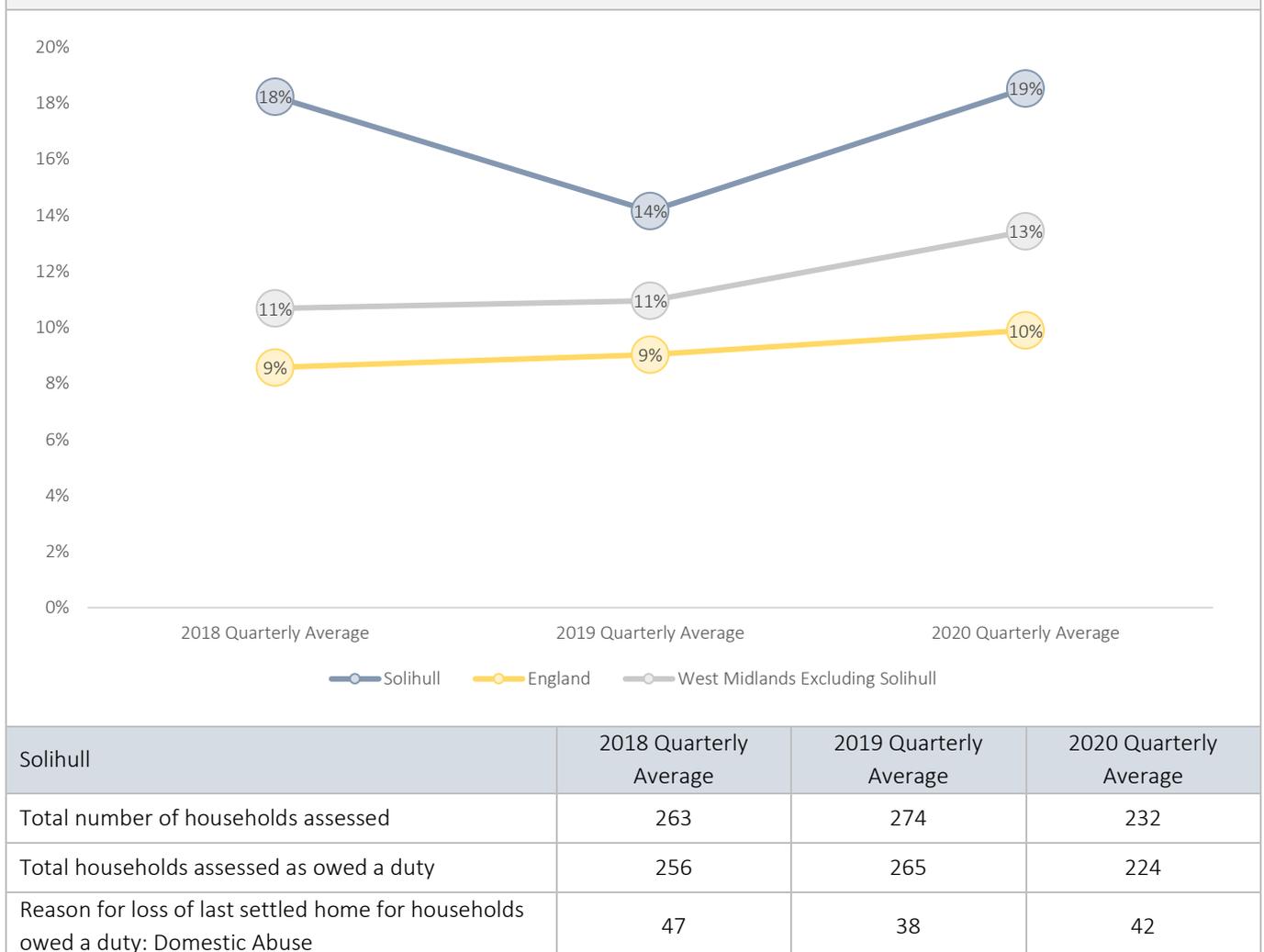
Looking specifically at domestic abuse, Figure 3.3 shows as a percentage of households assessed and duty owed with the reason being domestic abuse.

Note that recent publication shows a breakdown by both prevent duty owed and relief duty owed; however, to allow for historical comparison, the analysis is a combination of both.

The analysis show that:

- In general, the percentage of households assessed and duty owed with the reason being domestic abuse is higher than England and the West Midlands (Figure 3.20).
- Figure 3.4 shows a further breakdown when ranking Solihull against the nearest neighbours¹³⁵. Using this measure, the percentage of households assessed and duty owed with the reason being domestic abuse in Solihull ranks as the highest.
- Figure 3.5 shows the reason for loss of last settled home recorded as domestic abuse as a rate per 100,000 households¹³⁶. Using this methodology, the rates in Solihull are still relatively high.

Figure 3.3: Percentage of households assessed and duty owed the reason being domestic abuse. Comparison against England and Wales; by calendar years.



¹³⁵ Covers the calendar year of 2020.

¹³⁶ ONS Household Projections

Figure 3.4: Comparison against CIPFA nearest neighbours

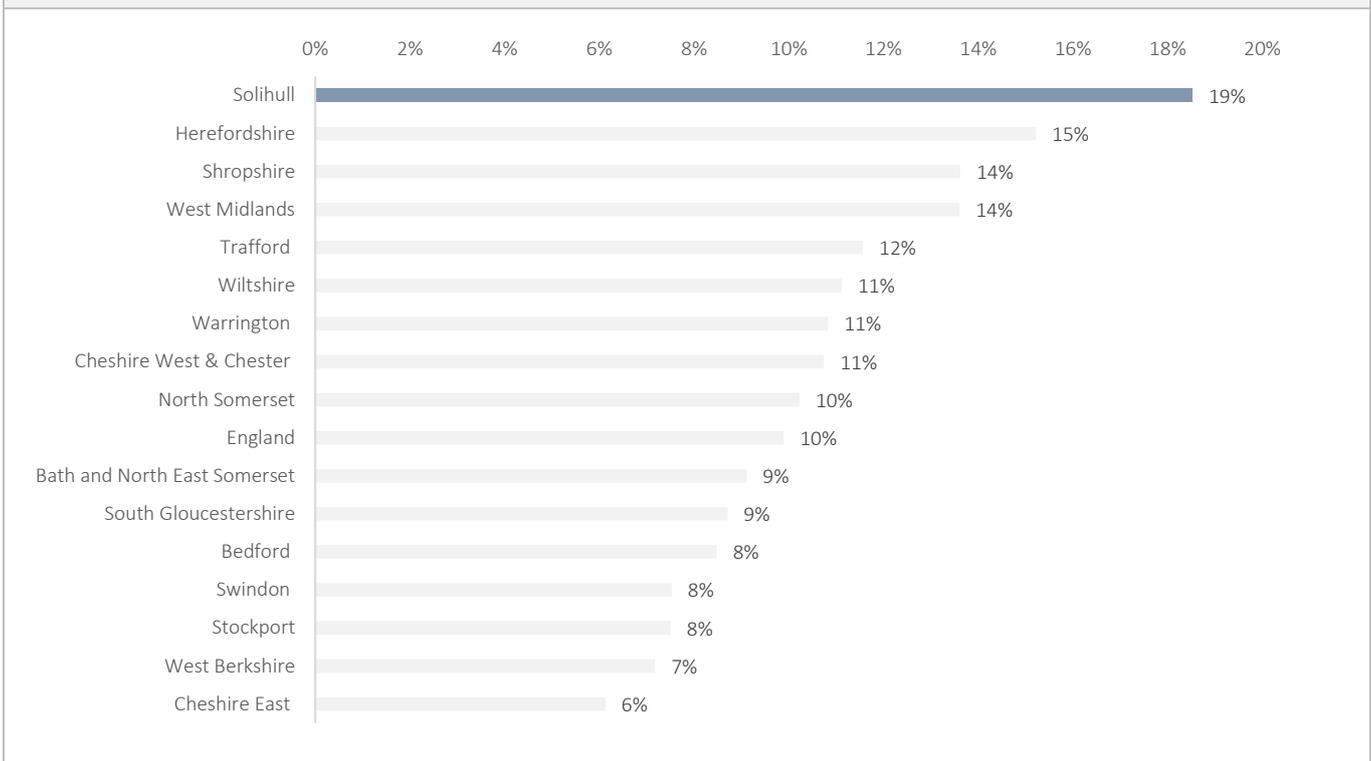
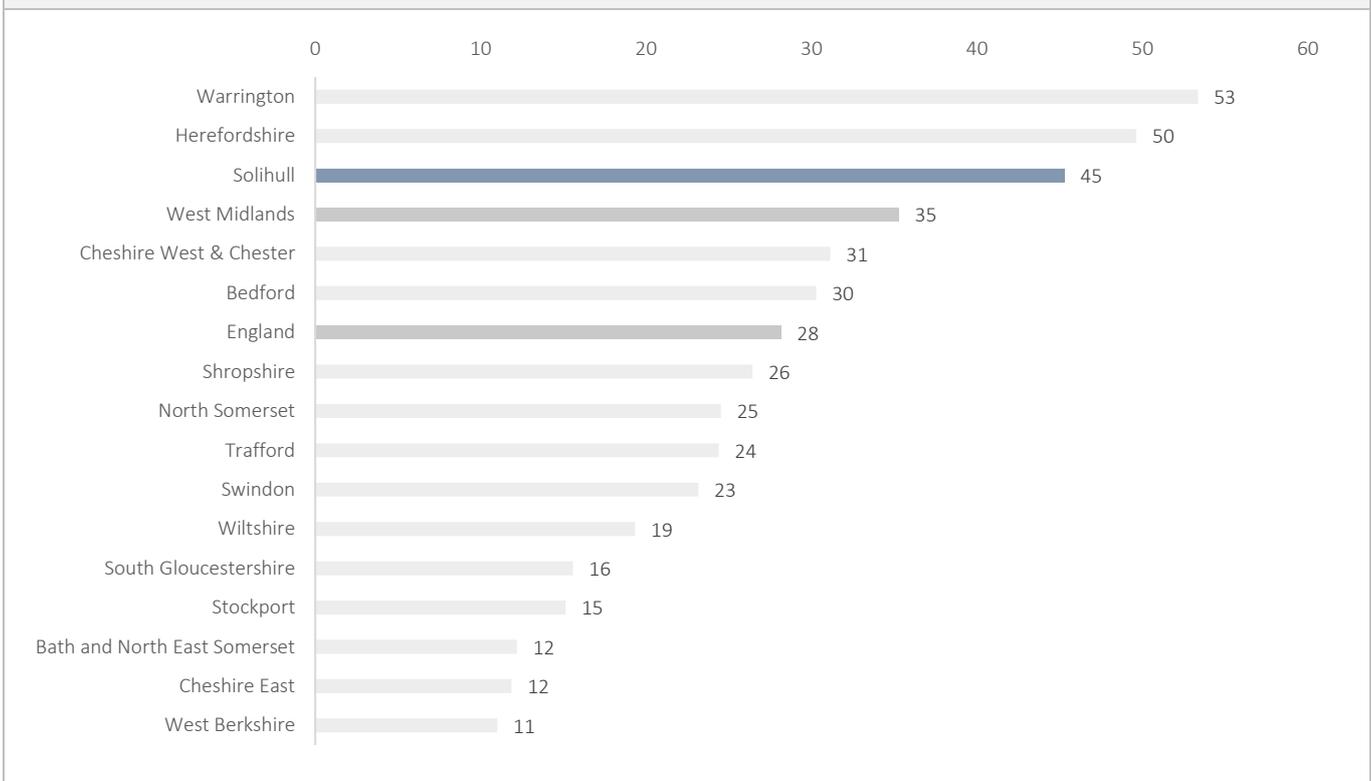


Figure 3.5: Domestic abuse as the reason for loss of last settled home as a rate per 100,000 households



SUPPORT NEEDS OF HOUSEHOLDS OWED A PREVENTION OR RELIEF DUTY

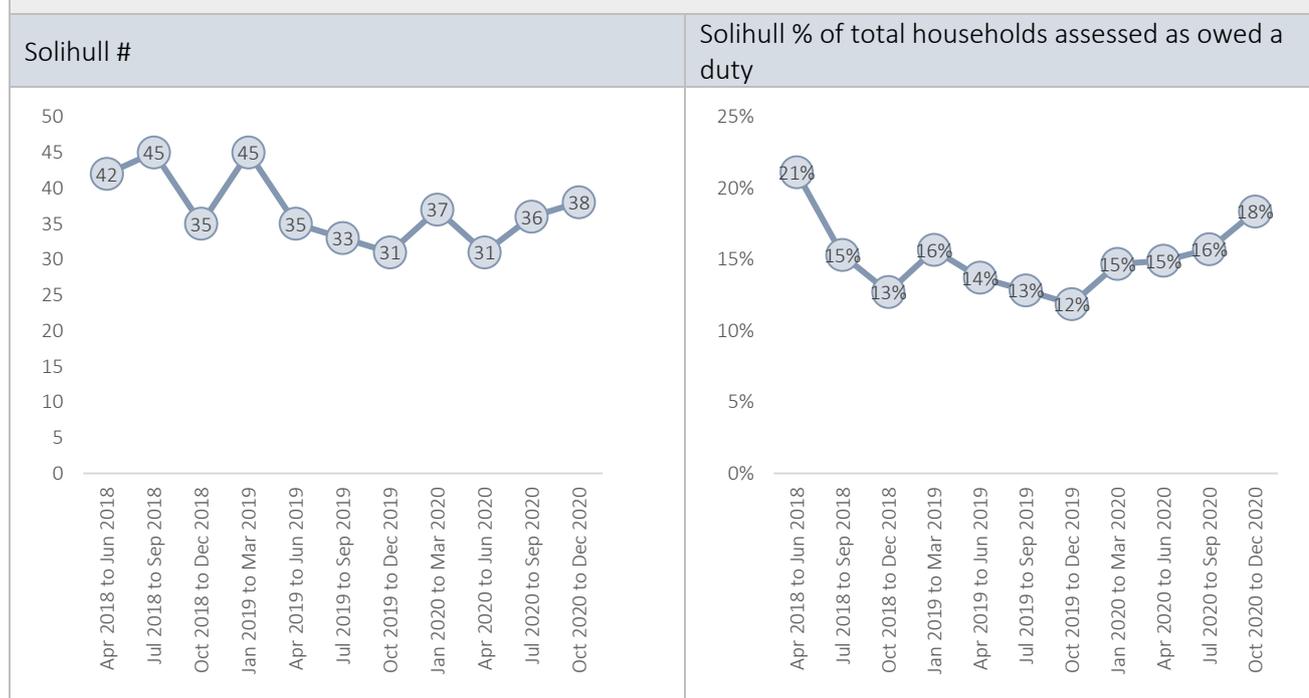
Below shows, of the total households assessed as owed a duty, the percentage where the support needs included “At risk of / has experienced domestic abuse”.

This is different from the previous charts (Figures 3.3-3.5); the above looked at the reason for loss of settled home, the below looks at support needs which include other reasons such as mental health, drug dependency and learning disability.

The percentage of those identified with a support need out of those owed a prevention duty has seen a steady increase between October-December-2019 and October-December 2020. This is also reflected in the actual number of households identified.

Note: The latest figures, released after the analysis in Figure 3.6 was undertaken, show a further increase of 23% (45 households) from October-December 2020 to April-June 2021.

Figure 3.6: Support needs of households owed a prevention or relief duty; At risk of / has experienced domestic abuse.



MAIN DUTY DECISIONS

This information shows decisions on whether the main homelessness duty is owed to a homeless household.

The ‘main’ homelessness duty describes the duty a local authority has towards an applicant who is unintentionally homeless, eligible for assistance and has priority need¹³⁷. These households are only owed a main duty if they did not secure accommodation in the prevention or relief stage, and so is not owed to those ‘threatened with homelessness’. In addition, a minimum of 56 days of assistance must have elapsed from a household approaching the local authority to being owed a main duty.

The chart shows percentage that priority need of households owed main duty was domestic abuse of “Homeless + priority need + unintentionally homeless (acceptance)”.

The rates in Solihull shows an increase from 4.8% to 6.4% when comparing 2020 against 2019. This is in contrast to England and the West Midlands, with both these areas showing a decrease to around 3.2-3.4%.

Figure 3.7: Total number of main duty decisions¹³⁸, of which “Homeless + priority need + unintentionally homeless (acceptance)” – domestic abuse; by calendar years.



¹³⁷ Eligibility and priority need are further defined in Section 5, Additional Information.

¹³⁸ Decisions on applications from households eligible for assistance under the homelessness provisions of the 1996 Housing Act. Only comprises decisions made at the point the main duty takes effect.

HOMELESS YOUNG PEOPLE SPECIFIC SERVICES

INTRODUCTION

St Basils give housing support and advice to those aged 16-25 in Solihull. St Basils help the council deliver their duties under the Homelessness Reduction Act 2017, providing relief and main duties.

HUB

There is a St Basils hub in Kings Hurst, Solihull. Young people can approach the hub without an appointment. Prior to COVID-19, there were a lot of on-foot approaches. Now the hub is less approachable.

DOMESTIC ABUSE NEED

Practitioners highlighted that domestic abuse is a big issue with the clients that they see. When it is raised, St Basils staff carry out investigations, which can take up to 2 weeks. In this time, it is ensured that young people are located in a place of safety (e.g. St Basils hostels or temporary accommodation).

St Basils staff fed back that a lot of young people are reluctant to go into a refuge. Staff always mention the refuge as an option; however young people do not want to be far from their family. Staff believed more information on refuges would be beneficial as young people and staff do not have any idea about what a refuge is like.

Practitioners can signpost young people to Women's Aid; however, staff said that it was hard to get young people to engage with Women's Aid.

All staff in St Basils are trained to work with those with domestic abuse needs.

REFUGE

INTRODUCTION

OVERVIEW

A refuge is a safe place for a victim to escape domestic abuse, with their children if necessary. The Women's Aid definition is as follows:

“A refuge service offers accommodation and support only for women experiencing domestic abuse which is tied to that accommodation. The address will not be publicly available. It will have a set number of places.

Accommodation can be in a range of shared housing, self-contained units and dispersed housing in order to meet the diverse needs of survivors and their children. Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents.”

NATIONAL PICTURE¹⁴⁰

There are over 500 refuge and support services in England, Scotland, Wales and Northern Ireland.¹⁴¹¹⁴²

Key points taken from *Domestic abuse victim services, England and Wales: November 2020*:

- The number of refuge services for victims of domestic abuse in England has been decreasing in recent years, however, the number of bed spaces available has increased, although London was the only region to meet the recommended number.
- In the year ending March 2019 an estimated 67% of referrals of women to refuge services in England and 32% in Wales were declined, with around one-fifth due to a lack of space or capacity to support the client; this represents a slight increase in declined referrals compared with the previous year.

Published by Women's Aid, *The Domestic Abuse Report 2021: The Annual Audit*¹⁴³ gives an overview of the domestic abuse support services available in England, and including provision and usage, during the financial year 2019–20. Findings include:

- In 2019-20 refuge services in England supported 10,592 women and 12,710 children
- Only 73.5% (50 out of 68) of the respondents providing refuge services were commissioned by their local authority
- Demand is still higher than the provision available, with 57.2% of refuge referrals declined during the year – 18.1% of all referrals were turned down due to lack of capacity in the refuge
- The number of spaces in refuge services in England still falls short of the number of spaces recommended by the Council of Europe by 1,694 spaces, which represents a 30.1% shortfall
- Less than half of all vacancies posted on Routes to Support for England in 2019-20 were in rooms suitable for a woman with two children; and only 4.0% could consider women who had no recourse to public funds.
- Less than one in five could accommodate a woman with three children
- Women's Aid's No Woman Turned Away project has consistently found that the most marginalised women tend to face the greatest barriers in their search for refuge provision, with intersecting structural barriers

¹⁴⁰ The Price of Safety: How the housing system is failing women and children fleeing domestic abuse

¹⁴¹ Women's Aid: What is a refuge and how can I stay in one?

¹⁴² Shelter: Women's refuges.

¹⁴³ Women's Aid (2021), *The Domestic Abuse Report 2021: The Annual Audit*.

and inequalities (such as poor agency responses and the immigration policy context) impacting on women's ability to access appropriate safety and protection.

REFUGES FOR MALE VICTIMS

There are very few refuges, safe houses or supported housing facilities available in the UK for male victims. Evidence does show there is less demand for refuge provision from male victims as they tend to have other safe accommodation options and are statistically at less risk of domestic homicide.¹⁴⁴ But local authorities have a duty to ensure domestic abuse victims (and children) are able to access emergency housing, regardless of gender.¹⁴⁵

The total number of services offering support to male victims of domestic abuse has fluctuated in recent years, with a decrease in the number of IDVA services supporting male victims, but an increase in the number of services offering refuge and outreach services to male victims.

BEST PRACTICE¹⁴⁶

Part 4 of the Domestic Abuse Act requires local authorities to assess the need for safe accommodation, including refuges, and commission against this.

The Women's Aid Refuge Services Toolkit¹⁴⁷ is a reference guide for local authorities, commissioners and partnerships. It offers practical guidance for commissioning and funding quality, safe and specialist refuge services.

At the onset of the COVID-19 pandemic, the Ministry of Housing, Communities & Local Government and Public Health England set out guidance for providers of safe accommodation with support for victims of domestic abuse and their children, in relation to isolation and quarantine.¹⁴⁸

¹⁴⁴ Refuge Services Toolkit.

¹⁴⁵ ManKind Initiative: Emergency housing.

¹⁴⁶ https://www.dahalliance.org.uk/media/10650/4_-wba-refuge-services.pdf

¹⁴⁷ Refuge Services Toolkit.

¹⁴⁸ Ministry of Housing, Communities & Local Government and Public Health England (2020), COVID-19: guidance for domestic abuse safe accommodation provision. Published: 23 March 2020.

NATIONAL PICTURE

Figure 3.10 shows that the number of refuge services for victims of domestic abuse in England has been decreasing in recent years. Despite this, the number of bed spaces available has increased as illustrated in Figure 3.11.

Figure 3.12 shows the change in the number of refuge services and bedspaces, using 2010 as the baseline. The chart further illustrates that refuge spaces in England have experienced a decrease whilst bedspaces show an increase.

Figure 3.10: Number of Refuge Services in England; 2010 to 2020.

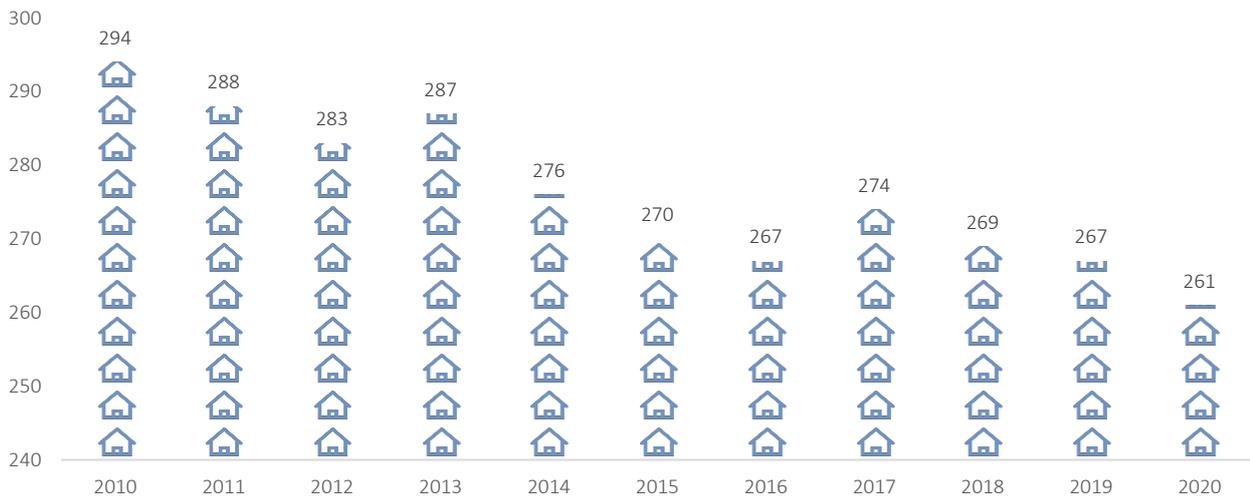


Figure 3.11: Number of Refuge Bedspaces in England; 2010 to 2020.

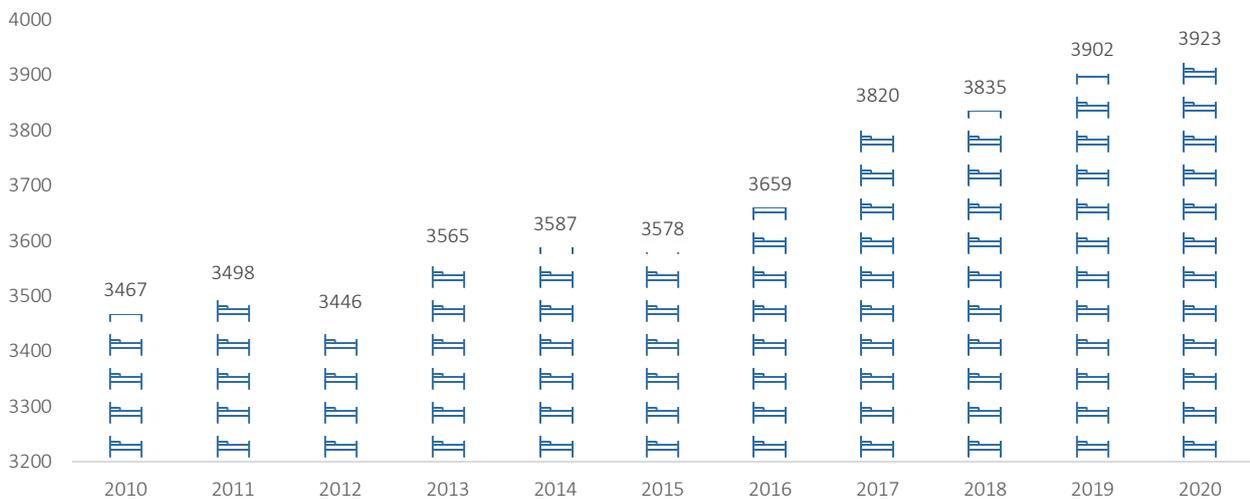
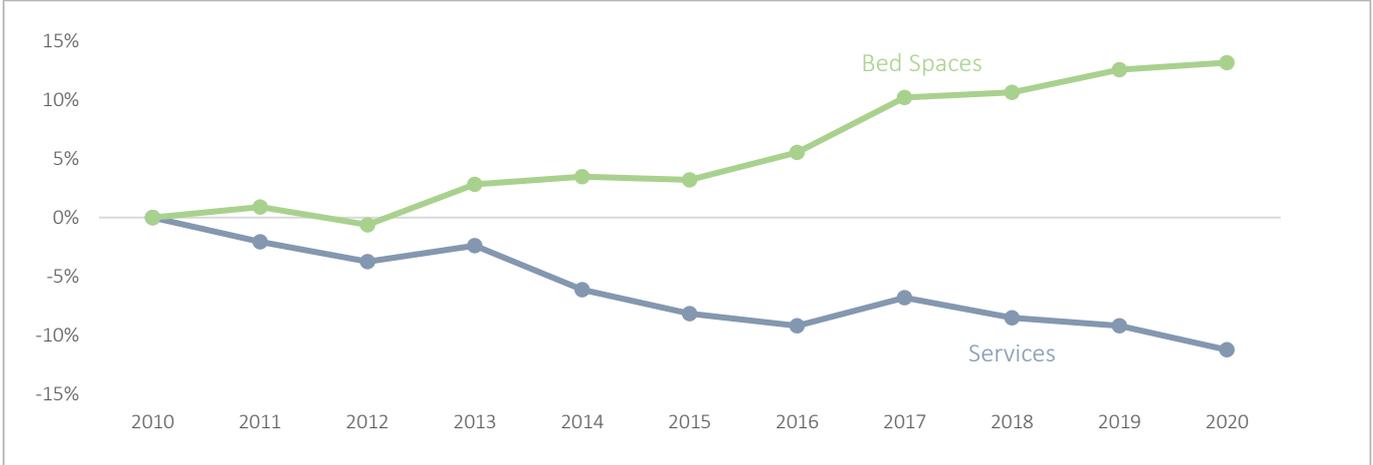


Figure 3.12: Percentage change in refuge services and refuge bedspaces in England using 2010 as the baseline; 2010 to 2020.



Below shows the number of refuge services across England broken down by region. England saw a slight reduction when comparing 2020 against 2019. West Midlands saw an increase from 27 to 28.

Figure 3.13: Number of Refuge Services; 2020 vs 2019.

Area	2019	2020	Change
East Midlands	23	23	0
East of England	21	21	0
Greater London	60	59	-1
North East	20	20	0
North West	34	33	-1
South East	39	38	-1
South West	19	18	-1
West Midlands	27	28	1
Yorkshire & Humber	24	21	-3
England	267	261	-6

WEST MIDLANDS AND SOLIHULL

REGIONAL REFUGE SPACES

Figure 3.14 shows the number of refuge beds in the West Midlands between 2010 to 2020. The chart shows the increase from 441 in 2010 to 547 in 2020.

Figure 3.15 shows the change in Refuge Bedspaces in West Midlands against England (excluding West Midlands) using 2010 as the baseline. The West Midlands has seen an increase of 24% using this time series compared to 12% for England (excluding West Midlands).

Figure 3.14: Number of Refuge Bedspaces in West Midlands; 2010 to 2020.

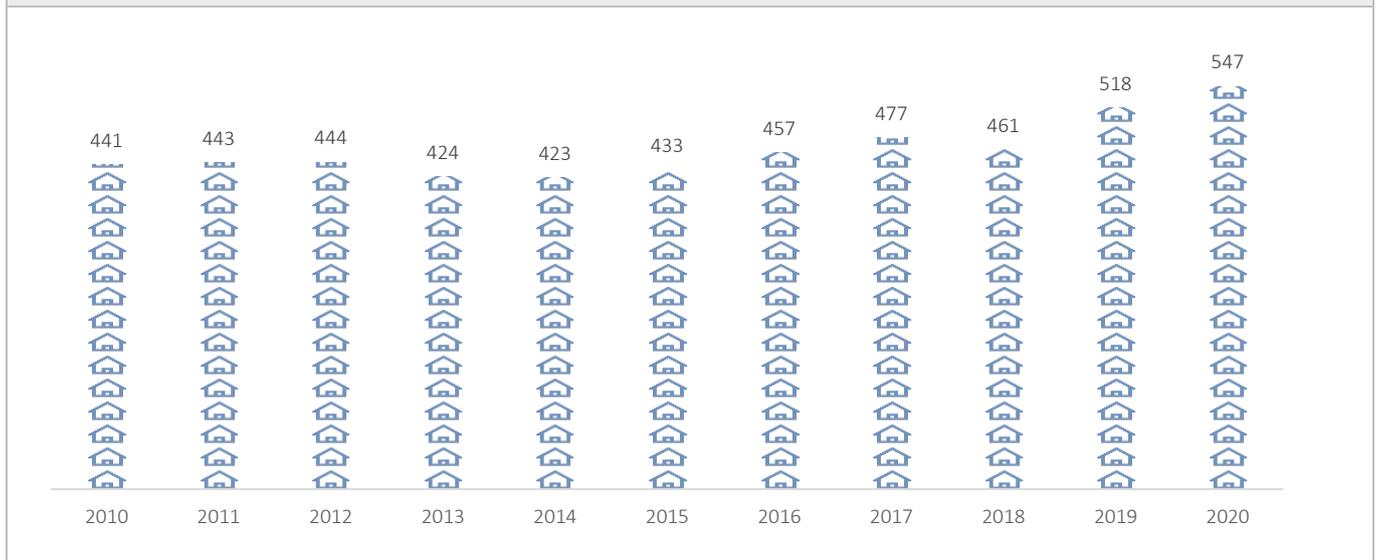


Figure 3.15: Change in Refuge Bedspaces in West Midlands compared against England; 2010 Baseline.

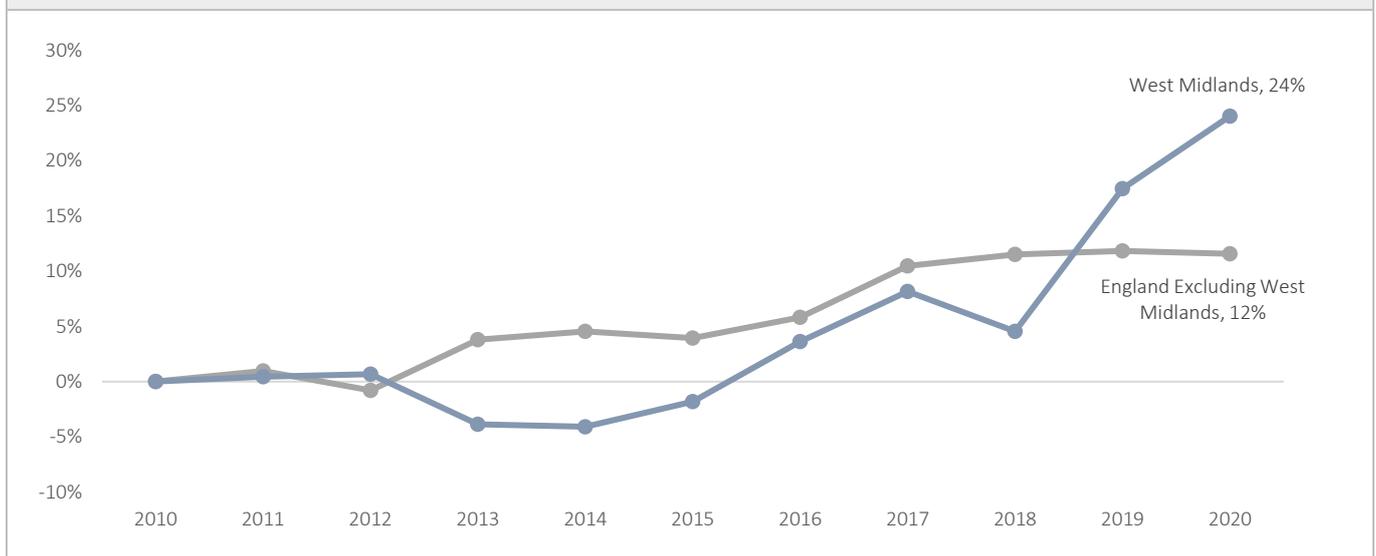


Figure 3.16 shows the percentage shortfall in refuge spaces against recommendation between 2010 to 2020 for England and for the West Midlands. Of significance in the West Midlands is the decrease in the gap between the number of spaces commissioned and the recommended number over the past 3 years.

Figure 3.16: % shortfall in refuge spaces against recommendation¹⁴⁹ in England and West Midlands; 2010 to 2020.

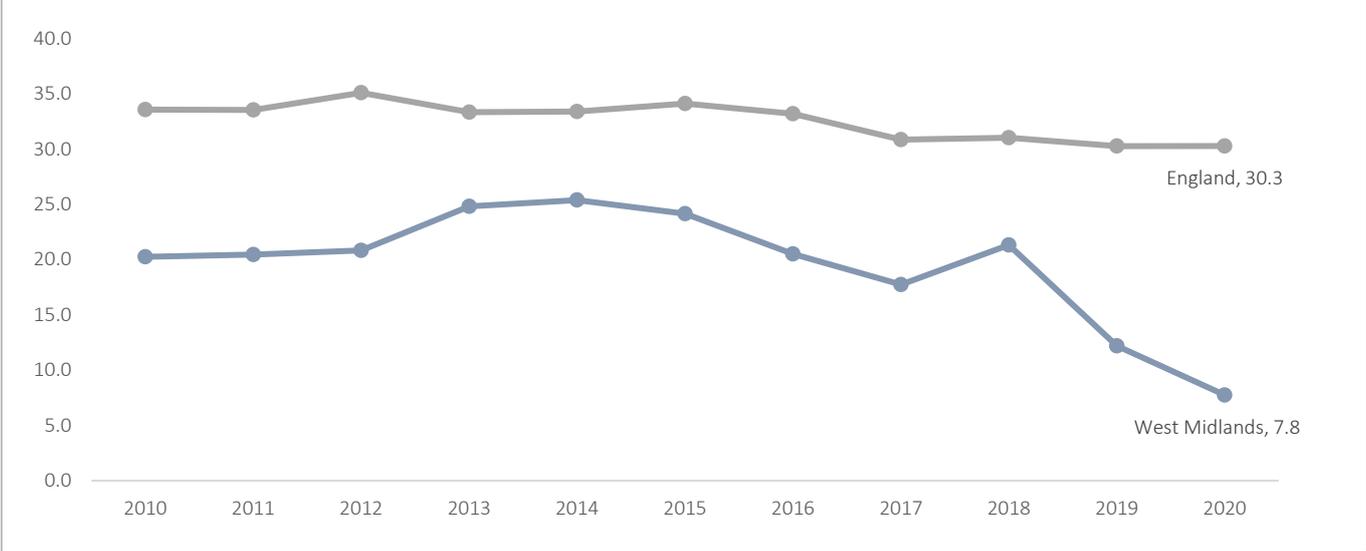
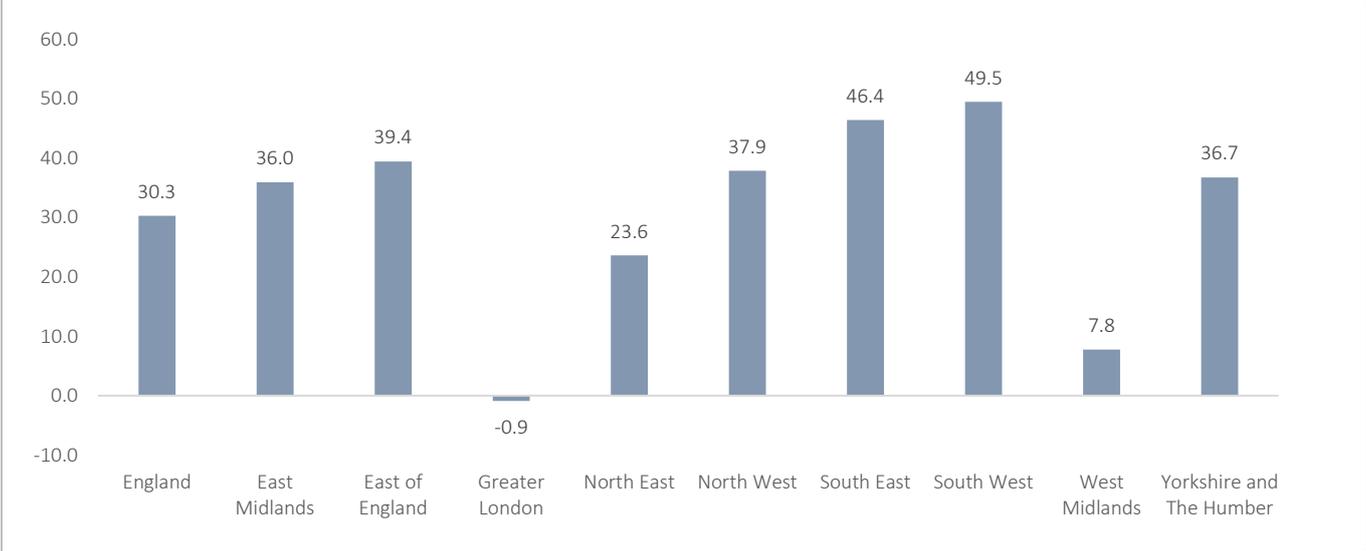


Figure 3.17 shows the percentage shortfall in refuge spaces against the recommended number as snapshot May 2020, broken down by regions. Only Greater London meets the recommended number of spaces; however, West Midlands shows a good rate in comparison to other regions.

Figure 3.17: % shortfall in refuge spaces against recommendation; 2020.



¹⁴⁹ The percentage shortfall is calculated using the Council of Europe minimum recommendation of one space per 10,000 population. This shows the difference between the number of refuge spaces in an area and the recommended number of refuge spaces for that area, as a proportion of the recommendation. In instances where the percentage shortfall is a negative value, the number of refuge spaces exceeded the minimum recommendation.

Below shows the percentage shortfall in refuge spaces against the recommended number. The figures are taken from the Scoping and Planning Task Group's *Provision of DA Safe Accommodation* report dated 12 March 2021. Note that during this Needs Assessment process, Panahghar opened a 6-unit refuge (in July 2021).

