



Shropshire Domestic Abuse Needs Assessment

Survivor Journey

Linda had experienced psychological and emotional abuse, and controlling and coercive behaviour, from her partner, for many years. She had 'dipped in and out' of Shropshire Domestic Abuse Service (SDAS) but never felt able to leave due to her children, and her fear of her partner. Having 'spotted the signs' that her partner's behaviour was escalating she decided to leave. Linda was not being supported by any service at that time. She had not heard of refuges and did not know that she could get support with housing, having been told some years previous that she would not be eligible for help.

Linda found a private rental property on her own but did not feel safe there because the family court had forced her to tell her ex-partner where she was living. Her ex-partner had made false allegations against her to Children's Social Care; these were not progressed, and Social Care never contacted her about them, but it made her scared to call the service for help.

Linda called the West Mercia Women's Aid helpline and was referred to SDAS, and with them and the Children's Centre was able to get support to move again. After this Linda was on a waiting list for SDAS one-to-one support and accessed group work programmes. Her children were referred to the SDAS Children and Young People's Service and received support through their school.

Linda was diagnosed with Post Traumatic Stress Disorder in January 2021 and placed on a waiting list for specialist treatment, which she has not yet received, 18 months later. She has been provided with Cognitive Behavioural Therapy for one hour a month, but this is not helping.

The SDAS group work programme "has been great" and given her more confidence to deal with her situation. Speaking with other survivors means that she doesn't feel alone because other people don't understand what she has been through. Now Linda is getting one-to-one support, which is open ended, and this is "very helpful".

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Appendix 1: Contributors to the needs assessment

1. Introduction

- 1.1. This report presents a summary of the findings of a needs assessment completed by Standing Together Against Domestic Abuse (Standing Together) on behalf of Shropshire Council. Standing Together is a national charity bringing communities together to end domestic abuse through supporting organisations to work in partnership to identify and respond effectively to domestic abuse and to ensure survivors receive the best possible support to live free from abuse.
- 1.2. While prompted by the Domestic Abuse Act 2021 requirements (see next section), this needs assessment is not restricted to safe accommodation support. We sought to build a comprehensive picture of domestic abuse in Shropshire: need, demand for services, service provision, and the response of all partners to domestic abuse individually and in partnership.
- 1.3. The needs assessment was informed by the Coordinated Community Response model¹ of partnership responses to domestic abuse and the Whole Housing Approach² to domestic abuse (WHA), both of which have been recognised as examples of best practice in the Domestic Abuse Act 2021 Statutory Guidance³.
- 1.4. The partnership approach and response to domestic abuse is governed by the Shropshire Safeguarding Community Partnership. Domestic abuse was identified as a priority in the partnership's Strategic Plan and Priorities 2020-23, and the priority group is administered by the SSCP Business Support Team. There is currently no partnership domestic abuse strategy, although a business plan is in place.
- 1.5. The needs assessment was commissioned and supported by Wendy Bulman, the Domestic Abuse Development Officer (Shropshire Council), who was instrumental in ensuring the smooth delivery of the whole process.

2. Domestic Abuse Act 2021

- 2.1 The Domestic Abuse Act⁴ (the Act) received Royal Assent in April 2021, introducing a range of measures designed 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.”⁵

¹ STADA In Search of Excellence: <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

² DAHA Whole Housing Toolkit: <https://www.dahalliance.org.uk/who-we-are/whole-housing-approach/whole-housing-toolkit/>

³ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf

⁴ <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

⁵ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

Domestic Abuse Act 2021 Part 4 Statutory Requirements

- 2.2 The needs assessment enables Shropshire Council to meet the [statutory requirements of Part 4 of the Act](#), which places duties on Shropshire Council to:
- Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions.
 - Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area.
 - Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.
 - Implement the strategy through commissioning / de-commissioning decisions.
 - Monitor and evaluate local delivery and effectiveness of the strategy.
 - Report back to central government annually.
- 2.3 The authority is required to refresh the needs assessment annually (paragraph B3.3 of the Statutory Guidance, and conduct a new one every three years. **Recommendation:** include this requirement in future action plans.
- 2.4 Shropshire Council was awarded new burdens funding from government to implement the Statutory Duty in 2021 (£578,549) and 2022 (£580,151). Future levels of funding depend on the national government Spending Review. This funding is explicitly provided to ensure the new burdens of the Act can be implemented and to meet the gaps identified through the needs assessment. New burdens funding does not replace existing funding for core services and there is no guarantee over future levels of government funding.
- 2.5 Domestic abuse support is defined in the Act as support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant (safe) accommodation. ‘Relevant’ or ‘safe’ accommodation is defined in the Domestic Abuse Support (Relevant Accommodation) Regulations 2021 and the Part 4 Statutory Guidance⁶ as:
- “Refuge accommodation – a refuge offers single gender or single sex accommodation and domestic abuse support which is tied to that accommodation. The address will not be publicly available. Victims, including their children, will have access to a planned programme of therapeutic and practical support from staff. Accommodation may be in shared or self-contained housing, but in both cases the service will enable peer support from other refuge residents.
 - Specialist safe accommodation – specialist safe accommodation offering single gender or single sex accommodation, alongside dedicated domestic abuse support which is tailored to also support those who share particular protected characteristic(s) (see section B5) and / or who share one or more vulnerabilities requiring additional support (see section B5). Accommodation may be in shared or self-contained housing, and the

⁶ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

address will not be publicly available. This includes ‘By and For’ services where victims are able to see themselves reflected in the staffing, management and governance structures. By and For services are designed and led by those that share the same protected characteristic(s) as the victims they aim to serve. For example, a specialist domestic abuse organisation that is led by Black and minoritized women and children, for Black and minoritized women and children.”

- Dispersed accommodation:
 - Safe (secure and dedicated to supporting victims of domestic abuse), self-contained accommodation with a similar level of specialist domestic abuse support as provided within a refuge but which may be more suitable for victims who are unable to stay in a refuge with communal spaces, and/or where peer support from other residents may not be appropriate, due to complex support needs, or where older teenage sons cannot be accommodated in a women only refuge, for example. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.
 - Safe (secure and dedicated to supporting victims of domestic abuse), self-contained ‘semi-independent’ accommodation which is not within a refuge but with support for victims who may not require the intensive support offered through refuge, but are still at risk of abuse from their perpetrator/s. Where two or more units share any part of the accommodation, including shared hallways or access routes, provision should be single gender or single sex.
- Sanctuary Schemes properties with local authority or private registered providers of social housing installed Sanctuary Schemes which provide enhanced physical security measures to a home or the perimeter of the home. A Sanctuary Scheme is a survivor centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation. This is done by providing additional security – ‘installing a sanctuary’ – to the victims’ property or perimeter. The [Whole Housing Approach Toolkit on Sanctuary Schemes](#) provides further information.
- Second stage accommodation – accommodation temporarily provided to victims, including their children, who are moving on from other forms of relevant accommodation and/or who no longer need the intensive level of support provided in a refuge, but would still benefit from a lower level of domestic abuse specific support for a period before they move to fully independent and settled accommodation. Where second stage accommodation is in shared housing it should be single gender or single sex. There is no expectation that every victim will require this. Many victims are ready to move straight to a settled new home from refuge. However, second stage accommodation (sometimes known as ‘move-on’) may be helpful in some cases.

- Other forms of domestic abuse emergency accommodation – a safe place (single gendered or single sex, secure and dedicated to supporting victims of domestic abuse) with domestic abuse support tied to the accommodation to enable victims to make informed decisions when leaving a perpetrator and seeking safe accommodation. For example, short term (e.g., 2-3 weeks) accommodation providing victims with the space and safety to consider and make informed decisions about the options available to them.”
- 2.6 The accommodation must be provided by a local authority, registered provider of social housing or charity whose objectives include the provision of support to victims/survivors of domestic abuse. Bed and breakfast and generic, mixed temporary accommodation is outside the scope of the Act.
- 2.7 Support services are set out as follows (more detail can be found in the [Part 4 Statutory Guidance](#); the list is not exhaustive):
- “Overall management of services within relevant safe accommodation – including capacity building, support and supervision of staff, payroll, financial and day to day management of services and maintaining relationships with the local authority (such functions will often be undertaken by a service manager).
 - Support with the day-to-day running of the service – for example scheduling times for counselling sessions, group activities (such functions may often be undertaken by administrative or office staff).
 - Advocacy support – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers).
 - Domestic abuse prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online), and to prevent re-victimisation.
 - Specialist support for victims
 - Designed specifically for victims with relevant protected characteristics (including ‘by and for’), such as faith services, translators and interpreters, immigration advice, interpreters for victims identifying as deaf and / or hard of hearing, and dedicated support for LGBTQ+ victims [not limited to].
 - Designed specifically for victims with additional and / or complex needs such as, mental health advice and support, drug and alcohol advice and support [not limited to], including sign posting accordingly.
 - Children’s support – including play therapy, child advocacy or a specialist children worker (for example, a young people’s violence advisor, IDVA or outreach worker specialised in working with children).
 - Housing-related support – providing housing-related advice and support, for example, securing a permanent home, rights to existing accommodation and advice on how to live safely and independently.

- Advice service – including financial and legal support, including accessing benefits, support into work and establishing independent financial arrangements; and,
 - Counselling and therapy – (including group support) for both adults and children, including emotional support.”
- 2.8 The Part 4 Statutory Guidance states safe accommodation support should be delivered by knowledgeable and/or experienced specialist providers, charities, and other voluntary organisations whose purpose is to provide support to victims of domestic abuse. This includes considering any specialist domestic abuse services that exist to support people with relevant protected characteristics or with additional and/or complex needs.
- 2.9 Annex B of the Part 4 Statutory Guidance outlines the Department for Levelling Up, Housing and Communities (DLUHC) Quality Standards for provision of support within safe accommodation. The Guidance states commissioners should ensure services “meet agreed and recognised quality standards”. In addition to the DLUHC standards the guidance points to [Women’s Aid Quality Standards](#), [Imkaan’s Accredited Quality Standards](#) and [DAHA Accreditation Framework for Housing Providers](#) as relevant to incorporate into commissioning.

Domestic Abuse Act 2021 Statutory Guidance

- 2.10 In July 2022 the government published the [Domestic Abuse Act 2021 Statutory Guidance](#). Issued under s.84 of the Act⁷ it aims to “increase awareness and inform the response to domestic abuse. It also conveys standards and promotes best practice.” S.84 (4) states “A person exercising public functions to whom guidance under this section relates must have regard to it in the exercise of those functions.”
- 2.11 The Statutory Guidance provides a framework for the response of all partnership agencies, as well as commissioners and should be referred to alongside this needs assessment.
- 2.12 Paragraph 425 of the Statutory Guidance (p128) refers to In Search of Excellence, Standing Together’s guide for developing a coordinated Community Response. Pages 132-3 outline the Statutory Guidance principles for multi-agency working:
- Seeing and responding to the whole picture
 - Designing interventions and responses around the needs of victims (including children)
 - A clear strategic focus
 - Participation as active and joined-up partners
 - Involving those with specialist skills
 - Safe and effective information sharing
 - Valuing and employing staff with the right values
 - Addressing the behaviour of the perpetrator

⁷ <https://www.legislation.gov.uk/ukpga/2021/17/section/84/enacted>

- 2.13 Paragraph 312 of the Statutory Guidance (p98) refers to the Domestic Abuse Housing Alliance, and paragraph 313 outlines how this and the Whole Housing Approach can ensure an effective response to domestic abuse across housing services.

National Government Response to Domestic Abuse

- 2.14 The Government published its [Domestic Abuse Action Plan](#) in March 2022, with the following priorities, which can also be found in the Government’s [National Violence Against Women and Girls Strategy 2021-24](#): Prioritising prevention; Supporting victims; Pursuing perpetrators; A stronger system.
- 2.15 Shropshire does not have a partnership response to violence against women and girls, although work is ongoing at a West Mercia level, led by police. A needs assessment on sexual violence was commissioned by the Office of the Police and Crime Commissioner and the police sexual violence lead is exploring the establishment of a partnership sexual violence strategic group. Other forms of violence against women and girls (‘honour’-based abuse, forced marriage, female genital mutilation, stalking and harassment) require urgent attention. **Recommendation:** A partnership approach and response to violence against women and girls must be developed alongside, and connected with, the domestic abuse strategy, to ensure all forms of VAWG are understood and responded to, including how they intersect and overlap with each other.
- 2.16 Shropshire domestic abuse safe accommodation commissioning should also have reference to the [Government National Statement of Expectations \(2016\)](#), which set out the actions local commissioners need to put in place to ensure their response to VAWG is collaborative, robust, and effective through the following:
- Put the victim/survivor at the centre.
 - Have a clear focus on the perpetrators in order to keep victims (and those at risk) safe.
 - Take a strategic, system wide approach to commissioning, acknowledging the gendered nature of VAWG.
 - Be locally led and safeguard individuals throughout.
 - Raise local awareness of the issues and involve, engage, and empower communities to seek, design and deliver solutions to prevent VAWG.

3. Commissioning Priorities

- 3.1 Combining what we could establish from the quantitative data analysis (with limitations) with the qualitative feedback from the stakeholder review and the voice of lived experience, the following were established as areas of unmet need in relation to safe accommodation and the domestic abuse response more broadly.

- 3.2 All services must prioritise working towards a true **trauma informed approach** that recognises multi-victimisation and how trauma impacts people’s interactions with services. The **accessibility** of services must also be considered for those in rural areas, including where telephone reception and/or internet connection are poor.
- 3.3 The **Sanctuary Scheme**, which is covered in sections seven and eight, needs urgent attention. Specific recommendations are made in paragraph 7.124.
- 3.4 The **core community specialist domestic abuse service** needs to be adequately funded to meet the current demand and remove the need for a waiting list. Once the service can operate effectively to meet this demand, longer term therapeutic support needs to be commissioned alongside research to understand and work to meet the needs of those who face additional barriers to accessing support due to their ethnicity, LGBTQ+, age or disability (not an exhaustive list, see section eleven).
- 3.5 **Specialist domestic abuse support for children and young people** is urgently required. This needs to be across all areas: children who are victims/survivors of abuse by a parent/carer/parent’s partner, abuse from a sibling (including where that behaviour is directed against a parent); children who are victims/survivors of intimate partner violence; children using harmful behaviours against family members or intimate partners.