Across the West Midlands, Solihull, Dudley and Walsall show a shortfall in refuge spaces. Coventry, Birmingham, and Wolverhampton have a higher number of spaces than recommended.

The data from the ONS shows a 7.8% shortfall as of May 2020; however, the figures below show that the number commissioned now far exceeds the recommended number.

The recommended number of spaces is based on the population number. This has its limitations as those seeking a refuge space do not always do so in their local area due to potential risk factors. For example, of the 68 women placed in refuge in 2019-20 and 2020-21, 46 (68%) were from Birmingham. Only 2 (6%) were from Solihull. Other limitations are that bed spaces are not always available in an area when a person presents, which forces them to be offered spaces in other areas. There should be a review of local usage of refuges.

Figure 3.18: % shortfall in refuge spaces against recommendation; 2020.

Area	Population	Recommended Number	Commissioned	Shortfall
Solihull	206700	21	11	-10
Birmingham	1100000	110	286	176
Coventry	345400	35	54	19
Walsall	270000	27	24	-3
Sandwell	316720	32	34	2
Dudley	314400	31	27	-4
Wolverhampton	249470	25	50	25
Total	2802690	271	486	215

FORECAST

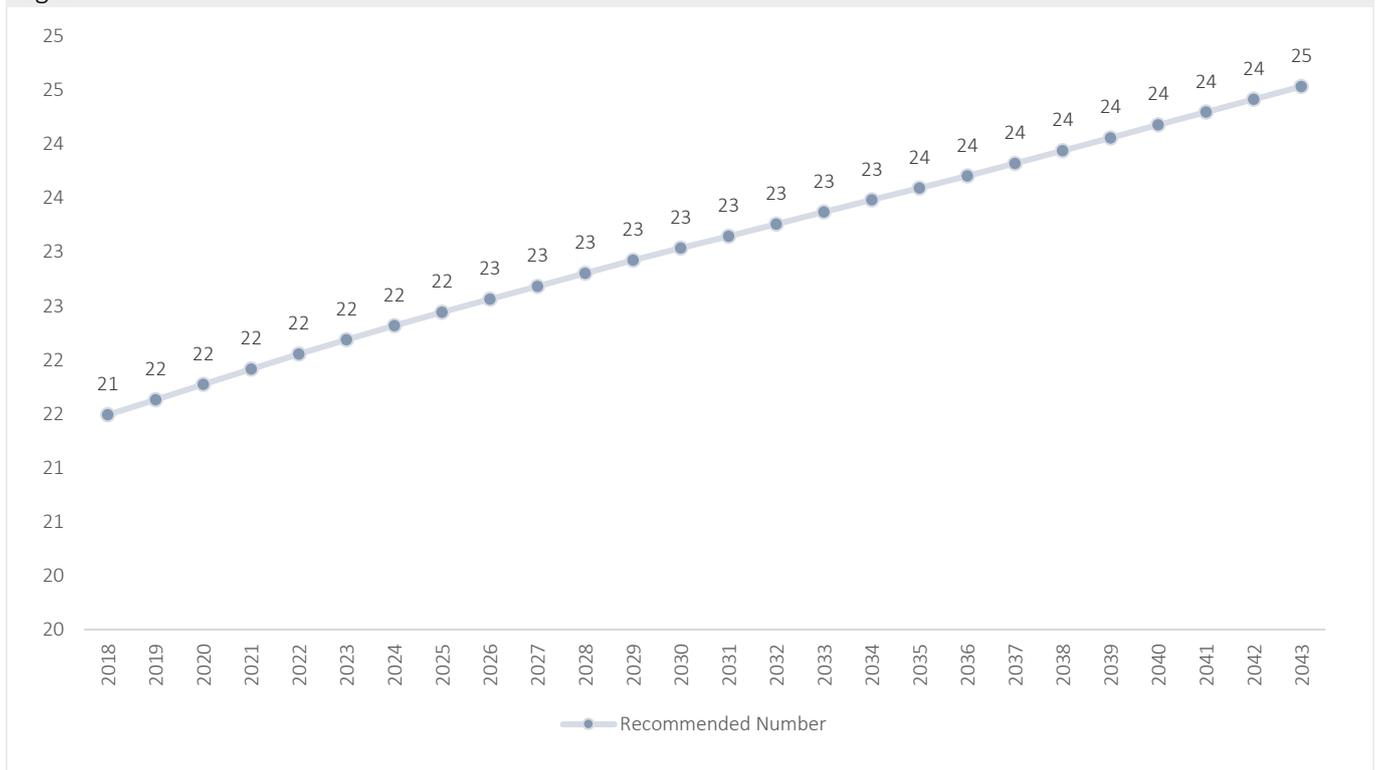
Using Council of Europe¹⁵⁰ research, Figure 3.19 maps the number of refuge spaces against population projections in Solihull. The calculation is based on 1 refuge space per 10,000 population:

The current (local authority-commissioned) refuge provision of 17 accommodation spaces is less than the estimates based on the Council of Europe formula.

As highlighted on the previous page, the recommended number of spaces is based on the population number and has its limitations as those seeking a refuge space may not do so in their local area.

Areas should note that the current demand exceeds what is available and that future demand may be higher due to the the new Domestic Abuse Act and COVID-19.

Figure 3.19: Projected need of specialist accommodation spaces against population projections in Solihull; all ages.



¹⁵⁰ https://www.unodc.org/documents/justice-and-prison-reform/ESP_Module-7-CostingTool-EN.pdf

LOCAL PROVISION – REFUGE AND SUPPORTED ACCOMMODATION

OVERVIEW

In Solihull, there is the following refuge provision:

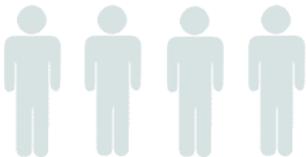
- Birmingham and Solihull Women’s Aid has an 11-unit property.
- Panahghar has a 6-unit property which is currently partially operational.

BIRMINGHAM AND SOLIHULL WOMEN’S AID

OVERVIEW

There are 11 refuge places provided by BSWA in Solihull. The refuge is staffed by the following staffing team:

Figure 3.20: Current staffing provision for the BSWA refuge; WTE.

Children’s Worker	Refuge Workers	Maintenance Worker
1 	4 	1 

There are also 2 Housing IDVAs who are located between the refuge and Solihull Community Housing.

The refuge is staffed 7 days a week with the following hours:

- Monday to Friday: 9am – 6pm
- Saturday and Sunday: 10am – 4pm
- Out of hours: On-call rota

SUPPORT

The following feedback comes from an interview with the service manager and feedback received as part of a focus group run with practitioners from the BSWA refuge.

REFUGE PRACTITIONERS

Practitioners fed back that they provide a lot of support with the mental health needs of survivors.

There is a large mental health need amongst residents. COVID-19 has impacted on mental health needs and practitioners report seeing more complex needs.

The service manager highlighted that refuge practitioners are not mental health specialists.

However, staff do have a lot of experience in working with those with a mental health need. There is a potential training need in relation to managing the mental health needs of residents.

Practitioners believed that there was a need for more therapeutic support and counselling.

Practitioners fed back that women are staying in the refuge for a longer period than in previous years. as housing cannot be found. This can be a result of them having a large family. Longer stays in refuge properties away from social support networks can have a detrimental impact on survivors and their children.

Long stays can also be a result of accommodation needs not being addressed in a timely manner. This can lead to 'bed-blockages' which has a significant impact on:

- i. Costs to housing providers and local authorities
- ii. Families in need of assistance who are unable to access safe accommodation
- iii. The practical and psychological impact on families 'stuck' in refuge accommodation, who are ready to move on.

In other areas, some local authorities use 'move-on' properties for families in transition to more settled accommodation. The use of 'move-on' accommodation has issues as it is an additional move which can create extra disruption for families.

Some survivors and their families want to move into different areas, which requires agreement from other local authorities to proceed. There is an opportunity to consider ways to improve throughput and access to regional refuges.

For survivors with No Recourse to Public Funds, the refuge needed confirmation that funds would be available, before the survivor could be offered a place.

REFUGE CHILDREN'S WORKER

There are potentially up to 30 children in the refuge at one time. The worker works with both the children and parents providing 1-2-1 support, sibling group work, and family group work. A key focus of the interventions is the rebuilding of relationships with the parents.

The worker accesses school places for residents; this can be a long process if there are lack of spaces.

Refuge staff fed back that there was not enough of an understanding about the impact of domestic abuse on children amongst parents and the practitioners that they worked with.

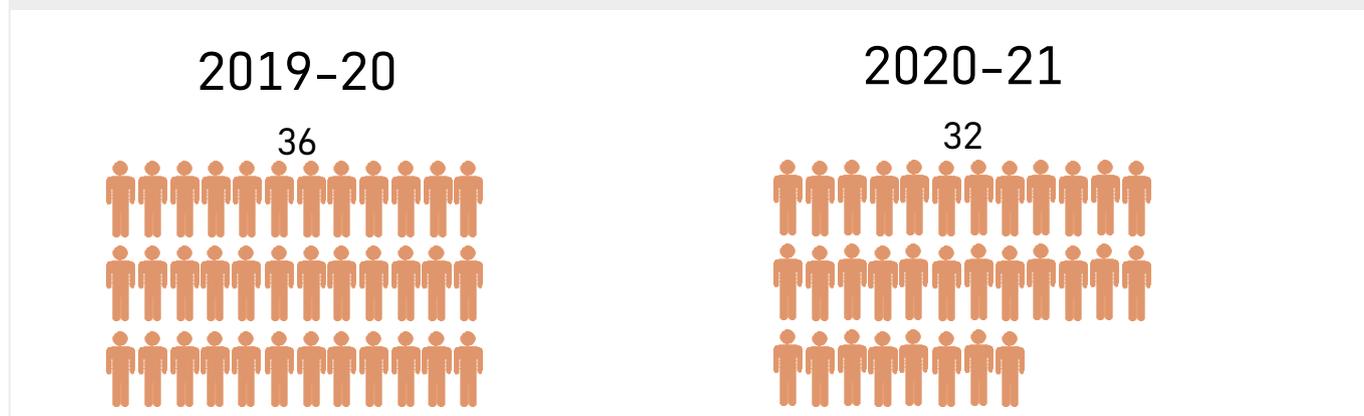
Refuge practitioners fed back that there are a lot of demands on the Children's Worker's time. If a family is in crisis they require intense working, which can mean that any booked sessions have to be rearranged.

At the time of this assessment, there was a terminally ill child in the refuge. The child required a lot of support.

ACTIVITY

Figure 3.21 shows that there has been a decrease in the number of women supported in the BSWA refuge. The number of women in refuge decreased from 36 to 32 when comparing 2020-21 against the previous year.

Figure 3.21: Number of women supported in the BSWA refuge; 2020-21 against the previous year.



AREA

The majority of women placed in the refuge were from Birmingham. Of the 68 women placed in refuge in 2019-20 and 2020-21, 46 (68%) were from Birmingham. Only 2 (6%) were from Solihull.

DEMOGRAPHICS

The 26-35 age group accounts for nearly half of those placed.

Of the 68 women placed in the refuge in 2019-20 and 2020-21, 30 (44%) were between the ages of 26-35. Only 5 (7%) were over the age of 45. This suggests that refuges may not be the preferred option for older women.

Figure 3.22: Women supported in refuge by age band.

Age Group	2019-20 #	2019-20 %	2020-21 #	2020-21 %	Total #	Total %
16-17	2	6%	1	3%	3	4%
18-25	5	14%	6	19%	11	16%
26-35	16	44%	14	44%	30	44%
36-45	9	25%	10	31%	19	28%
46-55	3	8%	1	3%	4	6%
Over 56	1	3%	0	0%	1	1%
Total	36	100%	32	100%	68	100%

Of the 68 women placed in refuge in 2019-20 and 2020-21, 35 (53%¹⁵¹) were from a BAME group. White British women (28; 41%) accounted for the largest group, followed by Pakistani women (14; 21%).

This is not reflective of the local population but can be explained due to the high usage of Solihull refuges by Birmingham residents.

Figure 3.23: Women supported in refuge by ethnic group.

Ethnicity	2019-20 #	2019-20 %	2020-21 #	2020-21 %	Total #	Total %
1. British White	16	44%	12	38%	28	41%
2. Irish White	0	0%	1	3%	1	1%
3. Other White	0	0%	2	6%	2	3%
4. Mixed White and Black Caribbean	0	0%	1	3%	1	1%
5. White and Black African	0	0%	0	0%	0	0%
6. White and Asian	0	0%	0	0%	0	0%
7. Other mixed	0	0%	1	3%	1	1%
8. Indian	3	8%	3	9%	6	9%
9. Pakistani	7	19%	7	22%	14	21%
10. Bangladeshi	1	3%	2	6%	3	4%
11. Other Asian	0	0%	0	0%	0	0%
12. Caribbean	3	8%	1	3%	4	6%
13. African	0	0%	1	3%	1	1%
14. Other Black	2	6%	0	0%	2	3%
15. Chinese	0	0%	0	0%	0	0%
16. Other	1	3%	1	3%	2	3%
17. Refused to declare	2	6%	0	0%	2	3%
18. Gypsy, Romany, Irish Traveller	0	0%	0	0%	0	0%
19. Arab	1	3%	0	0%	1	1%
Total	36	100%	32	100%	68	100%

CHILDREN AND SUPPORT NEEDS

The number of children in refuge decreased from 63 to 45 when comparing 2020-21 against the previous year. It is likely that this is due to the reduced throughput of residents during the COVID-19 pandemic.

The number of women with children also decreased from 25 to 20 between the two years. That equates to around two-thirds of the women placed in the refuge who had children.

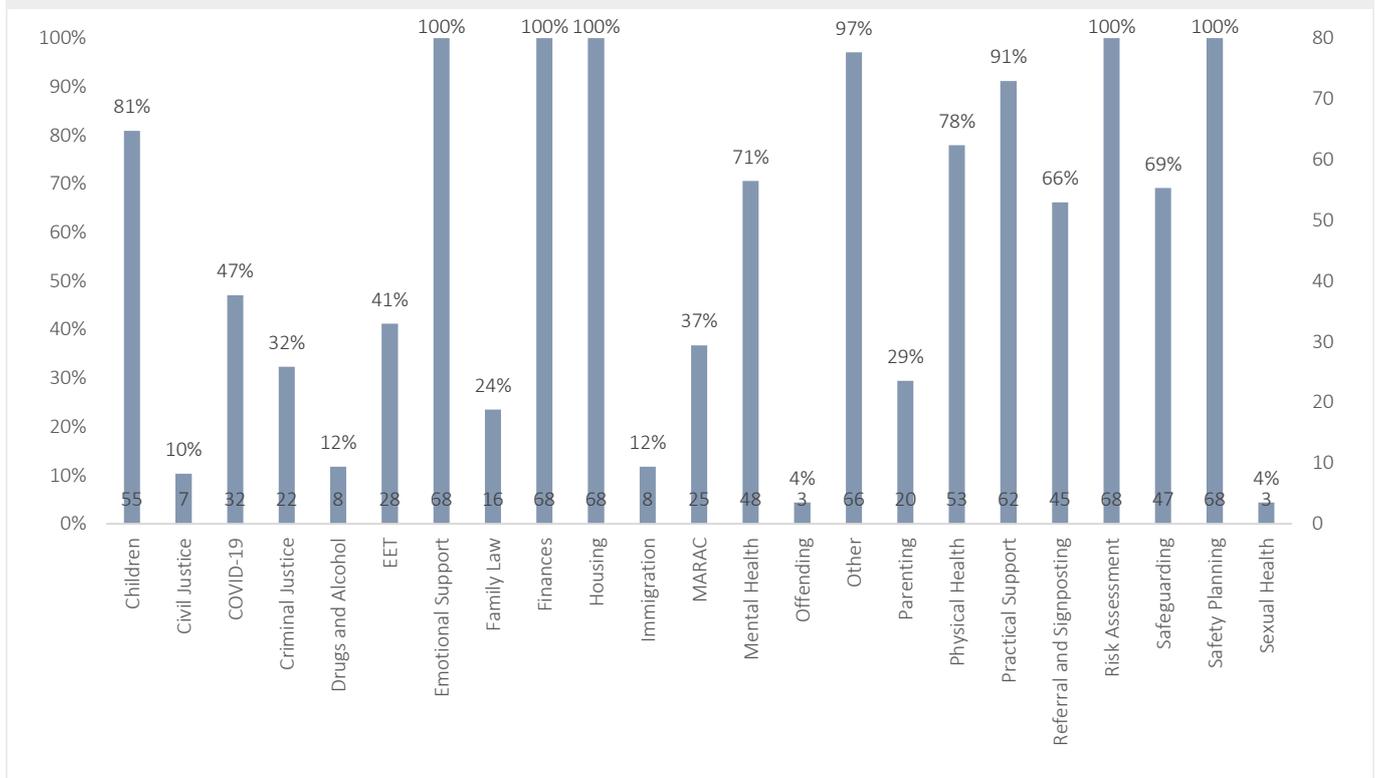
Figure 3.24: Number of children in refuge.

	2019-20	2020-21
Women with Children	25	20
Number of Children in Refuge	63	45
Number of Children per Woman	2.5	2.3

¹⁵¹ Excluding "refused to declare".

There are high support needs with the population. The following chart shows the support needs those placed in the refuge between 2019-20 and 2020-21. There were high support needs around emotional support, finances, housing, and safety planning.

Figure 3.25: Support needs provided to those in refuge in 2019-20 and 2020-21.



In 2019-20 and 2020-21, a total of 3 women had No Recourse to Public Funds (NRPF). For the first quarter of 2021-22 alone, there were 4 women.

For the majority of refuges, housing benefit is the primary revenue to cover property rental. There are financial risks to refuges if this is not available, as is the case for those with NRPF.

Some survivors with NRPF can apply for the domestic abuse concession. However, whilst the application is being processed, the survivor and their children continue to be at risk. In addition, there are significant gaps in statutory support for victims of domestic abuse with NRPF who do not have children in their care.

PANAHGHAR

Panahghar have a 6-unit refuge property in Solihull. The refuge service is for Black, Asian and Minority Ethnic groups. The service is staffed by the following team:

Figure 3.26: Current staffing provision for the Panahghar refuge.

Manager	Refuge Worker	Children and Young Person Worker
0.5 	1 	0.5 

The refuge is staffed 7 days a week.

ENGAGEMENT

STAFF FOCUS GROUP – PANAHG HAR

Staff providing services in Solihull were interviewed about their experiences of working with survivors. The refuge started accepting residents from July 2021, so there is limited experience to draw upon. Below is a summary of our conversation with staff working in Solihull.

One service user was surrounded by extended family and in the 7 years in the UK she never left the house unaccompanied; even if she went shopping or to the GP, she was never alone. Her mother-in-law lived across the street from the school. Her sister-in-law was constantly texting her. There were cameras all over the house and her husband could check the cameras from his mobile phone. His family portrayed that they were on her side but in fact they were getting information from her – they were his eyes and ears and directly reporting to him. She had no support from her family.

When she came to us, she had no money and couldn't use a bank card. We provided outreach support to her and liaised with the school to inform them of the situation. Initially the school wouldn't do anything; they said they hadn't seen anything. We kept contact with her and tried to explain to the school there was a very small window to offer her support. The decision to leave or take action has to be their choice. One day we arranged a taxi for her at school so she could pick up the children and come straight to refuge. This was very dangerous and very tense while we waited on the taxi. Her sister-in-law was constantly texting her. Children will put pressure on mum. They don't want to be in a refuge. We support her with this transition. We support them every step of the way so they know they are not alone.

What helps women leave is that we offer them reassurance and give them a choice at every stage. Survivors are so used to being told what to do. With this woman we had a 5-minute conversation once a week. All those 5-minute conversations built up. Then one day when something happened, and she told the police. It is important to keep them engaging with you. We find ways to link them to their local communities. We offered this woman a free SIM card and gave her hints on how to use the phone, so her husband wouldn't know she was using a phone. We encouraged her to talk to the school (family liaison) and give a time when Dad was not available, all to build her confidence to leave.

CHILDREN

Regarding the care and support for children, practitioners highlighted:

- The limitations in services that are not free to access which impact on victims who do not have a disposable income for after school clubs and school uniforms.
- The difficulties in working with banks to open new bank accounts for victims.
- The negative reaction to the refuge from neighbours and GPs.

ENGAGEMENT

Panahghar key workers were interviewed as part of the needs assessment process. Below is a summary of the key issues raised:

- “There are costs for extra-curricular clubs in Solihull”. An example of key workers having to pay for summer clubs was given.
- “There are difficulties in finding free provision in Solihull”. Examples of after school clubs and breakfast clubs were given.
- “We have difficulties supporting women to open bank accounts”.
- “A nurse that comes to the refuge and delivers health focused workshops on sexual health, contraception, and breast cancer.”

TEMPORARY ACCOMMODATION

INTRODUCTION

The local authority (acting as the housing authority) has a number of duties in relation to preventing homelessness and helping individuals and families to secure accommodation if they are already homeless.

Prevention duty:

- Housing authorities have a duty to take reasonable steps to help prevent any eligible person (regardless of priority need status, intentionality and whether they have a local connection) who is threatened with homelessness from becoming homeless. This means either helping them to stay in their current accommodation or helping them to find a new place to live before they become actually homeless. The prevention duty continues for 56 days unless it is brought to an end by an event such as accommodation being secured for the person, or by their becoming homeless.¹⁵²

Relief duty:

- If the applicant is already homeless, or becomes homeless despite activity during the prevention stage, the reasonable steps will be focused on helping the applicant to secure accommodation. This relief duty lasts for 56 days unless ended in another way. If the housing authority has reason to believe a homeless applicant may be eligible for assistance and have a priority need, they must be provided with interim accommodation.¹⁵³

Main housing duty:

- If homelessness is not successfully prevented or relieved, a housing authority will owe the main housing duty to applicants who are eligible, have a priority need for accommodation and are not homeless intentionally. Certain categories of household have priority need if homeless, such as pregnant women, families with children, and those who are homeless as a result of being a victim of domestic abuse or due to an emergency such as a fire or flood. Other groups may be assessed as having priority need because they are vulnerable as a result of old age, mental ill health, physical disability, having been in prison or care or as a result of becoming homeless due to violence.¹⁵⁴

Individuals and families can approach the local authority where housing staff will complete a general assessment of the customer's situation. This includes identifying the main reason for the customer becoming homeless.

¹⁵² Homelessness code of guidance for local authorities

¹⁵³ Homelessness code of guidance for local authorities

¹⁵⁴ Homelessness code of guidance for local authorities

LOCAL DATA

OVERVIEW

Data on the number of households in temporary accommodation due to domestic abuse was not available until April 2021. The data includes 104 households and covers two cohorts:

- Those who were placed in temporary accommodation between 01/04/2021 and 11/08/2021. There were 62 households in this cohort.
- Those who were already in temporary accommodation as at 01/04/2021 (snapshot). There were 42 households in this cohort.

CHILDREN

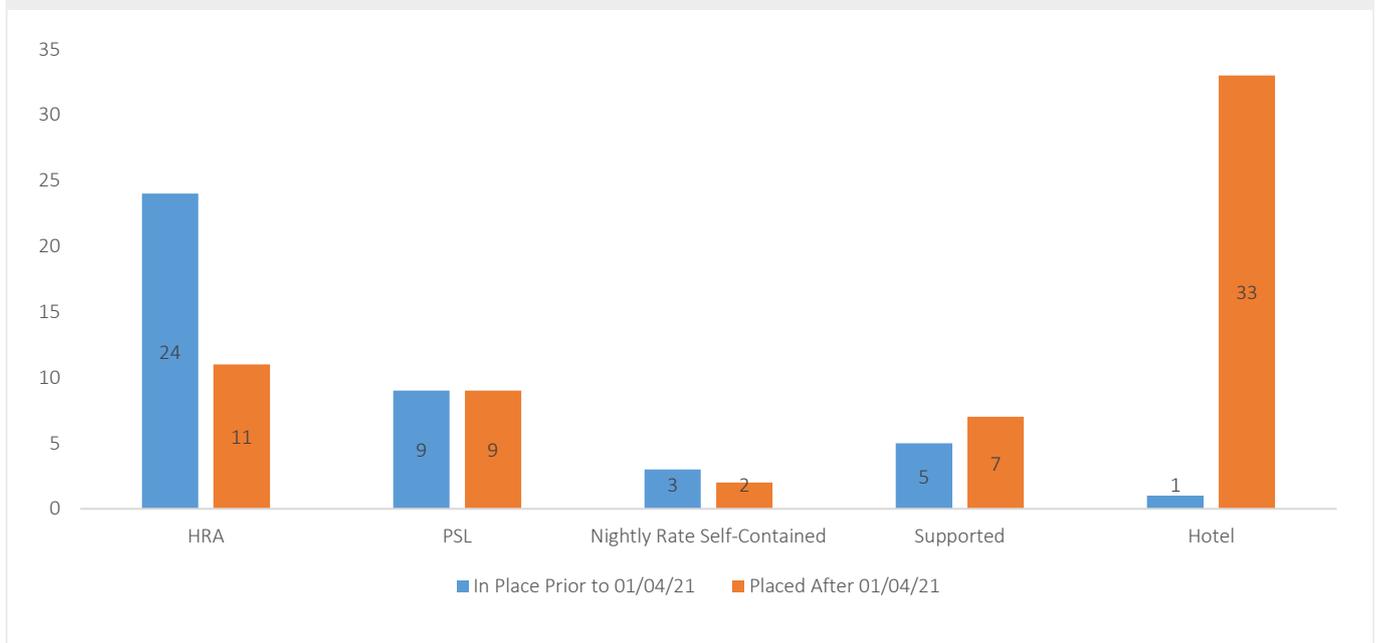
Between 01/04/2021 and 11/08/2021, there were a total of 62 new households placed in temporary accommodation because of domestic abuse. There were 101 children housed as part of these households.

As at 01/04/2021, there were already 42 households in temporary accommodation. There were 99 children housed as part of these households.

TYPE OF TEMPORARY ACCOMMODATION

The graph below shows the type of accommodation that all households were placed in. The graph is split between those who were already in temporary accommodation as at 01/04/2021 and those who were placed since 01/04/2021. (HRA= Housing Revenue Account, PSL= Private Sector Landlord).

Figure 3.27: Types of Temporary Accommodation.



LENGTH OF STAY

Of the households included in the data, there were 56 households who had left temporary accommodation in the time period. The data includes 7 households who had a length of stay of 0 days.

The table below shows the average lengths of stay of households placed in temporary accommodation.

The 31 households placed in a hotel had an average stay of 14 days.

Figure 3.28: Average lengths of stay of households placed in temporary accommodation during 01/04/2021 and 11/08/2021.

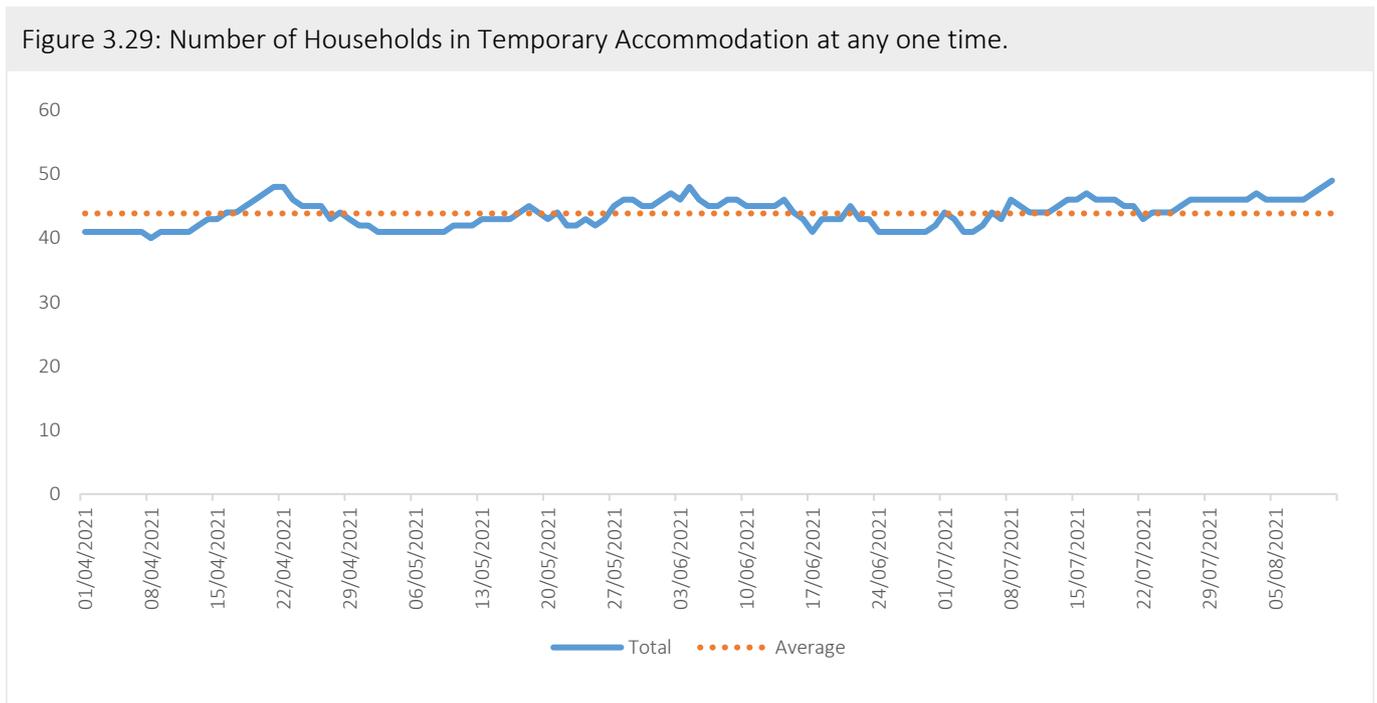
	HRA	PSL	Nightly Rate Self-Contained	Supported	Hotel
Maximum Stay (days)	819	671	95	338	113
Minimum Stay (days)	47	59	95	14	0
Average Stay (days)	333	392	95	128	14
Total Households	16	4	1	4	31

SNAPSHOT DATA

As a snapshot at the 11th August 2021, there were 48 households in temporary accommodation in Solihull. There were 108 children in these households.

3 of those households currently in temporary accommodation were placed in a hotel, 14 were housed in private sector rentals (PSL), 19 were housed in Solihull Community Housing Stock (HRA), 8 were in supported accommodation, and 4 were in self-contained accommodation.

The graph below shows the total number of households in temporary accommodation at any one time. The average number of households in temporary accommodation is 44 at any one time. The number of households in temporary accommodation fluctuates between 40 and 50.



DATA GAPS

There are some gaps in the temporary accommodation data. The areas where people approaching as homeless were from is not known. Information on their household profile was also not provided. Within Solihull, there is some ongoing work related to domestic abuse data. Ongoing internal recommendations are reflected below:

- Solihull Community Housing (SCH) to take a greater leadership role for Domestic Abuse to inform and influence local plans and responses concerning domestic abuse. This applies particularly to experience and insight from Housing Options and includes how MARAC and MASH function
- Housing Options team to increase its role in terms of informing broader SCH and Borough responses to domestic abuse, particularly in terms of data collection, expertise, skills and knowledge
- Training, sharing of good practices and knowledge to be rolled out across SCH as part of an organisational approach to domestic abuse
- SCH to develop a clear and coherent domestic abuse policy position and offer over the next six months, including accompanying implementation plan. This will incorporate prevention and early intervention
- SCH to give consideration to developing a specific Domestic Abuse related KPI, potentially focused on harm reduction.

There are also some ongoing internal actions that are relevant to the domestic abuse response in Solihull:

- Means and methods to be put in place to record and analyse domestic abuse-related homelessness presentations, particularly concerning previous tenure, postcode and household profile, as well as Neighbourhood Services actions and interventions.
- SCH domestic abuse policy, offer and position statement to be developed along with a plan for how this will be implemented.
- SCH presentation on domestic abuse offer and development work to Strategic Housing Board in November and DA Partnership Board in January.

SANCTUARY SCHEME

INTRODUCTION

A Sanctuary Scheme is a multi-agency victim centred initiative which aims to enable households at risk of violence to remain safely in their own homes by installing a 'Sanctuary' in the home and through the provision of support to the household.¹⁵⁵

LOCAL PROVISION

A Sanctuary scheme is run in Solihull.

At the time of this needs assessment, activity data relating to the Sanctuary Scheme was not available.

¹⁵⁵ Sanctuary schemes for households at risk of domestic violence: guide for agencies.

SAFE ACCOMMODATION NEED

CALCULATION OF NEED

OVERVIEW OF LATEST (DRAFT) GUIDANCE – SAFE ACCOMMODATION

- The Domestic Abuse Act places a duty on local authorities to assess the need for support and prepare strategies to provide support for victims who reside in relevant accommodation ('safe accommodation').
- The draft guidance describes a variety of different types of safe accommodation:
 - Refuge accommodation
 - Specialist safe accommodation
 - Dispersed accommodation
 - Safe self-contained accommodation
 - Safe self-contained 'semi-independent' accommodation
 - Sanctuary schemes
 - Move-on/second stage accommodation.
 - Other forms of domestic abuse emergency accommodation
- Accommodation such as bed and breakfast accommodation is not considered relevant safe accommodation.

INTRODUCTION

- In this section, we will analyse the available data relating to the types of 'safe accommodation' listed in the Domestic Abuse Act Draft Guidance¹⁵⁶ that are used in Solihull.
- We will use data from:
 - Birmingham and Solihull Women's Aid
 - Panahghar
 - Local Authority Housing and Homelessness data.

At the time of this needs assessment, not all the required data was available to produce the calculation.

It is recommended that data including reasons for clients not being placed is collected for future monitoring.

¹⁵⁶ MHCLG, (2021), Delivery of Support to Victims of Domestic Abuse, including Children, in Domestic Abuse Safe Accommodation services
Statutory guidance for local authorities across England Draft for consultation Issued under the Domestic Abuse Act 2021

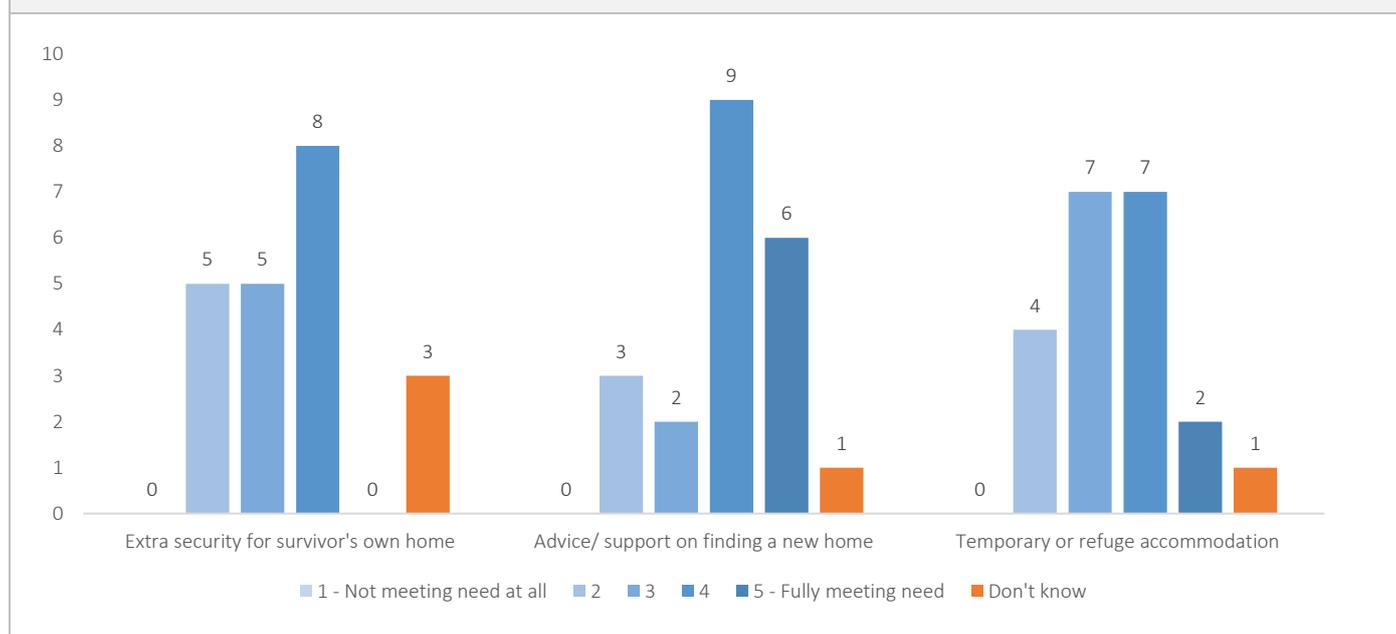
ENGAGEMENT

As part of the engagement strand for this Needs Assessment, surveys with questions relating to housing were conducted to both practitioners and survivors. The results of the survey are shown below, including free text comments.

PRACTITIONER SURVEY

Practitioners were asked whether they thought existing housing support provisions for survivors of domestic abuse were meeting needs. Practitioners provided feedback that there was good support on survivors finding a new home.

Figure 3.1: Support in relation to health needs – practitioner survey.



FREE TEXT COMMENTS

“Most victims of DV can usually find temporary accommodation. However, to get permanent accommodation is much harder. The current lettings and allocation system via the local authority is cumbersome and lengthy. I don't think victims should have to bid for a property and there should be other fast tracked ways to secure accommodation, particularly where children are concerned.

Women’s Justice Worker, Green Square Accord

“Not enough availability of safe emergency accommodation and process for sanctuary is complicated and far too slow”

Housing Practitioner, SCH

“I have been impressed with the speed of SMBC in dealing with a DA victim being supported in ensuring her abuser was rehoused.”

Councillor, SMBC

“Nothing - Not many Social Housing available, Those that are not suited to woman of minority communities, Lack of housing for disabled women and children meaning they are either living with the perp longer due to the shortage or end up in refuge staying longer as suitable housing is harder to find.”

Refuge Support Worker, BSWA

“Victims [should] not being placed into Travel Lodges with children as there as no cooking facilities.”

IDVA, BSWA

“Limited social housing and temporary housing in the South of the borough (which is often where victims want to be housed as they are fleeing the North). Usage of budget hotel provision due to limited provision of temporary accommodation. Overcrowding in some temporary accommodation due to large families and demand on TA.”

Manager, SCH

“Lack of refuge placements within the area.”

Housing Options Practitioner, SCH

“Sanctuary scheme has been quite poor but there has been an overhaul of service recently”

Housing Practitioner, SCH

“[There needs to be a better housing service. [Needs to be a longer bidding time instead of 4 weeks. Housing officers not key working on a case, as when a housing officer is off from work communication is lost eating into the 4-week bidding time”

Refuge Support Worker, BSWA

“Service users find it difficult to understand the housing and homeless process - a seminar or webpage that explains this information from SCH.

- When a woman leaves refuge into her own property, our support is finished. Woman often find it difficult to settle into properties and need more support at this stage to sustain their properties. No support in this area for our service users or no services we can sign post to i.e resettlement support.”

Refuge Project Worker, BSWA

“Quicker process around providing security for the customer to remain in their own home.”

Housing Options Team Leader, SCH

SURVIVOR SURVEY

Survivors were asked whether they thought existing housing support provisions for survivors of domestic abuse were meeting needs.

FREE TEXT COMMENTS

“I was trying to escape abuse but was told I couldn't be help with accommodation because I have a no recourse to public funds clause in my Visa. I am still in the abuse. They have been very helpful with listening when I need someone to talk to.”

Survivor, 25-34

“I couldn't get help with accommodation from women's aid because I am not eligible for public funds. I have had to stay with a narcissist because of that which has been very damaging for my mental health.”

Survivor, 25-34

“Need more refuge accommodation, there just isn't enough.”

Survivor, 35-44

“Solihull council need to invest in more temporary accommodation for domestic violence victims.”

Survivor, 25-34

LOCAL FEEDBACK ON THE HOUSING PROCESS

Feedback from practitioners and residents of specialist accommodation was that the housing process was complicated.

IDVAs and practitioners pointed out that trained domestic abuse staff find the processes confusing. If a survivor has learning difficulties, they will rely on staff for assistance.

Practitioners fed back that there are occasions when the offered social housing is not suitable for the needs of survivors.

Those from BAME groups may not be offered properties in appropriate areas. There was also feedback about the risks attached to staying in refuges for longer than necessary which could include the survivor returning to the perpetrator, on whom, due to the abuse suffered and becoming isolated from friends and family, the survivor may have become dependent practically, psychologically, and financially.