4. Methodology for Needs Assessment

- 4.1 The needs assessment is grounded in the voices of those with lived experience of domestic abuse, who should become part of a feedback loop in which the partnership provides information on what has changed and seeks further views and collaboration in the development of services and support provision.
- 4.2 The process of this needs assessment was gender and trauma informed, recognising that domestic abuse is a form of violence against women and girls, that is, ‘violence that is directed against a woman because she is a woman or that affects women disproportionately’ (CEDAW 1992). Domestic abuse responses must also be responsive to differing experiences due to intersectional characteristics such as ethnicity, sexual orientation, age, and disability, and experiences such as mental ill-health, use of substances and poverty.
- 4.3 89% of victims of domestic abuse who have been subject to repeat victimisation (over 4 incidents) are women. Women are more likely to be victims of repeated patterns of controlling and coercive control, experience higher levels of fear and are also much more likely to be killed by their partners or former partners than men⁸. Lesbian women, gay men and bisexual people experience similar or higher levels of domestic abuse when compared with heterosexual women; trans people may experience the highest rates of abuse⁹. While

⁸ https://www.womensaid.org.uk/wp-content/uploads/2015/12/successful_commissioning_guide.pdf

⁹ <https://galop.org.uk/wp-content/uploads/2021/05/LGBT-Commissioning-Guidance-final-2.pdf>

at significantly lower rates, heterosexual men do experience abuse from female partners, including violence, and control and coercion¹⁰.

- 4.4 The needs assessment encompasses those who harm and use abusive behaviours, to ensure they are held accountable for abuse and the consequences of their abuse, while being offered support to change their behaviours. The needs assessment avoids language such as 'domestic abuse relationships', 'domestic abuse situations', or 'domestic abuse in the home/family' to ensure responsibility is placed where it belongs, with those causing harm, and avoids any victim-blaming language.
- 4.5 The needs assessment recognises children and young people as victims in their own right, not 'witnessing' or 'indirect victims', to ensure they are included as a group requiring services in addition to adult victims/survivors/perpetrators.
- 4.6 The needs assessment was completed using the following methods:
 - Gathering the views of those with lived experience (see section five).
 - Data requests to all services (see further detail below).
 - Meetings with strategic and operational leads from statutory, voluntary and community services/departments to understand the current Shropshire response within services and in relation to partnership working and gather qualitative feedback on need, demand, barriers, and gaps.
 - Visit to Shropshire to view refuge accommodation.
 - Observation of the Shropshire Daily Domestic Abuse Triage meeting.
 - Reference to national research and data.

Stakeholder involvement

- 4.7 Standing Together held meetings with 72 practitioners and leaders from a range of services and organisations across statutory and voluntary sector encompassing the local authority, health, and the criminal justice system. A further five were involved via email where meetings were not possible.
- 4.8 Community and voluntary sector organisations were hard to involve, potentially due to their small size and that the needs assessment only had generic email addresses for them: Age UK, Shropshire Disability Network, and Shropshire MHS.
- 4.9 Meetings or email contact were attempted with colleagues from Her Majesty's Courts and Tribunals Service, Shropshire Council Looked After Children services and Adult Social Care teams, but responses were not received.

Data Collection

- 4.10 The government provided local areas with a data collection template for the Part 4 needs assessment (excel spreadsheet). Experience in other areas suggested this template was not

¹⁰ https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/62/The-voices-of-male-victims-Burrell-S.R.-and-Westmarland-N.-2019.pdf

user friendly, or helpful in tailoring data collection to the types of data recorded by different services. Standing Together developed new spreadsheets to request and gather data, which were expanded to gather a broader range of data, not restricted to safe accommodation.

- 4.11 We requested data for the financial years 2020/21 and 2021/22. This was to try to give a picture of service demand outside of and during the pandemic. All data was provided fully anonymised and disaggregated by females and males where possible.
- 4.12 Standing Together requested data from 34 services/departments, which was provided by 28 (82%). All who provided data were able to supply the overall numbers in relation to domestic abuse, for example, domestic abuse disclosed or reported, or requests for domestic abuse related support. Most could provide some demographic data. Data was unable to be provided by:
- Midlands Partnership NHS Foundation Trust Sexual Health Services (not collected)
 - Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (not collected)
 - Paediatric Sexual Assault Referral Centre (not collected)
 - Shrewsbury & Telford Hospital NHS Trust Midwifery (collected but unable to provide)
 - Shropshire Community Health NHS Trust (unclear if collected)
 - West Midlands Probation (collected but not provided, except for a snapshot of cases)
- 4.13 During this process it became clear that services' data systems are not equipped to gather the breadth of data required by this needs assessment, or the Part 4 safe accommodation needs assessment (this has also been found by many local authorities nationally). There are inconsistencies in the data gathered, and it does not allow the needs assessment to see the journeys of victims/survivors through the system. To fill this gap, qualitative data has been gathered from practitioners and those with lived experience (see next section).
- 4.14 **Recommendations:** Use the data collection templates developed for this needs assessment to guide the development of enhanced data collection across the partnership. Add to the data collection with requests for outcomes data gathered by all services. Add to the data collection with requests for outcomes from all services and identify key indicators to measure the impact of the partnership, e.g., fewer families placed in B&B/hotel temporary accommodation; fewer children removed from parental care due to domestic abuse.

5. Voice of Lived Experience

- 5.1 The term 'lived experience' refers to victim/survivors of abuse who have direct, first-hand experience of controlling or coercive behaviour, economic abuse, psychological or emotional and/or physical and sexual abuse. It also refers to those who may have been victims as children, and those who have used abusive behaviours.

- 5.2 An essential part of the needs assessment was to gather the voices of those with lived experience of seeking support for domestic abuse. The Part 4 needs assessment requires case studies setting out individual journeys to safe accommodation, which were gathered, in addition to wider feedback on people’s experiences of all services they had accessed.
- 5.3 We requested case studies and interviews with service users, from SDAS (accommodation and community services and SODA), West Mercia Women’s Aid IDVA service, Axis Counselling, PEGS, Victim Support, from housing-related services within and outside of the council, and from community-based groups, including those who work with people who face additional barriers to accessing support.
- 5.4 A paragraph was added to the newsletter sent to the membership of SAND (Safe Ageing No Discrimination, see 12.136) inviting contacts.
- 5.5 Case studies or interviewees were requested from Richmond Fellowship, and one case study was provided, this is presented in the section about the service (see 10.87 onwards).

Overview of participants

- 5.6 21 survivors were interviewed, all recruited through SDAS. Nine case studies were analysed: four from Shropshire Council Housing Options; one from West Mercia Women’s Aid IDVA service; three from SDAS refuge and one from West Mercia Police.
- 5.7 Demographic details were able to be gathered for 23 participants.



* This is self-reported; some listed ‘single’ could have been recorded as separated because case studies/interviews suggested they had fled a partner.

- 5.8 Six participants did not have children, one participant only had adult children, and 16 had children under the age of 18.

Age of Survivors	Number
18-24	2
25-34	4
35-44	8

Age of Children	Number
Pregnant	1
0-4 years	6
5-10 years	8

45-54	6
55-64	2
65-74	0
75+	1

11-14 years	11
15-17 years	4
Adults	11

Tenure Type (fled from / when seeking support)	No. survivors from Shropshire	No. survivors from outside Shropshire
Co-Homeowner with abusive partner	5	1
Lived with abusive partner who was the homeowner	2	1
Homeowner (alone, not with abusive partner)	1	
Private rental tenant	1	1
Living with family since fleeing	3	1
Council tenant		1
Housing association tenant	1	
Street Homeless / sofa surfing	1	1
Unknown (1-unknown area)	5	4
Total	17	10

5.9 Thirteen survivors accessed safe accommodation through refuge in Shropshire, and two outside Shropshire, enabling them to flee. One accessed safe accommodation through the Sanctuary Scheme, which amongst other civil orders enabled them to stay in their own home; one other was offered Sanctuary Scheme through police, but her home was deemed to have enough security measures already. Of the remainder who need a move (N=10):

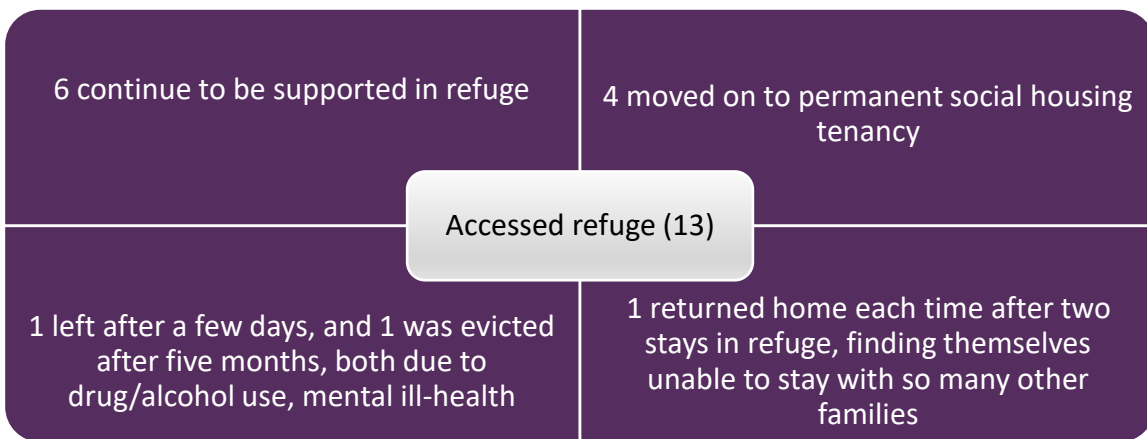
- One remains living at home, waiting to buy their abusive ex-partner out and will then move home.
- One moved from one Registered Social Landlord to another, via HomePoint, without support.
- Two survivors moved to a private rental, without support. One then moved again to another private rental, and another into supported accommodation, both with the support of SDAS.
- Four are waiting for properties on HomePoint, of which three are staying with the family they fled to, and one remains in their current social landlord tenancy. In one

case, they have been waiting for a year. None had been referred to SDAS, this has now been done since the needs assessment.

- One survivor successfully moved from the home owned by their abusive partner to a care home with the support of police and Adult Social Care.
- One remains living with their abusive partner, despite wanting to leave.

5.10 Two survivors had been placed in temporary accommodation before entering refuge: one by police (through Housing Options Team) for several weeks, and one by their local women’s aid before moving to the Shropshire refuge.

5.11 Of the thirteen survivors accepted into refuge in Shropshire:



5.12 One survivor was not accepted into refuge and a further five declined because refuge was not suitable for their needs/wishes. Two survivors stated they were not offered refuge, another that they did not know about refuge provision when they sought to flee, and another was not receiving any support at the time they moved via HomePoint. One survivor stated (their experience was from around four years ago) that they were told they had to apply via HomePoint, as if they left their abusive partner, they would be deemed intentionally homeless; they were not offered refuge.

Reasons survivor did not wish to enter refuge
Wanted to stay at home with pets
Worried if they enter refuge, they will lose their child, who also has additional needs and may struggle in the setting
Felt it wouldn't be right given their health condition, and didn't want to have to leave all their things behind
Doesn't feel it is right for their children and their pets
Felt safe living with family
Did not feel in physical danger from the abuser

- 5.13 Of 24 survivors not currently residing in refuge, 19 were currently, or had previously, accessed support from SDAS community-based services, including from SODA. Two were supported by police Domestic Abuse Risk Officers (for one this was alongside SDAS support), and two had only received support from West Mercia Women's Aid. Four had not been referred to SDAS by Shropshire Housing (one was supported by West Mercia Women's Aid), this was done following the needs assessment.

Overview of participant feedback

- 5.14 Feedback from survivors is integrated into this report, this section provides the headlines. Pseudonyms are used only where the consultation was aware of survivors' names.
- 5.15 As with any research, there were gaps and limitations to the survivor consultation. We would have liked to see greater diversity in the sample in relation to ethnicity, immigration status, and sexual orientation (see recommendations below).
- 5.16 Standing Together has carried out extensive research with survivors, and much of the overall feedback in Shropshire aligned with our findings elsewhere, most importantly, that victims/survivors want first and foremost to be believed, to be treated with compassion and not judged, and to be provided with information about their options.
- 5.17 Most survivors are not asking for a great deal when they seek support; and many do not know what is available or what their rights are. They are therefore reliant on the professionals they speak to, and in many cases heard by the needs assessment, this information was not forthcoming.
- 5.18 Also, in line with Standing Together findings elsewhere, once a victim/survivor reaches a specialist service such as Shropshire Domestic Abuse Service, West Mercia Women's Aid or police Domestic Abuse Risk Officers, they received a high quality response that they value and are grateful for. Survivors also valued the ongoing peer support available through SODA.

Kim, a victim at high-risk, fled Shropshire to her family, while there the perpetrator threatened to kill her and her family if she stopped him seeing their child. The West Mercia Women's Aid IDVA supported the victim to contact Shropshire Council Children's Social Care, who stated that they could support the victim to move to refuge with the child but that they did not have the capacity to speak with the perpetrator to help to manage the risk he posed.

- 5.19 All participants except one had separated from the abuser. While many wanted to leave and were relieved to have the opportunity to do so, separation was the focus of professionals. No participant had experienced any service attempting to engage with the abuser or to work with them to change their behaviour.

“[The SDAS worker] was "my hero ... I couldn't pick any faults at all ... I don't think I could have got through it mentally ... she met me at my lowest, and every week she said to me you will get through it ... they were brilliant, amazing.”

- 5.20 Where survivors had been provided with information about fleeing their abusive partner, not all were provided with all available options. Some were only offered refuge, and if this was not appropriate, no other options were explored. Some were not offered refuge, only a move via HomePoint, without being placed on a high enough banding to move quickly.
- 5.21 As outlined above, victims/survivors have very good reasons for not wanting refuge, which must be respected. They must be provided with all available options, and ongoing support to make decisions that are right for them.
- 5.22 All participants had experiences of contact with non-specialist services about domestic abuse. In some cases, particularly relating to health (midwifery, health visiting and GPs), this was where disclosures took place due to the perceived ‘safe space’ they offered. Yet, following disclosure, victims/survivors experienced a loss of control over their situation as processes such as MARAC, and police involvement, took over, regardless of their wishes.
- 5.23 A common theme was a lack of awareness or understanding of controlling and coercive behaviour, and a lack of compassion and empathy in response to the trauma victims/survivors had been through and understanding how this would impact their interactions with professionals.
- 5.24 In addition, feedback on the specific services encompassed the following:
- Police: participants described not being believed, and officers not understanding how the abuse led them not to report or to retract their statements. There was a lack of awareness of Clare’s Law, and a lack of understanding of technology-based abuse. Positive experiences included visits from local neighbourhood officers to ‘check in’ and being supported by a Domestic Abuse Risk Officer.
 - Children’s Services: participants described not being believed or being told their situation was not sufficiently serious and therefore there was no help available for them. Despite seeking help, and wanting support for their children, mothers were blamed for the abuse they had been subject to, and blamed for the impact on their children. In some cases, this led directly to the removal of children into care, while professionals did not attempt to engage with the abuser. If they were involved with Children’s Services, the domestic abuse was seen as a separate issue from concerns around children, rather than the abuser directly harming the children: this was particularly evident where there was post-separation abuse, where the children were seen as not at risk from the abuser, because the abuse was directed to the adult victim, and therefore of less concern.