-4-

CIVIL AND CRIMINAL JUSTICE SYSTEM, POLICE, COURTS AND CPS

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SUMMARY

CHAPTER SUMMARY

INCIDENTS

In Solihull in 2020, there were a total of 4,350 domestic abuse incidents reported to the police. This represents a 29% increase on the previous year. The increase in offences is likely to have been caused by the multiple impacts that the COVID-19 lockdowns had on the restrictions of access to services, limited opportunities for preventative measures and early interventions and the increase in domestic abuse-related crimes.

Looking at incidents by ward level shows that for non-crimes, eight wards have seen a decrease when comparing 2020 against the 2016-19 average. St Alphege, Dorridge & Hockley Heath, and Castle Bromwich all saw notable decreases and continues to have low rates per 100,000 population. For crimes, all wards show an increase in 2020 when compared to the 2016-19 average.

Wards in the north of Solihull have the highest rates of domestic abuse incidents per 100,000 of the population. This is likely to be due to the demographics in the north of the borough which generally have a younger population and higher rates of deprivation; two key factors in the prevalence of domestic abuse.

Police data shows that there has been an increase in male victims reporting incidents to the police. Comparing 2020 against 2019, there was an increase of 33% in male victims. Locally, there needs to be more information gathered on how males access services and what support male victims require when they do access services, including accommodation support.

VICTIM / SURVIVORS

Regarding repeat victims, 32% of the victims during the analysed time series (2016-2020) had more than one incident logged. 5,994 had the single incident recorded, with 2,839 having more than 2 incidents recorded. 592 had more than 5 incidents logged during this period. These figures represent the number of incidents reported to the police; it is likely that the actual number of incidents is much higher. Identifying the points in an investigation where specialist domestic abuse services can be involved will help improve early intervention and prevention work in cases where there is repeat victimisation. Furthermore, a local exploration of repeat victimisation will provide an understanding of the needs of vulnerable families.

PERPETRATORS

In relation to perpetrators, 27% of the perpetrators during the analysed time series (2016-2020) had more than one incident logged. There were a total of 866 unique perpetrators during 2016 to 2020. This is 10% of the unique victims during the same period. 635 had a single incident recorded, with 231 having more than 2 incidents recorded. There needs to be a consideration as to the appropriate response to repeat offenders. Partners, including the police have to be confident in using the wide range of tools available to them in progressing investigations. There needs to be close working between HMPPS and other agencies to manage the risks that perpetrators pose and to ensure that risk management plans address the safety and wellbeing of victims, including children.

Within Solihull, there was a gap in non-court-mandated perpetrator programmes for those across all risk levels. The West Midlands OPCC is currently reviewing the effectiveness of perpetrator programmes. Solihull should review the outcomes of this review and plan a response accordingly.

COURTS

Feedback from practitioners highlighted that there was a lack of understanding from survivors in relation to court processes and the complexity and risks for survivors and their children while engaging with the Civil and Criminal Justice System. During criminal justice proceedings, there is an escalation in risk, fear, and uncertainty amongst victims. The possibility of having Court IDVAs to identify the logistical and systemic barriers faced by domestic abuse victims during the criminal justice process should be explored.

Witness Care Units manage the care of victims and witnesses who are due to attend court. They will get involved when someone is charged and will continue to support victims and witnesses until the end of the case. Data for the Special Domestic Violence Court shows that there are lower rates of attendance of the Witness Care Unit at the courts in the West Midlands compared to other neighbouring areas. The relatively low rates of attendance should be explored at a regional level.

GUIDANCE AND BEST PRACTICE

Domestic abuse draft statutory guidance from the Home Office details the importance of community support and having a joined-up, multi-agency approach to domestic abuse in order to identify victims and their families at an early stage and before reaching crisis point.¹⁵⁷

Below is a summary of how the guidance recommends how criminal justice services approach the identification of abuse and ensure that survivors receive support and protection tailored to their particular needs.

¹⁵⁷ Domestic abuse: draft statutory guidance framework

CRIMINAL JUSTICE SYSTEM	
1.	
GUIDANCE AND BEST PRACTICE	Female offenders in the criminal justice system are often likely to have been victims of serious crimes themselves, including domestic, childhood and sexual abuse, from single and multiple perpetrators.
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>It is important for criminal justice services to make the connections between the abuse and trauma victims have faced, and their offending.</p> <p>Where professionals identify that girls and young women in contact with the criminal justice system have experienced/are at risk of domestic abuse, all efforts should be made to identify support which is both age-appropriate and gender-sensitive.</p> <p>There is a good referral route between the police and SWACA, with approximately a third of referrals for specialist domestic abuse provision coming via the police.</p>
POLICE	
2.	
GUIDANCE AND BEST PRACTICE	Nationally, the police receive over 1,000,000 calls a year about domestic abuse. 78% of victims at the highest risk of serious harm or murder report the abuse to the police in the year before they get effective help, on average almost three times each.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Incidents of domestic abuse should not be seen in isolation; by its nature domestic abuse involves repeat victimisation. Officers should consider the history and any patterns of behaviour to understand any incident within its wider context.
3.	
GUIDANCE AND BEST PRACTICE	<p>The police response to domestic abuse can affect attrition rates as victims may withdraw their support for prosecution if they experience a lack of communication, sympathy and support, as well as for a range of other reasons.</p> <p>The quality of the policing response therefore plays a significant part in victim engagement in domestic abuse cases and directly impacts charge and conviction rates.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>The College of Policing has developed guidance – Authorised Professional Practice¹⁵⁸ – which sets out principles and standards for officers on investigating domestic abuse.</p> <p>The guidance outlines the duty of officers to take positive action in all stages of the police response to domestic abuse to ensure that victims, including children are protected; criminal proceedings are pursued where appropriate; and that there is effective perpetrator management where criminal proceedings are not possible or suitable.</p>

¹⁵⁸ College of Policing: Domestic Abuse Index.

4.	
GUIDANCE AND BEST PRACTICE	<p>The police should adopt a trauma-informed and trauma-responsive approach and take into account a number of actions when supporting victims of domestic abuse, including (not exhaustive):</p> <ul style="list-style-type: none"> • Awareness of protected characteristics and impact of them on victim. • The barriers that exist for victims to disclose. • Follow local safeguarding procedures. • Complete safe enquiry. • Act to safeguard children
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>The guidance recommends that police follow a trauma-informed approach. There will need to be work locally to plan what this will look like and what partners need to be involved.</p> <p>Police investigating domestic abuse must be aware of the tools available to them to progress investigations, including:</p> <ul style="list-style-type: none"> • Bail • Voluntary attendance interview • Protective Notice and Orders • The Domestic Violence Disclosure Scheme
CPS	
5.	
GUIDANCE AND BEST PRACTICE	<p>The Crown Prosecution Service (CPS) prosecutes criminal cases that have been investigated by the police and other investigative organisations in England and Wales.</p> <p>Cases involving domestic abuse are regarded as particularly serious by the CPS given the abuse of trust involved. The CPS recognises the difficult decision victims may have to take before they report abuse and the vulnerable position many face. There may be an ongoing threat to the safety of victims as their life maybe closely intertwined with that of the perpetrator – for example they may have dependents and they may live, or have lived, together.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>CPS guidance and training to prosecutors on handling cases of domestic abuse¹⁵⁹ applies to all, irrespective of age, and sets out handling on all aspects of offending related to domestic abuse including recognising the lasting trauma that victims and their extended families may face and reminding prosecutors that abuse can comprise coercive and controlling behaviour and can be psychological, physical, sexual, economic and emotional. Wider CPS guidance on offences including coercive and controlling behaviour¹⁶⁰; stalking and harassment; social media offending and</p>

¹⁵⁹ Crown Prosecution Service: Legal Guidance, Domestic abuse. Updated: 28 April 2020; Reviewed: 29 September 2021.

¹⁶⁰ Crown Prosecution Service: Controlling or Coercive Behaviour in an Intimate or Family Relationship. Legal Guidance, Domestic abuse. Reviewed 30 June 2017.

	cybercrime¹⁶¹ ; and so-called honour-based abuse and forced marriage¹⁶² can also be relevant to domestic abuse cases.
CRIMINAL, CIVIL, AND FAMILY COURTS	
6.	
GUIDANCE AND BEST PRACTICE	<p>The CPS, together with the police and HM Courts and Tribunals Service (HMCTS) are leading efforts to implement a best practice framework for use across all magistrates' courts.</p> <p>The framework has identified common components including:</p> <ul style="list-style-type: none"> • A clear multi-agency/community approach which addresses risk management and safeguarding procedures • Trained, consistently deployed staff across all agencies (including judges); and <p>In-court services – proactive witness services/pre-trial familiarisation visits/appropriate use of special measures - as part of this in some areas they have considered fast tracking or expedited trial systems</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	Solihull should work jointly with the regional strategic and operational groups to drive the adoption of the DA Best Practice Framework.
PRISON AND PROBATION	
7.	
GUIDANCE AND BEST PRACTICE	<p>The HMPPS Domestic Abuse Policy Framework¹⁶³ sets out the organisation's commitment to reducing domestic abuse-related reoffending, the risk of serious harm associated with it and to provide interventions to support rehabilitation.</p> <p>It ensures that staff at all levels understand what is expected of them and take action to safeguard adults and children at risk. It encourages staff to approach the issue with professional curiosity in every case and sets out the principles of good practice in relation to working with domestic abuse.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>Probation practitioners and their managers should expect to work with a variety of other agencies, to manage the risks perpetrators pose and to ensure the safety and wellbeing of victims and children.</p> <p>The involvement of other agencies and the need to share information should form part of a risk management plan and staff will need to consider which multi-agency arrangements are likely to be the most effective mechanism for each plan.</p> <p>The probation practitioner should include the arrangements for informing the victim of an offender's release from custody as part of the victim safety element of their risk management plan including in circumstances where an offender poses a high risk of harm to a victim who does not fall into the scheme.</p>

¹⁶¹ Crown Prosecution Service: Cybercrime - prosecution guidance. Legal Guidance, Cyber / online crime. Updated 26 September 2019.

¹⁶² Crown Prosecution Service: So-Called Honour-Based Abuse and Forced Marriage. Legal Guidance. Updated 26/6/19.

¹⁶³ Ministry of Justice and Her Majesty's Prison and Probation Service (2020), Domestic abuse policy framework.

INTRODUCTION

Criminal justice services responding to domestic abuse include the police, the courts and the Crown Prosecution Service.

NATIONAL PICTURE

In the year to March 2019 in England and Wales, the police recorded 746,219 domestic abuse-related crimes, of which 78% were in the violence against the person offence group¹⁶⁸.

The coronavirus pandemic is likely to have had an impact on domestic violence, but the data is difficult to interpret. Police recorded crime data show an increase in offences flagged as domestic abuse-related during the coronavirus (COVID-19) pandemic; however, there has been a gradual increase in police recorded domestic abuse-related offences over recent years as police have improved their recording of these offences; therefore, it cannot be determined whether this increase can be directly attributed to the coronavirus pandemic. London's Metropolitan Police Service received an increased number of calls-for-service for domestic incidents following the lockdown, largely driven by third-party calls; this is likely because people were spending more time at home during this period.¹⁶⁹

A 2015 all-party parliamentary group report, *Women's Access to Justice: From reporting to sentencing*¹⁷⁰ identified the following issues with the response of the criminal justice services to domestic abuse:

- Fears of contacting the police and barriers to accessing justice
- Variable / inconsistent responses by police and a lack of understanding and training, especially for non-physical forms of abuse
- Poor evidence collection / handling, which impacts the chance of a conviction
- The criminalisation of survivors / victims, and the treatment in court of survivors as witnesses rather than victims
- Low referral rate from police to the CPS, a lengthy court process and poor communication
- High rates of attrition in domestic abuse cases.

¹⁶⁴ Domestic abuse and the criminal justice system, England and Wales: November 2020: Responses to and outcomes of domestic abuse cases in the criminal justice system.

¹⁶⁵ APPG on domestic and sexual violence and Women's Aid (2015), *Women's Access to Justice: From reporting to sentencing*.

¹⁶⁶ HMICFRS (2019), *The police response to domestic abuse: An update report*.

¹⁶⁷ What Works: Crime Reduction Systematic Review Series: No 3. Criminal Justice Interventions With Perpetrators Or Victims Of Domestic Violence: A Systematic Map Of The Empirical Literature.

¹⁶⁸ Domestic abuse prevalence and trends, England and Wales: year ending March 2019.

¹⁶⁹ ONS (2020), *Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020*.

¹⁷⁰ APPG on domestic and sexual violence and Women's Aid (2015), *Women's Access to Justice: From reporting to sentencing*.

BEST PRACTICE

The *Domestic Abuse Best Practice Framework 2020-21*¹⁷¹, published by the Ministry of Justice and HMPPS, sets out the arrangements for working with people whose convictions or behaviours include domestic abuse. It aims to¹⁷²:

- explore the disparity between domestic abuse reports and criminal justice outcomes, and
- explore and find solutions to issues that have emerged since the onset of COVID-19, to increase victim, stakeholder and wider public confidence.

The Framework includes guidance for making a disclosure about domestic abuse, and a domestic abuse pathway that covers risk assessment and child and adult safeguarding.

In terms of training, Domestic Abuse Matters is a cultural change programme for police officers run by SafeLives, designed to create long term, sustainable improvements and consistency in the response to domestic abuse across the country. It has led to a 41% increase in arrests for controlling and coercive behaviour.¹⁷³

CROWN PROSECUTION SERVICE ^{174,175}

NATIONAL PICTURE

The Crown Prosecution Service (CPS) is an independent agency prosecuting criminal cases that have been investigated by police and other investigative organisations in England and Wales. The CPS:

- decides which cases should be prosecuted;
- determines the appropriate charges in more serious or complex cases, and advises the police during the early stages of investigations;
- prepares cases and presents them at court; and
- provides information, assistance and support to victims and prosecution witnesses.¹⁷⁶

Domestic violence accounts for a large proportion of CPS cases. In the first quarter of 2020 - covering the first lockdown - domestic abuse accounted for 52% of the CPS caseload.¹⁷⁷ The COVID-19 pandemic has impacted the rate of completed prosecutions and convictions, which both showed a reduction in Q3 2020/21 compared with the same period the previous year. In addition, the average time to charge for the police and CPS rose to 16.6 days in Q3 2020/21 RYTD from 14.3 days in Q3 2019/20 RYTD¹⁷⁸.

Victim attrition is a significant issue for CPS prosecutions, with 16.5% of prosecutions dropped in Q3 2020/21¹⁷⁹. The CPS has developed a proactive prosecution approach, looking at how strong cases can be presented in court without the need for the victim to attend. There are also measures that the CPS takes to support victims in giving evidence:

- Screens to shield the witness from the defendant
- A live video link to enable the witness to give evidence from a separate room
- Evidence in private, with the court cleared of the public and most journalists
- Giving evidence by a video-recorded interview ¹⁸⁰

¹⁷¹ MoJ and HMPPS (2020), Domestic abuse policy framework.

¹⁷² <https://www.cps.gov.uk/crime-info/domestic-abuse>

¹⁷³ SafeLives: For police: Domestic Abuse Matters.

¹⁷⁴ <https://www.cps.gov.uk/publication/domestic-abuse>

¹⁷⁵ CPS: Domestic abuse guidelines for prosecutors.

¹⁷⁶ CPS: About the CPS.

¹⁷⁷ <https://www.cps.gov.uk/crime-info/domestic-abuse>

¹⁷⁸ CPS data summary Quarter 3 2020-2021, published 22 April 2021.

¹⁷⁹ CPS data summary Quarter 3 2020-2021, published 22 April 2021.

¹⁸⁰ <https://www.cps.gov.uk/crime-info/domestic-abuse>

BEST PRACTICE

The *Domestic Abuse Best Practice Framework* (DABPF)¹⁸¹, published by the Ministry of Justice and HMPPS, sets out the arrangements for working with people whose convictions or behaviours include domestic abuse. There is guidance for making a disclosure about domestic abuse, and a domestic abuse pathway that covers risk assessment and child and adult safeguarding.

The CPS has set out aims and outcomes for its 2020-21 domestic abuse programme informed by the DABPF¹⁸². These focus on CPS employees, digital technology, strategic partnerships with other agencies, casework quality and public confidence.

The CPS approach is also informed by the Violence Against Women and Girls 2017-20 Strategy. The strategy aims to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.¹⁸³

¹⁸¹ MoJ and HMPPS (2020), Domestic abuse policy framework.

¹⁸² CPS: Domestic abuse - CPS programme for 2020-2021.

¹⁸³ CPS (2017), Violence Against Women and Girls Strategy 2017-2020.

POLICE

INTRODUCTION

OVERVIEW

Data was provided to S Squared Analytics from the West Midlands Police. The data covered the calendar years 2016 to 2020. Data beyond this period was not available due to a change in reporting systems which at the time of this assessment was experiencing technical issues with extracting the data.

The data covers reports to the police which had a domestic abuse flag. Not all incidents would have resulted in a crime being recorded.

The incident data includes “Domestic Violence Disclosure Request (Clare’s Law) - Non Crime” and “Domestic Violence Disclosure Request (Clare’s Law) - Non Crime”. This has been removed from the analysis (indicated by “adjusted”).

TRENDS

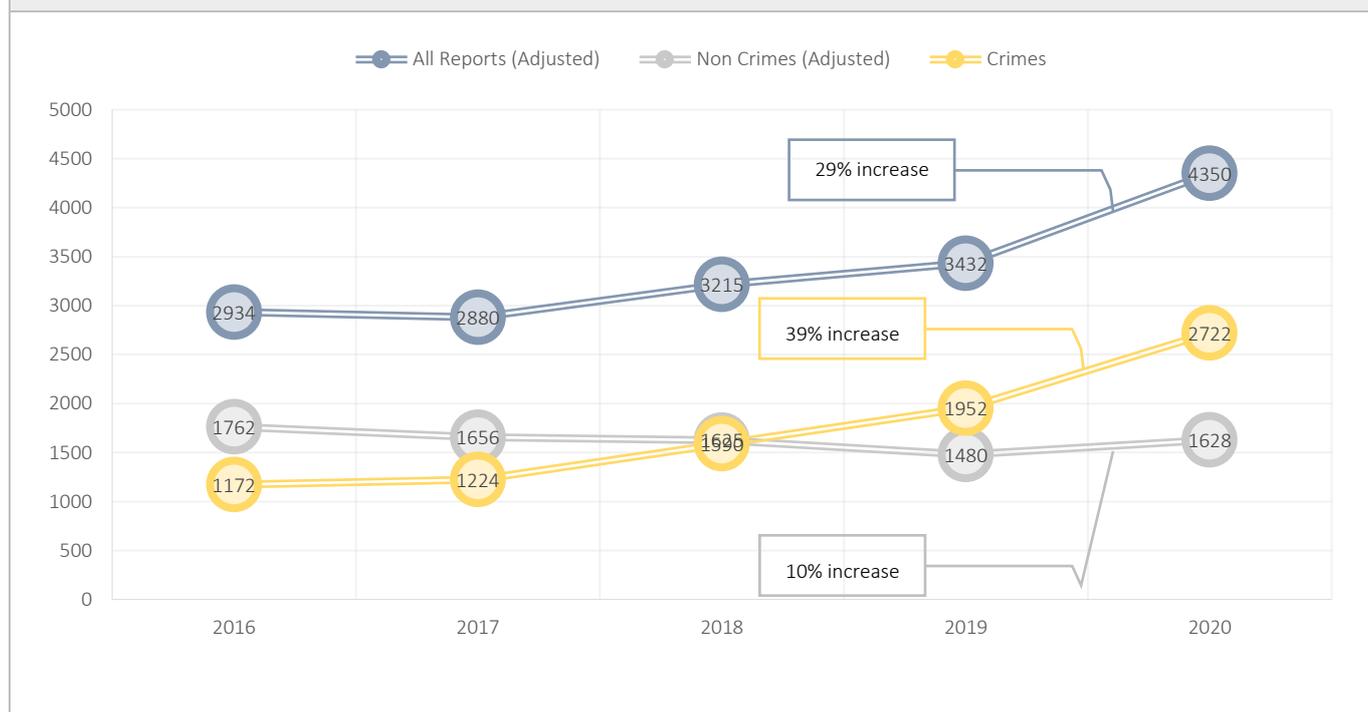
INTRODUCTION

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes in Solihull.

ANALYSIS BY CALENDAR YEAR

In 2020, there were a total of 4,350 domestic abuse incidents to the police. This represents a 29% change on the previous year. Breaking down the incidents by crime and non-crime, reports that resulted in a crime being recorded showed a higher increase than non-crimes.

Figure 4.1: Number of Domestic Abuse Incidents by Calendar Year



NON-CRIMES

The following table shows the offence types of the incidents recorded as “non crime”. The vast majority are recorded as “Domestic Violence Incident - Non Crime”.

2020 saw a significant increase in the number of Disclosure Requests (Clare’s Law) and MARAC DA Referrals.

Figure 4.2: Offence types for non-crimes.

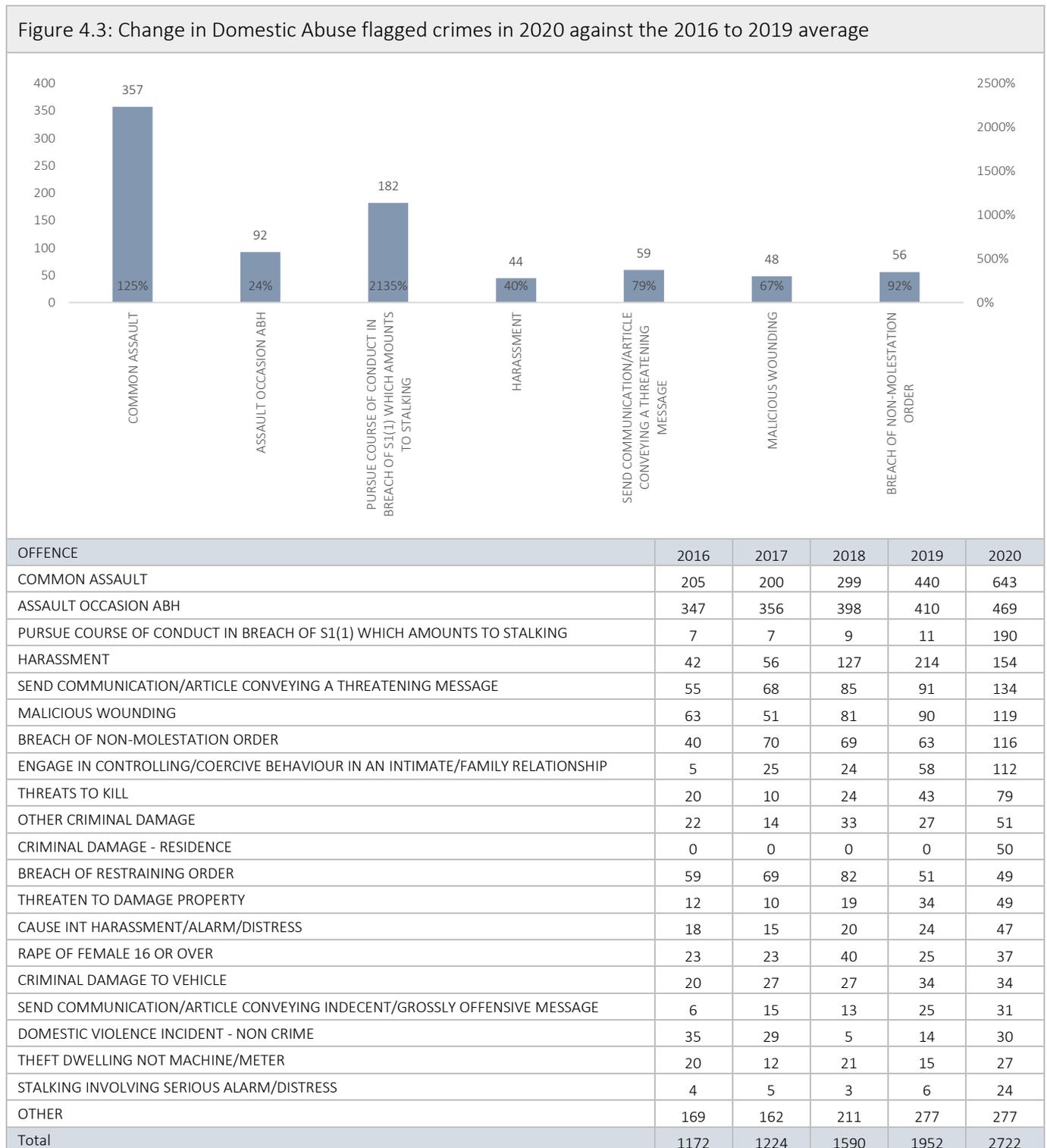
Offence / Year	2016	2017	2018	2019	2020
DOMESTIC VIOLENCE INCIDENT - NON CRIME	1760	1646	1622	1468	1616
DOMESTIC VIOLENCE DISCLOSURE REQUEST (CLARE'S LAW) - NON CRIME	14	24	28	36	75
MARAC DA REFERRAL- NON CRIME	0	0	0	12	61
BREACH OF DV PROTECTION NOTICE/ORDER - NON CRIME	0	0	0	5	7
FRAUD - NON CRIME - NORMALLY RECORDED BY ACTION FRAUD	0	3	2	4	3
RAPE NON CRIME - VICTIM (OR THIRD PARTY) NOT CONFIRMED OR CANNOT BE TRACED	1	0	0	1	1
RAPE NON CRIME - COMMITTED AND TRANSFERRED TO ANOTHER POLICE FORCE AREA	0	1	0	1	1
ASSAULT OCCASION ABH	0	0	0	0	1
CHILD SEXUAL OFFENDER DISCLOSURE SCHEME - NON CRIME	1	0	0	0	0
CHILD ABUSE INCIDENT - NON CRIME	0	1	0	0	0
VULNERABLE ADULT ABUSE/INCIDENT-NON CRIME	0	4	0	1	0
HATE INCIDENT - NON CRIME	0	1	0	0	0
ASB INCIDENT FOR INVESTIGATION - NON CRIME	0	0	1	0	0
RAPE NON CRIME - CREDIBLE EVIDENCE TO THE CONTRARY EXISTS (WITHIN 24 HRS)	0	0	1	0	0
Total	1776	1680	1654	1528	1765

CRIMES

Figure 4.3 shows the change in Domestic Abuse-flagged crimes in 2020 against the 2016 to 2019 average. In terms of actual increases in incident type, common assault saw an increase of from 286 to 643 in 2020 in comparison to the 2016-19 average. This represents an increase of 125%.

The increase in offences is likely to have been caused by the multiple impacts that the COVID-19 lockdowns had on the restrictions of access to services, limited opportunities for preventative measures and early interventions and the increase in domestic abuse related crimes.

“Pursue Course of Conduct In Breach Of S1(1) Which Amounts To Stalking” saw an annual average of 9 incidents a month during 2016-19. There were 190 in 2020 equating to a 2135% increase.

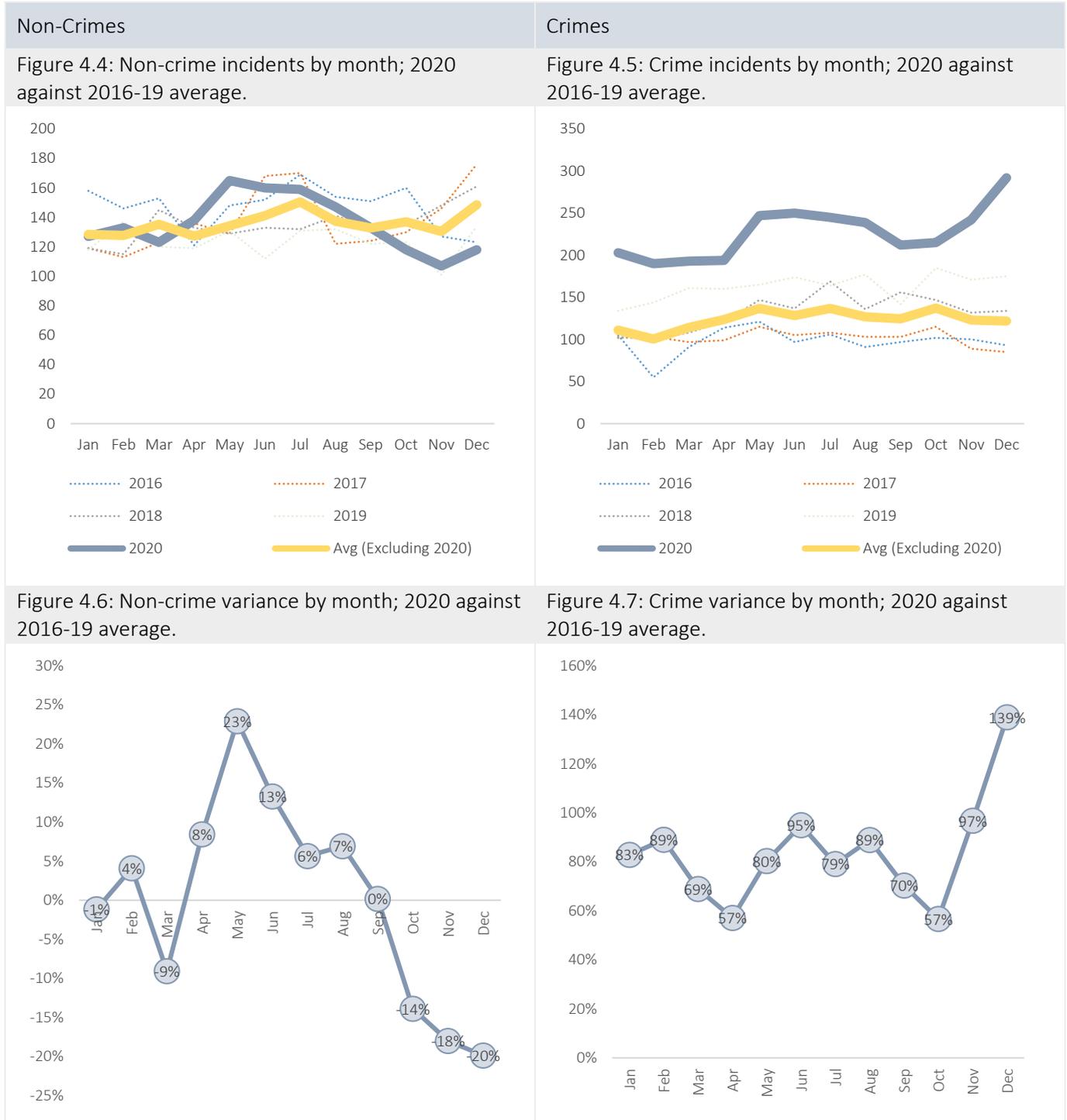


TEMPORAL ANALYSIS

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes, broken down months, days, and time.

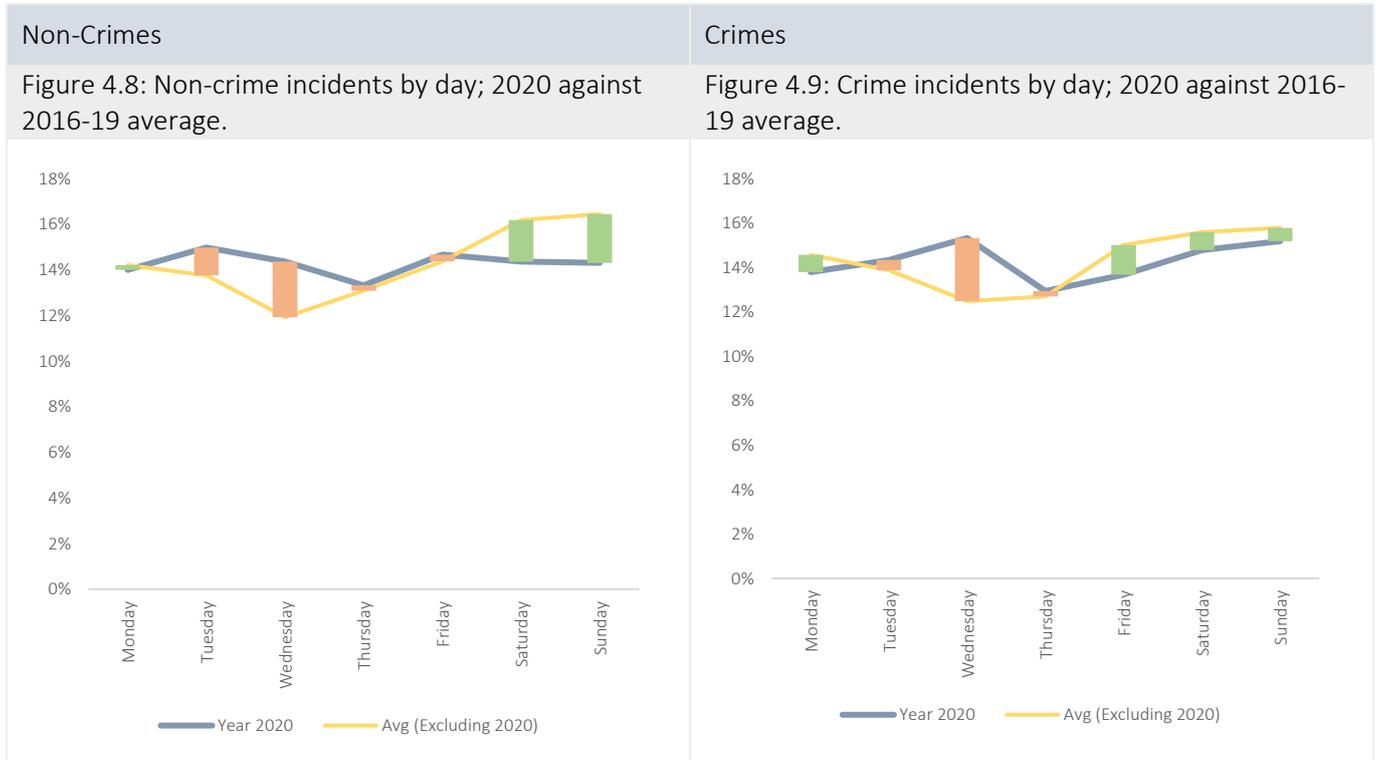
ANALYSIS BY MONTH

- Non-crimes moved away from the average in April to June. This was just after first lockdown.
- The rate of crimes increased later in the year. This could be related to COVID-19, with the seriousness of incidents escalating with time and subsequent lockdowns.



ANALYSIS BY DAY

The analysis below shows the times and days of domestic abuse-related incidents. The COVID-19 lockdown clearly had an impact on the times and days when incidents were reported. For non-crimes, the previous average would peak at the weekends. In 2020, this has evened out. There is a similar pattern for crimes, although less pronounced.



GEOGRAPHICAL ANALYSIS

INTRODUCTION

This section covers the analysis by geographical location.

WARD ANALYSIS

The following analysis covers ward level data.

Below shows the analysis by ward plotted against rate per 100,000 population and change in incidents reported. The data covers all incidents (excluding MARAC and Clare’s Law).

For non-crimes, eight wards have seen a decrease when comparing 2020 against the 2016-19 average. St Alphege, Dorridge & Hockley Heath, and Castle Bromwich all saw notable decreases and continues to have low rates per 100,000 population.

For crimes, all wards show an increase in 2020 when compared to the 2016-19 average.

Figure 4.10: Change in domestic abuse-flagged incidents in 2020 against the 2016 to 2019 average; non-crimes.

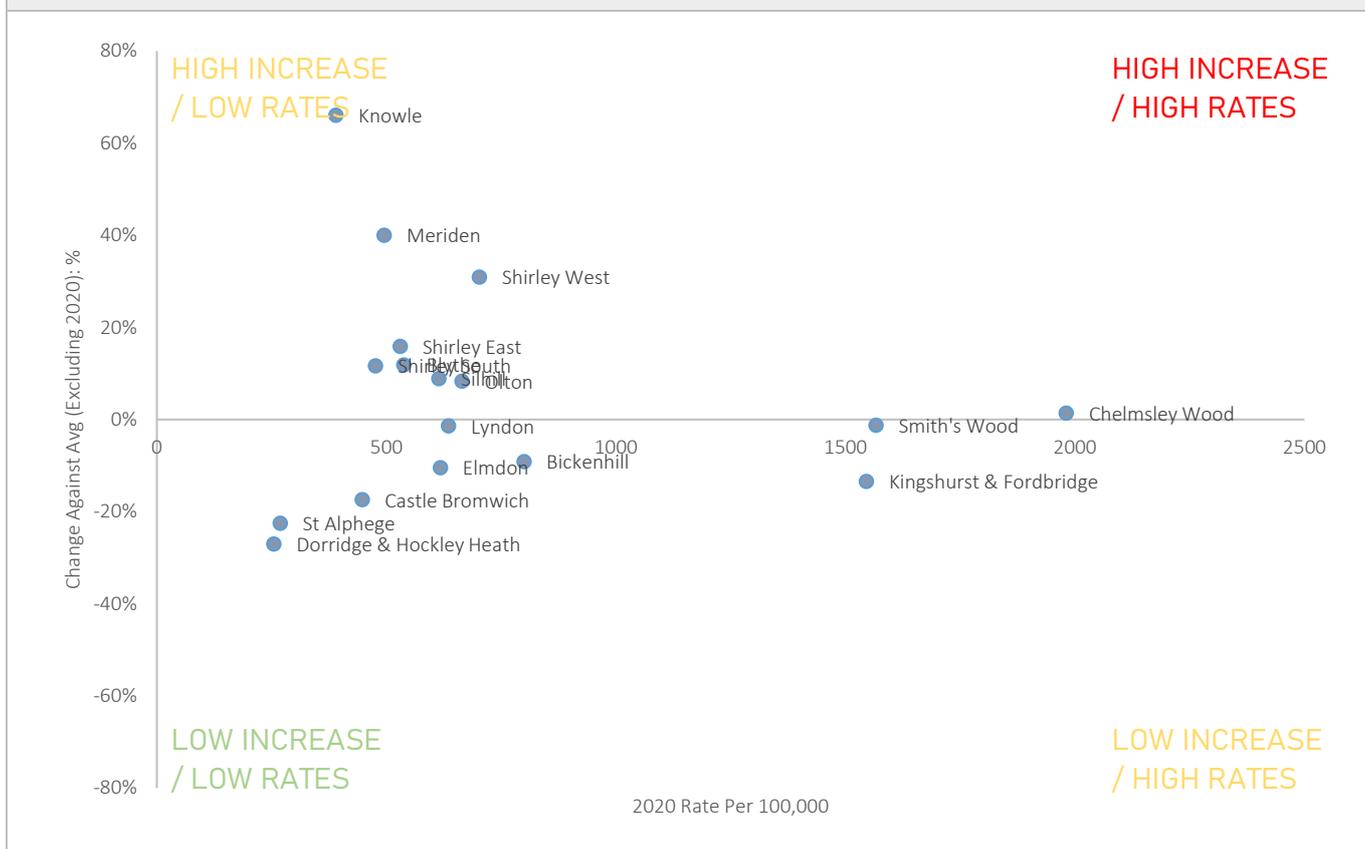
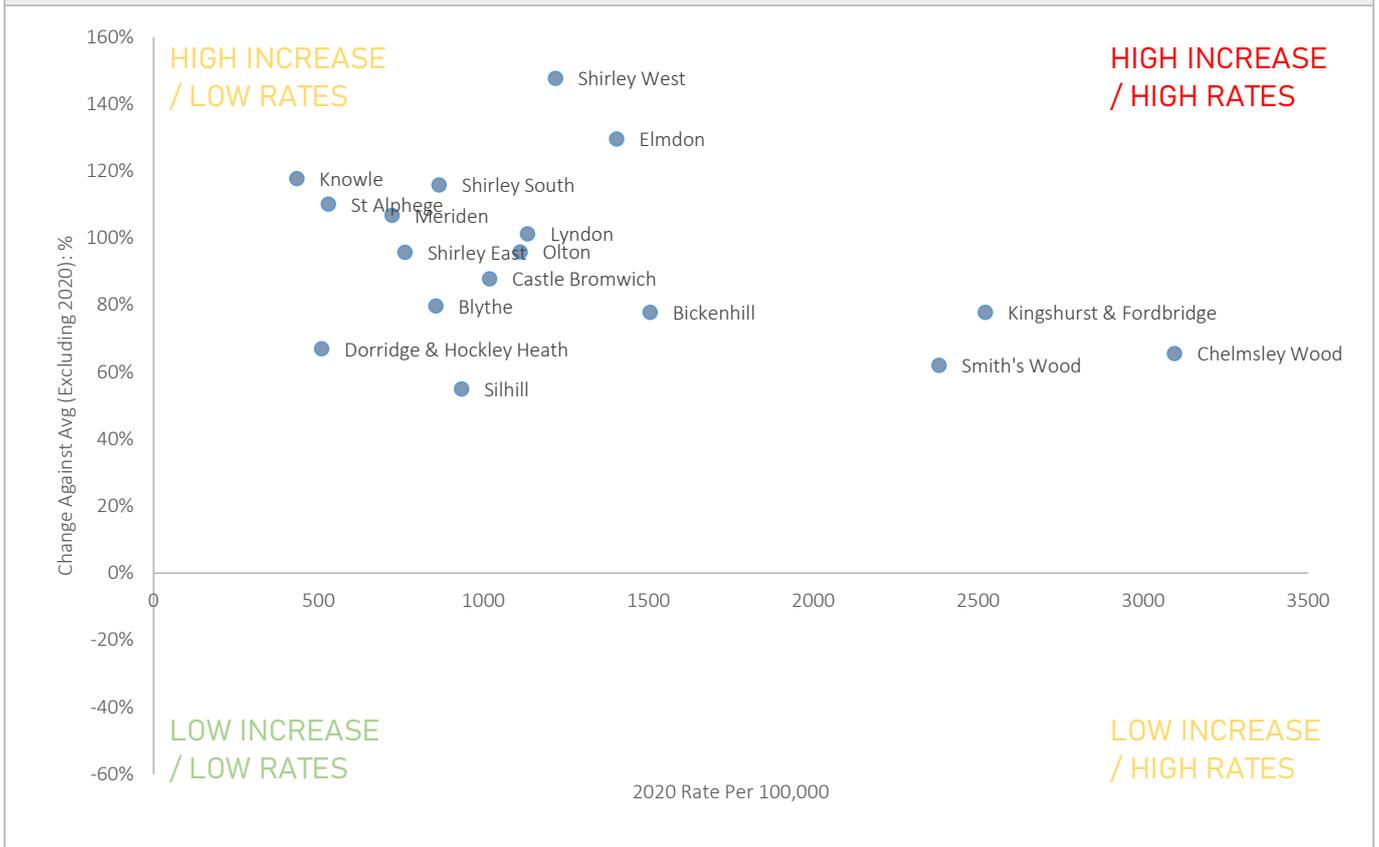
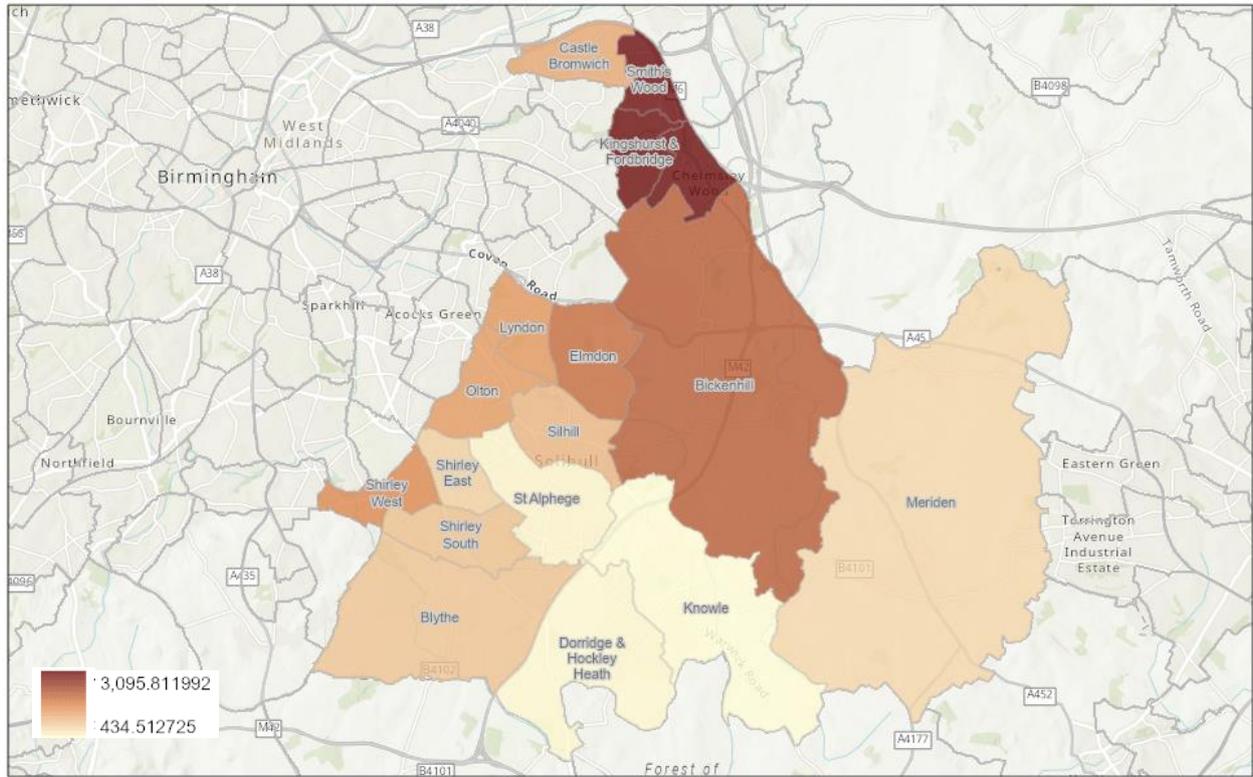


Figure 4.11: Change in domestic abuse-flagged incidents in 2020 against the 2016 to 2019 average; crimes.



In general, the North of Solihull shows the highest rate per 100,000 population. This is likely to be due to the demographics in the north of the borough which generally has a younger population and higher rates of deprivation; two key factors in the prevalence of domestic abuse.

Figure 4.12: Total DV incidents (crimes) in 2020; rate per 100,000 population.



VICTIMS

INTRODUCTION

This section analyses victim data covering 2016 to 2020.

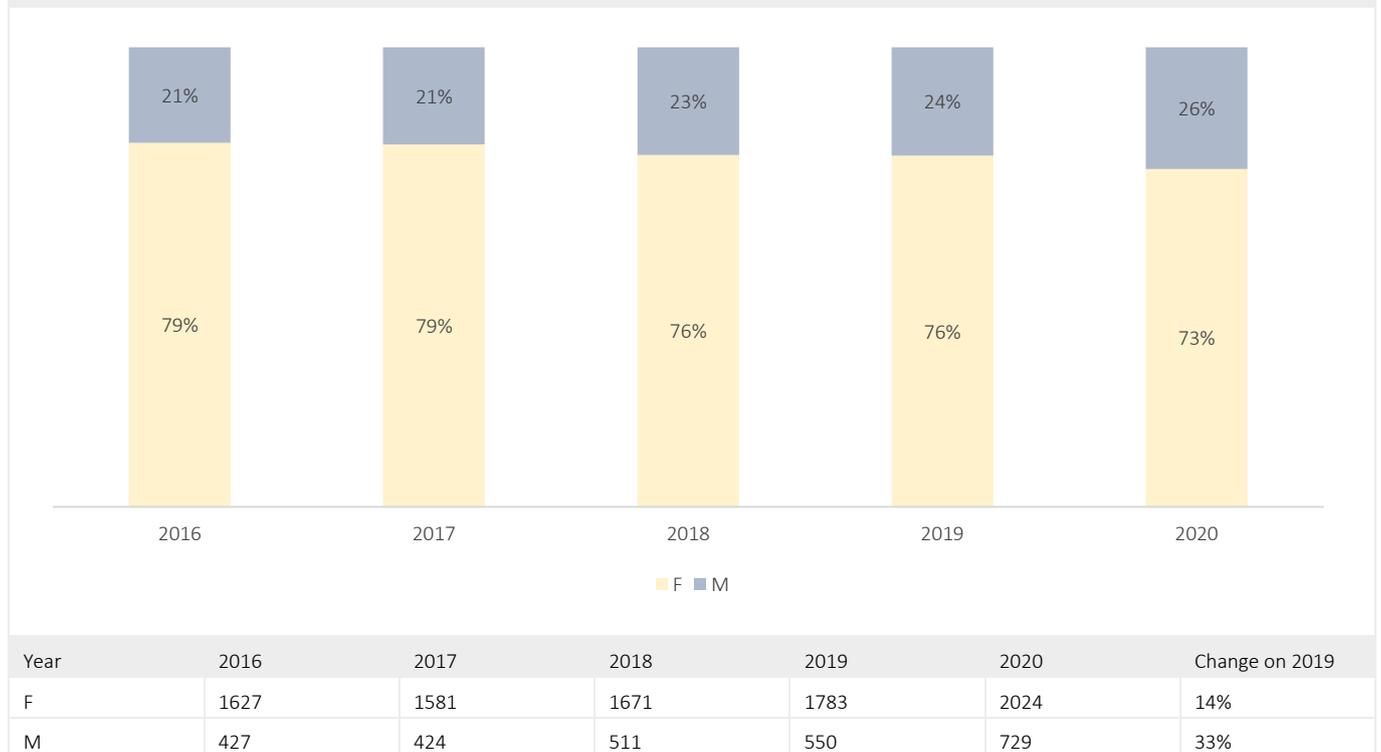
GENDER

This section provides an overview of the trends for all domestic abuse incidents.

There has been an increase in male victims. This is particularly the case for crime incidents. Comparing 2020 against 2019, there was an increase of 33% in male victims. This is higher than the increase of 14% for females.

Locally, there needs to be more information gathered on how males access services and what support they require when they do access services, including accommodation support. Feedback from the local specialist provider working with males was that there can be additional work required with male victims to make them feel that they are believed. Female practitioners may also face risks when assessing male victims who may also be perpetrators.

Figure 4.13: Victims of incidents by gender broken down by year.



Common assault is the most prevalent domestic abuse crime for males. The most common incident types in 2020 “Domestic Violence Incident - Non Crime” and “Common Assault”.

Figure 4.14: Domestic abuse incidents recorded for males; 2020.

Offence	Count	%
DOMESTIC VIOLENCE INCIDENT - NON CRIME	347	37%
COMMON ASSAULT	175	18%
ASSAULT OCCASION ABH	111	12%
MALICIOUS WOUNDING	46	5%
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	35	4%
HARASSMENT	33	3%
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	33	3%
THREATS TO KILL	24	3%
OTHER CRIMINAL DAMAGE	19	2%
CRIMINAL DAMAGE TO VEHICLE	11	1%
OTHER	112	12%
TOTAL	946	-

Similar to the male profile, the most common incident types in 2020 for females were “Domestic Violence Incident - Non Crime” and “Common Assault”.

Figure 4.15: Domestic abuse incidents recorded for females; 2020.

Offence	Count	%
DOMESTIC VIOLENCE INCIDENT - NON CRIME	1295	39%
COMMON ASSAULT	469	14%
ASSAULT OCCASION ABH	357	11%
PURSUE COURSE OF CONDUCT IN BREACH OF S1(1) WHICH AMOUNTS TO STALKING	154	5%
HARASSMENT	123	4%
ENGAGE IN CONTROLLING/COERCIVE BEHAVIOUR IN AN INTIMATE/FAMILY RELATIONSHIP	106	3%
SEND COMMUNICATION/ARTICLE CONVEYING A THREATENING MESSAGE	100	3%
MALICIOUS WOUNDING	72	2%
THREATS TO KILL	54	2%
BREACH OF NON-MOLESTATION ORDER	45	1%
OTHER	527	16%
TOTAL	3302	-

AGE

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes broken down by age.

There has been a shift in the age structure of the victims (all domestic abuse incidents). The 55+ age group has increased from 9% of the total number of victims in 2016 to 13% in 2020. Conversely, the 18-24 age group has seen a decrease from 22% to 18%.

Figure 4.16: Change in age structure of victims.



ETHNICITY

This section provides an overview of the trends for both domestic abuse incidents and domestic abuse crimes broken down by ethnicity.

The key findings are:

- There has been an increase in those recorded as “not stated” (all domestic abuse incidents).
- The percentage of victims recorded as “not stated” has increased from 9% to 17%. This has been offset by the decrease for those of white ethnicity.
- There have been no significant changes when looking at the percentage of the total for the other groups.
- The rate per 100,000 prevalence analysis is limited due to the lack of available population data.

Figure 4.17: Change in ethnicity structure of victims.

Count						
Ethnicity	2016	2017	2018	2019	2020	Total
ASIAN	131	150	193	166	224	864
BLACK	56	58	62	64	70	310
MIXED	46	48	34	42	40	210
OTHER	8	10	7	10	10	45
WHITE	1623	1546	1672	1748	1940	8529
NOT STATED	192	195	219	310	477	1393
TOTAL	2056	2007	2187	2340	2761	11351
% of Total						
Ethnicity	2016	2017	2018	2019	2020	Total
ASIAN	6%	7%	9%	7%	8%	8%
BLACK	3%	3%	3%	3%	3%	3%
MIXED	2%	2%	2%	2%	1%	2%
OTHER	0%	0%	0%	0%	0%	0%
WHITE	79%	77%	76%	75%	70%	75%
NOT STATED	9%	10%	10%	13%	17%	12%

REPEAT VICTIMS

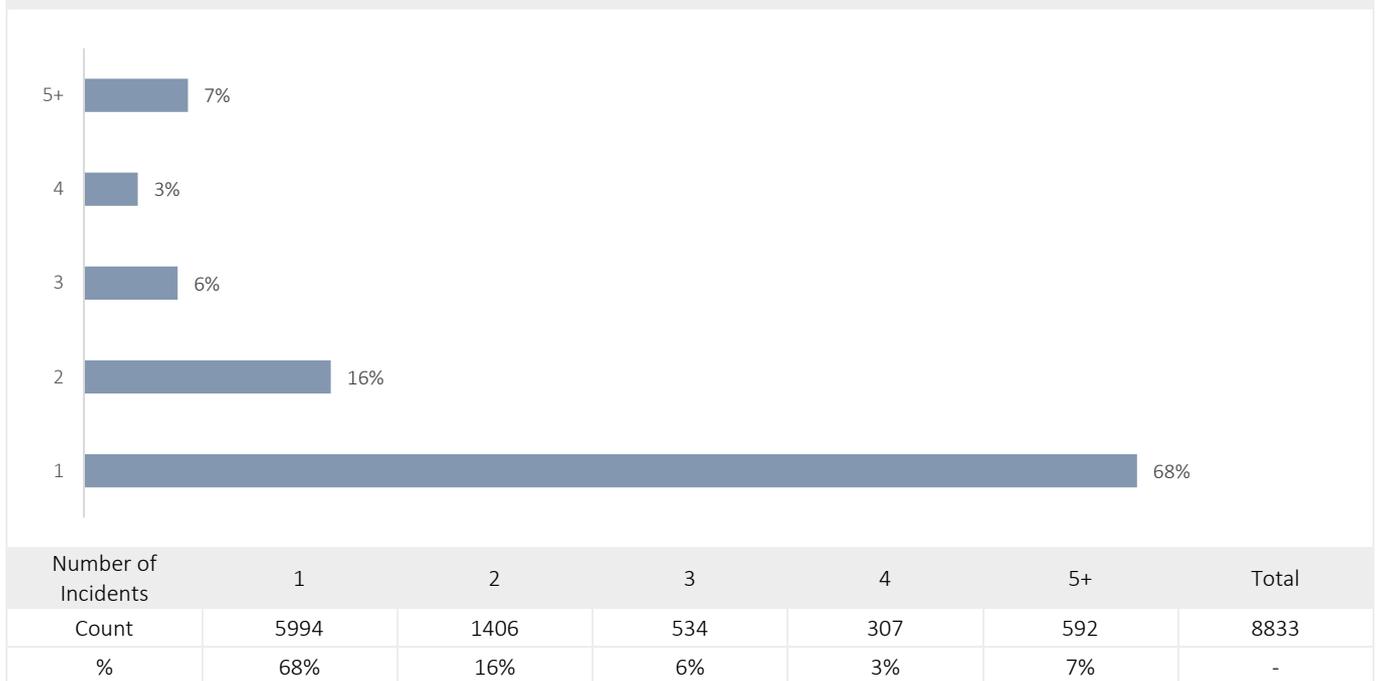
This section provides looks at the number of repeat victims between 2016 and 2020. The data includes all domestic abuse incidents.

The key findings are:

- 32% of the victims during the analysed time series had more than one incident logged.
- There was a total of 8,833 unique victims during 2016 to 2020.
- 5,994 had the single incident recorded, with 2,839 having more than 2 incidents recorded. 592 had more than 5 incidents logged during this period.
- Additional analysis of the data shows that there were 205 individuals who had more than one non-crime incident in 2018. Of these, 187 appeared in 2019, and 139 appeared in 2020.
- For crimes, there were 276 individuals with at least one crime incident in 2018. Of these 191 appeared in 2019 and 158 appeared in 2020.

Locally, the reasons for multiple victimisation needs to be explored further. Identifying the points in an investigation where specialist domestic abuse services can be involved will help improve early intervention and prevention work in cases where there is repeat victimisation. Furthermore, a local exploration of repeat victimisation will provide an understanding of the needs of vulnerable families.

Figure 4.18: Number of incidents recorded per unique victim during 2016 to 2020.



INJURIES

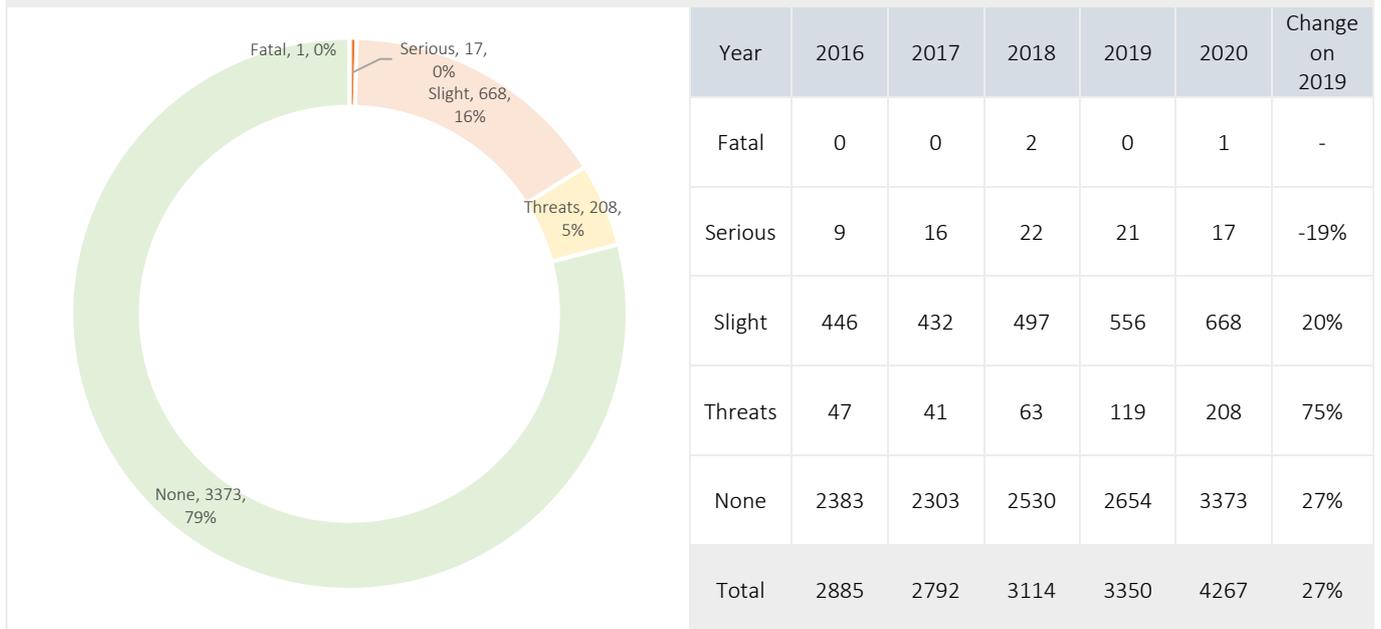
The police victim data records “Injury Code Expansion”. This chapter looks at the changes during 2016-2020.

79% of injuries were recorded as none. Comparing the figures in 2020 against 2019, there was a 27% increase. With a 75% increase, threats saw the highest increase between the two years.

“Slight injuries” was the second largest group, accounting for 16% of the total in 2020. This classification also saw a 20% increase on 2019.

“Serious injuries” is the only group that saw a decrease.

Figure 4.19: Breakdown of victim injuries in 2020 (chart) and change during period (table).



PERPETRATORS

INTRODUCTION

PERPETRATOR PROGRAMMES

Perpetrator programmes aim to change behaviour among the perpetrators of domestic abuse and reduce repeated abuse. They can be court-mandated or voluntary, and can involve treatments or interventions including cognitive behavioural therapy, motivational interviewing, social learning, strengths-based approaches or solution-focused work, psycho-educational interventions and family therapy.¹⁸⁴

NATIONAL PICTURE

There are a variety of approaches to perpetrator programmes in the UK. The Duluth model is a popular approach, featuring:

- An emphasis on the perpetrator being accountable for their actions
- Domestic abuse being situated in a wider societal context, and the role of patriarchy
- A broad view of the role of power and control within domestic abuse.

According to Respect Phonenumber, a confidential helpline for domestic abuse perpetrators that offers accreditation for perpetrator programmes, there is a growing body of UK and international research that shows that perpetrator programmes have positive outcomes for both perpetrators and survivors. Over the last 30 years, various evaluations from across the globe have offered evidence that perpetrator programmes do reduce physical and sexual violence.¹⁸⁵

One study notes, however, that there is significant variation in how perpetrator programmes are delivered across the UK and globally, making it difficult to evaluate their effectiveness. “While there are promising findings regarding the reduction of repeated violence in relation to the Duluth programme in the UK, differences between programmes and how they are implemented makes it difficult to draw firm conclusions.”¹⁸⁶

Another review of perpetrator programmes in the UK noted that:

- all programmes in the study used a group setting to deliver treatment and interventions to perpetrators
- the length of programmes varies widely, with an average across the providers of 29 sessions
- 81 per cent of organisations served only male perpetrators in their provision. Three providers said the number of male to female perpetrators was around 50/50 but only a small number of organisations actually served women.¹⁸⁷

¹⁸⁴ Children and Young People Now (2019): A review of domestic violence perpetrator programmes in the UK.

¹⁸⁵ Respect Phonenumber: Domestic abuse perpetrator programmes: do they work? Factsheet for frontline workers.

¹⁸⁶ What Works for Children’s Social Care: Domestic violence perpetrator programmes.

¹⁸⁷ Children and Young People Now (2019): A review of domestic violence perpetrator programmes in the UK.

Work with perpetrators of domestic abuse has the potential to increase harm to survivors, so perpetrator programmes must be carried out safely.

The Respect Standard is a set of nationally agreed principles and standards for perpetrator programmes. Any programme seeking Respect Accreditation must abide by these principles and standards. Accredited services are then audited every 3 years.

The principles are:¹⁸⁹

1. Do no harm. Organisations take all reasonable steps to ensure that their services do not create additional risks for survivors of domestic violence and abuse.
2. Gender matters. Organisations work in a way that is gender informed, recognising the gender asymmetry that exists in the degree, frequency and impact of domestic violence and abuse. They understand that men's violence against women and girls is an effect of the structural inequality between men and women and that its consequences are amplified by this. A gender analysis includes violence and abuse perpetrated by women against men and abuse in same-sex relationships, and these also require a gender informed response.
3. Safety first. The primary aim of work with perpetrators is to increase the safety and wellbeing of survivors and their children. The provision of an Integrated Support Service for survivors alongside the intervention for perpetrators is essential. When working with perpetrators it is important to recognise the need for behaviour change, but risk reduction should always be prioritised.
4. Sustainable change. Organisations offer interventions that are an appropriate match to the perpetrator, considering the risks they pose, the needs they have and their willingness and ability to engage with the service offered. This will ensure that they are offered a realistic opportunity of achieving sustainable change
5. Fulfilling lives. Organisations are committed to supporting all service users to have healthy, respectful relationships and to lead fulfilling lives.
6. The system counts. Domestic violence and abuse cannot be addressed by one agency alone and work with perpetrators should never take place in isolation. Organisations are committed to working with partners to improve responses as part of their local multiagency arrangements.
7. Services for all. Organisations recognise and respect the diversity of their local community and take steps to respond to everyone according to their needs.
8. Respectful communities. Organisations recognise that the environment their service users live in has an impact on their lives. They will make the links between individual change and the development of respectful communities.
9. Competent staff. Organisations deliver a safe, effective service by developing the skills, well-being and knowledge of their staff through training, supervision and case work support.
10. Measurably effective services. Organisations employ clear and proportionate measurement tools, which demonstrate both the individual benefits and the impact of interventions.

¹⁸⁸ Respect: The Respect Standard.

¹⁸⁹ Respect (2017), The Respect Standard.

POLICE DATA - PERPETRATORS

INTRODUCTION

This section analyses perpetrator data covering 2016 to 2020.

REPEAT PERPETRATORS

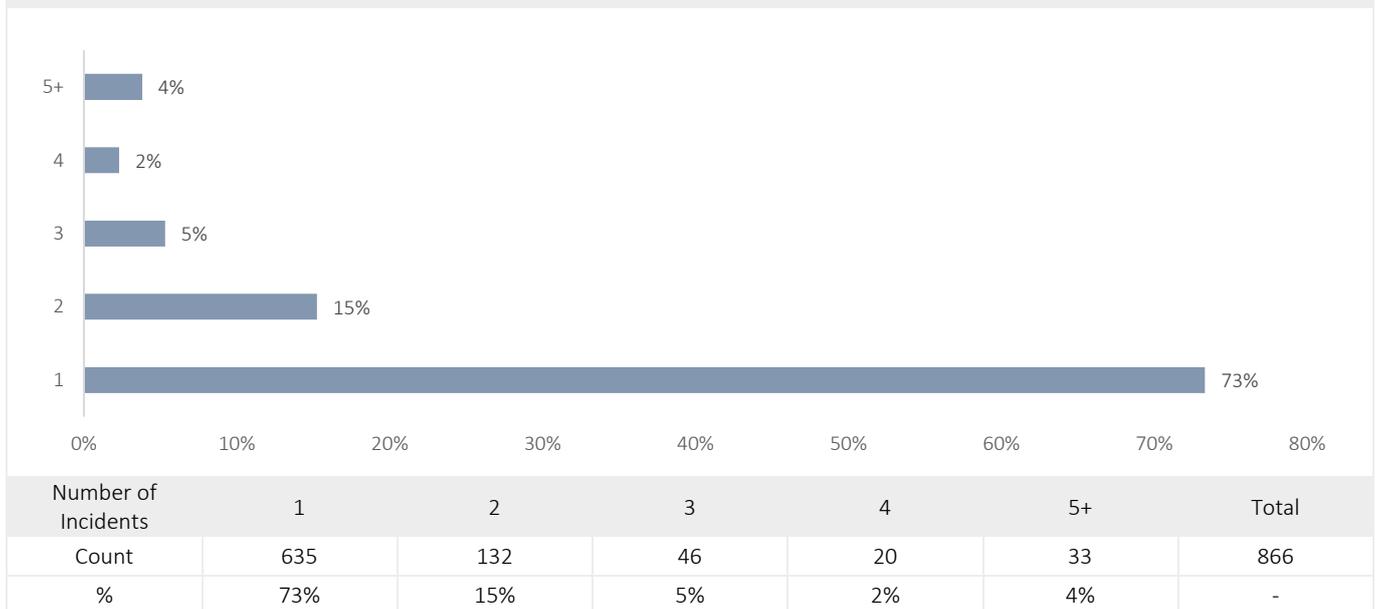
This section provides looks at the number of repeat perpetrators between 2016 and 2020. The data includes all domestic abuse incidents.

The key findings are:

- 27% of the perpetrators during the analysed time series had more than one incident logged.
- There was a total of 866 unique perpetrators during 2016 to 2020. This is 10% of the number of unique victims during the same period.
- 635 perpetrators had a single incident recorded, with 231 having more than 2 incidents recorded.

Locally, there needs to be a consideration as to the appropriate response to repeat offenders. Partners, including the police, have to be confident in using the wide range of tools available to them in progressing investigations. There needs to be close working between HMPPS and other agencies to manage the risks that perpetrators pose and to ensure that risk management plans address the safety and wellbeing of victims, including children.¹⁹⁰

Figure 4.20: Number of incidents recorded per unique victim during 2016 to 2020.



¹⁹⁰ UK Gov, (2021), Draft Statutory Guidance.

NUMBER OF PERPETRATORS PER YEAR

This section provides looks at the number of unique perpetrators per year.

There have been year-on-year decreases in the number of perpetrators recorded by the police each year. Comparing this trend against the number of victims shows a contrast. Note that the analysis is based on all incidents and not just those recorded as a crime.

The reduction in numbers of perpetrators seems to be counter-intuitive in comparison with the increase in victims. Solihull has an opportunity to review its approaches to interventions targeted at offenders.

Figure 4.21: Number of unique perpetrators and victims per year.

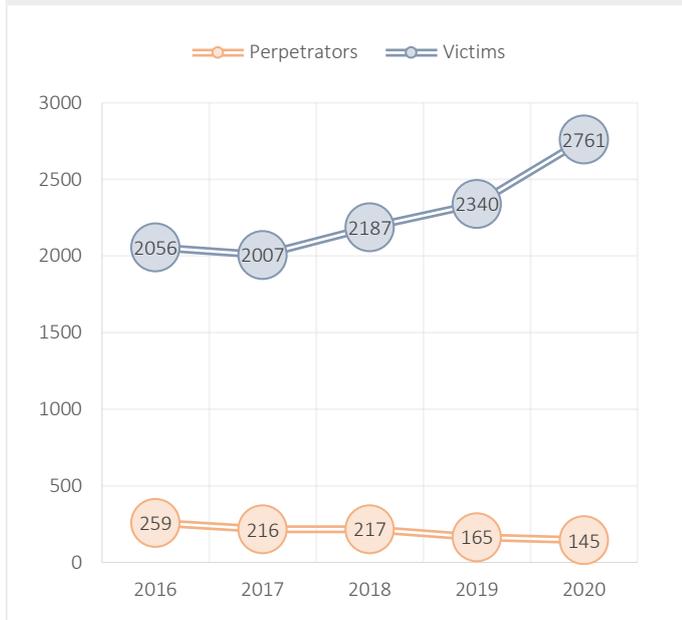
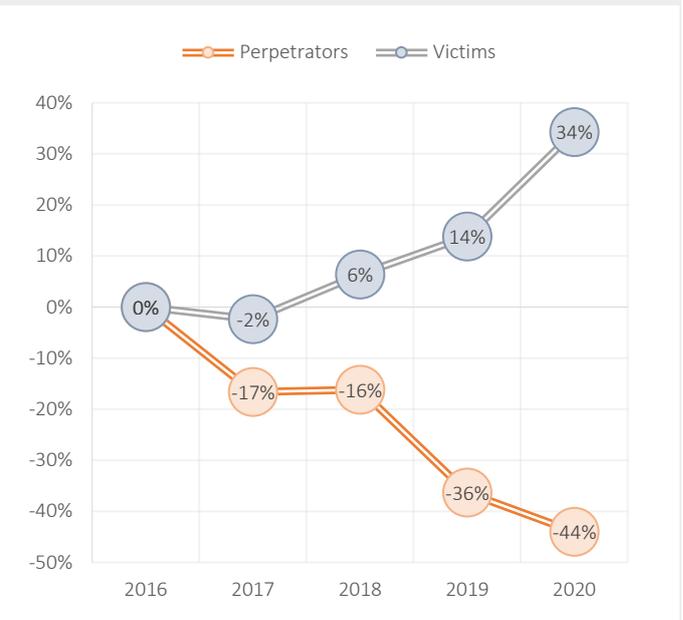


Figure 4.22: Change in the number of unique perpetrators and victims per year; change against 2016 baseline.



LOCAL PROVISION

Figure 4.23: Perpetrator Programmes in Solihull.

PROGRAMME	DOMESTIC VIOLENCE PERPETRATOR PROGRAMME	BUILDING BETTER RELATIONSHIPS	DRIVE PROGRAMME	CARING DADS (LA Run)	ALCOHOL & DA INTERVENTION SCHEME
PERPETRATOR RISK LEVEL	MODERATE AND STANDARD RISK	MEDIUM TO HIGH RISK	HIGH RISK	[CHECK]	(YOUNG PEOPLE)
TYPE	NON-COURT MANDATED	COURT MANDATED	NON-COURT MANDATED	NON-COURT MANDATED	NON-COURT MANDATED
AVAILABLE IN SOLIHULL	✗	✓	✗	✓	✓

The following perpetrator programmes are offered in Solihull:

Building Better Relationships Programme (Probation)

Court mandated programme

Caring Dads (Local Authority run)

A service commissioned by Cafcass, for court ordered and directed Domestic Abuse Perpetrator Programmes. Referrals are accepted exclusively from Cafcass Family Court Advisors.

Alcohol and Domestic Abuse Out of Court Disposal Intervention Scheme

Run by Cranstoun.

The Domestic Violence Perpetrator Programme does not run in Solihull. In Solihull, there was a Domestic Violence Perpetrator Programme run by the Richmond Fellowship. The programme worked with those assessed as being at moderate or standard risk levels. The programme is now closed for referrals in Solihull. Between 2017 and 2021, the DVPP programme received 78 referrals for Solihull residents.

There is no Drive programme in Solihull. The focus of Drive programmes is to provide interventions to high harm perpetrators.

Probation delivers a Building Better Relationships Project for perpetrators from Solihull. Perpetrator programmes were impacted by COVID-19. Delivery was moved to video links and in some cases stopped completely.

COURTS

LOCAL PROVISION

SPECIALIST ADVOCACY

Analysis of Birmingham and Solihull Refuge data shows the following need relating to civil and criminal justice.

Figure 4.24: Support needs relating to Civil and Criminal Justice System.

	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21	Q1 2021-22
Women Supported	16	17	17	16	14	14
Civil Justice	3	1	1	-	1	1
Criminal Justice	3	2	5	2	4	4
Family Law	4	4	4	2	2	4

In the community support service, there was also a support need relating to civil and criminal justice amongst service users. In Q1 2021-22, 11 women required support for civil justice issues, 14 for criminal justice issues, and 20 for family law-related issues.

The Domestic Abuse Commissioner is calling for urgent long-term funding and more dedicated specialist court support.

Feedback from the practitioner survey highlighted that there was a knowledge gap amongst practitioners in relation to the Criminal Justice Service response to domestic abuse. COVID-19 has compounded this knowledge gap as practitioners do not know which services have restarted.

Areas where the Specialist IDVA can help are:

- Navigating the complicated court system
- Advocate for the victim with the police and other CJS professionals
- Risk assessment, risk management, and safety planning.

There is a Specialist Court IDVA based in Birmingham Magistrates' and Crown Court; this is funded by the OPCC. Those from Solihull who use Birmingham Magistrates' Court can be referred through to BSWA.

COURT PROCESSES

The Women's Aid Survivor Survey highlighted the lack of understanding that survivors had of court processes.

When they went to court, almost half (48%) of those that received support were not confident in the court process. Confidence was lowest for those whose cases were being heard at Family Court (72% selecting 1 or 2 out of 5), followed by Magistrates' Court (64%) and Crown Court (50%).

The Safe Lives Report *Understanding court support for victims of domestic abuse* makes a number of recommendations in relation to court processes:

- Need for urgent action on court backlogs and increased long-term investment.
- Recognising the role of IDVAs as an integral part of court systems.
- Realising 'trauma-informed' courts and cultural change training for all professionals.

There is no capacity to support women through the family courts.

Court cases in Family Courts can last for 2 years. Services do not have the resources to support survivors all the way through the process.

Practitioners fed back that the majority of survivors have to engage in Family Courts.

IMPACT OF COVID-19

The pandemic has impacted the length of cases from reporting through to court.

Nationally, there have been reports of victims withdrawing from proceedings.¹⁹¹ The trauma experienced by survivors has been intensified due to longer waiting lists to access counselling and mental health services.¹⁹²

In relation to sexual offence trials, the SafeLives report states that some of the impacts of adjournments are suicidal ideation and increased self-harm.

¹⁹¹ Safe Lives, (2021), *Understanding Court Support for Victims of Domestic Abuse*

¹⁹² Safe Lives, (2021), *Understanding Court Support for Victims of Domestic Abuse*

SPECIAL DOMESTIC VIOLENCE COURT

INTRODUCTION

Information from the police Witness Care Unit is available for the West Midland region. From the available data, it is not possible to split the victims or witnesses into residents of Solihull.

Witness Care Units manage the care of victims and witnesses who are due to attend court. They will get involved when someone is charged and will continue to support victims and witnesses until the end of the case. They are staffed by people from the police and the CPS and guide people through the criminal justice process. They also co-ordinate support with other services.¹⁹³

WITNESS CARE UNITS' ATTENDANCE RATES

The graph below shows the attendance rates for the four areas that make up the West Midlands CPS Area between April 2020 and October 2020.

There are lower attendance rates in the West Midlands compared to other areas. This is something that should be explored at a regional level.

Figure 4.26: Witness Care Unit Attendance Rates at all Courts – victims and witnesses.