- Shropshire Housing and Registered Social Landlords: participants described not being believed, and when seeking help, not being provided with information or the available options to them, and not being referred to specialist services. In cases where they needed to flee, they were not consistently offered support with this, although some were able to move quickly, others experienced very long waits due to not being placed on a high enough banding or not being seen as a priority. One participant was positive about the response they had received, had been offered different options, and had been placed on the correct banding.
- Mental health services: feedback was less about the response of these services, than about the lack of availability of specialist therapeutic support. All participants talked about needing support with their mental health and wellbeing. Not all needed support from secondary mental health services, although some did, due to post-traumatic stress disorder. In some cases, victims/survivors had mental health diagnoses, which led to some support, but this was not always appropriate as it focused on the diagnosis, not on how this may intersect with / have been impacted by the trauma of the abuse.

5.25 Survivors shared stories of having multiple services to interact with, which they found overwhelming as well as it being hard to keep track of which service was which. This was the case even when a MARAC had occurred, where coordination should have taken place, but survivors still received, or were required to make, multiple contacts.

Recommendations on involving those with lived experience

- 5.26 Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- 5.27 Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 5.28 SDAS's SODA group is not a survivor network but does provide an opportunity to involve the voice of lived experience of domestic abuse, if done appropriately and ethically given that many receiving support from SODA continue to experience abuse and therefore their participation may not be appropriate. The long-term nature of the support also means that in some cases the feedback may relate to interactions several years earlier.
- 5.29 To ensure the diversity of survivor involvement, work with voluntary and community services including 'by and for' services working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.
- 5.30 Adequately resource the involvement of those with lived experience in the partnership through relevant specialist services. Some years ago, SDAS undertook a process to develop a survivor network similar to SEEdS in Cornwall¹¹ (supported by the then Shropshire Council Domestic Abuse Coordinator). West Mercia Women's Aid operate an online Survivor's

¹¹ <https://seedscornwall.org>

Network and have a network of ‘Ask Me’ Ambassadors in the community (outside of Shropshire). The experience of SDAS and Women’s Aid, and expertise from organisations such as SEEdS, should be used in the development of survivor consultation in Shropshire. This will ensure involving survivors is done ethically, confidentially, in a trauma informed way and adequately compensating survivors for their involvement.

6. Needs Assessment Findings

- 6.1 This section presents the findings of the needs assessment through the quantitative data gathering described in the methodology section above. It needs to be read with reference to the gaps and limitations outlined in section four.
- 6.2 Following this section, data is presented specifically on safe accommodation (sections seven, eight and nine) to ensure Shropshire meets its statutory requirement under Part 4 of the Domestic Abuse Act 2021.
- 6.3 Sections ten and eleven present data on access to non-accommodation-based specialist domestic abuse services (ten), and partner responses and provision (eleven), including any additional data available from those services.
- 6.4 In highlighting gaps in provision, it should be noted that the recent mapping exercise conducted by the Domestic Abuse Commissioner’s Office¹² highlighted that, nationally:
- “Specialist domestic abuse services are effective in supporting victims and survivors to cope and recover from their abuse ... specialist ‘by and for’ services offered particular benefits to victims and survivors from minoritized or marginalised communities who face the greatest barriers to support.”
 - “Most victims and survivors want some kind of community-based support. ... Advocacy support alone is insufficient to meet the needs of victims and survivors” who require counselling/therapeutic support, helpline advice and mental healthcare.
 - “The independence of [specialist] services is vitally important” to victims and survivors.
 - “Services in England and Wales are unable to meet demand. Fewer than half of survivors were able to access the community-based support they wanted”
 - “Gaps in support for children, and in access to perpetrator programmes, were particularly notable.”
 - “Specialist ‘by and for’ services are disproportionately underfunded, with considerable gaps in provision across England and Wales.”
- 6.5 Additionally:
- “Fewer than half of survivors were able to access the community-based support that they wanted, and only 28% said accessing help was easy or straightforward.

¹² <https://domesticabusecommissioner.uk/wp-content/uploads/2022/07/DAC-Mapping-briefing-paper-final.pdf>

- Just 29% of survivors who wanted support for their children were able to access it.
- Only 7% of survivors who wanted their perpetrator to receive support to change their behaviour were able to get it. ...
- Over two-thirds of men and over half of non-binary survivors found it ‘quite difficult’ or ‘very difficult’ to get help, in comparison to a third of women survivors.”¹³

Population data

6.6 Shropshire is a rural county in the Northwest Midlands, bordering Wales, with a population of 325,415.¹⁴

6.7 49.5% (161,240) of the population is male, and 50.5% (164,175) is female.

6.8 Shropshire has a high proportion of older age groups, and the older age groups are increasing rapidly compared with younger age groups.

Age Group	Under 5s	5-15s	16-64s	Over 65s
Population	14,788	38,345	191,066	81,216
% of Population	4.5%	11.8%	58.7%	25.0%

6.9 The age of the population is not distributed evenly across the county, with higher numbers of children and young people in central Shropshire.

6.10 95.4% of the population is White British¹⁵. Of the remaining 4%:

- 55.6% are White Other; this is likely to be made up of Europeans: 54% of those born outside of the UK were born in Europe. The top non-English language spoken is Polish.
- 21.9% are Asian/Asian British
- 15.4% are Mixed/Multiple ethnic groups
- 4.1% are Black/African British
- 3.0% are ‘other’ ethnic group

6.11 The most ethnically diverse area in Shropshire is Church Stretton (7% are other than White British) followed by Shrewsbury, Whitchurch, and Ellesmere (5%).

6.12 There were 129,674 households in Shropshire (2011 census).

6.13 38.6% of housing in Shropshire is detached, and 32.7% is semi-detached. 11.5% are flats.

Tenure	% in Shropshire
Owned outright	38.6%
Owned with a mortgage or loan	30.6%

¹³ <https://domesticabusecommissioner.uk/early-findings-from-our-mapping-show-a-huge-discrepancy-of-services-across-england-and-wales-and-an-acute-lack-of-funding-that-prevents-services-being-able-to-meet-demand/>

¹⁴ Data from Census Mid-Year Estimates 2020 unless otherwise specified

¹⁵ Census 2011

Private renting	13.1%
Social renting	13.5%

- 6.14 In Shropshire in 2021, the median gross household income was £32,808, generating an affordability ratio of 7.5, which means that the average (median) cost of a house is 7.5 times higher than the average (median) income. This ratio inevitably increases when looking only at lower household incomes, and in relation to certain parts of Shropshire which have higher priced houses.
- 6.15 In 2019 Shropshire ranked as the 174th most deprived local authority in England (out of 317), with 1 equalling most deprived. An estimated 5% of the Shropshire population live in the 20% most deprived areas of England, while more than half live in the least deprived 50% of the country.
- 6.16 Shropshire is sparsely populated, with just over one person per hectare (compared to 4.3 persons per hectare in England). 2.5% of the land mass is classified as urban, accommodating 42.8% of the population¹⁶.
- 6.17 The Shropshire Council *Evidence to Support the Economic Growth Strategy 2022-2027* highlights that many people living in Shropshire will have a long journey time by public transport or cycling (but less so by car) to access areas of high employment, education, and other services.
- 6.18 Many stakeholders informed the needs assessment that a significant barrier for people accessing support, including for domestic abuse, is the rural nature of Shropshire. Due to a lack of public transport, many are reliant on car travel or accessing something local to them, which in itself can be problematic if the area is small enough for ‘everyone to know everyone’. This exacerbates isolation for domestic abuse victims and makes it harder to know about, or reach out for, help, and support.
- 6.19 For some survivors who contributed to the needs assessment, this was relevant with regards to the ‘standing’ of their abusive partner in the community in which they lived, making calling the police, or seeking support, feel impossible.
- 6.20 A Domestic Abuse in Rural Areas report published in 2019¹⁷, echoes these views. It found that abuse lasts, on average, 25% longer in most rural areas, as well as:
- The policing response, while improving, was still inadequate, due to fewer female officers being available in rural areas, fewer officers with appropriate domestic abuse training.

¹⁶ Shropshire Council *Evidence to Support the Economic Growth Strategy 2022-2027*; data in the rest of this section is drawn from here unless otherwise specified (<https://shropshire.gov.uk/media/23702/shropshire-economic-evidence-base.pdf>)

¹⁷ National Rural Crime Network *Captive and Controlled: Domestic Abuse in Rural Areas – isolated, unsupported and unprotected, victims failed by the system, services and those around them 2019* (<https://www.nationalruralcrimenetwork.net/news/captivecontrolled/>)

- The more rural the setting, the higher the risk of harm, in part due to the difficulties in accessing support.
- Rurality and isolation are deliberately used as weapons by abusers, including moving to rural settings to further isolate victims.
- Close-knit rural communities facilitate abuse through silencing victims who cannot seek help without everyone in the community knowing about it, as well as perpetrators who deliberately ‘recruit’ the community which exacerbates the abuse and isolation.
- Traditional, patriarchal, communities control and subjugate women, with men continuing to hold positions of power and using this within the abuse.
- Support services are scarce – less available, less visible, and less effective.
- Retreating rural resources make help and escape harder.
- The short-term, often hand-to-mouth funding model has created competing and fragmented service provision.
- An endemic data bias against rural communities leads to serious gaps in response and support.

Prevalence of domestic abuse

- 6.21 The Crime Survey for England & Wales (CSEW) estimated that in the year ending March 2020¹⁸, 7.3% of women (1.6 million) and 3.6% of men (757,000) had experienced domestic abuse in the last year (including partner or family non-physical abuse, threats, force, sexual assault, or stalking). They estimated 27.6% of women and 13.8% of men had experienced domestic abuse since the age of 16.
- 6.22 It should be noted that the CSEW, in line with the statutory definition of domestic abuse, counts ‘any incident’ of domestic abuse. This has the potential to capture one-off conflict situations in relationships that do not have an underlying dynamic of control and coercion from one partner/family member to another, which is more likely to lead to victims needing services. Additionally, those reporting experiencing abuse since the age of 16, may have experienced in their family home, rather than from an intimate partner.
- 6.23 Of crimes recorded by the police in the year ending March 2021, in 73% of domestic abuse-related crimes the victims were female. Between the years ending March 2018 and March 2020, 76% of victims of domestic homicide were female; the highest proportion by age (18%) were 70 years and over.¹⁹
- 6.24 The needs assessment applied CSEW data prevalence in the year to the end of March 2020 to local population data (those aged 16+ years) and estimated the following prevalence:

	Women	Men
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¹⁸ ONS (2020) [Domestic abuse victim characteristics, England and Wales: year ending March 2020](#) – data is not available for the year ending March 2021, due to the suspension of the CSEW in 2020 during Covid.

¹⁹<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimcharacteristicsenglandandwales/yearendingmarch2021>

Subject to domestic abuse since age 16	38,175	18,487
Subject to domestic abuse in the last year	10,097	4,823

6.25 SafeLives estimate 40 women per 10,000 of the female population will be identified as high-risk²⁰, or 0.4% of the population. This would equate to 553 high risk female victims in Shropshire each year.

6.26 West Mercia Police recorded two domestic homicides each in 2020/21 and 2021/22. The two in 2021/22 have Domestic Homicide Reviews underway, both cases of adult family homicide, which are more likely than intimate partner homicide to involve a male victim.

2020/21 & 2021/22	Female	Male
Victim of homicide	2	2
(Alleged) perpetrator of homicide	1	3

6.27 The Statutory Guidance specifies that all services commissioned should be gender-informed: acknowledging that domestic abuse is both a cause and consequence of gender inequality. Prevalence data provides a clear indication towards proportionality in relation to domestic abuse safe accommodation provision, and the provision of other domestic abuse support services, which will primarily be used by heterosexual women.

6.28 The needs of lesbian, gay, bisexual, transgender and non-binary people are not yet understood in Shropshire, and this proportionality will need to be reviewed once more research has been done.

Reporting points

6.29 This section presents domestic abuse data from all services that do not provide specialist accommodation-based domestic abuse services (see section eight). The detailed data for safe accommodation is presented separately to ensure Shropshire Council meets the statutory requirement under Part 4 of the Domestic Abuse Act 2021.

6.30 In reviewing the data presented here, it is important to be aware that this reflects where victims/survivors report, not an indication of prevalence, as we know that many don't tell professionals. For example, CSEW data states under 20% of victims report to police²¹.

6.31 A study by SafeLives found 85% of victims/survivors sought help five times in the year before they got the help they needed²²: many approached friends and family first. Therefore, it is essential that information about where to get help is publicised widely, and not just to

²⁰<https://safelives.org.uk/sites/default/files/resources/SafeLives%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20%26%20Wales.pdf>

²¹<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendinmarch2018>

²²<https://safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

potential victims. This data should also be considered in light of the Domestic Abuse in Rural Areas report quoted above, which suggests domestic abuse victims experience abuse for longer the more rural the area they live in.

- 6.32 Victims/survivors are likely to be double counted in the data below, if for example, they reported to police, separately attended hospital, and self-referred to Axis Counselling.
- 6.33 The range of services receiving referrals or disclosures for domestic abuse victims/survivors and/or their children is evidence of the need for a whole system approach through the Coordinated Community Response, including all services having in place: policies, procedures, mandatory training, routine/selective enquiry, well-known and clear referral pathways, case management recording with data collection and sharing with partnership, and active involvement with the MARAC.
- 6.34 The most common reporting route was through police, with 10,476 non-crime incidents and crimes reported over 2020/21 and 2021/22. Many of these will involve repeat victims and repeat perpetrators. Due to police alerts to Children’s Services for domestic abuse reports in which children were present or are part of the household, there were a very high number of contacts to the Front Door in the same period: 13,329. This presents a challenge for the partnership in both managing volume while ensuring the needs of children are recognised and responded to.

Disclosures, reporting or referrals for adult victims/survivors	2020/21	2021/22
Axis Counselling	62	114
Axis ISVA	53	73
Citizen’s Advice Bureau	86	110
MARAC	253	287
Midlands Partnership NHS Foundation Trust	4	1
PEGS	79	159
SARC (Adults)	9	7
SDAS Accommodation based support	230	180
SDAS Community based support	703	773
SDAS IDVA	N/A	32
Shrewsbury & Telford Hospital NHS Trust Accident & Emergency	57	67
Shropshire Council Adult Social Care	184	219
Shropshire Council Housing Options Team	178	170
Victim Support	400	387
We Are With You	15	20

West Mercia Police (incidents and crimes)	5,182	5,294
West Mercia Police (number of victims) *	3,166	3,322
West Mercia Women’s Aid IDVA	239	276
West Mercia Women’s Aid Hospital IDVA	72	84
Willowdene	2	4

* this is taken from the breakdown of victims by gender, totalled across male and female, crimes and incidents; the breakdown of victims by age and ethnicity give different totals, but not significantly.