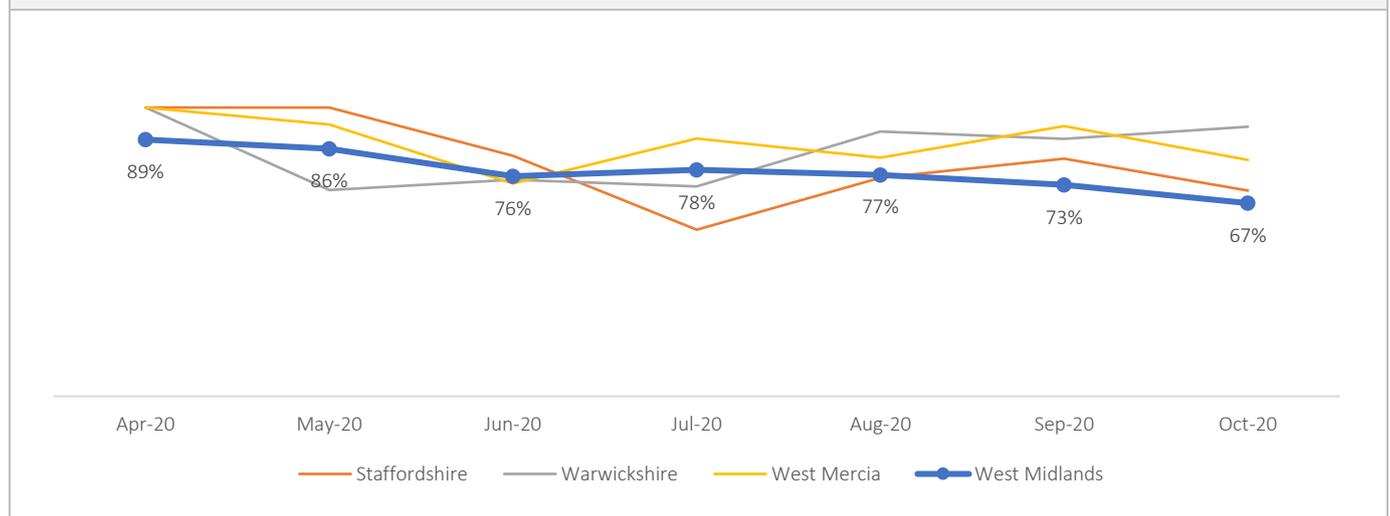
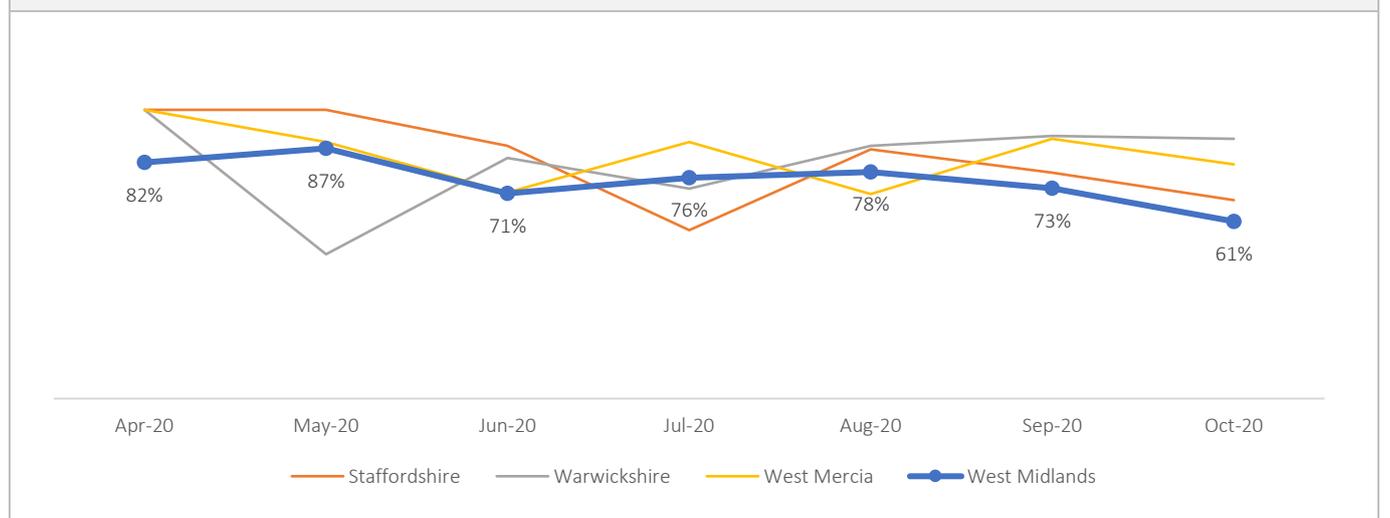


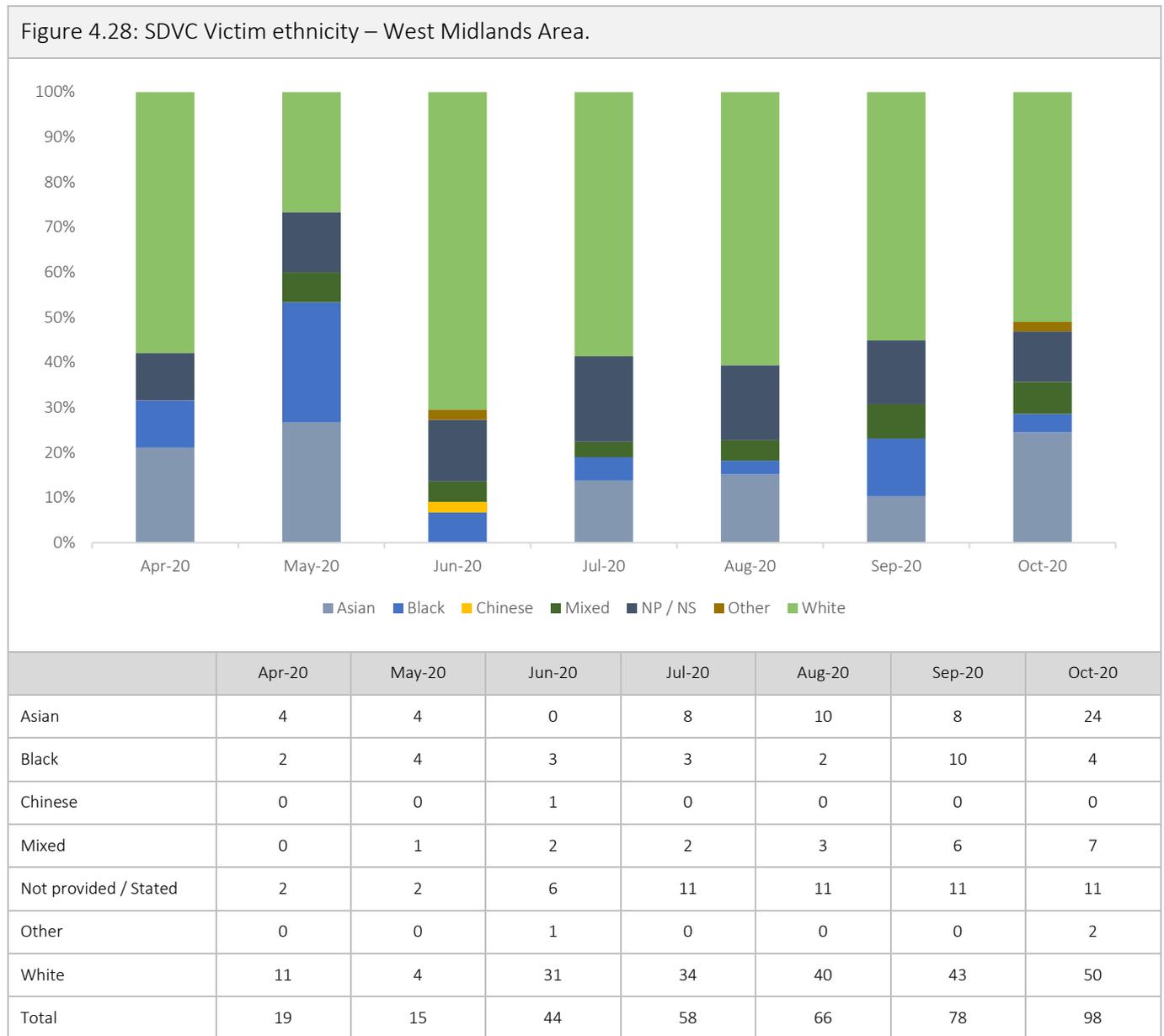
Figure 4.27: Witness Care Unit Attendance Rates at all Courts – victims only.



¹⁹³ <https://humbersouthyorks.victimsupport.org.uk/victims-right/witness-care-units/>

VICTIM ETHNICITY

Figure 4.28 shows the ethnicity of victims attending all courts in the West Midlands area between April 2020 and October 2020.



ENGAGEMENT

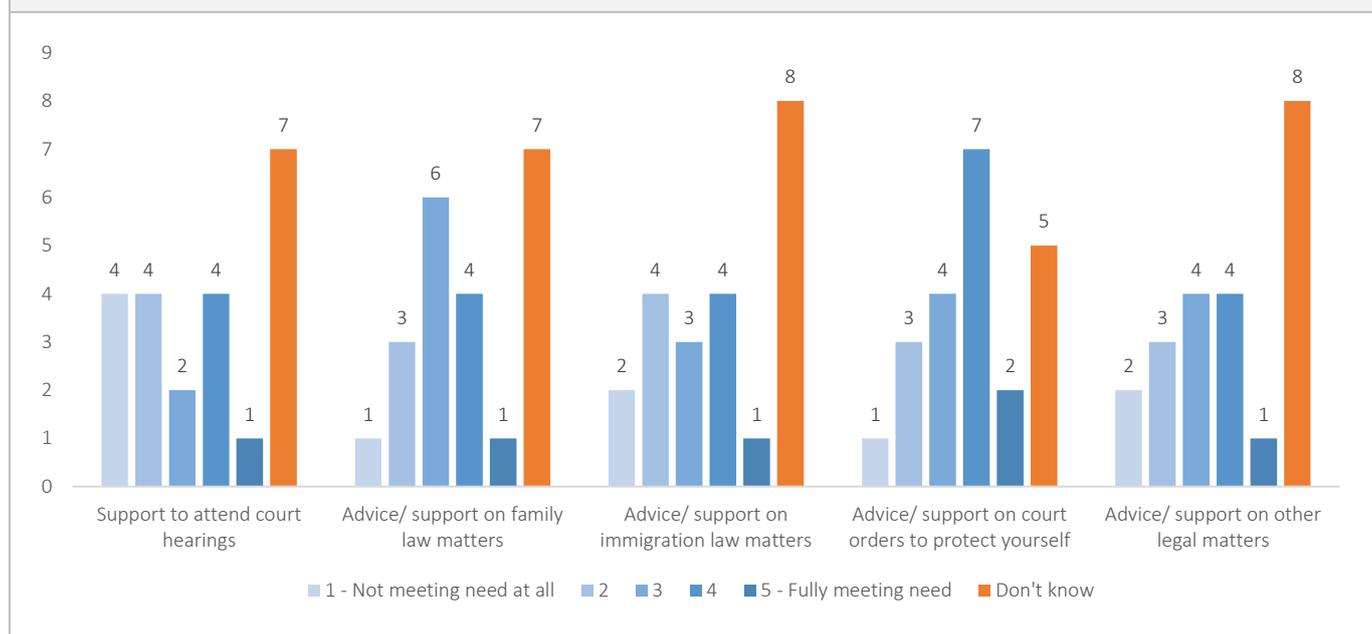
PRACTITIONER SURVEY

The practitioner survey asked respondents whether they believed the existing support services for the criminal justice system were meeting needs.

The Solihull practitioners survey highlighted that there was a knowledge gap amongst practitioners relating to the Criminal Justice Service response.

If practitioners are not aware of what services are available to support survivors and families through the criminal justice system they cannot make appropriate referrals to those services. This is particularly important to allow survivors and their families access advocacy support and safety planning to mitigate the escalation in risk.

Figure 4.25: Support needs in relation to the CJS – Practitioner Survey.



FREE TEXT COMMENTS

“With enough notice BSWA workers can accompany women to court for civil matters and woman can also be supported through criminal court proceedings. Woman can be supported to obtain legal support and advice on many matters by signposting to relevant legal services. Woman are also supported to obtain injunctions and signposted or referred to NCDV”

IDVA, BSWA

“DV victims who are in refuge have limited funds. Having Law Firms who take on Legal Aid would be helpful.

There is no support for DV victims in refuge to have professional support at court.”

Refuge Worker, BSWA

“I'm not convinced the police or the courts take other forms of domestic abuse seriously enough, to warrant an arrest or court action..”

Womens Justice Worker, Green Square Accord

When working with clients what are the main challenges?

“Slow court system”

Councillor, SMBC

What is working well in the area of Court Support?

“Working well with BSWAID who provide victims with support around legal matters”

Housing Options Team Leader, SCH

“BSWA refuge in Solihull, we end up referring our service users to the Birmingham area to access Law Firms for Immigration and Family Law advice/support.”

Refuge Worker, BSWA

“Require training on family law and immigration law matters”

Housing Options Team Leader, SCH

SURVIVOR SURVEY

FREE TEXT COMMENTS

“Womans Aid were very helpful and supportive through the whole of my experience and were there throughout the court case too”.

Survivor, 35-44

“I think victims shouldn't have to attend court themselves”.

Survivor, 25-34

-5-

PROVISION

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SUMMARY

CHAPTER SUMMARY

MARAC

In Solihull, MARAC meetings are run twice a month and multiple agencies are represented. There has been an increase in MARAC referrals in Solihull; however the rate is lower than the West Midlands average. The number of referrals is lower than the SafeLives estimate of 353 a year. Solihull is the only local authority in the West Midlands to have lower actual cases than the estimate. The lower than expected number of referrals to the MARAC does not correlate to the high police reports in Solihull. The police are the primary referring agency to the MARAC. Of the referrals received, 16% were withdrawn. This highlights a training need amongst referrers.

SafeLives recommends that IDVAs cover no more than 100 cases per year. Using the 353 SafeLives estimate, this is the equivalent of 3.5 FTE IDVAs. The actual number in Solihull is 2 FTE MARAC IDVAs.

43% of the cases for the 12 months to June 2021 were repeat cases. High repeat cases can be an indicator of good flagging of cases and pro-active referral back, but can also reflect a poor outcome as risk has not reduced. The nature of the repeat referrals needs to be investigated further.

In the 12 months to June 2021, there were 341 children associated with MARAC cases. The high number of children involved in MARAC cases will have an impact on Children's Social Care services as the children are likely to be living in a high-risk situation and require an intervention. The implications of the Domestic Abuse Act and how the needs of children as victims will be managed will have to be considered.

There were low numbers of young victims (under 18) and male victims discussed at the MARAC. While the rate for young victims (approximately 1% of cases) was comparable to those across the West Midlands, the rate for male victims (approximately 2% of cases) was one of the lowest. This could indicate a training need amongst practitioners who refer into the MARAC.

COMMUNITY OUTREACH

BSWA run a number of community services meeting the needs of victims of domestic abuse living in Solihull. Community Support Staff provide 1-2-1 case work support to survivors based in the community. During 2020-21, there was an increase in the number of women supported compared to 2019-20. Support to male survivors is offered by Panahghar.

BSWA also run a helpline offering information and advice to victims of domestic abuse.

MULTI-AGENCY RESPONSE IN SOLIHULL

Domestic abuse draft statutory guidance from the Home Office details the importance of community support and having a joined-up, multi-agency approach to domestic abuse in order to identify victims and their families at an early stage and before reaching crisis point.¹⁹⁴

Research indicates that victims of domestic abuse can take a significant period of time to seek assistance from agencies. Victims may not be aware that they are a victim of domestic abuse; they might blame themselves for the abuse, fear the consequences of leaving the abuser, not know where they can seek help, or fear that they will experience stigma and shame if they do try to seek help. In addition to this, victims with protected characteristics may face additional barriers to accessing support.

Many victims do not come into contact with the criminal justice system so it is important that a wide range of agencies and bodies are able to identify victims and know how to provide the right response. Early intervention by the voluntary sector and statutory agencies working together can help to protect adults and children from further harm, as well as preventing escalation and recurrence of abuse.

It is essential that agencies are able to identify and respond to all forms of abuse and all victims. This includes intimate partner abuse between adults – including where children are present and experience the abuse; inter-familial domestic abuse; and children and young people experiencing or perpetrating abuse, either in their own relationships or towards a family member.

Below is a summary of how the guidance recommends how different partners approach the identification of abuse and ensure that they receive support and protection tailored to their particular needs.

ADULT SOCIAL CARE	
1.	
GUIDANCE AND BEST PRACTICE	Safeguarding work should ensure that the person experiencing abuse has support to access a choice of specialist domestic abuse services and partnership working with health and social care providers, housing and criminal justice agencies, as well as specialist domestic abuse and advocacy services. It is crucial that adult social workers receive regular updated domestic abuse training.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Adult social workers should receive regular updated domestic abuse training. Pathways between adult social care teams and specialist teams should be clear and robust.
JOBCENTRE PLUS	
2.	
GUIDANCE AND BEST PRACTICE	Department for Work and Pensions (DWP) employees are highly likely to come into contact with victims of domestic abuse.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Each Jobcentre has assigned points of contact who have undergone training to identify and support the needs of anyone experiencing domestic abuse and will work closely with local services to share knowledge and signpost victims to additional, external support.

¹⁹⁴ Domestic abuse: draft statutory guidance framework

EMPLOYERS	
3.	
GUIDANCE AND BEST PRACTICE	Employers have an important role to play in helping victims of domestic abuse to remain in work, in the workplace itself, and to help victims access the support they need through signposting to specialist services. Employers can also play a role in raising awareness about domestic abuse.
APPROACH AND OPPORTUNITIES IN SOLIHULL	As best practice, employers should develop policies to set out their approach to domestic abuse within their workforce including, for example, signposting to specialist organisations, roles and responsibilities within the organisation, any education and training available, the practical support they can offer to victims in their workforce and their approach to perpetrators in the workplace.
FINANCIAL SERVICES	
4.	
GUIDANCE AND BEST PRACTICE	Control of, and access to, finances is a significant part of domestic abuse. The <u>VAWG National Statement of Expectations</u> ¹⁹⁵ recommends that local commissioners explore what local banks are doing to identify and support victims of coercive control, including whether they can provide a safe disclosure point for a victim.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Commissioners of domestic abuse services should explore what banks are doing to identify and support victims of coercive control.

¹⁹⁵ Home Office (2016), Violence against women and girls: national statement of expectations. <https://www.gov.uk/government/publications/violence-against-women-and-girls-national-statement-of-expectations>

SERVICE OVERVIEW

OVERVIEW OF NON-ACCOMMODATIONBASED SPECIALIST SUPPORT

Figure 5.1 below provides an overview of the non-accommodation-based specialist support available in Solihull.

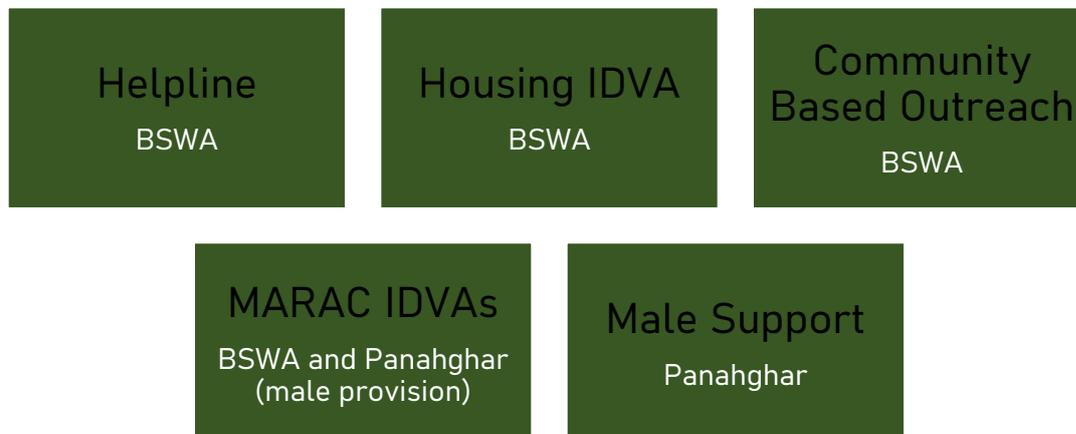


Figure 5.1: Overview of non-accommodation-based specialist support.

SERVICE:	Helpline
PROVIDER:	BSWA
DESCRIPTION:	The helpline is a gateway to all services and is run by trained support workers.
SERVICE:	Housing IDVA
PROVIDER:	BSWA
DESCRIPTION:	The IDVA service works with women at high risk of domestic abuse. The IDVAs are based between Solihull Community Housing and the BSWA refuge.
SERVICE:	Community-Based Outreach
PROVIDER:	BSWA
DESCRIPTION:	Support services for those impacted by domestic abuse living in the community. A mixture of group work and 1-2-1 casework.
SERVICE:	MARAC IDVAs
PROVIDER:	BSWA and Panahghar (for male provision)
DESCRIPTION:	IDVA support for any female listed at the MARAC. There is dedicated support for males listed at the MARAC.
SERVICE:	Male Support
PROVIDER:	Panahghar
DESCRIPTION:	Community based

INTRODUCTION

OVERVIEW

A multi-agency risk assessment conference (MARAC) is a regular confidential meeting concerning domestic abuse victims who are considered at serious risk of harm or homicide. It is attended by representatives of different agencies, including the police and an Independent Domestic Violence Advisor (IDVA), to discuss and co-ordinate a safeguarding action plan for each victim. The idea behind a MARAC meeting is that no single agency can get a full picture of the risk to the victim, but all may have insights crucial to their safety.

ATTENDEES

Attendees at a MARAC include representatives from the following agencies:

- Independent Domestic Violence Advisor (IDVA) – a professional case worker for domestic abuse victims, representing the victim
- police
- health services
- child protection
- housing
- probation
- mental health
- substance misuse
- specialists from statutory and voluntary sectors.

KEY GUIDANCE

The domestic abuse charity SafeLives publishes guidance and resources for professionals involved in MARAC meetings, including recommendations for MARAC steering groups¹⁹⁶ and a MARAC operating protocol checklist¹⁹⁷.

BEST PRACTICE¹⁹⁸

Best practice for MARAC covers 10 key areas:

- Identification: recognising and risk-assessing domestic abuse based on referral criteria
- Referral: Ensuring all victims that meet the criteria are referred to MARAC and IDVA
- Multi-agency engagement: all agencies that can contribute to safeguarding attend MARAC
- Independent representation and support: all high-risk victims are supported and represented by an IDVA
- Information sharing: MARAC representatives share relevant, proportionate and risk-focused information
- Action planning: Plans address risk to the victim, safeguarding children and managing perpetrators
- Number of cases: The MARAC hears the recommended volume of cases
- Equality: The MARAC addresses the unique needs of victims with protected characteristics
- Operational support: Sufficient support and resources are available
- Governance: There is effective strategic support and leadership and agencies work together effectively.

¹⁹⁶ SafeLives: Resources for steering groups.

¹⁹⁷ SafeLives: MARAC operating protocol Checklist.

¹⁹⁸ SafeLives: 10 Principles of an Effective MARAC. Accessed April 2021.

LOCAL ANALYSIS

LOCAL PROVISION

There is good provision in Solihull. MARAC meetings are run two times per month and multiple agencies are represented including:



Mental health practitioners are part of the MARAC. Practitioners do not attend MARAC meetings as there are currently the required resources, however they do feed information into the MARAC.

At the time of this assessment, MARACs in Birmingham were run on a weekly basis. There is a plan for Birmingham and Solihull CCG to attend MARAC meetings in person on behalf of all of health services. This has not started yet.

Safeguarding midwives attend the MARAC if the case is known to them.

REFERRAL NUMBERS

There has been an increase in referrals in Solihull, however the rate is lower than the West Midlands average.

The 267 referrals in the 12 months to June 2021 is slightly higher than the previous years. There has been a 47% increase from the Jul-16 to Jun-17 baseline. This is lower than the growth seen across the West Midlands (81%).

Figure 5.2: Total accepted MARAC referrals in Solihull.

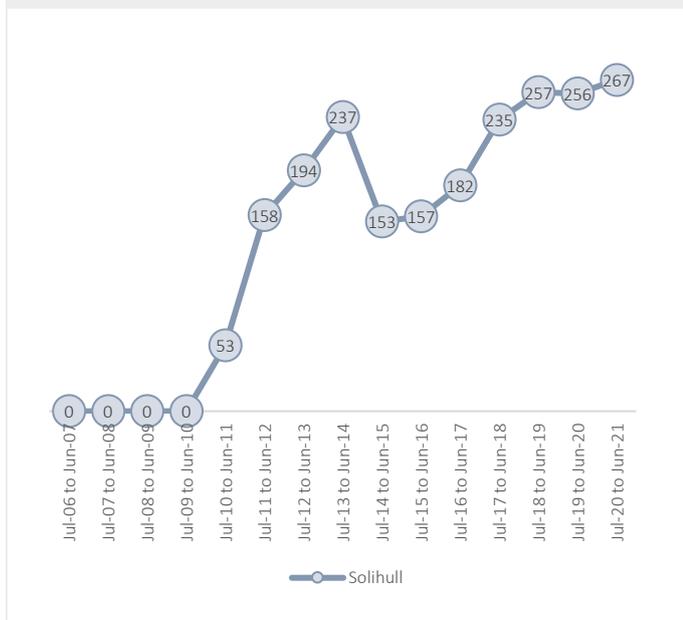
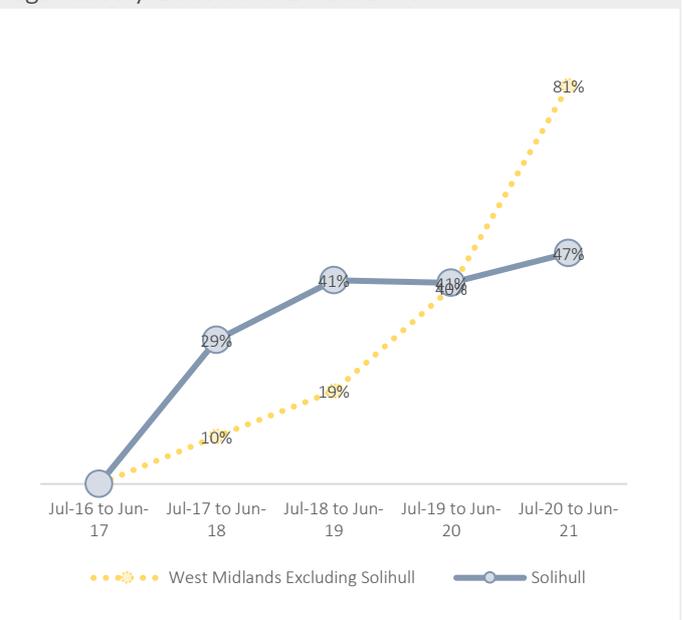


Figure 5.3: Total accepted MARAC referrals; change against July-16 to June-17 baseline.

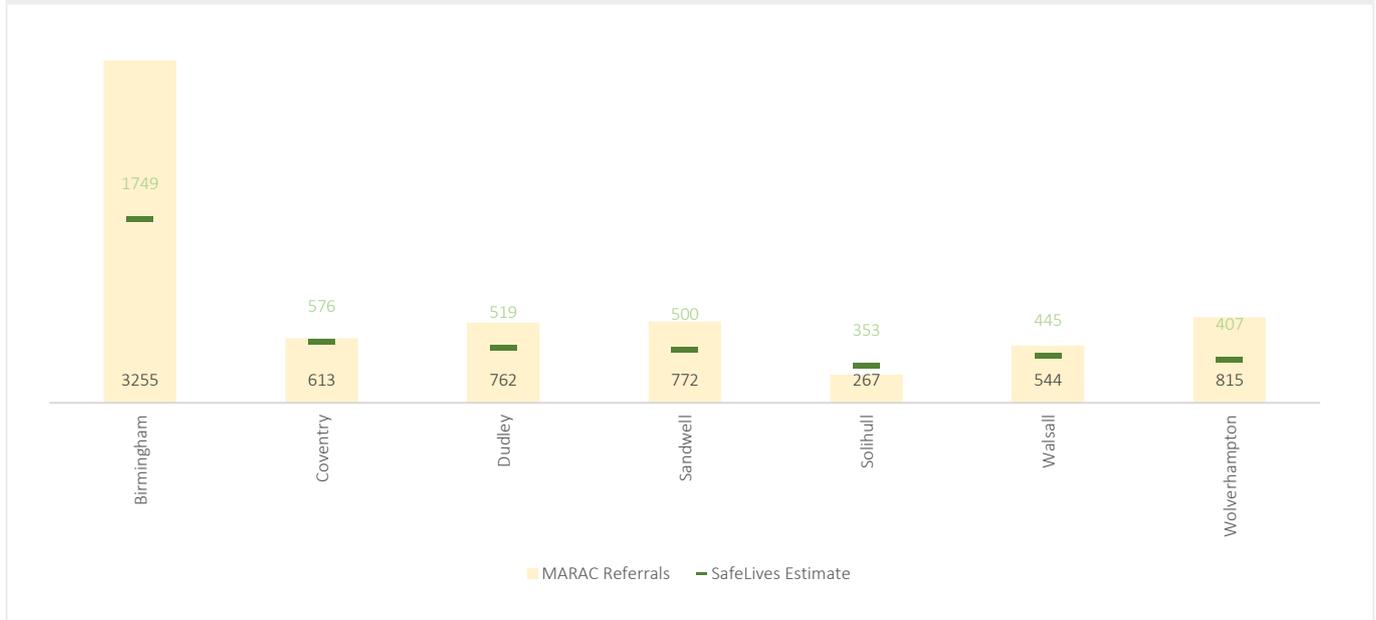


The number of referrals is lower than the SafeLives estimate. SafeLives estimate that there are 40 high-risk cases per 10,000 adult women, which equates to 353 a year in Solihull. The actual number was lower at 267 for the 12 months to June 2021.

Solihull is the only local authority in the West Midlands to have lower actual cases than the estimate.

The lower-than-expected number of referrals to the MARAC does not correlate to the high police reports in Solihull. The police are the primary referring agency to the MARAC.

Figure 5.4: Rate of accepted MARAC referrals per 10,000 adult female population and comparison against SafeLives estimate.



The number of actual IDVAs is lower than the recommended. SafeLives recommends that IDVAs cover no more than 100 cases per year. Using the 353 SafeLives estimate, this is the equivalent of 3.5 FTE IDVAs. The actual number in Solihull is 2 FTE MARAC IDVAs.

Referrals to MARAC are from a wide variety of sources. Referrals from the police have historically accounted for a high percentage of the total; however, recent years have seen a wider range of referral sources. SafeLives states that the expected figure from the police lies between 60-75%; the rate in Solihull was 80%.

For the 12 months to June 2021, there were the same number of referrals from Children’s Social Care as there were from IDVAs.

Other local authorities in the West Midlands area see between 1-5% of the referrals from Primary Care Services. In Solihull, there were 0 for the 12 months to June 21. This has historically been low. There are also low numbers of referrals from mental health, housing and substance misuse services.

Figure 5.5: Referrals sources to MARAC; historical.

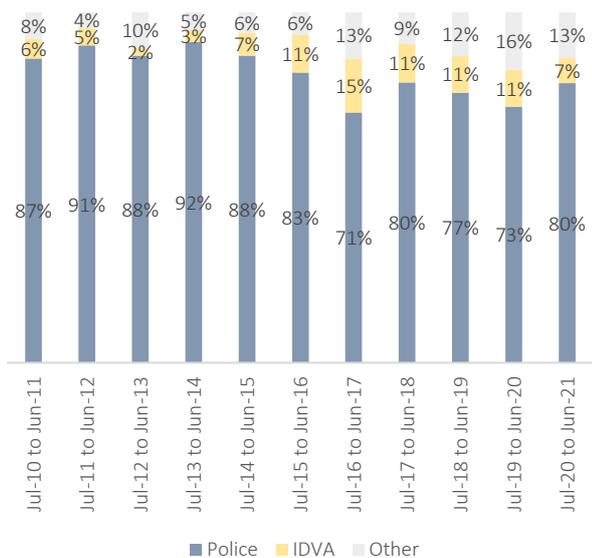
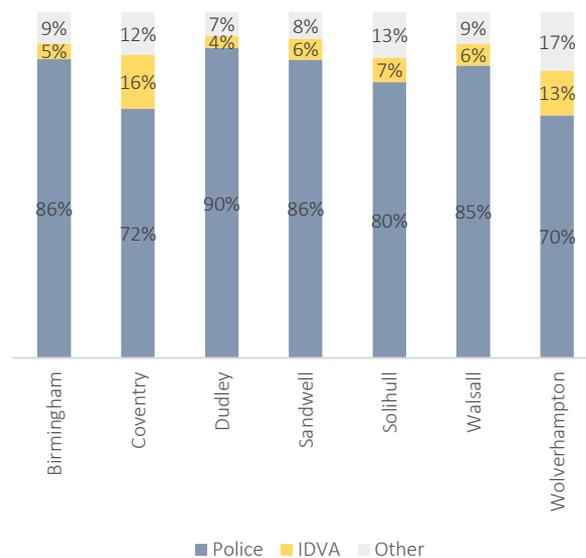


Figure 5.6: Referrals sources to MARAC; 12 months to June-21 comparison.



Police	IDVA	Children's Social Care	Primary Care Service	Secondary Care / Acute	Education	Housing	Mental Health	Probation	Voluntary Sector	Substance Abuse	Adult Social Care	MASH	Other
213	19	20	0	3	1	1	1	1	3	0	2	0	3

REPEAT CASES

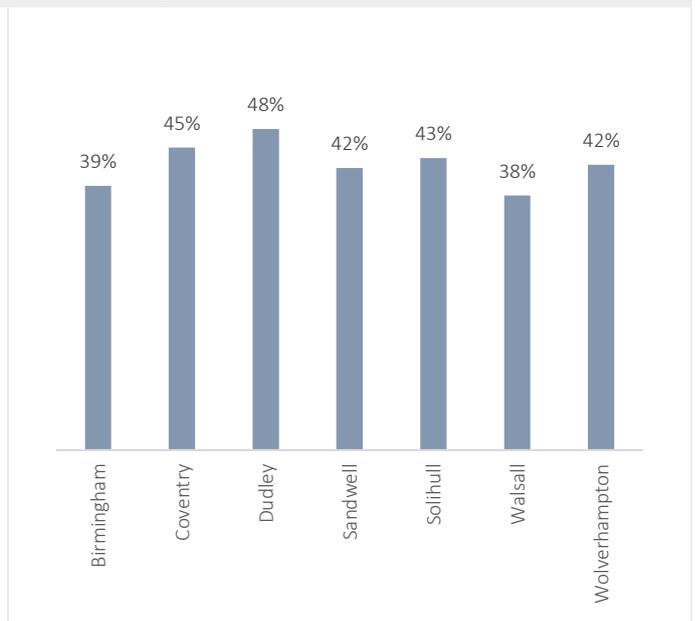
The rate of repeat cases in Solihull is similar to rates in a number of local authorities in the West Midlands area. 43% of the cases for the 12 months to June 2021 were repeat cases¹⁹⁹. This rate is similar to the previous years and is comparable to the other local authorities across the West Midland area. SafeLives recommend that MARAC should have a repeat rate of somewhere between 28 and 40%.

It should be noted here that high repeat cases can be an indicator of good flagging of cases and pro-active referral back but can also reflect a poor outcome as risk has not reduced. The nature of the repeat referrals needs to be investigated further.

Figure 5.7: Percentage of referrals that were repeat cases.



Figure 5.8: Percentage of referrals that were repeat cases.; comparison.



WITHDRAWN REFERRALS

A high percentage of referrals were “unacceptable referrals which were withdrawn due to threshold not being met due to poor quality”.

Of the 305 referrals received in 2020-21, 48 (16%) were withdrawn, of which 33 (69%) were “unacceptable referrals which were withdrawn due to threshold not being met due to poor quality. This is a training issue that needs to be addressed.

CHILDREN

For the 12 months to June 2021, there were 341 children associated with the cases discussed. This equates to an average of 1.3 children per case discussed. This is slightly higher than the rate for other local authorities in the West Midlands.

The high number of children involved in MARAC cases will have an impact on Children’s Social Care services as the children are likely to be living in a high-risk situation and require an intervention. The implications of the Domestic Abuse Act and how the needs of children as victims will be managed will have to be considered.

¹⁹⁹ This is calculated based on the number of referrals accepted and not total received. Some areas use total received as the denominator.

LGBT+

The number of cases for LGBT+ relationships has never exceeded more than 5 in any 12-month period. This is less than 1% of the total cases. This rate is similar for the West Midlands.

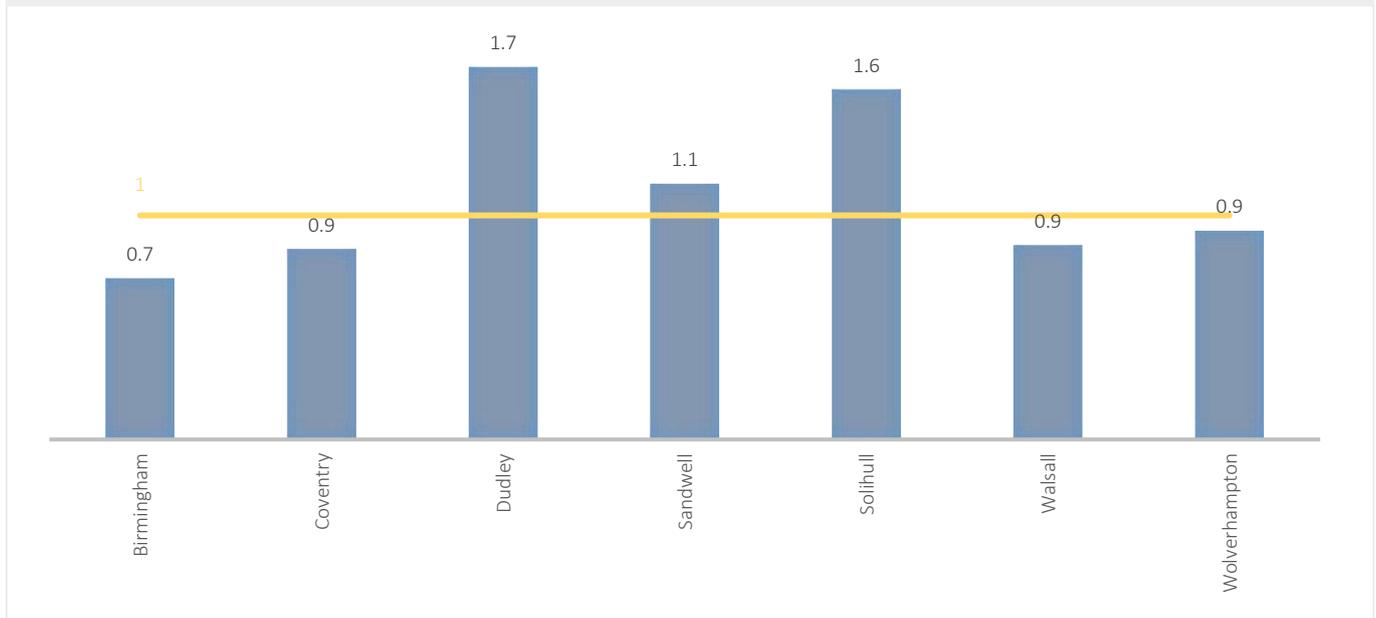
SafeLives states that “The national average is lower than the expected 2.5 - 5.8% (or above) which is partly due to barriers in reporting. There is variation in estimates about the size of LGB populations, and even less data on transgender populations, but Public Health England’s current estimate for the national LGB population is between 2.5% and 5.8%. The results of research conducted in Scotland and Wales suggest that similar estimates could be made for these areas.”

BAME

The percentage of MARAC referrals including a BAME victim/perpetrator has been between 14-17% of the total over the last 3 years.

Using the 2011 census as a comparator, Figure 5.9 shows a proportionate figure of MARAC referrals against this. For example, 11% of the population in the 2011 census were BAME, with 17% of MARAC referrals recorded with BAME victim perpetrator resulting a calculation of 1.6. With other factors being equal, this rate suggests that the BAME group are overrepresented. Note however that the BAME estimates are from 2011 and are likely to have increased since then.

Figure 5.9: Percentage of MARAC referrals including a BAME victim / perpetrator proportionate to 2011 census; Jul-20 to Jun-21.



YOUNG VICTIMS AND PERPETRATORS

The numbers of young victims and perpetrators are low in Solihull. Historically there are no more than 3 victims aged 16-17 per year. This equates to less than 1% of the total referrals. This is comparable to the West Midlands average.

There have never been more than 6 young perpetrators in any year. For the 12 months to June 2021 there was 1 perpetrator aged 17 or below. This is the lowest rate across the West Midlands.

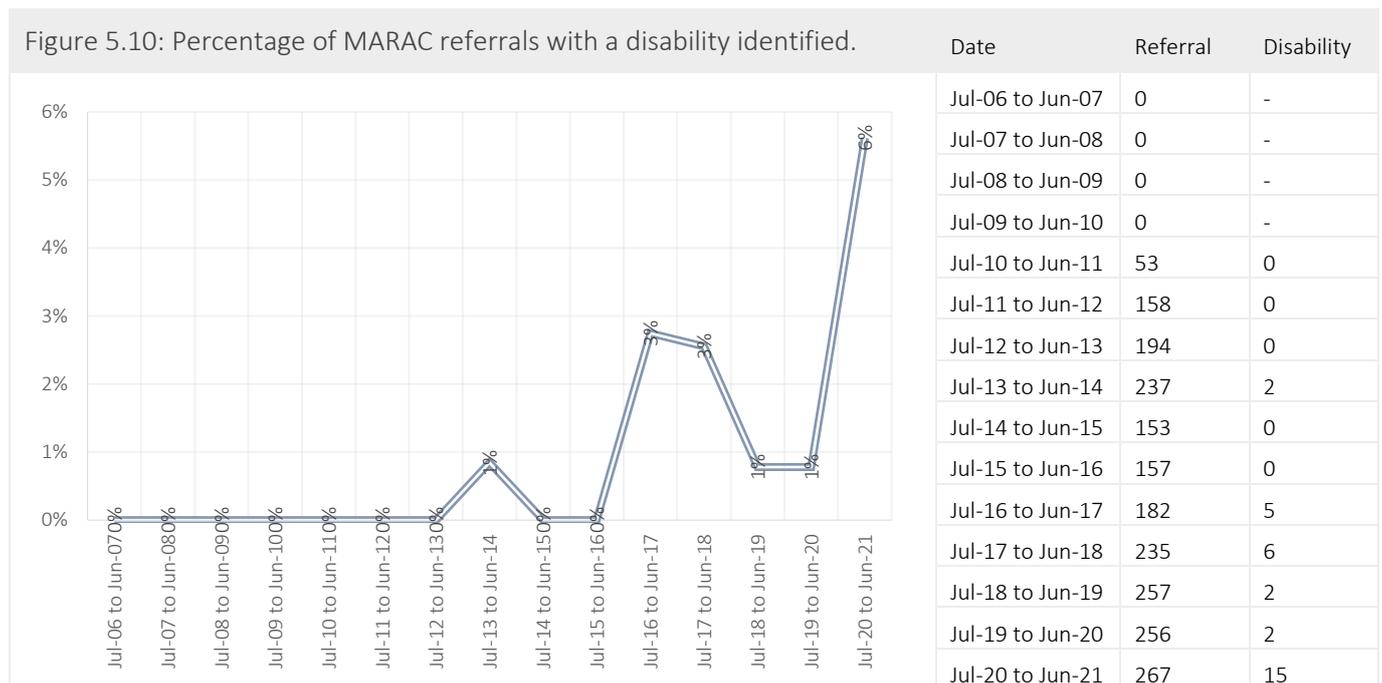
Research shows that there is a higher prevalence of domestic abuse in the younger demographic. Low numbers of young victims attending the MARAC may indicate a training need amongst practitioners.