6.35 Referrals, cases, or disclosures across nearly all services increased from 2020/21 to 2021/22. The biggest increases were seen in some of the smallest services: PEGS by 101% (see section ten for further exploration), Axis Counselling by 84%. The exception is refuge referrals, which is covered in the safe accommodation section below.

6.36 Repeat referrals were recorded by the specialist services, police, and MARAC.

Repeat referrals for adult victims/survivors 2020/21 & 2021/22	Referrals	% Repeats
Axis Counselling	179	21.8%
Axis ISVA	126	3.2%
MARAC	540	34.1%
SDAS Community based support	1,476	27.4%
SDAS IDVA	32	3.1%
Victim Support	787	0.6%
West Mercia Police Victims	6,488	20.3%
West Mercia Police Alleged Offenders	6,717	21.7%
West Mercia Women’s Aid IDVA	515	39.0%
West Mercia Women’s Aid Hospital IDVA	156	14.7%

6.37 There are more offenders than victims known to police, and a slightly higher repeat rate, emphasising the need to focus the partnership response on abusers as well as victims/survivors.

6.38 West Mercia Police provided data on where in Shropshire domestic abuse incidents and crimes had been recorded in 2020/21 and 2021/22, broken down by Ward. Unfortunately, these cannot be mapped directly onto Place Plan or Family Hub areas, which have different boundaries. The data at Ward level is too small to add to the needs assessment helpfully.

- 6.39 Data showing from where people reported domestic abuse must be treated with caution, and not assumed to indicate overall levels of domestic abuse in Shropshire. Areas that are sparsely populated will have overall less reporting; and the research shown above demonstrates that many living in rural areas, and in small communities, are unlikely to call police at all.
- 6.40 The area profiles produced for the Family Hub areas²³ use figures that do not add up to the number of incidents or crimes given in the table above, but the overall figure is close to the total number of victims.

	Number of DA incidents reported to police 2020/21	Rate per 1,000 of population
Central South	560	11.3
Central North	680	11.5
North East	644	11.0
North West	503	9.6
South East	531	8.1
South West	297	7.9
Shropshire	3,125	9.9

NB: The headings in this table are from the area profiles (e.g., for [North East](#)) and do not match those provided by the Public Health team to the needs assessment and may have changed (Public Health areas are named: Central East, Central West, North East, North West, South East, South West).

Adult Victims/Survivors

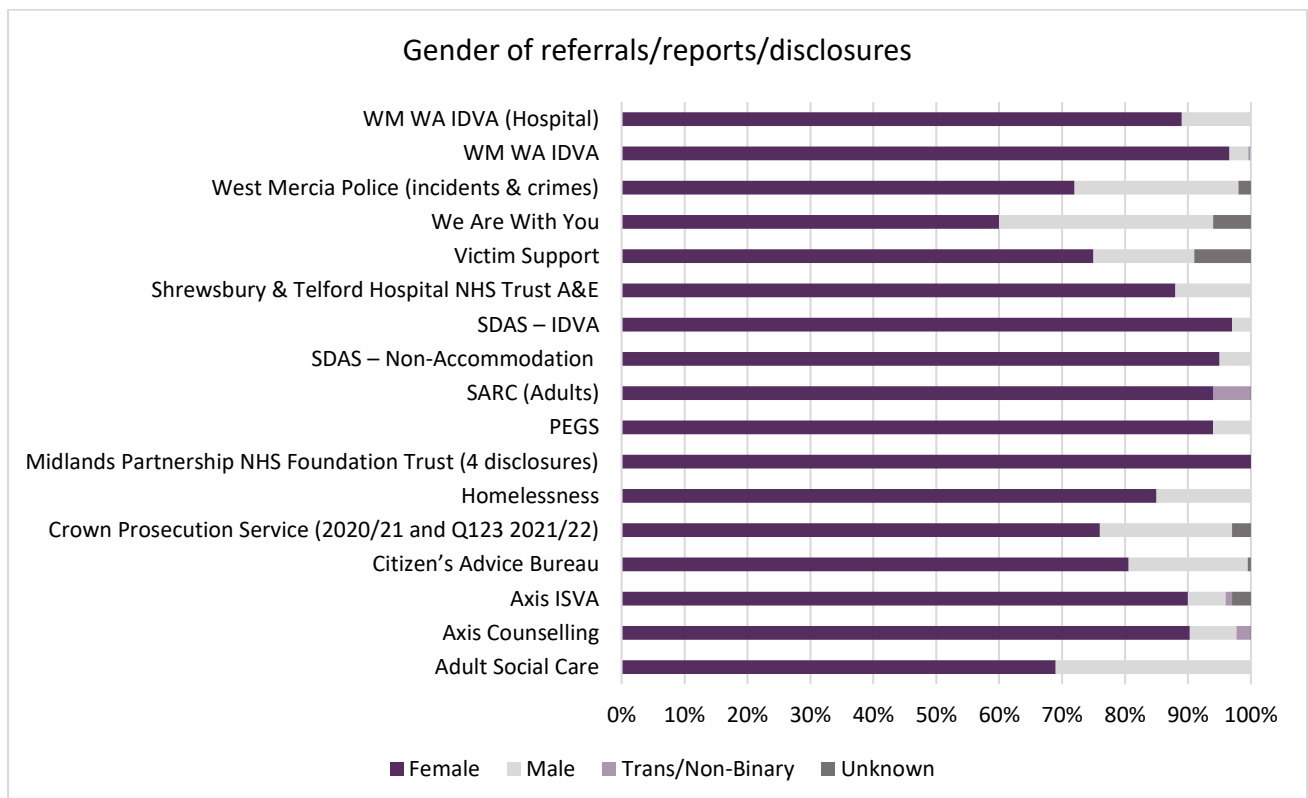
- 6.41 This section presents a summary of the data that was available about adult victims/survivors accessing services. Recommendations are made relating to data collection in this section; those relating to service provision are contained in section eleven on unmet need.
- 6.42 Data is presented by proportions, rather than overall numbers, because many of the records will double-count victims/survivors.
- 6.43 Gender, age, and ethnicity were recorded by nearly all services that submitted data to the needs assessment; for the remaining characteristics we have only partial data.
- 6.44 **Recommendation:** Ensure services collect data across the full range of demographic information, and this is collated and analysed by the partnership to identify gaps.

	Total Services / Departments	% of all data submissions
Age	24	86%
Gender	24	86%

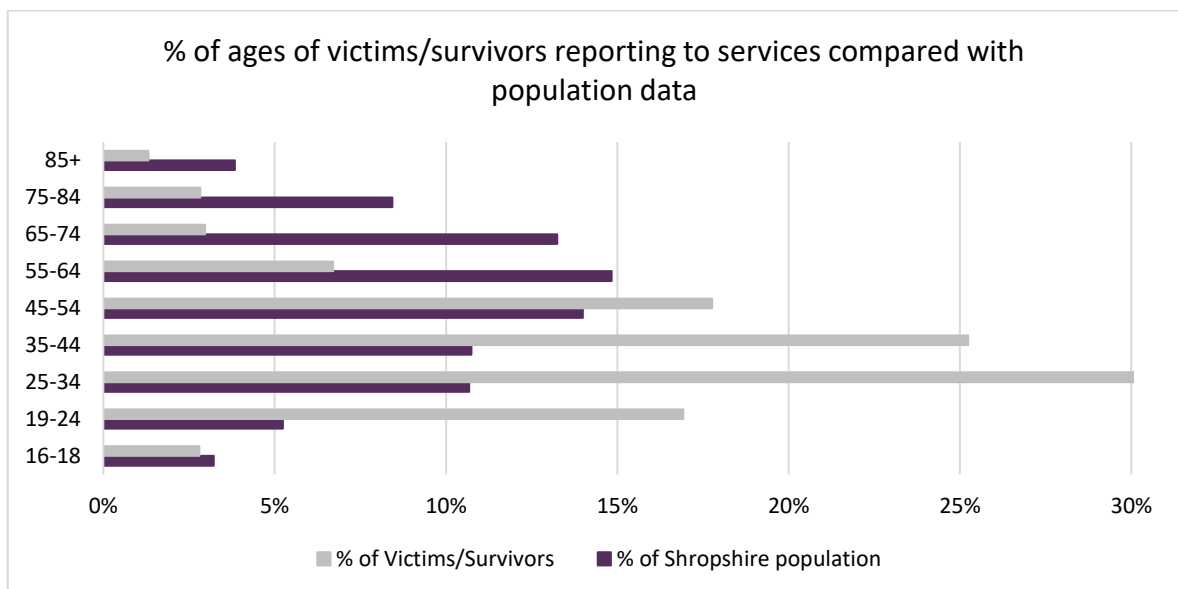
²³ <https://shropshire.gov.uk/information-intelligence-and-insight/facts-and-figures/area-profiles/community-hubs/>

Ethnicity	22	79%
Disability	17	61%
Disability (Detail)	12	43%
Sexual orientation	15	54%
Marital Status	15	54%
Occupation	13	46%
Housing Type	11	39%
Additional Needs	11	39%
Household Structure	10	36%
Out of area referrals	9	32%
Immigration Status	6	21%

6.45 **Gender:** In line with national data and research, most victims reporting to services were female. Police, We Are With You and Adult Social Care recorded the highest proportions of male victims/survivors. Only five services collected data on Trans and non-binary people being referred or reported: Axis Counselling and ISVA; SARC; West Mercia Women’s Aid IDVA, with between 0.3% and 6% of clients recorded as such.



- 6.46 There is a gap in understanding of, and responses to, Trans and non-binary people, this can be seen in part in their invisibility in the data reported. This may be because practitioners are not asking, and people are therefore not providing the information, due to the fear of discrimination.
- 6.47 SafeLives expect the proportion of referrals for male victims/survivors to be around 10%²⁴. They state this “reflects the current understanding of the different experiences of domestic abuse by gender” from research such as Hester (2009)²⁵.
- 6.48 SDAS, Axis, West Mercia Women’s Aid, and Victim Support, are inclusive of and responsive to the needs of men; but there can be a perception amongst members of the public and some practitioners that services are ‘not for men’. Given that many will access services having spoken with a GP, or reported to police, they may have been put off seeking help by the response they received.
- 6.49 **Age:** Most services collected data on age, and the highest overall proportion was within the 19-34 age groups (53%) followed by those aged 35-54 (43%). 1% were unknown²⁶. These age groups are overrepresented when compared with the population data but align with national data from the CSEW indicating younger age groups are more at risk of experiencing domestic abuse. Sexual violence services (SARC and Axis) saw higher levels of reporting from younger groups, aged under 24 years. Adult Safeguarding recorded the highest proportions of those in the older age groups (over half were aged over 55 years). Adult Safeguarding, Police and Citizens Advice were the only services to record any victims/survivors aged over 85 years: 23 (17%) safeguarding concerns; 2 (1%) for Citizens Advice referrals and 24 (0.4%) victims reporting to Police.



²⁴ <https://safelives.org.uk/node/521>

²⁵ https://www.researchgate.net/publication/228771295_Who_Does_What_to_Whom_Gender_and_Domestic_Violence_Perpetrators

²⁶ PEGS has been removed from this data due to the very high proportion of clients for whom age was unknown, which skewed the average. Known ages of clients fitted with the trend seen elsewhere.

- 6.50 Shropshire has a high proportion of older people resident in the area, but this is not reflected in those accessing services. Older people can face multiple barriers to seeking or accessing help relating to domestic abuse, including the length of time they have experienced it, concerns over the welfare of the abusive partner, and perceptions that domestic abuse services are for younger people²⁷.
- 6.51 **Ethnicity:** In line with Shropshire population data, most victims/survivors reporting to services were recorded as White British, ranging from 76% to 100% (average 90%) compared with 95% of the population. The highest proportion following this was 'Other' at 3%, with individual agencies ranging from 0% to 11%. (NB: Victim Support's data for ethnicity was an outlier and not included in averages, with 68% White British and 28% other.)
- 6.52 The exception was MARAC, which only gathers data on 'Black and Ethnic Minority' cases discussed, and this figure was 10%, significantly higher than any other service recorded for this category and higher than the proportion in Shropshire, where 'White Other' is the biggest category after White British.
- 6.53 Three services recorded any Gypsy/Roma Traveller victims/survivors (Shropshire Council Housing Options Team, PEGS, and SDAS community-based service), and these proportions were very low at less than 1%.
- 6.54 Victims/survivors from minoritized ethnicities face additional barriers to accessing support, including immigration status (see below), language needs, as well as experiences – or fears relating to – racism. Domestic Abuse Act Statutory Guidance explicitly states that 'by and for' services have a crucial role in providing appropriate support (paragraph 150, p58) through their expertise and the trust many victims/survivors place in them. While there are no 'by and for' services in Shropshire, there is expertise to be drawn from national organisations such as Imkaan, and from research they have conducted²⁸.
- 6.55 An Under-Represented Communities Group working group has been formed, under the direction of the Office for the Police and Crime Commissioner, to better understand the needs of victims of (any) crime from minoritized ethnicities in West Mercia. This is chaired by the Victim Support Senior Operations Manager, and attended by SDAS, West Mercia Women's Aid and Axis Counselling.
- 6.56 **Immigration:** Five services recorded the immigration status of victims/survivors (plus SDAS accommodation services, presented below in section eight): Shropshire Council Housing Options Team, SDAS community-based service and SDAS IDVA²⁹, and West Mercia Women's Aid IDVA service and hospital IDVA service. Unfortunately, the categories used did not match each other and so a comparison is difficult, and we must assume that all those not recorded did not have needs relating to immigration status.

²⁷ <https://www.iriss.org.uk/resources/esss-outlines/older-women-abuse>

²⁸ <https://www.imkaan.org.uk>

²⁹ SDAS IDVA recorded one client with immigration needs, but the detail was not known.

	Housing	SDAS	WM IDVA	WM Hospital IDVA
% victims/survivors with immigration related needs <i>(Total records of immigration status, as proportion of accepted referrals)</i>	13%	3%	2%	7%

6.57 The most detailed immigration data was available from SDAS and Women’s Aid and is presented here:

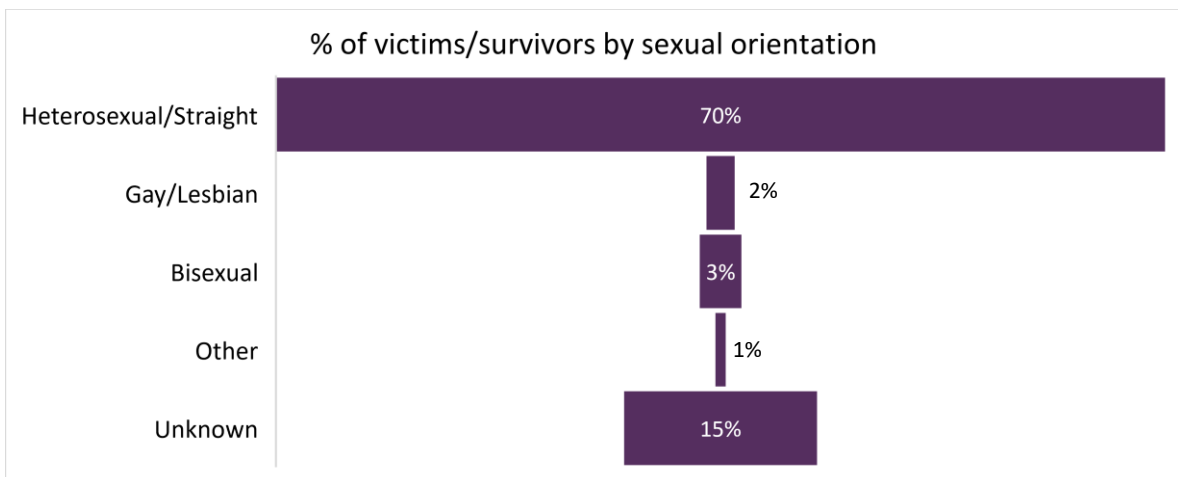
Immigration Category (N=41)	SDAS	WM IDVA	WM Hospital IDVA
Family Visa (e.g., partner or parent visa)	11%	0%	14%
Work/Student/Visit Visa	7%	33%	29%
Asylum Seeker (public funds not accessible but asylum support available)	0%	0%	14%
Refugee (public funds accessible) <i>For SDAS this also included: indefinite leave to remain/EEA national/settled status</i>	57%	0%	0%
No Immigration Leave or Expired Leave	11%	17%	0%
Indefinite leave to remain		50%	
Pre-settled Status			14%
Discretionary Leave to Remain			14%
Other/Unknown/Prefer Not to Say	14%	0%	14%

6.58 Victims/survivors with insecure immigration status, in particular those with no recourse to public funds, face significant barriers in accessing support, most pertinently the fear that they will be deported if they seek help. They may not be able to access support from public organisations depending on their status. Victims/survivors can access the Destitution Domestic Violence Concession³⁰, and it was evidence in the needs assessment that specialist services were able to support victims/survivors to access this. SDAS Outreach service recorded two successful applications across 2020/21 and 2021/22, anecdotal feedback suggests this may have been higher.

³⁰ <https://www.gov.uk/government/publications/application-for-benefits-for-visa-holder-domestic-violence>

6.59 **Sexual Orientation:** 14 services collected data on sexual orientation, but for several, the proportion of ‘unknown’ was high, between 40% and 98%. Adult Social Care and Citizen’s Advice had the highest (95% and 98% respectively) and are not included in averages.

6.60 Across the remaining 12 services, nearly three-quarters of victims/survivors were recorded as straight/heterosexual. The highest proportion of gay/lesbian/bisexual clients was reported by the SARC. In addition, MARAC records cases in which the victim/survivor was ‘gay/lesbian’; this was 4%, compared with the SafeLives national average of 1.4%.



6.61 The Under-Represented Communities Group working group referred to above, is also seeking to better understand the needs of victims of (any) crime who are LGBTQ+.

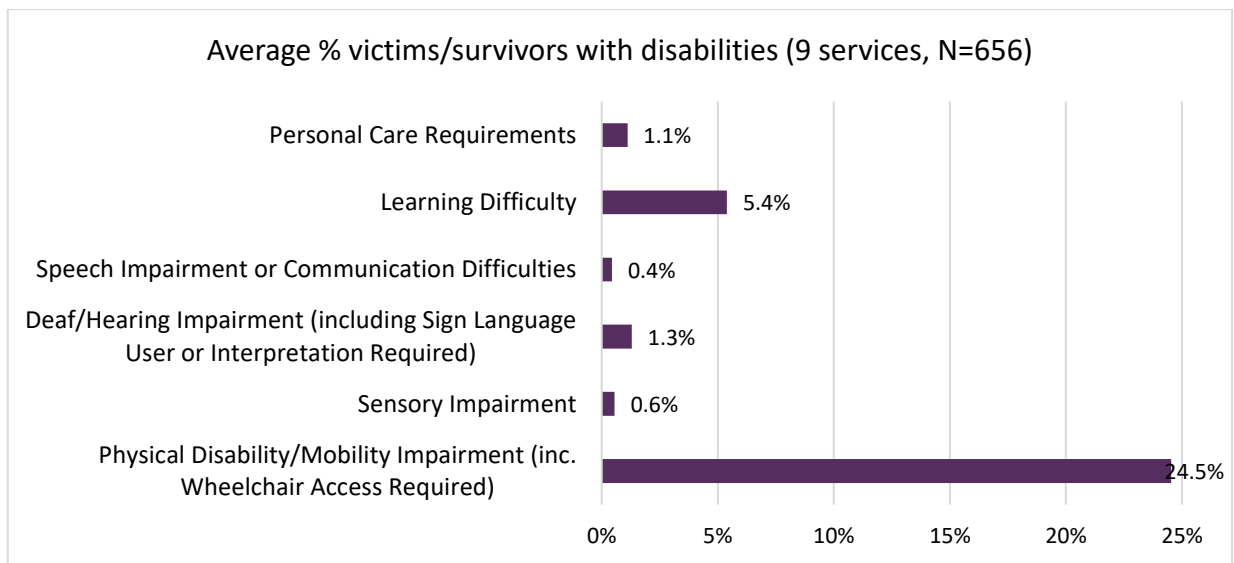
6.62 **Disability:** A fifth of victims/survivors reporting to 14 services were recorded as having a disability; a third of perpetrators were recorded as having a disability. MARAC recorded 1% of cases as having a disability, compared with the SafeLives recommendation of 19%. Research shows women and men with a long-term illness or disability are more likely to be subject to domestic abuse. Specialist guidance is available on meeting the needs of disabled victims/survivors³¹. Higher levels of disability were reported to voluntary services:

Service	% clients with a disability
Axis Counselling	42%
West Mercia Women’s Aid IDVA	41%
Citizen’s Advice Bureau	38%
West Mercia Women’s Aid Hospital IDVA	33%
PEGS	26%
We Are With You	23%

³¹ <https://www.shapingourlives.org.uk/wp-content/uploads/2018/02/Shaping-our-Lives-A-Refuge-for-All-findings-report-online.pdf>

SDAS Community Service	22%
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6.63 This may in part be explained by the level of detail of these services’ assessments, due to their holistic perspective on clients. It is also a reflection of the high levels of mental health issues that have significant impacts on victims’/survivors’ day to day lives: over half of those recorded had mental health issues. Of the thirteen services recording disability, eight recorded some level of detail on the nature of this disability. No victims/survivors were recorded as having a visual Impairment (including Braille or Other Visual Support Required), and none were recorded as having Autism or another neuro-diverse condition. The following table removes mental health issues, experienced by 52.8% of recorded victims/survivors.



6.64 SafeLives’ research³² suggests that disabled people are more at risk of domestic abuse than non-disabled people; and they experience abuse for longer before accessing help. The impacts can be more severe, and their needs more complex due to their care and support needs which may have been met by the abusive partner or family member.

³² <https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse>

A disabled survivor of domestic abuse had no option but to flee to family outside of Shropshire. She did not feel refuge was suitable as she did not feel in physical danger and needed an accessible property and someone to provide care. She has been waiting for a property on HomePoint for a year. She was recently placed on priority banding following an Occupational Health assessment.

“I don’t really know what I should be bidding on – Shropshire HomePoint website is rubbish, I don’t understand bidding. There was one bungalow that looked perfect, but it said age 55+, but when I looked at the landlord’s website it says 55+ and vulnerable – I didn’t know if I could bid on it or not.”

She is worried because she has been told that if she successfully bids on a property, she will have to come to Shropshire within a week to sign in person for it. Given her disability and reliance on family, this may not be possible. She has felt supported by housing who “are very good at dealing with domestic abuse but not so good at helping newly disabled people”. She had not been referred to any specialist services.

- 6.65 **Marital Status and Household Structure:** Fourteen services collected data on marital status, and eight on household structure, but for marital status the proportion of those ‘unknown’ was very high. Removing those where more than 40% were unknown (four), on average, 31% of victims/survivors were married or civil partnered or cohabiting with a partner. Nearly half (47%) were single and 15% were separated or divorced. Household structure followed a similar pattern, where 40% of victims/survivors were single with children, and 27% were single with no children. 17% were with partners, either with children (10%) or without (7%).
- 6.66 **Occupation:** while this was recorded by ten services, the over half were ‘unknown’. Of the remainder, a fifth with employed (part time or full time) and 14% were unemployed.

Children and Young People

- 6.67 Services available for children and young people provided by SDAS and Victim Support and provided in section ten below, and the response of Shropshire Council Children’s Services is outlined in section twelve, along with a more detailed data breakdown.
- 6.68 Due to the limited specialist service provision, there is limited data on children and young people’s needs relating to domestic abuse. It should also be noted that most of the data available refers to children and young people who have had concerns raised about them, not, as with adult victims, reporting issues for themselves.

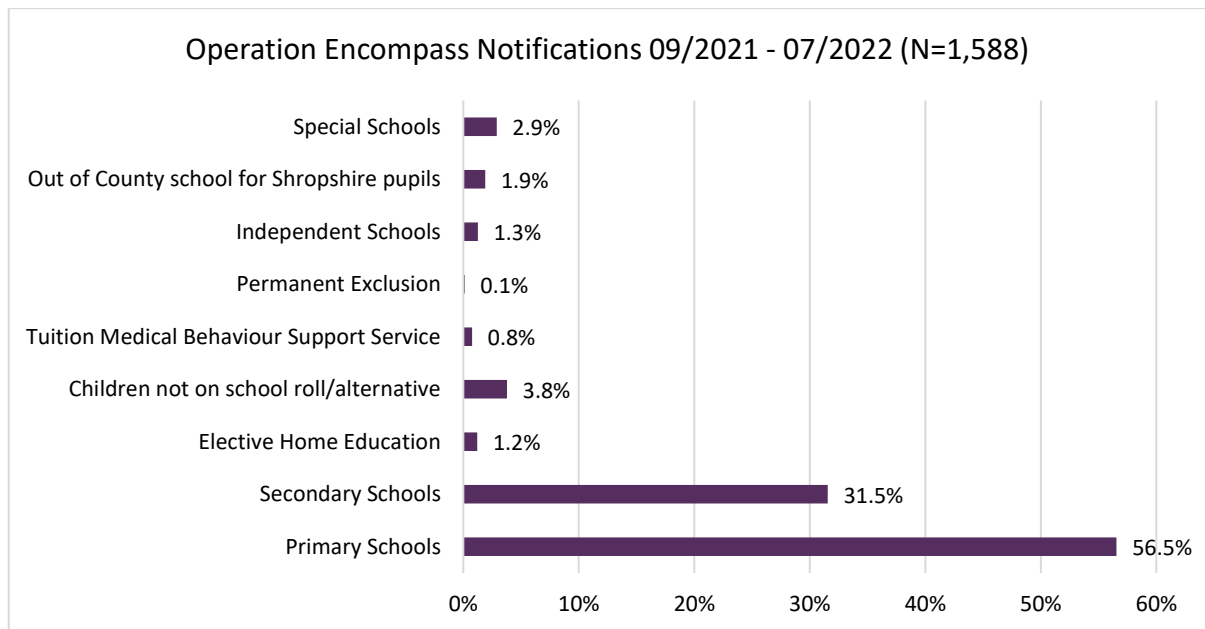
Disclosures, reporting or referrals for child victims/survivors (including unborn)	2020/21	2021/22
SDAS Accommodation-based services <i>Number of children accommodated with a parent</i>	49	65
SDAS Community-based CYP service <i>NB: provision of two part time workers limits capacity</i>	27	53
SDAS Community-based service (outreach and IDVA) <i>Number of adult victims/survivors with involvement in Children's Social Care, including those with Care Orders</i>	264	245
Shropshire Council Children's Early Help Services <i>Under 19s with open early help episode at the end of each year (31/03) with domestic abuse identified as issue in most recent assessment</i>	226	278
Shropshire Council Children's Social Care Services <i>Children's Services domestic abuse contacts</i>	7,288	6,041
Shropshire Council Children's Social Care Services <i>Open Child Protection and Child in Need cases where domestic abuse was identified on the referral/assessment (snapshot)</i>		1,020
Shropshire Council Children's Social Care Services <i>Open Looked After Children cases where domestic abuse was identified on the referral/assessment (snapshot)</i>		485
Victim Support (young people aged 16 & 17)	13	27
West Mercia Police Youth Justice Service (06/2020 to 06/2022)		9

- 6.69 The numbers of children involved with Children's Social Care, or who have experienced a police incident or other concern that has led to a notification to Children's Services, compared with the low numbers able to be supported by SDAS (due to funding-related limited capacity), highlights the significant gap in specialist support for children and young people and the volume of service provision that may be required.
- 6.70 There is an absence of data relating to the nature of the domestic abuse children and young people have experienced: living in a family with an abuser, or being abused by an intimate partner, or multi-victimisation, or being a child or young person causing harm to family members or intimate partners.
- 6.71 Anecdotally, many children who are Looked After, and those involved with the Youth Justice Service, become involved in services due to their own use of abusive behaviours. These types of concerns do not seem to be raised or responded to at earlier points of potential

intervention. This type of abuse involves the full range of behaviours seen by adult abusers: physical and verbal abuse, controlling and coercive behaviours, and sexual violence.

6.72 There is a risk that the ways in which children and young people using harmful behaviours who also have learning disabilities or other neuro-diverse conditions, are seen only through the lens of their diagnosis, leading to a lack of support to parents and families as well as children themselves. (See section ten on PEGS, and research conducted by the Domestic Abuse Commissioner’s Office on child and adolescent to parent violence³³.)

6.73 Data was provided by Shropshire Council’s Operation Encompass lead. Operation Encompass is a nationally recognised scheme that provides notifications to schools of domestic abuse incidents reported to police in which children are in the household (explained in more detail below, see also 12.29). The needs assessment gathered data on the notifications made to schools in the previous eleven months (covering the school year, September 2021 to July 2022). There was an average of 144 notifications made each month across all forms of provision. (NB: notifications are not made when the lead is away.)