DISABILITIES

The percentage of MARAC referrals with a disability identified has increased from 1% for the 12 months to June 2020 to 6% for the 12 months to June 2021. This equates to 15 referrals for the 12 months to June 2021. Across the West Midlands, the rate ranges from 2% in Birmingham and to 6% in Solihull.

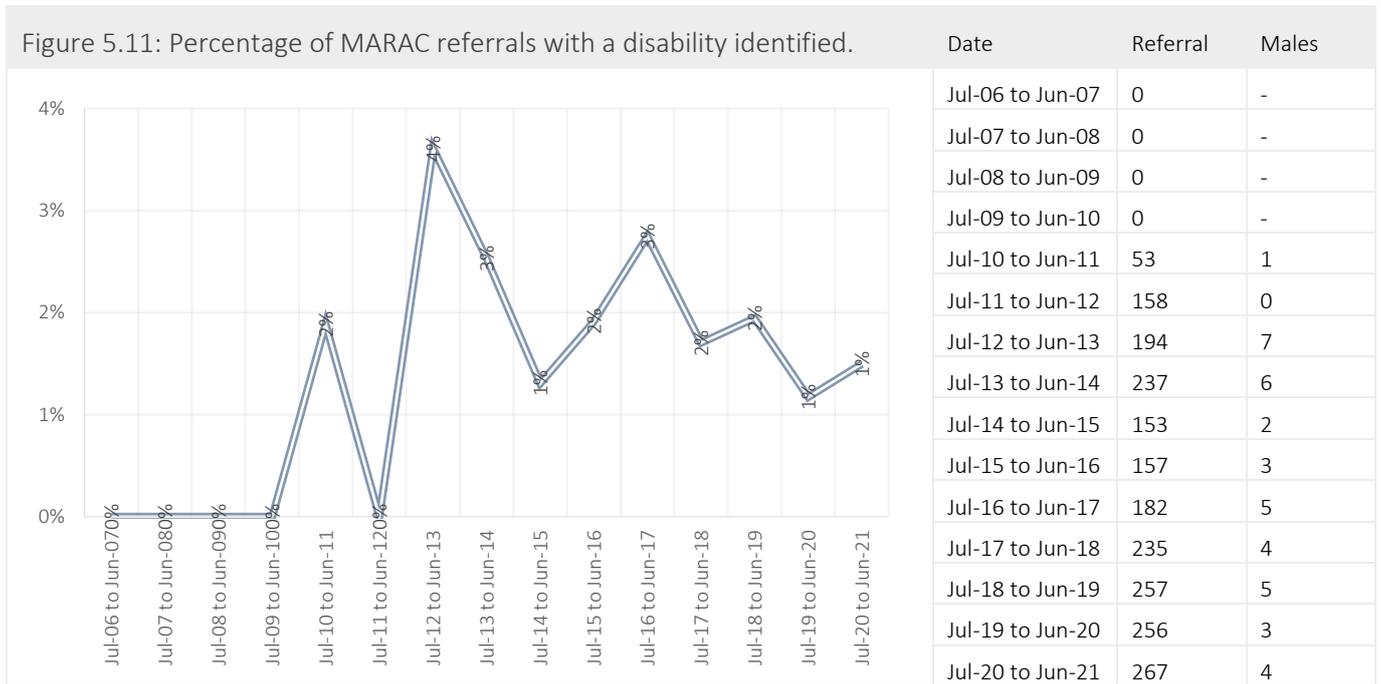
It is not clear whether the increase in those with a disability is due to better recording of disabilities or better identification of domestic abuse issues amongst this cohort. This should be monitored.

SafeLives states that “The national average is lower than the expected (19% or above) which is partly due to barriers in reporting. This figure is based on the Family Resources Survey 2018-19 which identifies that almost 1 in 5 of the working age population (16-64 years) is disabled. SafeLives' definition of disability is consistent with the core definition of disability under the Equality Act 2010.”



MALE VICTIMS

The rate of male victims is low. Male victims account for around 2% of the cases. The 2% rate is one of the lowest across the West Midlands area. The expected rate from the SafeLives guidance is 10%.



INTRODUCTION

IDVAs are professionally qualified, specialist domestic abuse workers, who support high-risk victims of domestic abuse.²⁰⁰ IDVAs are often the main point of contact for victims of domestic abuse and “work to assess level of risk, discuss options and develop safety plans alongside the police.”²⁰¹

NATIONAL PICTURE²⁰²

There were 21 IDVA services across England and Wales in 2019-20.

- After support from an IDVA, the majority of clients saw a reduction for each of the abuse types.
- Most referrals to IDVA services came from police, but police referrals decreased by 20% in 2020 compared to 2019.
- Victims were supported for an average of 14 weeks. The majority of adult clients at exit said they felt safer.
- 27% of IDVA clients were supported with criminal justice. In less than 1 in 10 incidents, the client withdrew their case. IDVA support included explaining criminal justice proceedings in 76% of cases, supporting the client through criminal justice processes in 50% of cases and providing updates about court in 49% of cases.
- In IDVA clients, the average length of time the abuse had been occurring was 2 years 6 months in 2020, and 3 years in 2019.

SAFELIVES’ 2020/21 SURVEY OF DOMESTIC ABUSE PRACTITIONERS IN ENGLAND AND WALES

Below are the key points from the SafeLives’ 2020/21 survey of domestic abuse practitioners in England and Wales:

- Since 2014, SafeLives has surveyed the number of Independent Domestic Violence Advisors (IDVAs) at the request of the Home Secretary, identifying how many IDVAs are supporting victims and survivors of domestic abuse across England and Wales.
- There are only 66% of the required number of FTE IDVAs in England and Wales to meet the needs of victims at the highest risk of serious harm or murder.
 - This level has fallen for the first time since 2016.
 - The current number of IDVAs is 420 fewer than the minimum number required (at least 1,220) to meet the needs of victims and survivors at high risk of serious harm or murder. In 2016 there was 67% of the required coverage for IDVA provision, and this rose to 74% in 2017 and remained stable at 74% in 2019.
- Only three police force areas have the minimum required number of IDVAs, while 14 have less than 50% of the required number.
- Just one in ten services had an IDVA who was based in a health setting, and only one in twenty had an IDVA providing specialised court support.

²⁰⁰ Office for National Statistics, Domestic abuse victim services, England and Wales: November 2020, 25 November 2020

²⁰¹ SafeLives, SafeLives’ 2019 survey of domestic abuse practitioners in England and Wales, 2019, p4

²⁰² Insights Idva dataset 2019-20.

At least 1,220 full time equivalent IDVAs are required to support all victims and survivors at high risk of serious harm or murder across England and Wales. The pathway is as follows:

1. Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Multi-Agency Risk Assessment Conference (MARAC).
2. At the MARAC, a range of professionals discuss how to collaborate and coordinate resources to mitigate the risk posed by the perpetrator(s) and increase safety in each case. Each victim discussed at MARAC should be supported by an IDVA²⁰³.
3. For every local MARAC, SafeLives produces an estimate of the number of IDVAs required to support victims and survivors of domestic abuse in that area.
4. This estimate is based on both the current number of MARAC cases and the size of the local population, in order to adjust for MARACs that are seeing fewer cases than the estimated number for victims and survivors in that area²⁰⁴.

CALCULATING THE FTE NUMBER OF IDVAS WORKING WITH VICTIMS AT HIGH RISK

The total number of FTE IDVAs in England and Wales for 2020/21 was 994 FTE.

SafeLives asked services to estimate the percentage of time that their IDVAs work with victims assessed as at the highest risk, in order to calculate the required number of IDVAs.

SafeLives then remove the number of FTE IDVAs working with those at lower risk levels. After applying this adjustment, the number of IDVAs in England and Wales supporting those at high risk equals 803 FTE.

In the vast majority of regions at least 80% of IDVAs are working with victims/survivors at high risk. If all IDVAs captured by the survey worked with victims/survivors at high risk, there would be 81% of the required IDVAs in post (although they would not be evenly distributed).

²⁰³ . IDVAs are trained to be able to support victims/survivors at high risk – those at risk of serious harm or murder. High risk domestic abuse is defined by either 10+ ticks on the Dash RIC, based on professional judgement or an escalation in the severity and/or frequency of incidents.

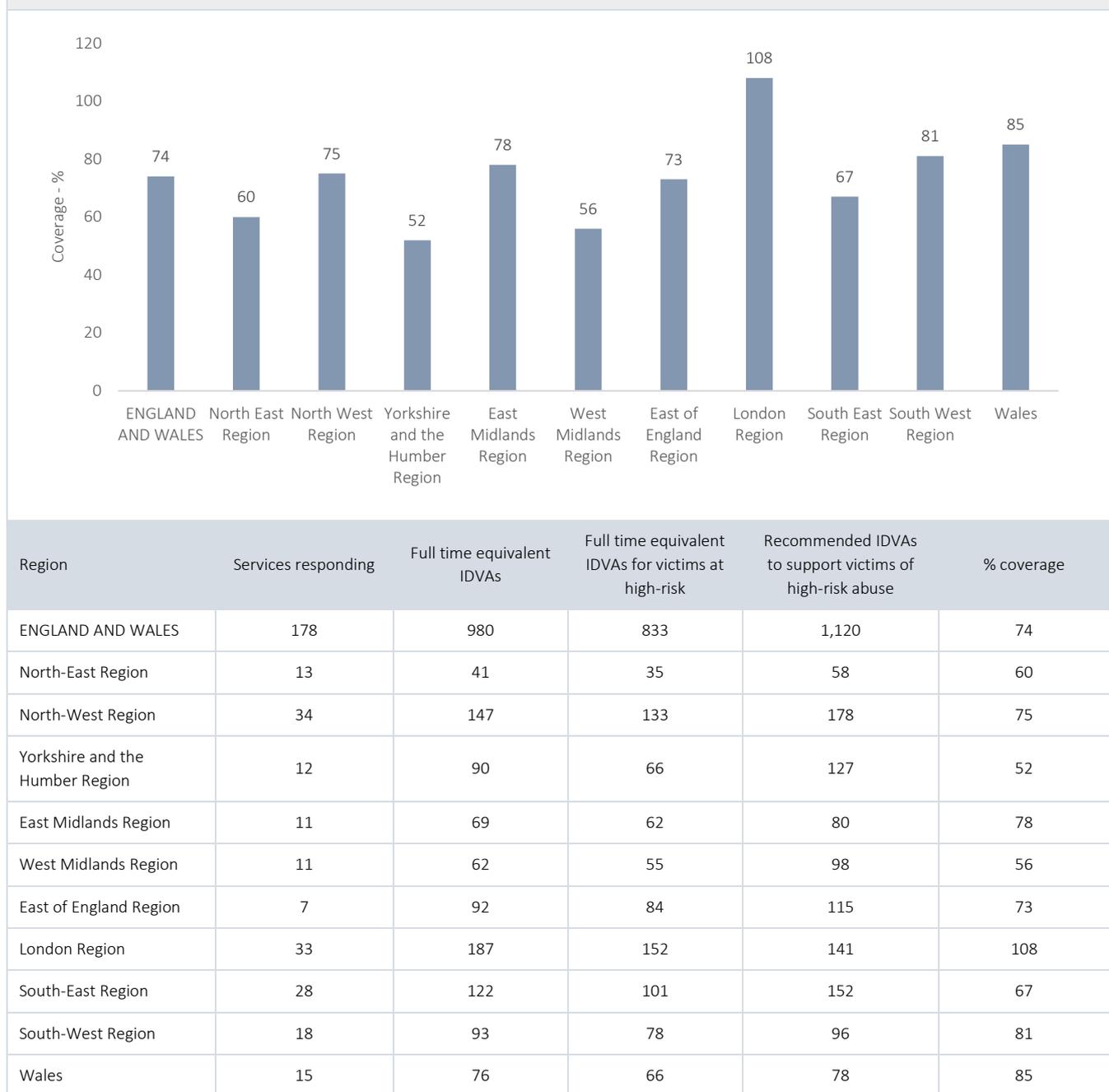
²⁰⁴ See appendix for details of this calculation.

LOCAL PROVISION

RECOMMENDED IDVAs TO SUPPORT VICTIMS OF HIGH-RISK ABUSE

The following chart looks at the recommended number of IDVAs by region.

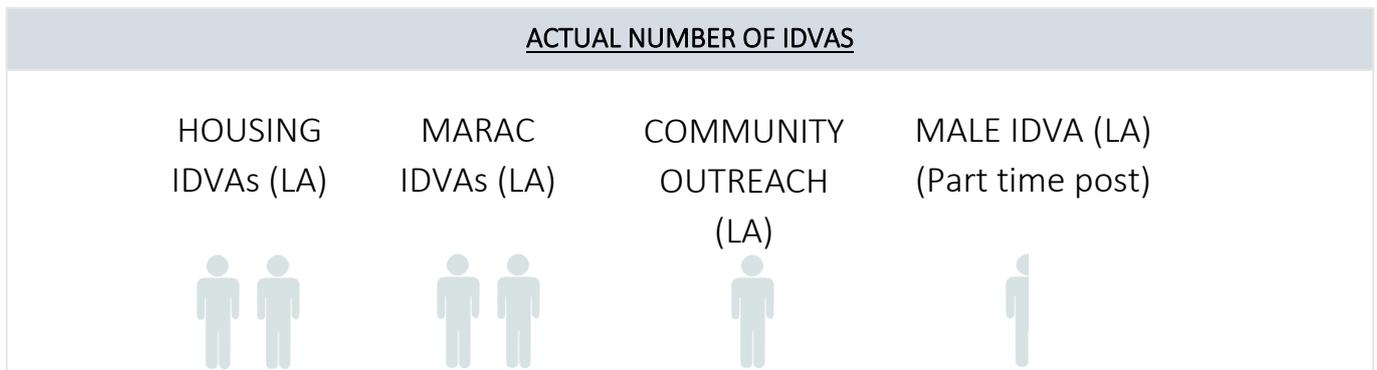
Figure 5.12: Recommended number of IDVAs to support victims of high-risk abuse – coverage.



CALCULATION FOR SOLIHULL

The following forms the basis for the calculation of the number of MARC IDVAs required in Solihull:

- This estimate is based on the assumption of 40 victims per 10,000 adult women, which has been established from work carried out by SafeLives to analyse the prevalence of high-risk cases including both victims who report and do not report to the police.
- There are 88,178 females aged 18 and over in Solihull²⁰⁵.
- $(88,178 / 10,000) * 40 = 353$
- It is recommended that IDVAs cover no more than 100 cases per year which means around 3.5 full time equivalent (FTE) IDVAs are needed to cope with the number of cases heard at MARAC.
- There are currently 2 MARAC IDVAs in place in Solihull.



²⁰⁵ ONS Mid-Year Estimates

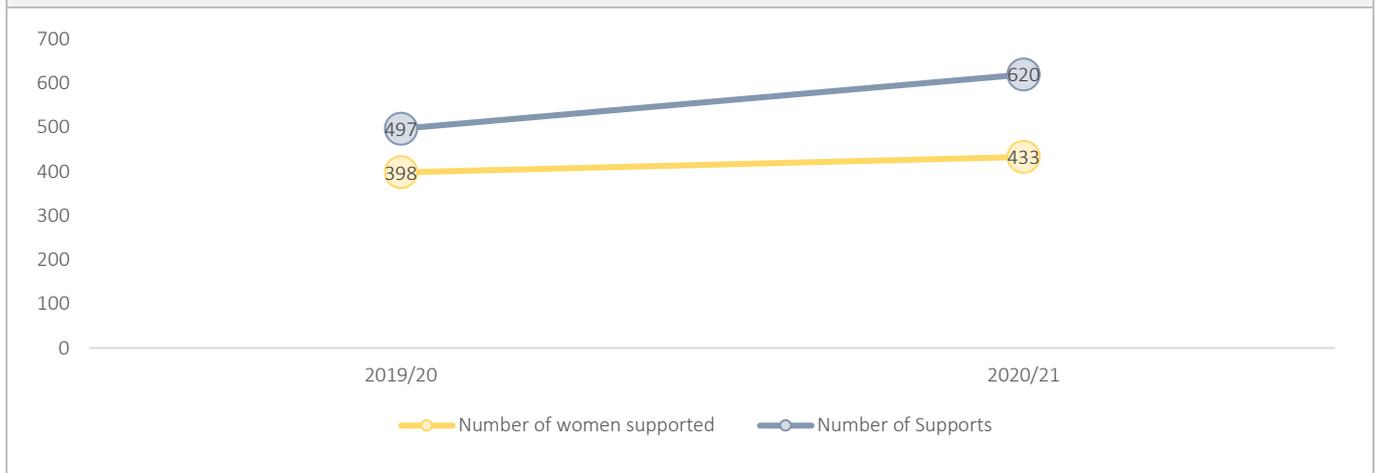
OTHER SERVICES

COMMUNITY OUTREACH

Birmingham and Solihull Women’s Aid are commissioned to provide services to those impacted by domestic abuse living in the community. Panahaghar are commissioned to provide support to male victims.

There has been an increase in the number of women supported. The number of women supported saw a 9% increase whilst the actual number of supports has increased by 25%.

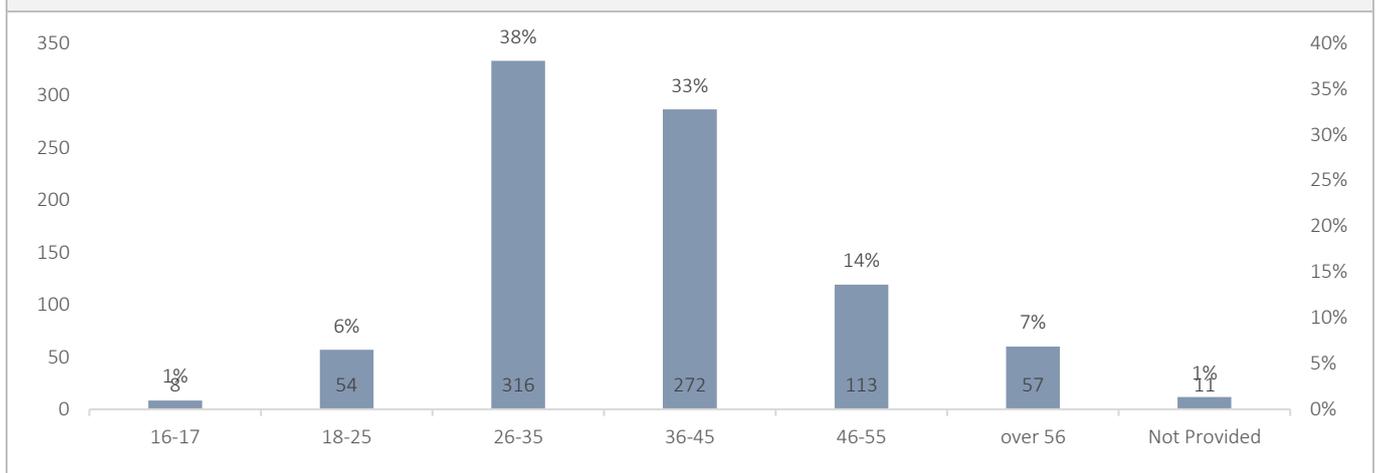
Figure 5.13: Referrals accepted by the community outreach service.



70% of those supported were between the ages of 26-45. The age groups of 26-35 and 36-45 shows the highest rate of the total of women being supported in 2019-20 to 2020-21.

This is generally reflective of the police data; however, the older age groups may present unmet need.

Figure 5.14: Referrals accepted by the community outreach service.

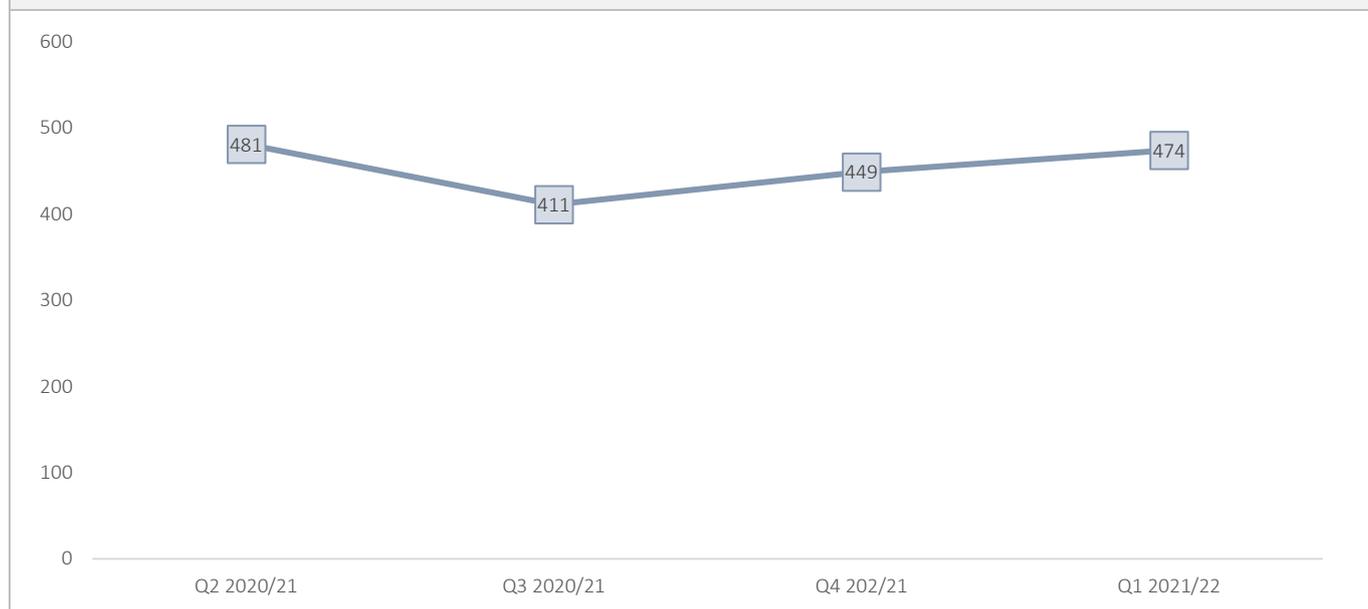


32% of those supported during 2019-20 and 2020-21 were from a BAME group. This is lower than the rate for the refuge service. The lower rate is due to the lower population of BAME groups in Solihull.

HELPLINE

BSWA run a helpline to support and direct survivors of domestic abuse. The number of calls relating to Solihull residents is shown below:

Figure 5.15: Total helpline contacts.



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HEALTH

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SUMMARY

CHAPTER SUMMARY

HEALTH SERVICES IN SOLIHULL

Within Solihull, healthcare services are provided by a number of different agencies. Figure 6.1 below gives a list of the wide range of healthcare services which could potentially have a significant role to play in responding to domestic abuse. 80% of women experiencing domestic abuse will seek help from health services and they are often a woman's first, or only, point of contact. As such, it is vital that health professionals are supported, via specialist training and partnership work with specialist organisations, to respond effectively and ensure victims have an effective non-criminal justice-based support option available to them.

Figure 6.1: Healthcare Agencies in Solihull.

Birmingham and Solihull CCG

- GP Services
- Changing to the Integrated Care System in April 2022.

University Hospitals Birmingham NHS Foundation Trust

- A&E Services
- Hospital Care
- Solihull Community Services
- Umbrella Sexual Health
- District Nursing
- Occupational Therapy
- Health Visitors
- School Nursing

Birmingham and Solihull Mental Health NHS

- Mental Healthcare Services:
 - Adult services
 - Older adult services
 - Specialist services
 - Young people's services
 - Secure care
 - Addictions services (SIAS)
 - Services for homeless people

IRIS PROGRAMME

Within Solihull, Birmingham and Solihull CCG commission the IRIS programme, a specialist domestic violence and abuse training, support and referral programme for general practices. In Solihull, there are 41 GPs. 27 are partly or fully trained in the IRIS programme. There were some wards without a GP practice signed up to the IRIS programme. The push to achieve full coverage should continue. There should be an aim to sign up GPs in Elmdon and St Alphege wards. There were also some gaps in the data collected by the IRIS programme. Demographic information on the IRIS programme in Solihull should be collected and monitored to ensure that the programme is achieving maximum reach.

The IRIS programme was not designed to meet the needs of male survivors. A pathway for males that mirrors the IRIS pathway should be explored.

MIDWIFERY

Within health services, there are examples of good domestic abuse practice being embedded. There is a specialist domestic abuse midwife role and routine enquiry to patients regarding domestic abuse has been embedded into midwifery practice since 2010. The joint midwife and IDVA clinic stopped running in March 2021. Practitioners found that this was a beneficial service in terms of engaging patients with specialist services as early as possible.

The benefits of embedding IDVAs in health settings is echoed in the Pathfinder Project²⁰⁶, which highlighted that health professionals feel better able to enquire about domestic abuse if their service funds a health-based IDVA (Independent Domestic Violence Advisor) to follow up with any disclosures of abuse and if they are aware of local referral pathways and specialist services to which they can refer patients.

MENTAL HEALTH

Within mental health services, routine enquiry is embedded in assessments and interventions completed by practitioners. Once domestic abuse has been identified there is a domestic abuse pathway followed by practitioners. Practitioners use the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment and Management Model. It was highlighted that there were limitations to mental health data, in that cases with a domestic abuse flag are not recorded.

The mental health and emotional wellbeing needs of domestic abuse victims (adults and children) were frequently cited as a cause for concern amongst practitioners who were interviewed. Reports from practitioners frequently referred to the waiting times to get women and children with complex mental health needs seen by mental health services. This is referred to in the Pathfinder Project, which recommends that “victims have priority and timely access to specialist mental health support services, which are adequately and consistently funded”. The pathway for domestic abuse victims into mental health services should be reviewed.

SUBSTANCE MISUSE

Within SIAS, the substance misuse service, those clients with a domestic abuse need are recorded and referrals to specialist domestic abuse services are discussed. At the time of this assessment, there were 65 clients open to SIAS who were recorded as having a domestic abuse need. A review of Domestic Homicide Reviews points to the patterns of referrals being made to domestic abuse services for those with alcohol issues, but the person not taking up the offer. The reinstating of a substance misuse IDVA could help improve the domestic abuse response to those

²⁰⁶ Standing Together, (2020), [Pathfinder Toolkit](#)

with drug and alcohol issues. There was previously a specific Women’s Aid worker attached to the Young Adults service; this is not in place any more.

SUICIDE DATA

There is no suicide data available relating to those who have perpetrated or been victims of domestic abuse. This should be addressed.

GUIDANCE AND BEST PRACTICE

Domestic abuse draft statutory guidance from the Home Office details the importance of community support and having a joined-up, multi-agency approach to domestic abuse in order to identify victims and their families at an early stage and before reaching crisis point.²⁰⁷

Below is a summary of how the guidance recommends how health services approach the identification of abuse and ensure that survivors receive support and protection tailored to their particular needs.

HEALTH PROFESSIONALS	
1.	
GUIDANCE AND BEST PRACTICE	<p>Health professionals have a significant role to play in responding to domestic abuse. 80% of women experiencing domestic abuse will seek help from health services and they are often a woman’s first, or only, point of contact.</p> <p>It is vital health professionals are supported, via specialist training and partnership work with specialist organisations, to respond effectively and ensure victims have an effective non-criminal justice-based support option available to them.</p> <p>The NHS has a key role in providing care and support to victims of domestic abuse, their children and babies through a wide range of health care services, including services for physical and mental health.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	Tiered and mandatory specialist training around domestic abuse should be set up in all health services. Training should include specialist content on how to identify, respond to and refer both survivors and perpetrators of domestic abuse in acute, mental health, primary care and public health settings.
2.	
GUIDANCE AND BEST PRACTICE	<p>Working together across agencies helps to provide holistic support for the victims. The ‘Working Together to Safeguard Children’ arrangements help to strengthen this multi-agency approach of partnership and collaborative working. This may include attending local domestic abuse/VAWG strategic group meetings, Multi-Agency Risk Assessment Conferences (MARACs) and engaging with Multi-Agency Public Protection Arrangements (MAPPAs) and may also include early help arrangements, not just those who reach safeguarding or high-risk MARAC thresholds, to enable earlier intervention and prevention of further harm.</p>

²⁰⁷ Domestic abuse: draft statutory guidance framework

APPROACH AND OPPORTUNITIES IN SOLIHULL	Health services attend MARACs that involve their patients in Solihull.
3.	
GUIDANCE AND BEST PRACTICE	<p>Staff working in the NHS can help to identify victims and potential victims and perpetrators of domestic abuse and provide, signpost or refer them to appropriate support.</p> <p>Health services should be encouraged and supported to set up robust partnerships with local domestic abuse specialist services and building referral pathways that are clear and easily accessible to ensure staff feel confident to respond to survivors.</p>
APPROACH AND OPPORTUNITIES IN SOLIHULL	<p>Pathways between health services and specialist domestic abuse services should be reviewed and improved.</p> <p>There should be a focus on building clear and accessible referral pathways to specialist organisations.</p>
4.	
GUIDANCE AND BEST PRACTICE	Specialist workers, employed by and managed by specialist, third sector providers should be embedded within health settings. DHSC (Department of Health and Social Care) published an online domestic abuse resource for health professionals and have developed a number of e-learning and training modules with the Institute of Health Professionals and the Royal Colleges of Nursing and GPs.
APPROACH AND OPPORTUNITIES IN SOLIHULL	In Solihull, there are opportunities for more specialist workers to be embedded within health settings. The Safelives report <i>A Cry for Health</i> provides extensive evidence around the benefits of this intervention in acute hospitals and other studies find similar results when specialists are located in mental health settings.
5.	
GUIDANCE AND BEST PRACTICE	Health and social care service managers and professionals should ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic abuse. This should be a routine part of good clinical practice, even where there are no indicators of such abuse.
APPROACH AND OPPORTUNITIES IN SOLIHULL	This should form part of a training package for health and social care professionals.
6.	
GUIDANCE AND BEST PRACTICE	<p>Almost all victims interact with health services at some point and it may be the only service they are able to access alone and feel safe to disclose.</p> <p>Domestic Homicide Reviews (DHRs) frequently cite health professionals as those with the best chance of taking action, and analysis of Domestic Homicide Reviews has shown the significant role that health professionals play.</p>

	There is a need for public authorities to ensure frontline staff in our public services are making trained enquiries into domestic abuse to ensure they are Making Every Contact Count.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Health and social care service managers and professionals should ensure trained staff in antenatal, postnatal, reproductive care, sexual health, alcohol or drug misuse, mental health, children's and vulnerable adults' services ask service users whether they have experienced domestic abuse. This should be a routine part of good clinical practice, even where there are no indicators of such abuse. Furthermore, it is critical that all health professionals understand their responsibility to enquire about domestic abuse if they are concerned that a patient may be experiencing or perpetrating it.
7.	
GUIDANCE AND BEST PRACTICE	Findings from the Pathfinder Project ²⁰⁸ highlighted that health professionals feel better able to enquire about domestic abuse if their service funds a Health Based IDVA (Independent Domestic Violence Advisor) to follow up with any disclosures of abuse and if they are aware of local referral pathways and specialist services to which they can refer patients.
APPROACH AND OPPORTUNITIES IN SOLIHULL	There is no IDVA role based in any health services in Solihull.
8.	
GUIDANCE AND BEST PRACTICE	The establishment of a Domestic Abuse Coordinator and the implementation of a Domestic Abuse Champions Network - these have been core elements of the good practice that has emerged as part of the national Pathfinder project. ²⁰⁹
APPROACH AND OPPORTUNITIES IN SOLIHULL	A Domestic Abuse Champions Network should be implemented in Solihull.
9.	
GUIDANCE AND BEST PRACTICE	Ensuring that victims have priority and timely access to specialist mental health support services, which are adequately and consistently funded, and available across the country to all survivors, regardless of their immigration status. [Recommendation from INCADVA ²¹⁰]
APPROACH AND OPPORTUNITIES IN SOLIHULL	There are no direct referral routes for victims of domestic abuse.

²⁰⁸ Standing Together, (2020), [Pathfinder Toolkit](#)

²⁰⁹ Standing Together, (2020), [Pathfinder Toolkit](#)

²¹⁰ INCADVA (Inter-Collegiate and Agency Domestic Violence Abuse) Forum

INTRODUCTION

PHYSICAL HEALTH²¹¹

Domestic abuse can cause short-term injuries, but it can also have a long-term impact on health. Health issues associated with abuse include asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders, migraines/headaches, and reproductive problems.

HEALTH SECTOR

The NHS spends more time dealing with the impact of violence against women and children than almost any other agency. The NHS is often the first point of contact for people experiencing abuse. Many drop hints when using health services, because they trust the staff to pick it up and probe sensitively.²¹²

NICE has published a Quality Standard²¹³ and a public health guideline²¹⁴ covering domestic violence and abuse.

Public health guideline 50: Domestic violence and abuse: multi-agency working²¹⁵ covers planning and delivering multi-agency services for domestic violence and abuse. It aims to help identify, prevent and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people.

Quality Standard 116²¹⁶ covers identifying and supporting people experiencing domestic violence or abuse, as well as support for those who carry it out. It also covers children and young people (under 16) who are affected by domestic violence or abuse that is not carried out against them. It describes high-quality care in priority areas for improvement.

In addition, the Department of Health has a resource on domestic abuse with information to help all NHS staff and allied healthcare partners in their response to victims of domestic violence and abuse.²¹⁷

The coronavirus pandemic and lockdown mean that many services have transferred to virtual, online settings, which may increase risk for victims living with their abuse. SafeLives has published guidance to support health professionals to safely ask patients about domestic abuse (DA) in virtual settings, for example on the telephone or online.²¹⁸

PREGNANCY AND MATERNITY

There are established links between pregnancy and domestic violence:

- Over a third of domestic violence starts or gets worse when a woman is pregnant.
- 15% of women report violence during their pregnancy.
- 40%–60% of women experiencing domestic violence are abused while pregnant.
- More than 14% of maternal deaths occur in women who have told their health professional they are in an abusive relationship.²¹⁹

A woman who is experiencing domestic abuse may have particular difficulties using antenatal care services: for example, the perpetrator of the abuse may try to prevent her from attending appointments. The woman may be

²¹¹ SafeLives: How widespread is domestic abuse and what is the impact?

²¹² Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals.

²¹³ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016.

²¹⁴ Domestic violence and abuse: multi-agency working. Public health guideline [PH50]Published date: 26 February 2014

²¹⁵ Domestic violence and abuse: multi-agency working. Public health guideline [PH50]Published date: 26 February 2014

²¹⁶ NICE (2016) Domestic violence and abuse: Quality standard [QS116]. Published: 29 February 2016.

²¹⁷ Department of Health and Social Care (2017): Domestic abuse: a resource for health professionals. Published 8 March 2017.

²¹⁸ SafeLives: Five Rs of asking about domestic abuse.

²¹⁹ Best Beginnings: Domestic Abuse.

afraid that disclosure of the abuse to a healthcare professional will worsen her situation, or anxious about the reaction of the healthcare professional.²²⁰

Domestic abuse is also an issue for parents who already have children at home:

- 64% of victims and survivors accessing IDVA services had children in the household
- 40% of those families were not known to Children's Services.²²¹

Perpetrators may use tactics including:

- Control of contraception, forced pregnancies or forced terminations
- Not allowing the non-abusive parent to respond to their child
- Using the child to abuse the non-abusive parent
- Abusing the child to punish the non-abusive parent
- Controlling access to money
- Threatening to take the children or harm them
- Isolating the child and non-abusive parent from extended family and support networks
- Use the courts to hassle over contact
- Making false claims to agencies such as health and social care.²²²

Responding effectively to Domestic Abuse requires a holistic, co-ordinated multi-agency, and whole family approach. Children and Families Social Workers play a crucial part in that response, but a lack of resources, training and understanding of the dynamics of domestic abuse and Coercive and Controlling Behaviours (CCB) and how these impact victims and their children, can often be a barrier to effective intervention.²²³

BEST PRACTICE

NICE Clinical guideline [CG110] offers guidance for antenatal care for women with complex social care factors (including domestic abuse).²²⁴

Research suggests that domestic abuse victims feel safest disclosing to health practitioners – and four out of five victims never tell the police. For this reason, national domestic abuse charity SafeLives is encouraging all midwifery units to have access to an onsite IDVA service, so that mothers are encouraged to disclose in a safe and open environment.²²⁵

London Child Protection Procedure 28: Safeguarding children affected by domestic abuse²²⁶ is for all professionals who have contact with children and with adults who are parents / carers, and who therefore have responsibilities for safeguarding and promoting the welfare of children.

²²⁰ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010.

²²¹ SafeLives: Spotlight #8: Parenting through domestic abuse.

²²² Parenting during and after domestic abuse.

²²³ SafeLives (2019): Resources for Children's Services.

²²⁴ NICE (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors. Clinical guideline [CG110] Published: 22 September 2010.

²²⁵ SafeLives: Idvas in maternity units.

²²⁶ London Child Protection Procedure 28: Safeguarding children affected by domestic abuse.

HEALTH SERVICES

OVERVIEW

LOCAL PROVISION – MIDWIFERY

University Hospitals Birmingham cover maternity care in Birmingham and Solihull. There are four hospitals covered by UHB:

- Queen Elizabeth in Birmingham
- Heartlands Hospital in Birmingham – the majority of Solihull residents deliver at Heartlands Hospital
- Good Hope Hospital in Birmingham
- Solihull Hospital in Solihull

DOMESTIC ABUSE SPECIFIC WORK IN UHB

There is a specialist midwife role in relation to domestic abuse. This role has been in place since 2010. Domestic abuse is asked about routinely with patients. A DASH risk assessment is embedded within the midwifery questions. There is a close link with a police officer who regularly works in the hospital in relation to domestic abuse. This is seen locally as a useful resource.

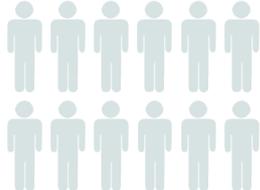
Once abuse is identified, midwives follow the Trust processes and guidance. NICE guidance²²⁷ is also followed. Midwives have been trained to participate in Domestic Homicide Reviews.

Maternity staff attend MARAC meetings when their patients are involved.

STAFFING

Within the UHB midwifery service, there is:

Figure 6.2: Current staffing provision for the UHB midwifery service

Named Midwife for Safeguarding Children	Specialist Midwife Support for Domestic Abuse Safeguarding.	Specialist midwives within the team (Teenage Pregnancies, Refugees, FGM, Abuse). All are trained in identifying domestic abuse.
1 	1.2 	12 

²²⁷ NICE, (2010), Pregnancy and complex social factors: a model for service provision for pregnant women with complex social factors [CG110]

TRAINING

All midwives are trained to Level 3 Safeguarding Children, and this training is refreshed on an annual basis. This includes a section on domestic abuse.

Midwives fed back that more information looking at so-called honour-based violence would be useful. Staff would benefit from briefings and support.

SCREENING PRACTICES

There are processes in place to ensure that all pregnant women are asked at least three times during and after their pregnancy about domestic abuse. Of the UHB hospitals, Heartlands Hospital gets the most domestic abuse disclosures.

INTERVENTIONS

Following the identification/disclosure of domestic abuse, the specialist midwives provide a range of support and signposting help to survivors. This includes completing a support safety plan, onward referrals to other services. Midwives are able to refer an individual on to appropriate services based on their individual need.

IDVAs

There used to be a clinic run in Heartlands Hospital attended by a midwife and an IDVA. This clinic stopped in March 2021 due to the IDVA funding ceasing. There is an IDVA based in the maternity team in Queen Elizabeth Hospital; however, this service does not cover Good Hope Hospital. When the IDVA was based in Heartlands Hospital, there was a more immediate response to a disclosure of domestic abuse. The feeling amongst midwives is that a regular clinic for those identified as survivors of domestic abuse run alongside an IDVA would be beneficial.