6.74 **Gender:** Children involved with any of the Shropshire Council Children’s Services were approximately 50/50 males and females. SDAS Children’s Service recorded a slightly higher proportion of males (52.5%) and were the only service to record other genders, with 1.3% of those worked with recorded as non-binary. West Mercia Youth Justice Service, although very low numbers (N=9) recorded significantly higher males within the service (88%).

6.75 **Age:** Council services worked with children across the whole age spectrum, including unborn babies, through to those turning 18 years. The SDAS service worked less with much younger

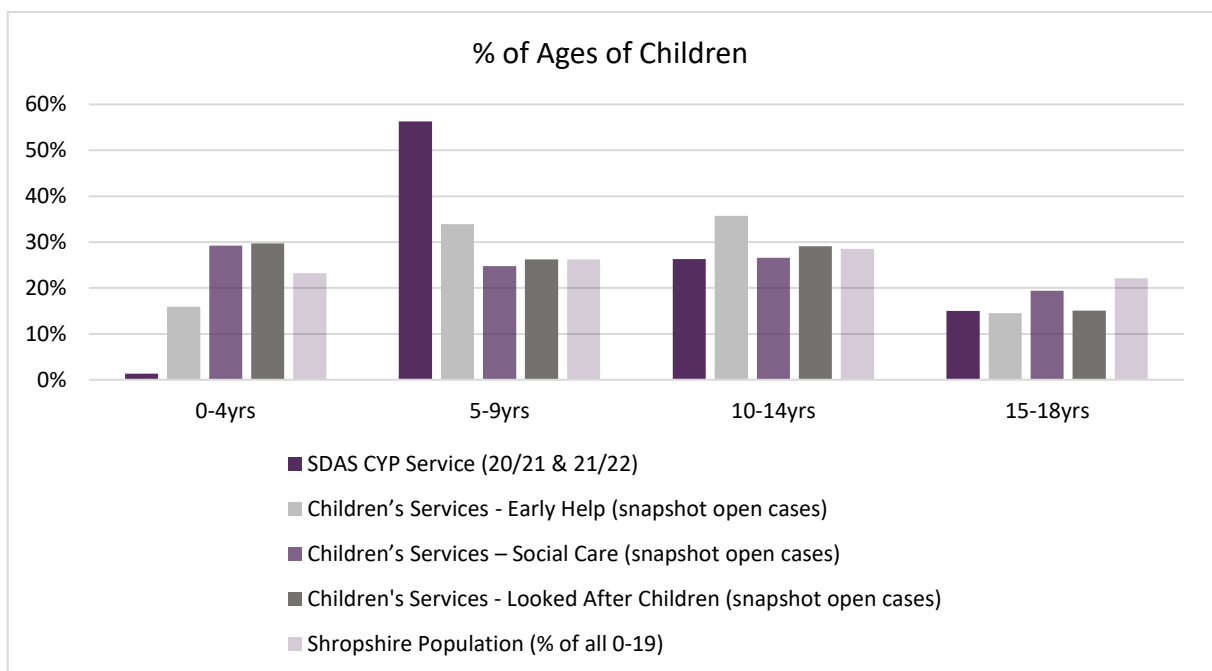
³³ <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/CAPVA-Rapid-Literature-Review-Full-November-2021-Baker-and-Bonnick.pdf>

children, and except for the Youth Justice Service, the average of those aged 15 and over involved with any service was low (a fifth of children working with the other three services).

Feedback to the needs assessment from parents and young people was clear that support is needed for older children, but this is often not recognised: they are often seen as being able to cope, compared with younger children.

The refuge is seen to cater well to the needs of younger children, but not to adolescents, who have particular needs relating to their independence and freedom (residents are not allowed to leave their children in refuge when they go out) as well as leisure activities, and personal wellbeing needs including relating to puberty.

6.76 West Mercia Youth Justice Service has been removed from the table below due to their low numbers (9) and that all those they worked with were 14 and over (88.9% aged 15-18). The data presented here suggests that a higher proportion of children aged 5-9 years are receiving services with compared with the other age groups: on average across the four services, 35% are in this age group. The lowest average age group is those aged 15-18.



6.77 The Youth Justice Service works with young people who may transition into Probation services when they turn 18, which has an impact on the type of response they receive and adds barriers in relation to accessing appropriate housing.

6.78 **Ethnicity:** Shropshire Council Children's Services' data collection on ethnicity for children was significantly more detailed than that available from SDAS. The trend was similar to that for adult victims/survivors, and the Shropshire population, with the majority recorded as White

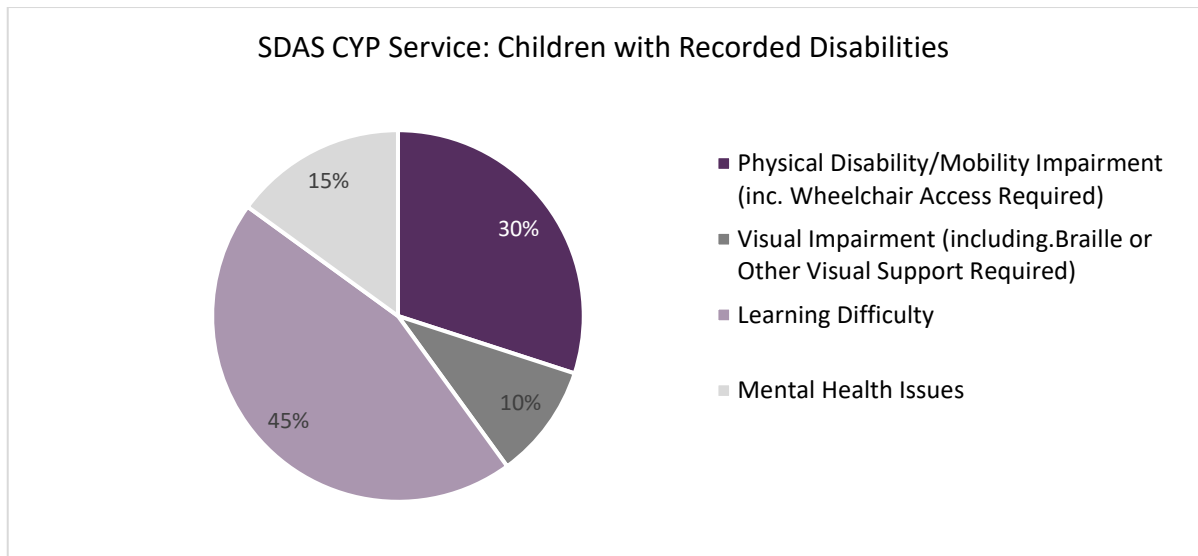
British (grey squares indicate this category was not reported on within the needs assessment, this is likely to be because there were no records).

Snapshot of Open Cases	Children's Services Early Help (N=504)	Children's Services Social Care (N=1020)	Children's Services Looked After Children (N=485)
White British	92.5%	90.6%	89.5%
White Irish		0.1%	0.2%
Any other White background	0.4%	1.3%	1.9%
Traveller of Irish Heritage		0.2%	0.4%
Gypsy / Roma	0.2%	0.8%	0.4%
White and Black Caribbean	2.2%	1.2%	2.1%
White and Black African		0.2%	0.4%
White and Asian		0.9%	1.4%
Any other mixed background	1.0%	1.8%	2.7%
Any other Asian background	0.6%	0.7%	0.4%
Any other Black background		0.4%	0.4%
Other background	0.8%	0.4%	0.2%
Refused		0.1%	
Information not yet obtained	2.4%	1.5%	

6.79 **Disability:** This was only collected by the Shropshire Council Early Help service and SDAS Children and Young People's Service. Both numbers and proportion are presented here due to the significant differences in the number of children within the services and the proportion of those recorded with a disability.

	SDAS		Early Help	
	No.	%	No.	%
Children recorded with a disability	19	23.8%	26	5.2%
Children with no recorded disability	57	71.3%	478	94.8%

6.80 SDAS also recorded the nature of the children's disabilities, which indicates a high proportion with learning disabilities.



- 6.81 **Other:** Neither sexual orientation nor gender identity were recorded for any children or young people involved with Shropshire Council; this will only be relevant for older age groups but is a gap in recording.
- 6.82 The Domestic Abuse Act 2021 makes explicit that children are direct victims of domestic abuse: they do not passively ‘witness’ or experience it. Research by Emma Katz evidenced that this applies equally to abusers’ use of controlling and coercive behaviours, not just physical violence. Children experience the full impacts of the behaviours of the abuser against the non-abusing parent, creating a generalised, “ever-present” fear on the part of the adult and child victims/survivors (Katz et al, 2020, p319)³⁴.
- 6.83 This makes it essential to refer not to ‘domestic abuse in the home’ or ‘domestic abuse concern’ but to name the source of the harm and to seek to understand fully the behaviours the abuser is using, the impact this has on the non-abusing parent and on the children. Nationally, there continues to be an emphasis on non-abusing parents (nearly always mothers) ‘protecting’ children from abusers³⁵.
- 6.84 Survivors involved in the needs assessment talked of approaching Children’s Services for help with, or for, their children and being told that they did not meet the threshold and there was no help available. Those who had been involved with Social Care felt blamed for the behaviours of the abuser, and this involved in several cases children being removed from mothers. The trauma they, and their children, had experienced at the hands of the abuser was not recognised, and the focus was on physical violence as the indicator of harm and domestic abuse, rather than the controlling and coercive behaviour which survivors felt had the greatest impact.

³⁴ Katz, E., Nikupeteri, A. & Laitinen, M. (2020) When Coercive Control Continues to Harm Children: Post-Separation Fathering, Stalking and Domestic Violence. *Child Abuse Review*. 29(4) pp310-324. <https://doi.org/10.1002/car.2611>; Katz, E. (2016) ‘Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed By and Resist Regimes of Coercive Control’. *Child Abuse Rev*. 25: 46– 59. <https://doi.org/10.1002/car.2422>

³⁵ <https://www.researchinpractice.org.uk/all/content-pages/change-projects/change-project-dva/dva-and-child-protection-case-file-analysis/>

Lacey was in contact with Children’s Social Care due to the behaviour of her abusive partner, who was controlling and manipulating her at a time in her life when she was very vulnerable.

“[They treated me] like a piece of dirt on their shoe to be quite honest. ... Before the kids got taken away, they didn't really help me. They kind of just told me this is what you've got to do. And then didn't help like, if I could have got support for me and the children then maybe things would have been a lot different. But it was kind of well, this is what you've got to do. And that's that. And if we catch you with him this is this kind of thing and. And that was it. They turned up at the house a couple of times just to see if it was just me and the kids in the house and then went again, you know. They didn't offer any support at all.”

After Lacey’s children had been removed, the abuser attempted to kill her, and she fled Shropshire. She now has contact with her children, with the aim of having them returned to her care.

- 6.85 The Family Court and contact with CAFCASS was experienced as re-traumatising. Two survivors told the needs assessment that the court had ‘concluded’ that the abuse had not occurred. In one case the survivor was then forced to make an apology for their ‘allegations’ to their former partner; one year later, the judge threatened the former partner with a non-molestation order to keep him away from the survivor but stated the previous judgement could not be changed.
- 6.86 This reflects national experiences with the Family Courts that has been found by the Domestic Abuse Commissioner’s Office³⁶ and research by the Ministry of Justice³⁷. Together these reports identified that there are domestic abuse allegations in 62% of cases in private law proceedings, but that there are “serious structural issues in the way: domestic abuse allegations were handled; risk and potential harm to children was assessed; and survivors themselves were retraumatised by the court process.” (MoJ, 2020).
- 6.87 The Domestic Abuse Act 2021 made provisions to prohibit the cross-examination of victims by abusers in family and civil courts, and these provisions were enacted in July 2022³⁸; but only for cases that start from now.
- 6.88 The Shropshire domestic abuse partnership has a significant role in ensuring adult and child victims and survivors receive appropriate support throughout these significant, and often lengthy, processes. Of particular note is the way that victims are required by services to leave their abusive partner, for the children, and then required, through the family court, to ensure they have contact with that same abusive partner.

³⁶ <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/Improving-the-Family-Court-Response-to-Domestic-Abuse-final.pdf>

³⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/895173/assessing-risk-harm-children-parents-pl-childrens-cases-report_.pdf

³⁸ <https://www.gov.uk/government/publications/prohibition-of-cross-examination-in-person-in-family-and-civil-proceedings>

When Caroline sought help, she was told that if she returned to her abusive partner “you won’t be protecting your children and social services will be called”.

She did leave and was grateful to have the opportunity to do so; but had to leave everything behind: she and the children arrived at refuge with only the clothes they were wearing and have “had to start from scratch”.

Once she had moved on from refuge, Caroline was required by the family court to disclose the area in which she lived. Immediately, her former partner moved to the same area. With the support of SDAS, she is no longer frightened of him, and does not interact with him when she sees him in the area.

The family court “is just a never-ending nightmare” in which her former partner returns to court every year to gain more and more access to their child.

- 6.89 There is no universal primary prevention work ongoing or planned in Shropshire. Relationships Education has been a statutory part of the curriculum in primary schools since September 2020. There are nationally recognised, and evaluated, programmes that can be delivered by trained professionals from specialist services alongside school staff, such as NSPCC’s Speak Out Stay Safe³⁹, and Tender’s Healthy Relationships Programme⁴⁰. Any new developments in Shropshire must involve young people and understand their specific needs in relation to education on healthy and unhealthy relationships, the language that is most relevant to them (e.g., ‘toxic relationships’) and encompass controlling and coercive behaviours⁴¹.
- 6.90 In the past, SDAS providing Healing Together training to deliver group work with young people in schools: one targeted group, and one non-targeted group were delivered. The non-targeted group led to more domestic abuse disclosures than the targeted one, highlighting the need for universal provision. Connexus Foyer (see 7.45), are developing work in this area for their own residents.
- 6.91 The needs assessment was informed that Targeted Early Help are developing responses to children and young people in education settings who have been identified as needing support, there are three programmes in development:
- EMPOWHER: a UK Youth Programme designed to support young women with low level mental health issues, to increase their confidence and self-esteem. It has been trialled in one school and will be expanded from October 2022.

³⁹ <https://learning.nspcc.org.uk/media/2690/evaluation-nspcc-speak-out-stay-safe-programme-final-report.pdf>

⁴⁰ <http://tender.org.uk/wp-content/uploads/2016/05/Final-Evaluation-Report.-The-Tender-Healthy-Relationship-Project.pdf>

⁴¹ <https://womensaid.scot/wp-content/uploads/2022/07/The-Rise-Report-Final.pdf>

- Below the Belt: a group session exploring issues around toxic masculinity, men’s mental health, healthy relationships. It was trialled in the last term of the academic year and will be rolled out more widely in the Autumn term 2022.
- Respect Yourself: a multi-agency group is reviewing this PSHE resource, which is designed to support healthy relationship discussions in primary and secondary schools.

Perpetrators of Abuse / Those Causing Harm

6.92 Four services collect data on adults using abusive behaviours against partners or family members, and was provided by three, as follows (data was not available from Probation):

Disclosures, reporting or referrals for those causing harm	2020/21	2021/22
Richmond Fellowship	N/A	21
Shropshire Recovery Partnership	8	13
West Mercia Police (offenders / alleged offenders)	3,528	3,411

6.93 **Gender:** The gender of those recorded as perpetrators also showed a similar trend to national data, in that the majority were male, except for We Are With You, where the reverse was true. Given that this is unusual, it requires more exploration following this needs assessment (although this does refer to a small number of clients, N=21). None of these services recorded trans or non-binary and so we do not have this information. (NB: Richmond Fellowship is not listed here, as it works exclusively with men).

	Shropshire Recovery Partnership	West Mercia Police
Male perpetrator	10%	75%
Female perpetrator	85%	22%

6.94 **Age:** Across the three services collecting data on perpetrators, on average, most (64%) were in the 25-44 years group; 20% were aged 45-54 and 10% were aged 19-24. Only West Mercia Police had recorded perpetrators in all age groups, including 16-18 years (6% of recorded perpetrators) and 75+ years (1.1%). This is due to the referral criteria of Richmond Fellowship and Shropshire Recovery Partnership both of which work with adults only.

6.95 **Ethnicity:** The data available presented a similar picture to that for adult and child victims/survivors, and the Shropshire population, with the majority recorded as White British, although a higher proportion overall were unknown.

6.96 All perpetrators recorded by services were recorded as heterosexual/straight (very low numbers). No data was available relating to immigration status, or disability.

6.97 Stakeholders welcome the commissioning by Shropshire Council (Housing) of the Richmond Fellowship to deliver a Respect-Accredited behaviour change programme for men (with

children) who harm. There has not been the take up of this programme that had been expected, and work is underway to expand the referral criteria to include men without children, and to enable men to self-refer.

- 6.98 There continues to be a gap in response to high-risk perpetrators and those who do not accept a referral / do not engage with the behaviour change programme. The DRIVE programme⁴² is being implemented elsewhere in West Mercia, offering a multi-agency response to high-risk, high-harm perpetrators that has been shown to be effective in reducing harm to adult and child victims.

7. Accommodation Provision: Safe and Other

- 7.1 To ensure Shropshire meets the Part 4 Statutory requirement to conduct a needs assessment on safe accommodation support, this data is presented separately here. This section outlines the overall response across refuge and Sanctuary Scheme, which are the only provision in Shropshire within the definition of safe accommodation.
- 7.2 Following that, the response of Shropshire Council Housing and Homelessness, and other accommodation and accommodation-based support are listed.
- 7.3 Section 8 presents data on access to safe accommodation (refuge and Sanctuary Scheme). Section 9 presents data on unmet need across refuge, Sanctuary Scheme and Shropshire Council Housing and Homelessness.

Refuge

- 7.4 The refuge provision in Shropshire is delivered by Connexus, a Registered Social Landlord. The current Shropshire-wide contract has been in place since 2017. There are 17 units of accommodation located across Shropshire:
- Ten units in a women's only refuge ('main refuge'), including space for 15 children: one single occupancy room; four accommodating a woman and one child; four accommodating a woman and two children; and one space for a woman with three children. Eight units a bathroom between two households, with one shared kitchen. In two units the kitchen is shared, and each household has their own bathroom. There is a communal living room, dining room, playrooms, outdoor seated area and play area. One unit is wheelchair accessible and there is a wet room.
 - Seven units in dispersed refuge accommodation, including space for eight children: one property providing two units for female survivors including space for three children; one property providing three units for female survivors including space for three children; and one property with two units for male survivors, one of these units can

⁴² <http://driveproject.org.uk>

accommodate two children, and the units are wheelchair accessible with a wet room in the bathroom.

- All dispersed properties have shared living space, kitchen/dining area, and bathrooms.

- 7.5 The provision across refuge and outreach is SafeLives Leading Lights Accredited⁴³. The Statutory guidance and Standing Together recommend that refuge services are provided by specialist services, not by registered social landlords. In Shropshire, since 1999 when the refuge was opened, it has been delivered by a registered social landlord. Originally this was by South Shropshire Housing Association, which became Shropshire Housing Group (SHG) when merged with Meres and Moses. The refuge continued to run, and in 2012 a new contract was won by SHG and Refuge: SHG had a refuge in the South and Outreach provision and was called South Shropshire Domestic Violence Service (SSDV). In 2017 SHG won the whole county contract as Refuge stepped away, and the service became Shropshire Domestic Abuse Service (SDAS). Also, in 2017, Connexus was formed when SHG and Herefordshire Housing merged. Throughout its history, the refuge and related domestic abuse service provision was seen as a specialist service within the social landlords.
- 7.6 The dispersed properties are located in quiet areas that feel safe to residents, and the properties themselves are well managed and maintained.
- 7.7 The 'main refuge' is in an old building, which means that the layout is not ideal for residents who have access requirements. The lack of storage space means that communal and staff areas are used for storage, leading to many residents not using the communal spaces available to them. The location is safe, despite being well known in the area, with a sense of community and protectiveness, as well as a welcoming approach to residents and those who move on from refuge to reside in the area.

⁴³ <https://safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

Karen felt she had no option but to flee her abusive partner to refuge, with her baby. “I didn’t know if refuge was right [for me], I just wanted support, I wanted to get out, I felt like I was going crazy and it [abuse] was getting worse.”

Karen stayed for one month but found the number of other women and children resident overwhelming and stressful, and she was unable to sleep due to the noise of other residents. The support worker was “over worked” and unable to meet Karen once a week for one-to-one support as planned. Karen’s partner was also trying to find her and called police to report her missing. Police contacted Karen and said they had to come out to visit immediately, despite it being late at night; there were no staff on site and Karen felt scared police would take her baby away.

Karen returned home after her partner promised to change his behaviour, but soon after fled to family, and was then offered a space in a dispersed refuge property by SDAS, who had continued to support her throughout. The dispersed accommodation was perfect for Karen and her baby; it was quiet, and she now received weekly one-to-one support. Since then, she has moved, through HomePoint, to her own property and feels safe.

- 7.8 The accommodation team comprises three full-time support workers, one full-time accommodation officer, and a senior support worker who manages the team as well as supporting clients as needed during staff leave or sickness.
- 7.9 Each adult resident has a support worker who they meet with weekly. One support worker covers all households in the women’s refuge; two support workers cover the residents in dispersed properties. The accommodation officer manages the properties and coordinates rents across all the sites.
- 7.10 In addition to the support sessions, residents can access cooking/craft sessions; recovery groups including Hope 2 Recovery, Freedom Programme and Power to Change; outings funded through donations during the holidays; festivities on special occasions such as the Jubilee or a religious/cultural celebration; and support into local volunteering placements, foodbanks, and local activities.
- 7.11 Refuge provision has no automatic exclusion criteria. All referrals are risk assessed and individuals with significant needs in relation to mental health or substance use, or with an older male child, can be more challenging to accommodate.
- 7.12 If the dispersed property for male survivors is empty, it will be held empty for as long as possible and not used for female survivors. Once a male survivor is resident there, only another male survivor would be housed there.

- 7.13 Referrals for those with no recourse to public funds can be accepted provided they are already receiving the Destitution Domestic Violence Concession⁴⁴, or there is agreement another agency will fund the space until the adult has access to benefits. Connexus have also supported this in the past on an ad hoc basis, but this is not contained in policy.
- 7.14 Refuges form part of a national network to ensure victims/survivors can access safe accommodation in other areas, enabling them to reach safety. Nationally, over two thirds of women resident in refuge are from a different local authority area⁴⁵. Looking at the number of victims seeking safe accommodation in Shropshire, we must be mindful there will also be a number of Shropshire residents seeking safe accommodation outside of the area.
- 7.15 Refuge staff support residents to move on from refuge into appropriate accommodation, this is almost always through Shropshire Council HomePoint applications and homelessness applications that enable a priority banding on the HomePoint register.
- 7.16 **Recommendations:**
- Urgently renovate and redecorate the main refuge to make it more comfortable and welcoming for residents, including older children.
 - Develop a plan for a new main refuge to be built, that enables each household to be self-contained (own bathroom), with appropriate shared facilities and communal areas, and storage and office space.

Sanctuary Scheme

- 7.17 A process operates in Shropshire called ‘Sanctuary Scheme’ but is not widely known about.
- 7.18 A Senior Housing Officer in Shropshire Council is understood, within the Council, to have the lead and responsibility for the Sanctuary Scheme, which carries a budget from the Housing Options Service. There is no pathway, referral form or criteria in place. When a referral is received (at the time of the needs assessment, this was exclusively from police), an assessment has already been carried out by the Design Out Crime Officer (see next paragraph), and the work is passed to the Handy Person Team within the Council.
- 7.19 A West Mercia Police Design Out Crime Officer manages a process for high-risk victims who have reported an incident or crime; through the Domestic Abuse Risk Officers, the Design Out Crime Officer is made aware of all relevant victims. They review the case, contact the victim to introduce themselves, and if required will make an appointment to carry out an assessment of their dwelling. The Officer identifies the housing type and either requests the works to be carried out by the relevant Registered Social Landlord, or (for private rental tenants and homeowners) refers the victim to the Senior Housing Officer in Shropshire Council to arrange the works.

⁴⁴ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/838979/dv-notification-form-08-19-user.pdf

⁴⁵ <https://www.womensaid.org.uk/survival-beyond-report/>

- 7.20 When the needs assessment process began, Shropshire Domestic Abuse Service were under the impression that there was no scheme in place. As a result, they accessed funding through the NatWest Circle Fund to support clients who needed security measures (in addition to other non-security related support accessed through this Fund).
- 7.21 While many of those referred through police will also be receiving support through DAROs (see 12.4) or the IDVA service (see 10.25), and possibly through SDAS (see 10.19), this cannot be known for sure, which means that the provision, while an important offer within the domestic abuse partnership, does not fit the definition of a Sanctuary Scheme.
- 7.22 The Part 4 Statutory Guidance states: “A Sanctuary Scheme is a survivor centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation. This is done by providing additional security – ‘installing a sanctuary’ – to the victims’ property or perimeter.”
- 7.23 The Statutory Guidance refers to the DAHA Whole Housing Toolkit for further information; the toolkit states a Sanctuary Scheme is “a multi-agency victim/survivor centred initiative which aims to enable households at risk of domestic abuse to remain in their own homes and reduce repeat victimisation through the provision of enhanced security measures (Sanctuary) and support.”⁴⁶
- 7.24 **Recommendations for Sanctuary Scheme:**
- All practitioners and services involved in the current provision of Sanctuary Scheme, as well as SDAS, to form a short-term working group to map the pathways in place.
 - Following this, for the Domestic Abuse Priority Group to agree the design of a Sanctuary Scheme that meets national definitions, and for data to be gathered and collated that enables the partnership to understand the ongoing use of, and short/long term effectiveness of the Scheme.

Shropshire Council Housing Response

- 7.25 **Housing Options Team, Temporary Accommodation Team, and Housing Support Team:** The Housing Options Team respond to and manage all homelessness applications including those from people fleeing domestic abuse. If temporary accommodation is required, this is passed to the Temporary Accommodation team to facilitate, following which individuals will be supported by the Housing Support Team. All these teams (and the Rough Sleeper Team) are managed by the Housing Operations Manager, who is new in post (June 2022).
- 7.26 **HomePoint Team:** If an application is made to HomePoint, and the applicant mentions being a victim/survivor of domestic abuse in their information, this will be passed automatically to the Housing Options Team, who will contact the individual to progress a homelessness application. Applicants are not informed by HomePoint that their information is being passed across and consent is not sought. HomePoint will not classify a case as domestic

⁴⁶ https://www.dahalliance.org.uk/media/10661/15_-wha-sanctuary-scheme.pdf

abuse unless there has been physical violence, and it will be named relationship breakdown. Both categories are passed to the Housing Options Team.

- 7.27 **Occupational Therapy:** A team of 21 Occupational Therapists are responsible for assessing the needs of children and adults with disabilities, and making recommendations relating to aids, adaptations, and home moves. The team encompasses an Assistant Technology lead, and the Handyperson service, which carries out minor works recommended by the Occupational Therapists, as well as carrying out Sanctuary Scheme works upon direction from the Housing Options Team lead (see 7.17). Major works recommended by the Occupational Therapy team will go to the Property Services Group in Shropshire Council. Where a move is deemed necessary to accommodate a person's disability needs, this is passed to the Private Sector Housing Team.
- 7.28 **Private Sector Housing:** This team is located within the People Directorate. In addition to managing moves as indicated by Occupational Therapy assessments (working with the Housing Options Team through a 'homeless at home' pathway), this team also works alongside Adult Social Care and mental health services in responding to homeowners in relation to home conditions, this is often due to hoarding and self-neglect.
- 7.29 **Housing Enforcement and Environmental Health Teams:** Housing Enforcement is in the Place Directorate, managing the enforcement of property conditions for tenants and landlords where complaints have been made and issues not resolved. They are also responsible for HMO (Houses with Multiple Occupancy) licencing and enforcement. Environmental Health is in the People Directorate and, in relation to residents, manages noise related complaints, pest control and other related matters.
- 7.30 **Customer Services, Benefits Service and Welfare Support Team:** They have connected with the work led by Staff Wellbeing (see Shropshire Council, 12.55) but are not otherwise connected with the domestic abuse partnership, which is a gap. The Revenues and Benefits Service can provide financial support to victims/survivors, including covering rental costs for up to 52 weeks if there is intention to return; and they administer Discretionary Housing Payments in support of rent and housing costs. The Welfare Support Team can support survivors who have fled through providing funds for essential items such as food, energy, or furniture, as well as help with removal costs, rent in advance or deposits if these cannot be met through Discretionary Housing Payments (administered by the Benefits Service). Staff signpost to SDAS and West Mercia Women's Aid but there is no specific policy or procedure in place, and no staff training.
- 7.31 There is a significant lack of appropriate temporary accommodation (TA), and most homelessness applicants who require TA are placed in hotels or B&Bs. There is a lack of data and understanding as to why this is the case: a lack of properties, or individuals/households not being able to move out of TA quickly enough.
- 7.32 It became apparent through the needs assessment process that there is a gap in knowledge, understanding and awareness across housing about domestic abuse. This is not universal,

and some staff have a high level of awareness and provide appropriate responses, but were not aware of the referral route to SDAS, leaving victims/survivors without specialist support.