MENTAL HEALTH

INTRODUCTION

Mental health problems are a common consequence of experiencing domestic abuse, both for adults and children. And, having mental health issues can render a person more vulnerable to abuse. Despite the strong association, domestic abuse often goes undetected within mental health services and domestic abuse services are not always equipped to support mental health problems.²²⁸

- Domestic violence has an estimated overall cost to mental healthcare of £176 million.
- Research suggests that women experiencing domestic abuse are more likely to experience a mental health problem, while women with mental health problems are more likely to be domestically abused, with 30-60% of women with a mental health problem having experienced domestic violence.
- Domestic violence is associated with depression, anxiety, PTSD and substance abuse in the general population.
- Exposure to domestic violence has a significant impact on children's mental health. Many studies have found strong links with poorer educational outcomes and higher levels of mental health problems.²²⁹
- Mental ill health is also a risk factor for abuse perpetration.²³⁰

BEST PRACTICE

Victims, survivors and perpetrators of domestic abuse who have mental health difficulties need services with an understanding of their experiences, needs and trauma. These must also be understood by those funding, commissioning and shaping domestic abuse services.

SafeLives recommendations include:²³¹

- Domestic abuse services and mental health services should work closely together and ensure clear referral routes are established. Mental health services should have training in domestic abuse (DA), and DA services should have training in mental health.
- Domestic abuse services should consider additional needs and vulnerabilities during risk assessments which are more likely to affect people with mental ill health. For instance, the increased likelihood of substance misuse, homelessness, children being removed, and exploitation from their abuser and others. They should also consider how certain groups of victims are more vulnerable to mental health problems (such as LGBT+ and disabled people).

All services which come into contact with victim/survivors and perpetrators of domestic abuse should assess whether their response is trauma-informed.

²²⁸ SafeLives (2019), *Safe and well: Mental health and domestic abuse*.

²²⁹ Mental Health Foundation: *Mental health statistics: domestic violence*.

²³⁰ SafeLives (2019), *Safe and well: Mental health and domestic abuse*.

²³¹ SafeLives (2019), *Safe and well: Mental health and domestic abuse*.

Figure 6.3: Overview of mental health need across services in Solihull.

MENTAL HEALTH	
POLICE	MARAC
NOT AVAILABLE	1 (<1%) REFERRAL FROM THE MENTAL HEALTH SERVICE FOR THE 12 MONTHS TO JUNE-21 [same as 1 (<1%) from previous year]
BSWA REFUGE	IRIS
21 (66%) WOMEN WITH MH NEED IN 2020-21 [a decrease from 27 (75%) from previous year]	-
BSWA COMMUNITY	HOMELESSNESS (MAIN DECISION)
142 (33%) WOMEN WITH MH NEED IN 2020-21 [an increase from 118 (30%) from previous year]	26 (32%) CASES IN 2020-21. [an increase from 18 (24%) from previous year]

INTRODUCTION

Mental health provision in Solihull is provided by Birmingham and Solihull Mental Health NHS Foundation Trust. In Solihull, the Trust provide the following services:

- In-patients
- CAMHS
- Regional forensic services
- Acute Hospitals
- Liaison and Diversion Services in Courts
- Crisis interventions
- Eating disorder services
- Community Addiction Services in Solihull

In addition, the Trust provide some learning disability and autism services in Solihull.

SPECIFIC DOMESTIC ABUSE SERVICES

In Birmingham there is an IDVA post within the Mental Health Trust. The post is a temporary post and has been funded by Birmingham Women's Aid. There is a pathway for patients to be referred through to the Mental Health IDVA. The IDVA does not cover patients in Solihull.

There is a pathway in place for high-risk domestic abuse.

DOMESTIC ABUSE RESPONSE WITHIN THE MENTAL HEALTH SERVICE

'Routine Enquiry' is built into assessments/interventions completed by mental health practitioners. All practitioners are encouraged to ask about domestic abuse. The practitioner's response depends on the service.

Once domestic abuse has been identified there is a domestic abuse pathway followed by practitioners. Practitioners use the Domestic Abuse, Stalking and Harassment and Honour Based Violence (DASH) Risk Identification and Assessment and Management Model.

MARAC

Mental health practitioners are part of the MARAC. Practitioners do not attend MARAC meetings but do feed information into the MARAC. There are not the resources within the mental health team to attend MARAC meetings.

At the time of this assessment, MARACs in Birmingham were run on a weekly basis.

There is a plan for Birmingham and Solihull CCG to attend MARAC meetings in person on behalf of all of health services. This has not started yet.

TRAINING

There is statutory and mandatory training of Safeguarding needs across the Trust. The training has a specific focus on 'Routine Enquiry', early help and prevention. Specialist video training has been commissioned to cover routine enquiries. The Trust promote externally offered training too. Learning from Domestic Homicide Reviews.

The Trust ran conferences on Domestic Abuse and Think Family.

The Trust commissioned a theatre group to provide some domestic abuse-themed work.

There are some gaps relating to specific training relating to men as victims and perpetrators.

PERPETRATOR SERVICES

Practitioners fed back that there are no resources for low and medium risk perpetrators.

NEED/ GAPS

The following areas were highlighted as potential gaps by Mental Health practitioners:

- There is a possible gap relating to the domestic abuse dimensions of possible suicides.
- There is possible 'unconscious bias' amongst practitioners who see patients in more affluent areas. This is hard to evidence. There is possibly more coercive and controlling behaviour in Solihull, again this is hard to evidence.
- Refuge services were raised as an issue. The mental health teams have a lot of complex patients, who do not meet the criteria for refuges. In refuges, service users require more support than available.
- Cross-border issues are complicated and tricky to navigate. There are always problems and delays in services taking responsibility.
- There is a general lack of consideration for those from a dual heritage.
- There is less LGBT+ support in Solihull. There is not much representation of high working with LGBT+ services.
- There is a gap relating to provision for men as victims in Solihull.
- Mental health data does not include when there is a domestic abuse flag. The way of capturing routine enquiry needs to be developed.

SUBSTANCE MISUSE

INTRODUCTION

Women who have experienced gender-based violence are 5.5 times more likely to be diagnosed with a substance use problem over their lifetime.²³² And within intimate partner relationships where one partner has a problem with alcohol or other drugs, domestic violence and abuse is more likely than not to occur.²³³

Frontline services such as drug and alcohol, domestic abuse, GP, midwifery and social work, play a vital role in identifying and supporting women with co-occurring substance use and domestic abuse issues.

Against Violence and Abuse (AVA) offers research, guidance and training to practitioners about multiple disadvantage (substance use, domestic abuse, sexual violence, prostitution and mental health). Their Stella Toolkit highlights the importance of multi-agency working and issues 'minimum standards' for supporting women with co-occurring issues. Among these standards they stipulate that "clients should not be denied services due to issues with domestic violence or substance misuse".²³⁴

Building on this, a toolkit from AVA²³⁵ and an associated e-learning programme provide a bridge across three areas - domestic and sexual violence, problematic substance use and mental ill-health - which often co-exist for service users but currently are not comprehensively addressed by the practitioners in each sector.

LOCAL PROVISION – SOLIHULL INTEGRATED ADDICTION SERVICE

SIAS provide a substance misuse service to all ages, including younger people.

In Solihull, SIAS staff attend ODOC meetings alongside police, probation, social care, and other health practitioners.

DOMESTIC ABUSE AND SIAS

Currently there are 65 clients open with domestic abuse as a complex need. These clients have a high-risk level. SIAS practitioners discuss making referrals to BSWA with the client if domestic abuse is identified.

SIAS run a women's group relating to lived experience of domestic abuse. SIAS also run a Hidden Harms service in relation to the needs of children.

Alcohol misuse is a major area of concern for domestic abuse. SIAS work closely with probation for those who have alcohol problems and have a history of offending.

²³² DrugScope (2013), Making the connection: Developing integrated approaches to domestic violence and substance abuse.

²³³ Galvani (2010), Supporting families affected by substance use and domestic violence. The Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire.

²³⁴ Society for the Study of Addiction (2017), Understanding Co-occurring Substance Use & Domestic Abuse. First published: 22/05/2017 | Last updated: August 4th, 2019.

²³⁵ AVA (2018), Complicated matters: a toolkit addressing domestic and sexual violence, substance use and mental ill-health.

POTENTIAL GAPS

The service lead highlighted that there is a gap in perpetrator services. There is only a route to perpetrator services via the MARAC. There is no support for staff regarding working with perpetrators of domestic abuse.

There was previously a specific Women's Aid worker attached to the Young Adults' service; this is not in place any more. The possibility of having a Substance Misuse IDVA should be explored.

Feedback from the BSWA IDVAs also highlighted the good work completed by the embedded substance misuse IDVA:

"Ideally direct routes to support and referral pathways to DA services from mental health teams and drug and alcohol teams could benefit women in creating a seamless service and ability to create partnership working within these areas. Previous project work in the area of drug and alcohol service was highly beneficial for women who did not want to attend various locations for appointment and also served as a safety measure if they were unable to access DA services in a safe way otherwise. If there were single points of contact/drop in provision in each service area (mental health & addiction services) women would be able to access DA services safely and discreetly alongside other appointments."

PREVENTION AND LEARNING FROM DOMESTIC HOMICIDE REVIEWS

In order to prioritise the prevention of those with substance misuse issues from becoming victims of domestic abuse, Domestic Abuse Partnership Board members must be aware of the risk and protective factors of domestic abuse that are relevant to their client group; for example recognising the role of alcohol abuse in domestic homicides.²³⁶

A review of Domestic Homicide Reviews also points to a pattern of referrals being made to domestic abuse services for those with alcohol issues, but the person not taking up the offer.

²³⁶ Alcohol Concern, (2016), Domestic abuse and change resistant drinkers: preventing and reducing the harm

INTRODUCTION

OVERVIEW²³⁷

IRIS is a specialist domestic violence and abuse (DVA) training, support and referral programme for General Practices that has been positively evaluated in a randomised controlled trial.

IRIS is a collaboration between primary care and third sector organisations specialising in DVA. Core areas of the programme include ongoing training, education and consultancy for the clinical team and administrative staff, care pathways for primary health care practitioners and an enhanced referral pathway to specialist domestic violence services for patients with experience of DVA.

The IRIS programme is an evidence-based, effective and cost-effective intervention to improve the primary care response to DVA and is nationally recognised.

IRIS improves the General Practice response to DVA and essentially improves the safety, quality of life and wellbeing of survivors of DVA.

LOCAL PICTURE

Up until Quarter 1 2021-22, data was recorded jointly across Birmingham and Solihull. The data included in this report was manually extracted from the joint Birmingham and Solihull data by the IDVA Co-ordinator.

There was a total of 88 referrals during 2020-21, which equates to 22 per quarter or 7 each month.

The 88 referrals during 2020-21 equate to 41 per 100,000 of the population. Solihull data includes GPs that have addresses in Birmingham. These are GPs who are registered as GPs in Solihull, but whose practice location is in Birmingham.

Figure 6.4: Number of referrals by quarter; 2020-21.



²³⁷ <https://irisi.org/about-the-iris-programme/>

Of the 17 wards in Solihull, 15 had at least one GP surgery trained. The two wards with no GP surgeries were Elmdon and St Alphege. Below shows the geographical analysis by ward. There are large differences in the identification by wards. It is likely that this is down to the individual surgeries' implementation of the IRIS programme.

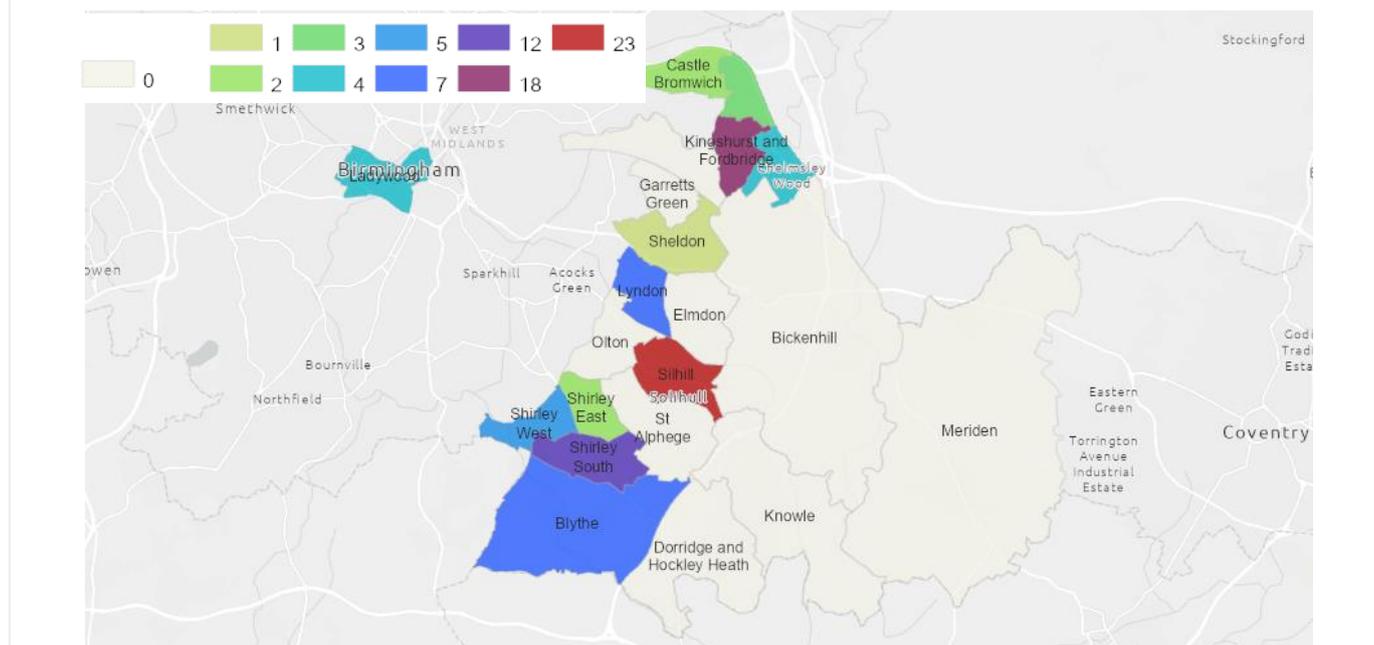
5 of the remaining 15 wards in Solihull with a GP trained made no referrals in 2020-21. These GPs will be contacted by the IRIS Coordinator. The IRIS Steering Group also monitor this.

There were 8 GP surgeries that had a postcode in Birmingham but who were registered as GPs in Solihull.

The IRIS Co-ordinator plans to write to all GPs in Solihull inviting them to join the IRIS programme.

Figure 6.5: IRIS activity based on the ward in which the GP is located.

Ward Name	Local Authority	Count of Surgeries	Referrals
Bickenhill	Solihull	2	0
Blythe		3	7
Castle Bromwich		2	2
Chelmsley Wood		1	4
Dorridge and Hockley Heath		1	0
Elmdon		0	0
Kingshurst and Fordbridge		1	18
Knowle		2	0
Lyndon		3	7
Meriden		2	0
Olton		1	0
St Alphege		0	0
Shirley East		4	2
Shirley South		1	12
Shirley West		3	5
Silhill		2	23
Smith's Wood		3	3
Glebe Farm & Tile Cross	Birmingham	1	0
Garretts Green		3	0
Ladywood		1	4
Sheldon		3	1
Total		39	88



SUICIDE

INTRODUCTION

DOMESTIC ABUSE AND SUICIDE

There is a link between domestic abuse and mental health needs, including suicide and suicidal ideation. However, the literature on domestic abuse and suicide is not extensive. The Kent and Medway Suicide Prevention Team carried a series of mini research projects into domestic abuse and suicide.²³⁸

These deaths are made up of four main cohorts;

- Victims currently experiencing abuse (female and male)
- Individuals who have been victims of domestic abuse in the past
- Children and young people living in households impacted by DA
- Perpetrators of domestic abuse (either convicted or under investigation)

Out of 928 DASH risk assessments:

- 63% of DA victims were feeling depressed or having suicidal thoughts
- 61% of abusers had threatened or attempted suicide.

DOMESTIC ABUSE VICTIMS

According to SafeLives' *Cry for Health* report, "two women a week are killed by a current or ex-partner in England and Wales, but it is estimated many more take their own lives as a result of domestic abuse: every day almost 30 women attempt suicide as a result of experiencing domestic abuse, and every week three women take their own lives".

The SafeLives Insights IDVA 2017-18 dataset showed that 17% of people accessing support from a domestic abuse service had planned or attempted suicide.

Nearly twice as many hospital-based victim/survivors had self-harmed or planned/attempted suicide than those in community services (43% compared to 23% respectively).

The more severe the abuse, the greater the risk of suicide: research indicates that women at higher risk of potentially lethal assaults by their intimate partner had significantly greater odds of having threatened or attempted suicide during their lifetime.²³⁹

The pandemic has had an impact. In a survey of service users, domestic abuse prevention charity Hestia found that between July and September 2020, four out of every 100 women were contemplating or planning to take their own lives, compared to just one in every 100 in the same period in 2019.²⁴⁰

²³⁸ Megan Abbott and Tim Woodhouse: Highlighting the relationship between domestic abuse and suicide. Presentation on behalf of Transforming health and social care in Kent and Medway, for a National Suicide Prevention event, December 2020.

²³⁹ Cavanaugh, C. E., Messing, J. T., Del-Colle, M., O'Sullivan, C., & Campbell, J. C. (2011). Prevalence and correlates of suicidal behavior among adult female victims of intimate partner violence. *Suicide & life-threatening behavior*, 41(4), 372–383.

²⁴⁰ Blog: Domestic abuse & suicide.

DOMESTIC ABUSE PERPETRATORS

Drive is a pilot programme that seeks to challenge and disrupt the behaviour of high-harm perpetrators.

SafeLives internal analysis of Drive data with contact-only cases found that over a third (35%) had planned or attempted suicide. This compares to around 5% of the general population who have experienced suicidal thoughts/attempts in the past year.²⁴¹

In perpetrators, it is difficult to analyse which suicide threats are genuine and which may be part of a campaign of abuse, or used as an 'excuse' for abusive behaviour.²⁴²

SUICIDE IN SOLIHULL

Suicide data was not available for this needs assessment.

²⁴¹ Blog: Domestic abuse & suicide.

²⁴² Video: Is it surprising that our local Real Time Suicide Surveillance is highlighting perpetrator suicides?

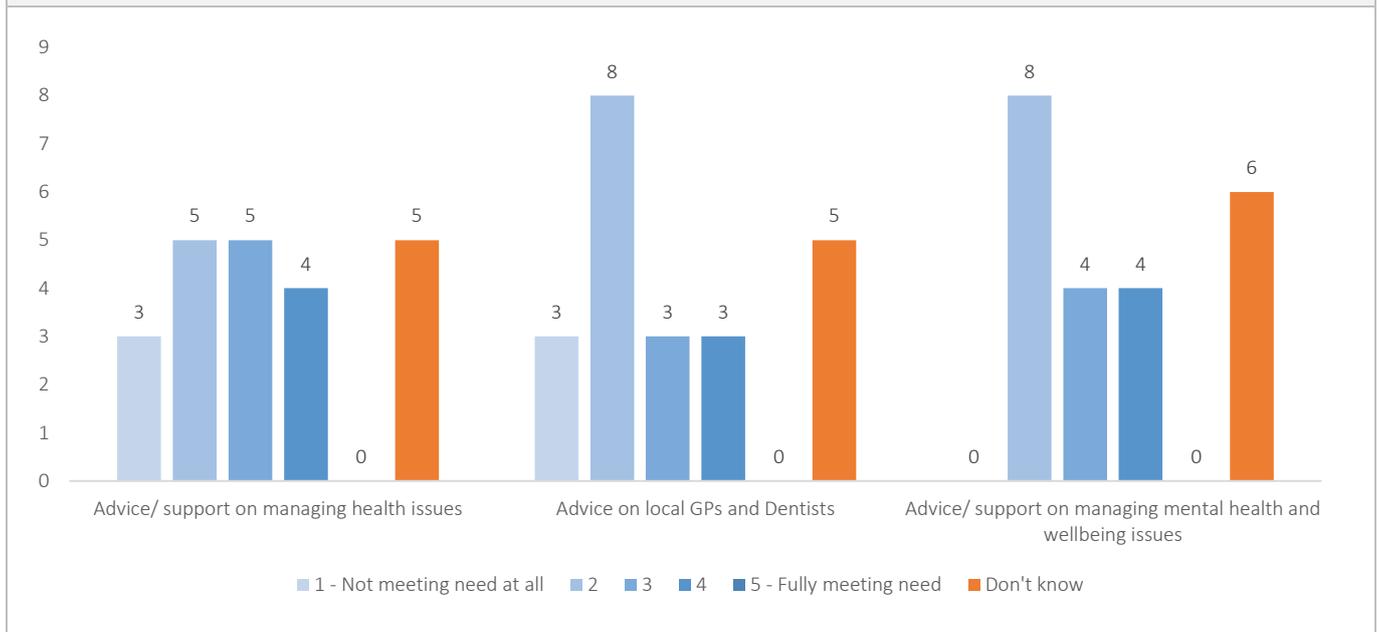
ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether support services in relation to health were meeting the needs of domestic abuse survivors.

The graph below shows that there is a mixed response from practitioners to how services are managing the health needs of those who have suffered domestic abuse.

Figure 6.6: Support in relation to health needs – Staff survey.



FREE TEXT COMMENTS

“Ideally direct routes to support and referral pathways to DA services from mental health teams and drug and alcohol teams could benefit women in creating a seamless service and ability to create partnership working within these areas.”

IDVA BSWA

“Also targeting areas of hidden harm such as older women, women who have disabilities and additional support needs via the GP and other health support services would be beneficial.”

IDVA, BSWA

“More Mental Health services or support. Some victims who do not meet the threshold of Adult Services intervention are left stranded. They are vulnerable and need additional support but non is available.”

IDVA, BSWA

“IDVA's also signpost to other relevant agencies for support with health, mental health, child related concerns, financial support and employability.”

IDVA, BSWA

“Local Solihull Health professionals have a good working relationship with BSWA
-GP's have been good in supporting women effected by DV.”

Refuge Project Worker, BSWA

“Refuge staff are not trained medical professionals. We support around mental health and advice around managing health but there is no other service where medical professionals can support.”

SURVIVOR SURVEY

Survivors were asked if support around health was meeting needs.

FREE TEXT COMMENTS

"Mental health teams are very supportive"

Survivor, 36-44

"I couldn't get help with accommodation from women's aid because I am not eligible for public funds. I have had to stay with a narcissist because of that which has been very damaging for my mental health."

Survivor, 25-34

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CHILDREN AND YOUNG PEOPLE

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SUMMARY

CHAPTER SUMMARY

INTRODUCTION

The 2021 Domestic Abuse Act places into law that children are classed as victims of domestic abuse. A child who “sees or hears, or experiences the effects of, the abuse, and is related to the abused or abuser” is now a victim under law. Domestic abuse has a huge impact on children and they require specialist help to manage their needs. The Barnardo’s Report, *Not Just Collateral Damage*²⁴³ details the following impacts that domestic abuse can have on children:

- Mental health - Children who are exposed to domestic abuse experience increased levels of fear, inhibition, anxiety and depression compared to their peers.
- Child development – Domestic abuse can have a severe impact on child development, particularly for very young children who are exposed to violence. Research suggests the impact on neurological development can manifest itself in poor health, poor sleeping habits, excessive screaming, and can result in disrupted attachment between child and mother.
- Harmful sexual behaviour - An analysis of 700 cases of HSB in the UK showed that two-thirds were known to have experienced at least one form of abuse or trauma, including physical abuse, emotional abuse, severe neglect, parental rejection, domestic violence and parental drug and alcohol abuse; half of the total sample had experienced a form of abuse other than sexual abuse.
- Future cycles of abuse - children who live in households where there is domestic abuse are more likely to be in abusive relationships when they are older, either as abusers or victims, or both, stuck in a cycle of abuse.
- Youth offending - There is growing evidence that experiencing domestic abuse as a child or young person can result in youth offending. The behavioural characteristics resulting from traumatic childhood experiences, such as domestic abuse, can “set children and young people on a difficult trajectory” which can subsequently lead to offending.

PREVENTATIVE WORK

Nationally, there is a requirement on all schools to deliver Relationships and Sex Education²⁴⁴ in all schools. The guidance states that schools can use external agencies to enhance and supplement the curriculum, this can be something that is explored in Solihull. There are examples of specialist domestic abuse services providing sessions in schools, such as the Our Future project in Dudley.

CHILDREN AS VICTIMS OF DOMESTIC ABUSE

On 31st January 2022, the provision for treating children as victims of domestic abuse within the DA Act came into force. For children, young people and families who have additional needs that aren’t being met by usual services, Solihull MBC have an Early Help Service. Figure 7.1 below shows the Solihull Safeguarding Children Partnership Threshold Guidance and how it addresses domestic abuse.

²⁴³ Barnardo’s, (2020), *Not Just Collateral Damage*

²⁴⁴ Department for Education, (2019), *Relationships Education*

The Solihull Safeguarding Children Partnership’s Threshold Guidance²⁴⁵ is intended to assist professionals within Solihull to identify suitable responses to the needs they identify amongst the children, young people, and families that they work with.

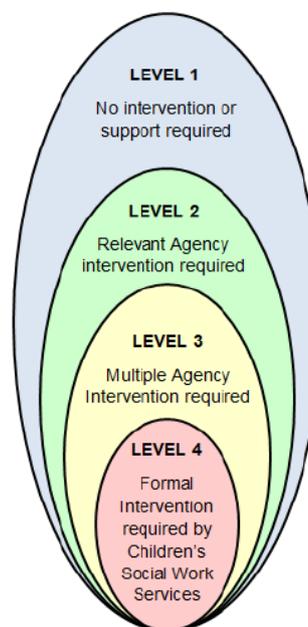
The guidance highlights domestic violence as one of the areas that should be considered when a practitioner is assessing.

It is recommended that practitioners complete the Domestic Violence Risk Inventory Matrix (DVRIM), as well as referring to the threshold guidance, when completing their assessments.

The guidance says that for children, young people and families reaching Level 2 on the threshold guidance, “those advising on domestic violence may also provide advice and support”.

Figure 7.1: Solihull Safeguarding Children Partnership Threshold Guidance

Solihull Local Safeguarding Children Partnership Threshold Guidance



The Solihull Neglect Strategy²⁴⁶ drives the response to neglect, including domestic abuse, in Solihull. The Strategy includes a number of areas for development in relation to domestic abuse, that were identified by practitioners:

- Clarify how we work together with children living with neglect including those living with domestic abuse who do not meet the threshold for child protection procedures.
- Improve the quality of referrals.
- Clarify role of engage.
- Work out how we involve partners in strategy meetings who are not in MASH and inform those who are not the referrer.
- Clarify information sharing and consent around early help and domestic violence triage.
- Review the referral template.
- Ensure child’s ethnicity is clearly recorded ensure children are not in police stations overnight.
- Resolve confusion about mental health out-of-hours cover.
- Promote dispute resolution procedure. Ensure staff prioritise attendance at core group and CIN meetings.
- Increase application of Graded Care Profile.

In Solihull, children and young people who have a safeguarding need, including one related to domestic abuse, are referred to the Multi Agency Safeguarding Hub (MASH). At the time of this assessment, there was no specialist domestic abuse support linked directly to the MASH. It was highlighted that in Birmingham, there is an IDVA linked

²⁴⁵ Solihull Safeguarding Children Partnership’s Threshold Guidance

²⁴⁶ Local Safeguarding Children’s Board, (2017), Solihull Neglect Strategy

to the MASH and this served in increasing the knowledge of domestic abuse amongst children's practitioners as well as helping to develop policies and practices in relation to domestic abuse.

Training on the dynamics of domestic violence and risk identification for Children's Services practitioners would help embed good practice. The embedding of an IDVA within the Multi-Agency Safeguarding Hub should be explored.

In Solihull, SOLAR are commissioned to provide emotional wellbeing and mental health services to children, young people and families in Solihull. The service is not domestic abuse specific, however it will work with those impacted by domestic abuse. Regarding specialist domestic abuse support in Solihull, children who reside within the BSWA refuge have access to specialist support via the Children's Worker. There is an opportunity to develop a similar service to include victims placed in other accommodation, such as temporary accommodation, or who reside in other accommodation in the community. Any specialist children and young person's domestic abuse service will require support regarding their mental health and emotional wellbeing, as described above.

As with other areas there are training and development opportunities for practitioners working with children and young people in relation to identifying and working with victims of domestic abuse.

CHILDREN AND FAMILY COURTS

Feedback from practitioners shows that there are sometimes gaps in the monitoring of Cafcass decisions. BSWA currently have no capacity to support women through the Family Court System – a process that can be daunting and lengthy. Gaps in monitoring will enhance and escalate risks to children and the non-abusing parent. These risks are amplified when there are multiple abusers and the survivor, and their children are being coercively controlled.²⁴⁷ Risk management training to professionals supporting families engaging with the Civil and Criminal Justice System with clear referral routes to specialist services and the need for co-ordinated case management to support safe interventions.

²⁴⁷ <https://www.womensaid.org.uk/childfirst/>

GUIDANCE AND BEST PRACTICE

Domestic abuse draft statutory guidance from the Home Office details the importance of community support and having a joined-up, multi-agency approach to domestic abuse in order to identify victims and their families at an early stage and before reaching crisis point.²⁴⁸

Below is a summary of how the guidance recommends how children's services approach the identification of abuse and ensure that survivors receive support and protection tailored to their particular needs.

EARLY YEARS AND CHILDCARE	
1.	
GUIDANCE AND BEST PRACTICE	Practitioners must have regard to 'Working Together to Safeguard Children'.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Early years providers must ensure that they are alert to any issues of concern in the child's life and that they have and implement a policy and procedures to safeguard children.
SCHOOLS AND COLLEGES	
2.	
GUIDANCE AND BEST PRACTICE	Can identify concerns early, provide help for children, and prevent concerns from escalating. Operation Encompass enables police to alert designated safeguarding leads of a domestic abuse incident involving a child. Allowing schools to offer emotional support.
APPROACH AND OPPORTUNITIES IN SOLIHULL	Must have regard to Keeping Children Safe in Education²⁴⁹ (KCSIE) – statutory safeguarding guidance. Operation Encompass is run in Solihull.
HIGHER EDUCATION	
3.	
GUIDANCE AND BEST PRACTICE	The government continues to work closely with Universities UK (UUK) on implementing its Changing the Culture framework which seeks to tackle violence against women, harassment and hate crime. Underreporting of abuse and domestic violence is common and it is important that providers break down barriers to reporting and that students feel safe and able to report incidents of all abuse, harassment and violence.
APPROACH AND OPPORTUNITIES IN SOLIHULL	All higher education (HE) providers should discharge their responsibilities fully and have robust policies and procedures in place to address harassment, making sure that HE is a genuinely fulfilling and welcoming experience for everyone.
CHILDREN'S SOCIAL CARE	

²⁴⁸ Domestic abuse: draft statutory guidance framework

²⁴⁹ Department for Education (2015): Keeping children safe in education. Last updated September 2021.

4.

GUIDANCE AND BEST PRACTICE

Domestic abuse is the most common risk factor identified by social workers in assessments and is a key driver of need for children’s social care.

Children’s social workers are an important partner both in the identification of domestic abuse and the service response.

Social workers must be aware of known domestic abuse risk factors (pregnancy, adult mental ill-health and substance use).

Social workers must continue to develop their knowledge and skills through continuing professional development; this should include an understanding of the different forms of domestic abuse.

APPROACH AND OPPORTUNITIES IN SOLIHULL

Domestic abuse forms part of the safeguarding training that social workers undertake.

It should be ensured that social workers have the skills, knowledge and confidence to identify domestic abuse.

CHILDREN'S SERVICES

CHILDRENS SAFEGUARDING

STATUTORY GUIDANCE

The Home Office's *Domestic Abuse: draft statutory guidance framework* states:

"In relation to children and young people (0-18 years), the statutory guidance document, [Working Together to Safeguard Children 2018](#)²⁵⁰ sets out what professionals and organisations need to do, individually and in partnership with other agencies, to safeguard and promote the welfare of children and young people. The guidance is clear that children may be vulnerable to neglect and abuse or exploitation from within their own family and from individuals outside their family and that these threats include domestic abuse, including controlling or coercive behaviour and teenage relationship abuse. Working Together also highlights that everyone who works with children has a responsibility for keeping them safe and that multi-agency working and information sharing is essential to ensure that children and families receive the right help at the right time. The importance of early help in promoting the welfare of children is emphasised.

"The guidance also sets out key roles for individual organisations and agencies to deliver effective arrangements for safeguarding and places an equal and shared duty on the three safeguarding partners (the local authority, health and police) to make arrangements to work together to safeguard and promote the welfare of all children in a local area. In relation to children in need (section 17, Children Act 1989) and child protection enquiries (section 47, Children Act 1989), the guidance sets out the specific roles and responsibilities of the local authority and its social workers in leading statutory assessments. Working Together makes clear that in all welfare and safeguarding enquiries, a child-centred approach should be adopted by practitioners to ensure that the best interests of the child are considered at all times."

The table on page

110 highlights the roles that a range of agencies have in responding to domestic abuse. Practitioners across all areas working with children and young people (including Early Years, Schools and Colleges, Higher Education, and Children's Social Care must ensure that they are alert to any issues of concern in the child's life and have regard to relevant statutory safeguarding guidance such as [Working Together to Safeguard Children](#)²⁵¹ and [Keeping Children Safe in Education](#)²⁵².

BEST PRACTICE

[The Multi-Agency Response to Children Living with Domestic Abuse](#)²⁵³ advises on good practice in relation to children living with domestic abuse. The report draws attention to the importance of striking a balance between responding to immediate individual crises, and developing long-term solutions for the family, including attending to the overall needs of children.

²⁵⁰ Department for Education, Working together to safeguard children 2018: A guide to inter-agency working to safeguard and promote the welfare of children.

²⁵¹ Department for Education, Working together to safeguard children 2018: A guide to inter-agency working to safeguard and promote the welfare of children.

²⁵² Department for Education (2015): Keeping children safe in education. Last updated September 2021.

²⁵³ The multi-agency response to children living with domestic abuse. 2017.

LOCAL PROVISION

INTRODUCTION

Solihull has a Multi-Agency Safeguarding Hub (MASH) and the Early-help Multi Agency procedures were relaunched in 2019.

REFERRALS

All children's safeguarding referrals go to the MASH. Safeguarding referrals are more likely to be relating to physical aspects of domestic abuse. The Children's Safeguarding Lead believes that coercion and controlling behaviour is not recognised as often.

TRAINING

There is currently a half-day virtual training offered on domestic abuse - understanding coercion & control in safeguarding. (This is usually a full day face-to-face training).

Training has been offered to providers of the Perpetrator Programme.

POSSIBLE NEED

The Children's Safeguarding Lead fed back some areas where services could be developed. It was felt that there was not a clear response for young people who abuse parents. It was felt that there was a lack of LGBT+ youth services in Solihull; people are directed to Birmingham, Coventry or online with little support.

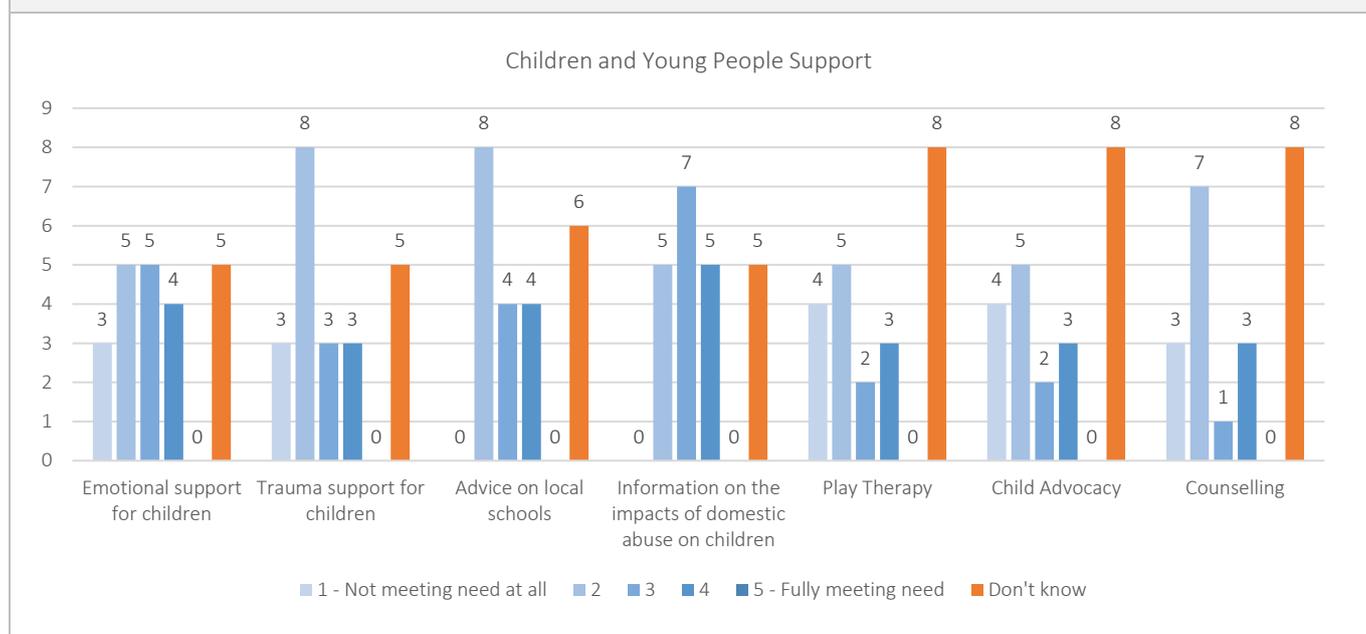
ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether support services for children were meeting needs.

Responses from practitioners indicate that existing services are not meeting needs in relation to play therapy, child advocacy, trauma support, and counselling.

Figure 7.2: Support in relation to children – Practitioner Survey.



FREE TEXT COMMENTS

When working with clients, what are the main challenges?

“Trauma based support for women and children”

Family Support, BSWA

When working with clients, what are the main challenges?

“Closure of the play club during COVID has caused a delay with paperwork as staff cannot do personal work with the women due to children being around mum”

Family Support, BSWA

“Housing for disabled women and children are very limited to none - more social housing and refuge space for disabled women and children to be made available”

“Lack of housing for disabled women and children meaning they are either living with the perp longer due to the shortage or end up in refuge staying longer as suitable housing is harder to find.”

Refuge Support Worker, BSWA

“More work needs to be done with children coming from a domestic abuse environment.”

Women’s Justice Worker, Green Square Accord

“Travelodge may not be suitable for a woman and children, due to lack of facilities for cooking, washing clothes etc and this can be a big expense that is unaffordable.

Travelling to take children to school can be both time consuming and expensive and a continued risk.

Women are reluctant to relocate children from their school while in TA due to no clear timeline of how long they will be there and potentially having to relocate again. Therefore, stand alone TA would be more preferable for families to enable them to settle for a period of time with facilities that assist to maintain living standards and enable them to relocate their children to a new school without the fear of being suddenly uprooted again.”

IDVA, BSWA

“Having the time and ability to build a rapport with women and to hear from her perspective what her support needs are. Having the knowledge and experience of the impact of DA on women and children and the resources to provide specialist support. Offering support in a way that is not directive but using encouragement and empathy. Not being driven by targets but more by passion for the work that we do. Providing safety planning for women whatever situation they find themselves in and ensuring that they are fully informed of the service support that is available for now and in the future. Supporting women to understand the nature of abuse and providing strategies to overcome the impact on them and their children..”

IDVA, BSWA

“As far as I am aware there is very little in the way of services for children within the borough of Solihull. More funding is needed to ensure that all children affected by DA are screened and supported to overcome the trauma that they experience. More funding should go into direct specialist support for children impacted by DA.”

Housing IDVA, BSWA

What could be improved?

“Lack of services for children, waiting lists are long.”

Refuge Project Worker, BSWA

“We have Childrens Services but i am unsure what they can provide to families in need.”

Housing Options Worker, SCH

Having 1 Family and Childrens Support Worker is not sufficient to meet the needs of the service users at refuge. We previously had many more and then this decreased to 2. Now we only have 1. Not possible to do all this work with 11 families and all the other support given at refuge. Also when sessions are provided with children, the adult to children ratio does not match. Many families/children have to wait longer for support and sessions.

Refuge Project Worker, BSWA

SURVIVOR SURVEY

Respondents were asked about how well support services in relation to children met need.

FREE-TEXT COMMENTS

“There is information but there aren’t many specialist services for children other than the NSPCC. My kids were older and they would have benefited from more specialist support around living in a home with domestic abuse. It’s very complex for children they love their father and their mother but they know what their dad does to their mum is wrong. They can see he picks on her and they can’t articulate it but they can also see those behaviours displayed to them but in a lesser form...”

Survivor, 45-54

Figure 7.3: Overview of need relating to children and young people across services in Solihull.

CHILDREN AND YOUNG PEOPLE	
POLICE	MARAC
-	<p>1 (<1%) VICTIM AGED 16-17 FOR YEAR ENDING JUNE 2021. [an increase from 0 from previous year]</p> <p>341 CHILDREN IN THE HOUSEHOLD FOR YEAR ENDING JUNE 2021. [a decrease from 392 from previous year]</p>
BSWA REFUGE	IRIS
<p>45 CHILDREN IN REFUGE IN 2020-21. [a decrease from 63 in 2019-20]</p>	-
BSWA COMMUNITY	HOMELESSNESS (MAIN DECISION)
<p>656 CHILDREN SUPPORTED IN 2020-21. [an increase from 565 in 2019-20]</p>	-

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SPECIFIC COHORTS

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GENDER

INTRODUCTION

OVERVIEW

Domestic abuse is a gendered crime. Whilst both men and women may experience incidents of inter-personal violence and abuse, women are considerably more likely to experience repeated and severe forms of abuse, including sexual violence. They are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death.²⁵⁴

For the year ending March 2020, the Crime Survey for England and Wales (CSEW) estimated that 1.6 million women and 757,000 men aged 16 to 74 years experienced domestic abuse in the last year. This is a prevalence rate of approximately 7 in 100 women and 4 in 100 men.

Women were significantly more likely than men to be victims of each type of abuse, with the exception of sexual assault by a family member where, although higher, the difference was not significant.²⁵⁵

MALE VICTIMS OF DOMESTIC VIOLENCE

- While domestic violence and abuse is mainly perpetrated by men against women, it can also be perpetrated by women against men, in same-sex relationships and against trans men.
- Men's experience of domestic violence and abuse will be affected by stereotypes and assumptions about masculinity. This can affect how men perceive their own victimisation, place pressures and expectations on them or unfairly influence how services respond.
- Gay, bi and trans men's experiences of domestic violence and abuse may also be affected by other forms of oppression and discrimination, i.e., homophobia, biphobia, transphobia.
- Some perpetrators present as victims and need a response which addresses this.²⁵⁶

BEST PRACTICE

The government's *Ending Violence against Women and Girls Strategy 2016-2020*²⁵⁷ aims to secure justice and support all victims of crimes that have been identified as being committed primarily but not exclusively by men against women. These include domestic abuse, rape, sexual offences, stalking, harassment, so-called 'honour-based' violence including forced marriage, female genital mutilation, child abuse, human trafficking focusing on sexual exploitation, prostitution, pornography and obscenity.²⁵⁸

The *Respect Male Victims Standard*²⁵⁹ seeks to ensure that services who work with male victims are safe, effective and accountable. It ensures that organisations meet this responsibility and place the experience of victims and their safety, well-being and freedom at the centre of all their work.

²⁵⁴ Women's Aid: Domestic abuse is a gendered crime.

²⁵⁵ ONS: Domestic abuse victim characteristics, England and Wales, year ending March 2020.

²⁵⁶ Respect (2019), Respect Toolkit for Work with Male Victims of Domestic Abuse.

²⁵⁷ HM Government (2016): Ending Violence against Women and Girls Strategy 2016-2020.

²⁵⁸ CPS (2017), Violence Against Women and Girls Strategy 2017-2020.

²⁵⁹ Respect (2019), Respect Male Victims Standard.

SUMMARY OF LOCAL TRENDS

OVERVIEW

Data relating to males is limited to Police, MARAC, and local homelessness data. The analysis of the police data shows year-on-year increases, with 2020 seeing a significant increase on the numbers in 2019.

The MARAC and local homelessness data shows no changes.

The increase in male victim/survivors in the police data should be reflected across the system, however there is an intelligence gap. This should be addressed.

Figure 8.1: Overview of need relating to males across services in Solihull.

POLICE			
	2018	2019	2020
#	511	550	729
%	23%	24%	26%
MARAC			
	12 Months to June 19	12 Months to June 20	12 Months to June 21
#	5	3	4
%	2%	1%	1%
HOMELESSNESS (MAIN DECISION)			
	2019-20	2020-21	
#	8	7	
%	9%	11%	

ENGAGEMENT

PRACTITIONER FOCUS GROUP – PANAHGHR

Panahghar staff were interviewed regarding the work they completed with male survivors as part of the MARAC offering.

The following is a summary of the conversation:

We support male victims: they often need a lot of encouragement to talk about it because for men, domestic abuse is not recognized in quite the same way. They are seen as 'going against the norm'. Some men have said that when they told other men what was happening – being scared for their life, being beaten up and stabbed – they were told 'be a man, grow up', stop acting like a big girl's blouse'. Male victims say they don't get a speedy response from the police, it's not seen as dangerous, their complaint is not taken as seriously as a woman reporting. A key part of supporting male victims is to let them see that I understand and encourage them to speak about it.

OVERVIEW

Domestic abuse occurs across all racial groups, but ethnicity can be a factor in the type of abuse suffered and the issues faced by survivors. Being from a black or minority ethnic background can also affect the time taken to get support, and what support survivors can access.

- Socio-economic factors, social isolation and the language barrier can all prevent women from BAME backgrounds from seeking support²⁶⁰
- Gender and racial stereotyping, cultural insensitivity and inadequate provision of interpreters are examples of failure to protect BAME victims of domestic abuse and slavery²⁶¹
- The history of distrust between BAME communities and the police force makes it more likely that BAME women would seek informal sources of support before turning to the police²⁶²
- Safelives' (2020) dataset with 42000 clients showed that 'BME clients suffered abuse for 1.5 times longer before seeking help compared to those from a white British or Irish background'. Research shows that 'a woman facing domestic violence has to make 11 contacts with agencies before getting the help she needs; however, this rises to 17 if she is BME'.
- The majority of cases seen by the Forced Marriage Unit in 2016 were from the South Asian community, although the unit dealt with cases from over 90 countries in total²⁶³
- SafeLives' Insights data for those at risk of 'honour' based violence (HBV) shows a similar trend, with 58% of victims identifying as Asian²⁶⁴
- UK communities most at risk of FGM include Kenyan, Somali, Sudanese, Sierra Leonean, Egyptian, Nigerian and Eritrean. Non-African communities that practise FGM include Yemeni, Afghani, Kurdish, Indonesian and Pakistani²⁶⁵
- A person who is subject to immigration control cannot claim public funds (benefits and housing assistance), unless an exception applies. This disproportionately affects people from BAME backgrounds²⁶⁶ and is a barrier to getting support²⁶⁷ 92% of BAME migrant women surveyed in 2020 reported that their perpetrator used their immigration status against them, which acted as a barrier to asking for help²⁶⁸
- The ethnic groups with the highest proportion of reported domestic abuse in from the year ending March 2018 to the year ending March 2020 were Mixed White / Black Caribbean (10.6%), Mixed White / Asian (8.8%) and Mixed (7.6%).²⁶⁹

²⁶⁰ BAWSO: Domestic abuse from a BME perspective.

²⁶¹ Sisters for change (2017), Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England.

²⁶² Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups.

²⁶³ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

²⁶⁴ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

²⁶⁵ Home Office (2011): FGM: The Facts. Last updated March 2019.

²⁶⁶ JCWI: Evidence for the UN Committee on the elimination of racial discrimination.

²⁶⁷ NRPF Network: Support for victims of domestic abuse.

²⁶⁸ Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups.

²⁶⁹ Ethnicity facts and figures: Domestic abuse. Published February 2012.

BEST PRACTICE

Sisters for Change recommend that local authorities should review their current strategy of funding larger, 'generic' service providers to meet the needs of BAME women victims of violence and recognise the critical importance of the pathway provided by small, specialist BAME VAW service providers and give BAME women victims the choice they want.²⁷⁰

SafeLives recommend that Local Authorities, family law practitioners and the judiciary should ensure social workers and family courts receive training on common features of HBV cases which are relevant to child contact arrangements, and that local authorities should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.²⁷¹

SUMMARY OF LOCAL TRENDS

OVERVIEW

Ethnicity data is well recorded in Solihull. Comparing the different datasets shows variances for the rate of clients from a BAME background. The police data shows a rate of around 15% which is comparable to the MARAC data. Note that although the rate for the Police has remained stable, actual numbers show an increase. MARAC, BSWA, and homelessness data also shows an increase in BAME numbers.

The highest rate is for BSWA refuge, however this is not reflective of the local population but can be explained due to the high usage of Solihull refuges by Birmingham residents.

Figure 8.2: Overview of need relating to BAME groups across services in Solihull.

POLICE			
	2018	2019	2020
#	296	282	344
%	15%	14%	15%
MARAC			
	12 Months to June 19	12 Months to June 20	12 Months to June 21
#	35	35	45
%	14%	14%	17%
BSWA			
	2019-20	2020-21	
#	20	17	
%	56%	53%	

²⁷⁰ Sisters for change (2017), Unequal Regard, Unequal Protection: Public authority responses to violence against BME women in England.

²⁷¹ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

BSWA COMMUNITY		
	2019-20	2020-21
#	128	140
%	32%	32%
HOMELESSNESS (MAIN DECISION)		
	2019-20	2020-21
#	17	25
%	22%	31%

DISABILITIES

INTRODUCTION

LEARNING DISABILITY

A learning disability is a reduced intellectual ability and difficulty with everyday activities, such as household tasks, socialising or managing money, which affects a person for their whole life. People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. The level of support someone needs depends on the individual.²⁷²

The full range of mental, physical, sexual and financial abuse which is inflicted on other women, is also inflicted on women with learning disabilities. Coercive and controlling behaviour is very common.²⁷³

But those with learning disabilities do not always recognise unhealthy or abusive relationships, and if they do, they don't always know what support is out there and what that support looks like.

Barriers to support for people with learning disabilities who experience domestic abuse include:²⁷⁴

- Fear of consequences of reporting
- Missed opportunities by professionals, school, GP, Hospital, Social Workers
- Fear of not being listened to and/or not being believed
- Masking (Convincing professionals nothing is happening)
- Shame
- Lack of accessible services & information
- Lack of knowledge of sources of support
- Gatekeeping by alleged perpetrator
- Poor Services Response
- Lack of education on healthy relationships and domestic abuse for people with learning disabilities.

The Care Act 2014 places a responsibility on councils to protect people who are at risk from abuse or neglect. The best councils:

- Provide strategic leadership and work with other public agencies and other local stakeholders to agree the local strategic approach to enabling adults with learning disability and/or autism to keep themselves safe.
- Provide information and advice in a range of accessible formats to help adults with learning disability and carers to understand how to identify different types of abuse and neglect and to advise them how to mitigate each risk and what to do if they are concerned about abuse or neglect.
- Work co-productively with local communities to make them safer for people with learning disability and to increase public awareness of possible signs of abuse/neglect and to know how to report concerns.
- Work with other agencies to make support available for people who have experienced abuse or neglect (or witnessed it) so they can access and benefit from participation in the criminal justice system.
- Operate efficient and effective safeguarding arrangements that fully involve the person experiencing, or at risk of, neglect/abuse - as far as this is practical in each case.

²⁷² CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report.

²⁷³ Choice Support, Supported Loving toolkit: Domestic violence and women with learning disabilities.

²⁷⁴ CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report.

- Ensure independent advocacy is available to all who need it and ensure it is used effectively to support people who are currently or have recently experienced abuse. This includes independent advocates for Mental Capacity (IMCA), Domestic Abuse (IDVA) and Mental Health (IMHA).²⁷⁵

Further recommendations for best practice include:²⁷⁶

- Education about Domestic Abuse for people with learning disabilities, and resources to help people with learning disabilities to recognise what is happening to them
- Services are more accessible/approachable to enable disclosure and support
- Training for those in contact with people with learning disabilities about domestic abuse
- Training for providers of domestic abuse services about engaging with people with learning disabilities.

PHYSICAL DISABILITY

People with physical disabilities and longstanding illnesses are more than twice as likely to experience domestic abuse than non-disabled people. This abuse is also likely to be more severe, more frequent, and to occur over a longer timeframe than that experienced by non-disabled people.^{277 278}

- While disabled women are most likely to be abused by an intimate partner, they are also significantly more likely to experience abuse by personal care assistants, strangers, health care providers and family members than non-disabled women.²⁷⁹
- A disabled person may feel that he or she cannot leave a perpetrator because of the reliance on them for personal and medical care, housing or financial security.²⁸⁰
- Evidence focusing on disabled young adults indicates that professionals are less able to recognise and distinguish abuse from other needs, and that disabled young people are less likely both to disclose abuse and to receive a response that meets their needs.²⁸¹
- Out of 16,000 disabled people experiencing high risk domestic abuse, at least 13,600 were either not supported by a MARAC, or their impairment was not identified, potentially leaving them without the specialist support they need.²⁸²
- Even when disabled victims are referred to local domestic abuse services these services may not be appropriate or accessible. For instance, refuges and community based domestic abuse services may not be accessible to victims with physical impairments.²⁸³

²⁷⁵ Local Government Association: Supporting adults with learning disabilities and / or autism to stay safe.

²⁷⁶ CarmDas (2019), Improving Support for people with Learning Disabilities Experiencing Domestic Abuse: Summary Report.

²⁷⁷ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

²⁷⁸ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

²⁷⁹ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

²⁸⁰ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

²⁸¹ Ann Craft Trust: Domestic abuse.

²⁸² Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

²⁸³ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

BEST PRACTICE

In 2014 the Care Act introduced a clear legal framework requiring local authorities to safeguard vulnerable adults. Despite this, SafeLives’ Insights national dataset shows that in 2015-2016 none of the 925 referrals of disabled victims to domestic abuse services were from adult safeguarding.

- Disabled victims of domestic abuse are also protected under the Equality Act (2010). This seeks to ensure that support available to others, such as from an Independent Domestic Violence Advisor (IDVA), is equally accessible to those with impairments. It is a legal requirement of the Act that public bodies (such as the police and local authorities) carry out an equality analysis to take account of the needs of those with impairments when planning, delivering and commissioning services.²⁸⁴
- Local Authorities and MARACs should monitor the engagement of adult social care within the MARAC process as a required core agency at MARACs and promote improved engagement.²⁸⁵
- We know that what works in preventing general domestic abuse – school-based education and economic empowerment – is also likely to work for disability-specific domestic abuse prevention.
- Furthermore, group empowerment education has shown promising results in increasing knowledge and protective factors for domestic abuse among disabled people.
- To improve access to health and social care and domestic abuse services, barriers should be addressed and professionals should receive further training.
- Alongside this, integration between health and social care services and disability and domestic abuse services will improve knowledge and referral pathways.
- Finally, engaging directly with disabled people in the planning and provision of services can help ensure that services are responsive to their needs.²⁸⁶

SUMMARY OF LOCAL TRENDS

OVERVIEW

Only two of the datasets available for this Needs Assessment record information around disabilities. There has been a significant increase in the MARAC data, however is lower than the SafeLives expected rate of 19%.

Figure 8.3: Overview of need relating to disability across services in Solihull.

MARAC			
	12 Months to June 19	12 Months to June 20	12 Months to June 21
#	2	2	15
%	1%	1%	6%
HOMELESSNESS (MAIN DECISION)			
	2019-20	2020-21	
#	15	13	
%	20%	16%	

²⁸⁴ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

²⁸⁵ Safe Lives (2017), Disabled Survivors Too: Disabled people and domestic abuse

²⁸⁶ Public Health England (2015), Disability and domestic abuse: Risk, impacts and response.

OVERVIEW

According to Stonewall, 11 per cent of LGBT+ people have experienced domestic abuse from a partner in the past year. These rates rise further for trans people, as well as disabled and black, Asian and minority ethnic LGBT+ people.²⁸⁷

The limited available research suggests that LGBT+ people experience domestic abuse at a higher rate than non-LGBT+ people. But LGBT+ victims and survivors are not accessing services at the same rate as others in the population.²⁸⁸

LGBT+ people can be subject to unique aspects of domestic abuse not experienced by the rest of the population, including the threat of disclosure of sexual orientation, or withholding the treatment needed for a trans person to express their gender identity.²⁸⁹

A 2018 study by SafeLives²⁹⁰ found that:

- Statutory and non-statutory services are missing opportunities to identify LGBT+ victims, survivors and perpetrators of domestic abuse
- LGBT+ victims and survivors are experiencing high levels of risk and complex needs before they access support
- LGBT+ victims and survivors need support tailored to their needs and circumstances
- A victim's sexual orientation or gender identity can sometimes be targeted as part of the abuse
- Societal attitudes and lack of inclusion are preventing LGBT+ victims and survivors from accessing the support they need to get safe and recover.

In addition, LGBT+ people can be unwilling to use relevant services for fear of homophobic, transphobic or biphobic responses from staff and service users or because they do not think the response will meet their needs.²⁹¹

Domestic violence and homelessness support services should:

- Develop and advertise services that are inclusive of LGBT+ people, drawing on best practice from other LGBT+-inclusive services.
- Provide training for all staff on meeting the specific needs of LGBT+ service users.²⁹²
- Be clear what support / services is offered to LGBT+ people: agencies might consider explicitly advertising that they will work with trans people (or trans women, for women-only organisations).
- Establish links with specialist LGBT+ services.²⁹³

²⁸⁷ https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

²⁸⁸ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

²⁸⁹ Galop, Domestic Violence and Abuse and the LGBT Communities.

²⁹⁰ <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-6-lgbt-people-and-domestic-abuse>

²⁹¹ Government Equalities Office (2019): National LGBT Survey: Summary report.

²⁹² https://www.stonewall.org.uk/sites/default/files/lgbt_in_britain_home_and_communities.pdf

²⁹³ Galop: Barriers faced by LGBT people in accessing non-LGBT domestic violence support services.

SUMMARY OF LOCAL TRENDS

OVERVIEW

Data relating to LQBT+ groups is poorly recorded in Solihull, with only MARAC being able to provide data for this Needs Assessment.

SafeLives states that “The national average is lower than the expected 2.5 - 5.8% (or above) which is partly due to barriers in reporting. There is variation in estimates about the size of LGB populations, and even less data on transgender populations, but Public Health England’s current estimate for the national LGB population is between 2.5% and 5.8%. The results of research conducted in Scotland and Wales suggest that similar estimates could be made for these areas.”

Figure 8.4: Overview of need relating to LGBT+ groups across services in Solihull.

MARAC			
	12 Months to June 19	12 Months to June 20	12 Months to June 21
#	1	4	2
%	0%	2%	1%

SEX WORKERS

INTRODUCTION

OVERVIEW

There is an established link between domestic violence and sex work.

- One 2005 study found that 79% of participants who had experienced domestic violence had also sex worked. It was claimed that the women were often coerced into the sex industry by abusive and violent male partners.²⁹⁴
- Stigmatization of sex work may lead partners or family members to think it acceptable to use violence to “punish” a woman who has sex with other men. It may be difficult for sex workers to leave an abusive relationship, particularly when perpetrators threaten them, or have control due to ownership of a home, or the power to harm or refuse access to their children.²⁹⁵
- For homeless women [many of whom face homelessness due to domestic abuse], sex work may be seen as a less dangerous option compared to being on the street or in a mixed hostel.²⁹⁶
- According to the homelessness charity St Mungo’s, “A substantial minority (11%) of our female clients are known to be involved in prostitution... Services report that transactional or survival sex, including exchanging sex for shelter, drugs or alcohol, is more common for homeless and rough sleeping women than the data suggests.”²⁹⁷
- Not all women who are involved in this way identify themselves as being involved in prostitution, and not all homelessness services view them in this way.²⁹⁸

Sex workers suffer from a wide range of health and wellbeing issues. They represent a high-risk group where communicable yet preventable diseases, including TB, HIV, other blood-borne viruses and STIs, are common. They often suffer from mental health problems, including depression, anxiety and Post-Traumatic Stress Disorder.²⁹⁹

SUMMARY OF LOCAL TRENDS

OVERVIEW

No data relating to Sex Workers was available for this Needs Assessment.

²⁹⁴ Harding, Rachel (2005), Sex work: Abuse or choice? Framework Housing Association.

²⁹⁵ WHO: Addressing Violence Against Sex Workers.

²⁹⁶ SafeLives (2018), Safe at Home: Homelessness and domestic abuse.

²⁹⁷ St Mungo’s (2019), St Mungo’s Women’s Strategy 2019.

²⁹⁸ St Mungo’s (2019), St Mungo’s Women’s Strategy 2019.

²⁹⁹ UCL Institute of Health Equity (2014), A review of the literature on sex workers and social exclusion.

PRISONERS

INTRODUCTION

OVERVIEW

Women in prison have often been victims of much more serious offences than those of which they have been convicted, with 57% of women in prison reporting having been victims of domestic violence. More than half (53%) report having experienced emotional, physical or sexual abuse as a child compared to 27% of men.

Because many women fear disclosing abuse, both figures are likely to be an underestimate. The charity Women in Prison report that 79% of the women who use their services have experienced domestic violence and/or sexual abuse.

There are strong links between women's experience of domestic and sexual abuse and coercive relationships, and their offending.

Several women said that they had committed offences on many occasions and over prolonged periods of time in order to support a partner's drug use, including by shoplifting, by selling drugs and by committing other undisclosed offences. They said they felt trapped in these unhealthy relationships.³⁰⁰

Prisoners who have experienced or witnessed domestic abuse as children are more likely to be reconvicted within one year of release.³⁰¹

BEST PRACTICE

The Ministry of Justice should work with the Department for Communities and Local Government, local authorities and the voluntary sector to ensure that women leaving prison are provided with safe accommodation with appropriate support, including specialist refuge accommodation where this is needed.³⁰²

One project assessed the feasibility of utilising existing Domestic Abuse One Stop Shops to support women offenders. The report highlighted the importance of good working relationships between local authorities and housing organisations, including social and private landlords, and the need for all agencies to have an understanding of women's offending and the criminal justice system and to be able to access specialist knowledge when required.³⁰³

SUMMARY OF LOCAL TRENDS

OVERVIEW

No data relating to Prisoners was available for this Needs Assessment.

³⁰⁰ Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending.

³⁰¹ HMPPS (2019), Experience of domestic abuse in people in prison and on probation.

³⁰² Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending.

³⁰³ Prison Reform Trust (2017): "There's a reason we're in trouble": Domestic abuse as a driver to women's offending.

ASYLUM SEEKERS / MIGRANTS

INTRODUCTION

OVERVIEW

It is thought that migrant women encounter partner violence more frequently and more severely than the general population.³⁰⁴ In a survey of refugee support services by the Refugee Council, over 50% of respondents dealt with disclosures of domestic abuse once a month or more.³⁰⁵

Migrant women's specific immigration status, lack of language skills and isolation from their social network may make them more likely to experience domestic violence, including abuse and coercive control from other adult family members.³⁰⁶

92% of BAME migrant women surveyed in 2020 reported that their perpetrator used their immigration status against them, which acted as a barrier to asking for help.³⁰⁷

In addition, migrant women may face difficulties accessing support due to language barriers, not knowing where to get help, being accompanied by relatives to health care consultations and having different ways of expressing their suffering. This makes the uncovering of domestic violence as experienced by migrant women challenging, for primary care and other professionals.³⁰⁸

Currently, public services are particularly poorly-equipped to respond appropriately to migrant survivors. A disclosure by migrant, refugee and asylum-seeking women with insecure immigration status to a public service could lead to their deportation. Women with NRPF do not have access to the same support pathways as women with access to public funds. For women whose first language is not English, interpretation and translation services may be neither available nor appropriate.³⁰⁹

The provisions in Domestic Abuse Act do not fully protect migrant victims of domestic abuse from the risk of deportation. A temporary Support for Migrant Victims (SMV) Pilot Scheme has been announced by the government to address the issues faced by migrant victims of domestic abuse, but many migrant women will remain NRPF, meaning they could be refused the support they need.³¹⁰

BEST PRACTICE

The Social Care Institute for Excellence has published a set of guidelines for good practice in social care for refugees and asylum seekers.³¹¹ The NRPF Network has guidelines for councils on adult social care, children's services and housing and welfare rights.³¹²

³⁰⁴ University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA).

³⁰⁵ Refugee Council (2019), Initial findings – domestic support in the asylum system.

³⁰⁶ University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA).

³⁰⁷ Dorset, Devon & Cornwall Probation Services: Domestic abuse in BAME ethnic groups.

³⁰⁸ University of Bristol Centre for Academic Primary Care: Evaluating migrant women's needs regarding domestic abuse (EMiNA).

³⁰⁹ https://weareagenda.org/wp-content/uploads/2020/12/Ask-and-Take-Action-report_upd.pdf

³¹⁰ Step Up Migrant Women (2021), Step Up Migrant Women Responds to clauses to the domestic abuse bill on data sharing.

³¹¹ Social Care Institute for Excellence: Good practice in social care with refugees and asylum seekers.

³¹² NRPF Network: Guidance for councils.

SUMMARY OF LOCAL TRENDS

OVERVIEW

Entraide started in 2010 in the Solihull area. The service works with people from roughly 30 countries of origin, providing support to access mainstream services.

Last year, Entraide worked with 20 women who had been victims of domestic abuse. These women come to the UK on a spouse visa. They are dependent on their husband to access benefits.

Some statutory services contact Entraide to help with the DVV concessions. Entraide advocate for people to ensure that help is provided by statutory services.

When someone is single (no children), the situation is more complicated, Entraide have a destitution fund in order to help these victims.

OLDER PEOPLE

INTRODUCTION

OVERVIEW

Older people are traditionally a 'hidden' group when it comes to domestic abuse. Systemic invisibility, long-term abuse and dependency issues, and generational attitudes about abuse can all make it hard to identify. We know that:

- On average, adults over 61 experience abuse for twice as long as those under 61 before seeking help
- Adults over 61 are less likely than younger victims to attempt to leave an abusive home (17% vs 29%), and are more likely to be living with the perpetrator after accessing support
- Nearly half of older victims (48%) have a disability.³¹³

Older people may:

- Be vulnerable and have less ability to defend themselves from physical attack and verbal assaults
- Be neglected and denied food and water if they are immobile
- Have continence needs which can be used as a vehicle for abuse³¹⁴

Some of the specific impacts on older people experiencing domestic abuse may include:

- Increased likelihood of depression, anxiety and risk of suicide
- Negative impact on cognitive functioning, such as memory lapses and difficulties with concentrating
- Chronic pain, including bone and joint problems, digestive problems and high blood pressure
- Substance misuse, such as heavy alcohol use, smoking and the use of prescription and non-prescription drugs³¹⁵

The coronavirus pandemic and lockdown has exacerbated the situation for many older victims of domestic abuse.³¹⁶

³¹³ SafeLives (2016), Safe Later Lives: Older people and domestic abuse.

³¹⁴ Iriss (2018): Older women and domestic abuse.

³¹⁵ Iriss (2018): Older women and domestic abuse.

³¹⁶ Age UK: No Age Limit: Older people and domestic abuse.

BEST PRACTICE

SafeLives has the following recommendations for services supporting older victims of domestic abuse:³¹⁷³¹⁸

- Recognise that the need for consistent dialogue with older people about their experiences and encouragement to accept help is highly necessary.
- Embed domestic abuse education regarding older women within general domestic abuse training for a range of professionals, in order to increase confident responses, recognition and suitable action
- Ensure services are responsive to older victims in an appropriate and targeted way
- Produce advertising campaigns that are focused on older victims
- Avoid pressuring older women to leave their relationship when statistics show that they are less likely to do so than younger women; this can lead to a sense that victims are not being listened to
- Recognise the importance of victims having one point of contact to build a rapport with
- Increased coordination between domestic abuse services and adult safeguarding services
- Greater coordination between health services and domestic abuse services.
- Specific training for professionals on the incidences of abuse within a caring relationship, and/or where dementia or other mental/physical disabilities are present
- Embedded domestic abuse champions within adult services sector.

PREVENTION

Practitioners working with older people have to be aware of the domestic abuse risk factors specific to their client group. An older person being physically or mentally abused by their adult child or grandchild, family member or spouse of 50+ years is far less likely to be recognised for who they are: a victim or survivor of domestic abuse. Indeed, older victims and survivors might not recognise themselves as this either.³¹⁹

³¹⁷ SafeLives (2016), Safe Later Lives: Older people and domestic abuse.

³¹⁸ Iris (2018): Older women and domestic abuse.

³¹⁹ Age UK, (2020), No Age Limit: the blind spot of older victims and survivors in the DA Bill

SUMMARY OF LOCAL TRENDS

OVERVIEW

The police data shows an increase in the number and rate of victim/survivors over the age of 45+, however this trend is not reflected in the other datasets. This could be a potential area of unmet need.

Figure 8.5: Overview of need relating to older people across services in Solihull.

POLICE (45+)			
	2018	2019	2020
#	559	615	763
%	26%	26%	28%
BSWA (45+)			
	2019-20	2020-21	
#	4	1	
%	11%	3%	
BSWA COMMUNITY			
	2019-20	2020-21	
#	91	79	
%	23%	18%	
HOMELESSNESS - MAIN DECISION (45+)			
	2019-20	2020-21	
#	9	6	
%	12%	7%	

RELIGION

INTRODUCTION

OVERVIEW

Domestic abuse affects people of all religions. But according to the ONS, women's experience of partner abuse can vary by religious affiliation. Whilst there were not significant differences between all of the religions, there were differences when comparing some groups against others. For example:

- Christian women (5.7%) were more likely to have experienced partner abuse in the last 12 months than Muslim women (2.9%) and Hindu women (1.8%)
- women with no religion were more likely to have experienced partner abuse in the last 12 months (7.4%) than Christian women (5.7%), Muslim women (2.9%) and Hindu women (1.8%)³²⁰

For women (and men) who practice a faith, the imam, rabbi or priest may be among the first contacts in seeking support for domestic violence and abuse. Faith communities also have the power to annul a religious marriage or grant a religious divorce through religious tribunals, councils or courts.³²¹

But religious and cultural pressures can stop victims from leaving:

- Traditionally the Catholic Church disapproves of divorce. For a victim with those beliefs, choosing to end their marriage may cause them to feel shame and social exclusion.
- Women from Asian communities are often expected to uphold the family honour and leaving could result in being ostracised by their family and friends.³²²

RELIGION AND HBV

'Honour' based violence (HBV) has been found among most major religions including Christian, Hindu, Jewish, Muslim and Sikh.³²³

HBV can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code – for example with "unsuitable" relationships outside the victim's religious group.³²⁴

³²⁰ ONS (2018): Women most at risk of experiencing partner abuse in England and Wales, years ending March 2015 to 2017.

³²¹ <https://blogs.lse.ac.uk/religionglobalsociety/2018/06/how-far-do-faith-communities-facilitate-justice-for-victims-of-domestic-violence/>

³²² BMA (2014): Domestic abuse report.

³²³ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

³²⁴ CPS: Honour based and forced marriage.

BEST PRACTICE

Religion can be closely bound up with culture and nationality. Refuge's culturally specific refuges are an example of culturally sensitive support for particular religions or cultures, offering:

- Language support
- Support around immigration, asylum and modern slavery
- Support to access the criminal justice system
- Support relating to forced marriage, 'honour'-based violence and FGM
- Support following potential or actual child kidnap (including overseas)
- Staff accompany women to appointments, to support and empower them and challenge prejudices and racism
- Staff work with women to connect, safely, with local cultural and faith groups
- Support to access safe technology
- Providing separate pots, cutlery and utensils to cater for any dietary requirements.³²⁵

Working with victims of HBV, SafeLives recommends that³²⁶:

- Local authorities, statutory agencies, political leaders and community groups should support national awareness raising campaigns that have a focus on HBV, including the national date of remembrance for honour killing and the White Ribbon campaign.
- Local authorities should ensure that all those who work with young people, and particularly schools as they deliver the new PSHE curriculum, are aware of referral pathways for young victims of domestic abuse, HBV and forced marriage.
- School governing bodies should ensure that the new PSHE curriculum tackles the underlying values amongst some boys and men which allows violence against women and girls to happen. This work to reduce the risk of perpetration should be delivered alongside support on how young people can keep themselves safe from this form of abuse.
- Multiagency responses to domestic abuse must ensure they are recognising all forms of domestic abuse, including HBV.

SUMMARY OF LOCAL TRENDS

OVERVIEW

No data relating to religion was available for this Needs Assessment.

³²⁵ Refuge: Culturally specific refuges.

³²⁶ SafeLives: Your Choice: 'honour' based violence, forced marriage and domestic abuse.

ADOLESCENT AND CHILD TO PARENT VIOLENCE

INTRODUCTION

OVERVIEW

There is currently no legal definition of adolescent to parent violence and abuse (APVA). However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse.

- APVA is likely to involve a pattern of behaviour. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse.³²⁷
- Despite recognition from practitioners, APVA has been, and continues to be, a relatively unexplored area. It is a particularly hidden form of domestic violence, and like other forms of domestic abuse is under-reported.³²⁸
- Met Police figures show reports of child-to-parent violent offences grew from 920 in 2012 to 1801 in 2016, which is a 95% increase. Thirty-five police forces in England and Wales shows officers probed 10,051 cases of domestic violence against adults by children in the year 2015/16. Of these cases, 874 led to cautions issued and 1,459 to young people charged with offences. These figures are the tip of the iceberg.³²⁹
- There has been a sharp rise in CPV during lockdown.³³⁰
- There is no single cause of APVA. Many adoptive families are known to encounter issues because of the child's previous experience of trauma. Children who perpetrate parent abuse are more likely to have witnessed or experienced abuse or violence within the family home.³³¹
- Families often report they have waited until breaking point before seeking help because they fear criminalising their child, being labelled a "bad parent" or experiencing feelings of shame.
- Schools may be a comparatively safe space for parents and guardians (or siblings) to disclose issues with their child's behaviour at home.³³²

BEST PRACTICE

Specialist services for APVA often offer a dual service to both the parent-victim and the young person causing harm. Where such programmes have been used and evaluated in the UK, it has been shown that rates of reoffending and domestic violence referrals decreased and there were fewer incidents of domestic violence and anti-social behaviour as well as positive educational outcomes.³³³

The Home Office has published an information guide outlining how to respond to APVA, for healthcare, education, social care, housing, police and youth justice services.³³⁴

³²⁷ Home Office, Information guide: adolescent to parent violence and abuse (APVA).

³²⁸ IRISS (2020): Adolescent to parent violence and abuse: ESSS Outline.

³²⁹ Family Lives: Teen violence at home.

³³⁰ Condry et al (2020), Experiences of Child and Adolescent to Parent Violence in the Covid-19 Lockdown

³³¹ IRISS (2020): Adolescent to parent violence and abuse: ESSS Outline.

³³² Operation Encompass newsletter.

³³³ SafeLives: Safe Young Lives: Young People and Domestic Abuse.

³³⁴ Home Office, Information guide: adolescent to parent violence and abuse (APVA).

SUMMARY OF LOCAL TRENDS

OVERVIEW

No data relating to APVA was available for this Needs Assessment.

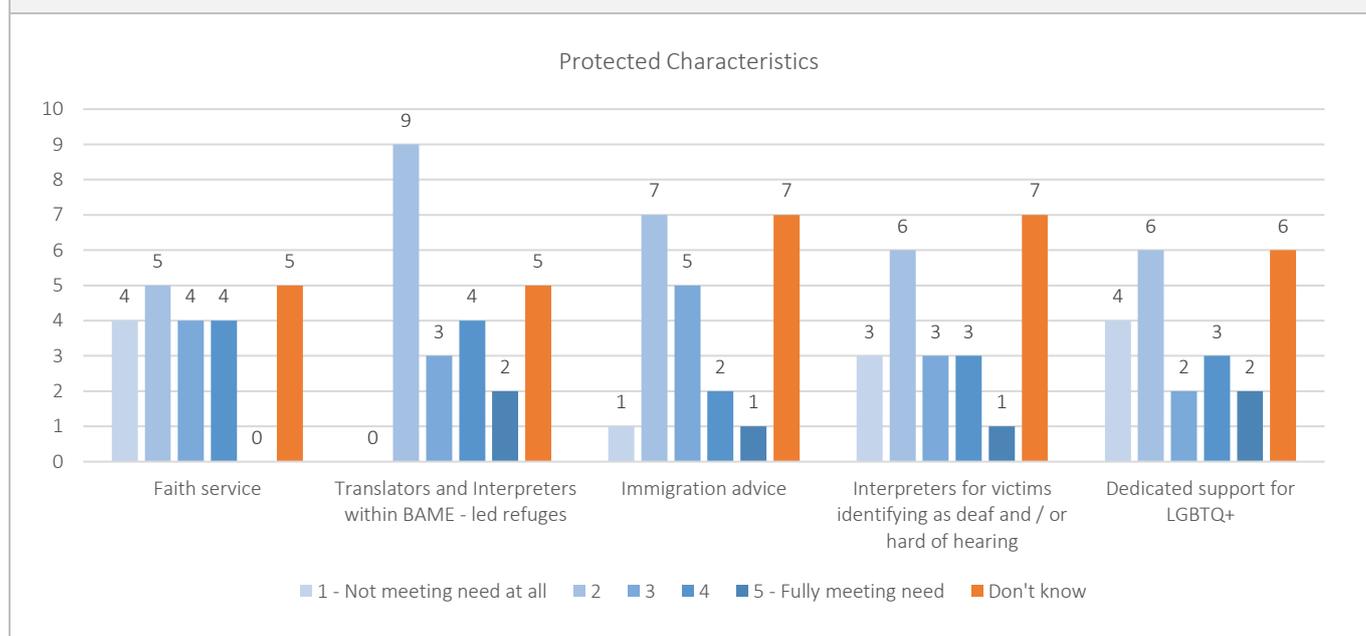
ENGAGEMENT

PRACTITIONER SURVEY

Practitioners were asked whether support services in relation to health were meeting the needs of those with protected characteristics.

The graph below shows that respondents did not believe that services were meeting needs in relation to translators or immigration advice. There were also low scores for LGBTQ+ support.

Figure 8.6: Support in relation to those with protected characteristics – Staff survey.



FREE TEXT COMMENTS

“Ideally direct routes to support and referral pathways to DA services from mental health teams and drug and alcohol teams could benefit women in creating a seamless service and ability to create partnership working within these areas.”

IDVA, BSWA

“Although workers can signpost to specialist support for immigration, LGBTQ+ and BAME services there is very little in the way of support in the Solihull borough. It would be useful to have specialist workers appointed to address the lack of support in these areas. Also targeting areas of hidden harm such as older women, women who have disabilities and additional support needs via the GP and other health support services would be beneficial.”

IDVA, BSWA

“More Mental Health services or support. Some victims who do not meet the threshold of Adult Services intervention are left stranded. They are vulnerable and need additional support but non is available.”

“Waiting lists are long to access Mental Health services i.e. CBT or counselling.”

“Since SIAS have stopped working with Birmingham and Solihull Womens Aid (BSWA worker at SIAS) I have seen a decline in our DV women accessing the service. BSWA worker from SIAS in previous years was able to meet with women in their safe place of residence (women’s refuge) and women found this productive are were more likely to engage with SIAS services to access the support. Also BSWA worker from SIAS was able to support service user to initial appointments. This no longer happens leaving women not accessing the service.”

“Lack of language support or interpreters. BSWA provide interpreters but other services do not. Prevents DV victims accessing support and other services or the support provided not being sufficient or productive.”

Refuge Project Worker, BSWA

What could be improved in these service areas?

“Better links with faith services and LGBTQ services.”

Housing Options Team Leader, SCH

What could be improved in these service areas?

“A recruitment drive to attract more people into the counselling profession, might be a way forward. Individuals from the BAME community or sourcing people/volunteers who have an understanding of the cultural and religious differences within different communities and extended the provision to those who have a disability or who are from LGBT communities in order to be more inclusive.”

Women’s Justice Worker, Green Square Accord

- END -