- 7.33 Included within this lack of awareness that Anti-Social Behaviour (ASB) may be caused by domestic abuse, and needs a specialist response, but this may not be happening if the two are conflated. This also leads to victims being held responsible for the actions of the abuser, potentially lose their property, and being declined accommodation in the future by landlords due to the history of ASB.
- 7.34 The Shropshire Council Allocations Policy is currently going through consultation. This must have reference to the Domestic Abuse Act 2021 Statutory Guidance⁴⁷ on improving access to social housing for victims of domestic abuse. This includes ensuring that those who have fled to Shropshire from another local authority area are not disadvantaged by local connection or residency tests. The Guidance states:
- “(20) The Secretary of State therefore strongly encourages all local authorities to exempt from their residency requirements those who are living in a refuge or other form of safe temporary accommodation in their district having escaped domestic abuse in another local authority area. (21) This would be in line with the advice in the updated statutory Homelessness code of guidance which recognises that victims of abuse and their children may need to travel to different areas in order for them to be safe from the perpetrator, and advises local authorities to extend the same level of support to those from other areas as they do to their own residents.”
- 7.35 Earlier in 2022 the government launched a consultation on ‘local connection’ (now closed⁴⁸) to which the National Housing and Domestic abuse Policy and Practice Group provided a written response⁴⁹, recommending there be a statutory requirement to not apply a local connection test to victims of domestic abuse, and more widely, to any victim of violence against women and girls, including those fleeing sexual abuse, so called honour based violence, forced marriage and gang violence.
- 7.36 The Housing Strategy and Development Manager has been in post for ten months and is in the process of developing the strategic approach to housing needs for Shropshire. This includes establishing a list of all Registered Social Landlords (there are approximately 33, with properties in Shropshire ranging from 1 to 5,763), and conducting a housing needs survey, which is a statutory requirement but has not been done for some years in Shropshire. There is also a need to establish what supported housing provision is available, the criteria, and identify any unmet need.
- 7.37 A new IT system is being explored by Shropshire Council to better enable accurate and necessary data collection, and the Domestic Abuse Development Officer is now involved with this to ensure any new system adequately incorporates domestic abuse.

⁴⁷ <https://www.gov.uk/government/publications/improving-access-to-social-housing-for-victims-of-domestic-abuse/improving-access-to-social-housing-for-victims-of-domestic-abuse>

⁴⁸ <https://www.gov.uk/government/consultations/consultation-on-local-connection-requirements-for-social-housing-for-victims-of-domestic-abuse>

⁴⁹ https://www.dahalliance.org.uk/media/11113/daha-national-housing-and-da-group_local-connection-consultation-response.pdf

- 7.38 The needs assessment heard that many Registered Social Landlords may be ‘skipping’ homeless applicants to HomePoint. There is no data to support this, an issue being addressed by the new Housing Operations Manager.

"I left my abusive ex ... and went to my parents' house. I applied to Shropshire HomePoint a few days later and then Housing Options contacted me a few weeks later so Shropshire HomePoint must have referred me to them.

"Because I am living at my parents' house, I wasn't offered safe accommodation. If I had been offered it, I would consider it, but I don't really know anything about it or what is available. Would I have to share with other people? Obviously, I wouldn't want to put my children in a position where they are worse off than where they are now. I don't feel safe where I am at my parents because my ex [abuser] knows where I am."

7.39 Recommendations for Housing Services in Shropshire:

- Shropshire Council should progress with the Whole Housing Approach (WHA, see section 14), including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- Specialist, targeted, mandatory training is urgently required for all staff across Shropshire Council housing-related services, across both the People and Place Directorates (listed above) and incorporating contracts for housing/tenancy related support outside of the Council.
- With reference to the section on Registered Social Landlords below (see 14.11), encourage DAHA accreditation where this is not already in place/development. In addition, support the Landlords and HomePoint to develop a Managed Reciprocal process as outlined in the WHA.
- Clear pathways when responding to domestic abuse are needed between all teams listed here, as well as connecting with housing-related teams located in other parts of the Council. With reference to the WHA, look to commission mobile and/or co-located advocacy (e.g., within the Housing Support Team) to ensure victims/survivors receive specialist support regardless of their housing type.
- Ensure responses to Anti-Social Behaviour across the housing system do not conflate this with domestic abuse, and ensure specialist responses that do not hold victims responsible for the behaviour of abusers.
- With reference to the WHA, develop a partnership approach to those needing support due to domestic abuse who are homeowners. This should include an understanding of economic abuse and the legal and financial support victims/survivors require.
- The work of the Housing Strategy and Development Manager and the development of a new Housing Strategy must reference, and ensure compliance with, the Domestic Abuse Act 2021 Parts 4 and 7 as well as have reference to the WHA.

- In all areas of development, attention must be paid to all forms of housing. This includes sheltered and supported accommodation, to ensure responses in these settings are appropriate and safe, with training and referral pathways, and reviewing allocation criteria to ensure victims/survivors with additional, or care and support needs, are able to access appropriate housing.
- Amend the process by which HomePoint automatically pass on domestic abuse victims to the Housing Options Team without consent: consent must be sought, appropriately and safely, by the HomePoint team, as well as providing information on alternative options, and what the homelessness process will entail.

Willowdene

- 7.40 A national resource for drug rehabilitation specifically working with women, taking referrals from across the country. There are 12 bed spaces:
- Six beds funded by the Ministry of Justice (national referrals).
 - One bed for women referred from West Mercia funded by the Office of the Police and Crime Commissioner.
 - One bed funded by Shropshire Council Public Health since 2021, referred via the Shropshire Recovery Partnership.
 - Two beds that are available for spot purchase by any service/Ministry of Justice.
- 7.41 The service is planned, not acute. A 12-week residential programme is delivered in which women are supported to address their past traumas, making links between those and their current circumstances, alongside substance misuse support, education and anything else identified in their individual support plans.
- 7.42 Since 2021 Willowdene has delivered a women's service for probation, providing six, nine or 13 mandatory sessions for women referred via probation.
- 7.43 An additional 12-week non-residential voluntary programme is delivered in which women are brought to the centre via min-bus from across West Mercia. During attendance they work towards a qualification as well as meeting with their case worker, having a hot lunch, seeing the Wellbeing Worker, and accessing the clothing bank and food bank. This is funded by the Office of the Police and Crime Commissioner. The service sees very few referrals from Shropshire for this programme.
- 7.44 Where women from Shropshire who are staying with or visiting the service disclose domestic abuse, Willowdene refer to and work alongside SDAS to provide support. Many of these women face multiple barriers to accessing support, including substance misuse as well as their poor physical health, mental ill-health, and histories of trauma.

Foyer & New Century Court

- 7.45 Connexus Homes provide the Ludlow Foyer accommodates young people aged 16-25 who have come through the Housing Options Team due to homelessness, sofa surfing, breakdowns with their families, as well as care leavers. In some cases, young people have come to the Foyer as a move on from refuge in Shropshire. Staff undertake mandatory training on domestic abuse, and the service works very closely with SDAS to support residents who have experienced domestic abuse. Not all young people take up the offer of support from SDAS. This can be due to a lack of recognition of the abuse, and barriers caused by trauma leading to complex needs, in particular multi-victimisation from childhood through to adulthood. Male victims can struggle to work with female support workers and would benefit from being offered the choice of a male worker. Direct work undertaken by Foyer with young people focuses on understanding and developing healthy relationships, and they are developing this area of work as it is not delivered elsewhere.
- 7.46 STAR Housing manage New Century Court in Oswestry, providing housing to young people aged 16-25, like the Foyer.

Shropshire Fire and Rescue Service

- 7.47 The service covers Shropshire and Telford and Wrekin. There is a prevention work stream, and the Prevention Officer attends the Domestic Abuse Priority Group. They also work with the West Mercia Police Design Out Crime Officer when Sanctuary Scheme works are being completed, to fit smoke alarms, letterbox safety devices and to give advice.
- 7.48 The work stream can also carry out preventative actions through providing advice and guidance when requested.

8. Access to Safe Accommodation

- 8.1 This section presents data on access to refuge and the Sanctuary Scheme, as well as the outcome data available for those supported through safe accommodation.

Hanna reported her abusive husband to police, and after he was arrested, he threatened to kill her and take the children, and Hanna knew that she had to flee.

“I had to call the police and inform them of that. The next day we have arranged a vehicle to come and pick me up from the house. I prepared everything for me and the kids, and we got out of [area]. So, this is how I came to the refuge. And on the first day I met [worker1]. She helped me with everything. She made me settled in the refuge and [worker2] was very supportive to me as well since the beginning and until now. They are the only supportive ladies to me since I came to refuge. Every [worker], they are very lovely, but I'm telling you about these two ladies because they were very, very supportive to me. To me and my kids.”

Refuge

8.2 The refuge received 410 referrals in 2020/21 and 2021/22; there was a 21% decrease in referrals from 2020/21 to 2021/22.

	Women	Men	Unknown/Not disclosed
2020/21	70%	5%	24%
2021/22	85%	4%	11%

8.3 While it is not always appropriate to record demographic information for referrals, specifically those declining a service, the very high proportion of those not known or not disclosed (18% overall), while this decreased in 2021/22, may hide an unmet need.

8.4 Most referrals (73%), as would be expected with refuge provision, were from out of area. The decrease in referral numbers from 2020/21 to 2021/22 largely came from a reduction (by 45) in out of area referrals, while within-area referrals remained steady.

8.5 Over the two years, the majority of out of area referrals (N=301) came from the West Midlands, with the highest being Telford and Wrekin (19% of out of area referrals), Birmingham (10%) and Wolverhampton (7%).

8.6 Referral sources were as follows:

Referral Sources	2020/21 & 2021/22 Referral Numbers
Self	125
Local Authority Housing & Homelessness	55
Other Domestic Abuse Services	55
West Mercia Police	38
Shropshire Council Children’s Social Care	33
Shropshire Domestic Abuse Service (SDAS)	30
Housing Associations	14
IDVA (West Mercia Women’s Aid)	14
West Mercia Women’s Aid Helpline	14
Shropshire Council Children’s Early Help	6
Mental Health Other	6
Drug/Alcohol & Rehabilitation Services	4
Rough Sleeper Charity/Service	4
Friends/Family	3

Other Charities	3
General Practice	2
Shropshire Council Adult Safeguarding, Other primary health, Probation, Solicitor	1 each

8.7 The high proportion of self-referrals (a third of all referrals over the two years) suggests many victims/survivors become aware of SDAS independent of other services. This was reflected in the interviews and case studies, in which most survivors had found SDAS through a Google search or friends/family. Feedback from professionals indicated mixed levels of awareness of SDAS, but some very strong relationships for some services. Yet, several survivors had contact with services such as police, West Mercia Women’s Aid, and Housing, but had not been referred to SDAS.

8.8 The following table presents data on those referred to, and those who became resident, in refuge. Percentages indicate the proportions of women and men, to enable a comparison, by gender, of those referred and those resident (figures do not equal 100% due to the high proportion of unknowns in referrals: 24% in 2020/21 and 11% in 2021/22; 18% total).

	Women		Men	
	Referred	Resident	Referred	Resident
2020/21	70%	93%	5%	5%
2021/22	85%	92%	4%	7%
TOTAL	85%	92%	4%	6%

8.9 The figures above suggest that for 2020/21, most male survivors could be accommodated in refuge, and this then increased in 2021/22. The significant increase for female residents suggests that a high proportion of these were recorded as ‘unknown’ at referral point.

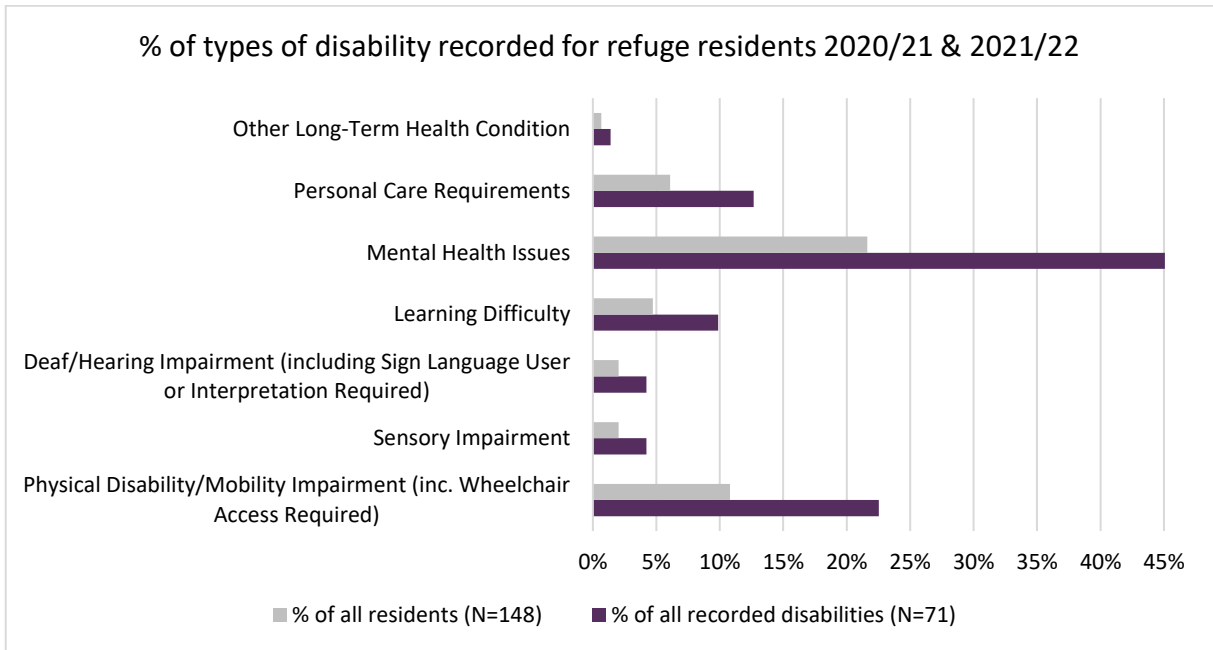
8.10 Across the two years, three referrals identified as Transgender or unsure if Transgender; one resident was recorded as ‘don’t know’, one resident declined to identify. There were no residents recorded as Transgender across the two years. The provision of dispersed accommodation increases the opportunities to provide safe accommodation to Trans people, but their barriers to accessing services in the first place need to be better understood in order for the partnership to take action on these barriers.

8.11 Across the two years, 148 individuals (and their children) were resident in refuge.

8.12 Most (70%) of clients were aged 35-44 years, followed by 14% aged 45-64 years and 12% aged 19-24 years. 3% were aged 16-18, and 1% aged 75-84.

8.13 93% of clients were recorded as straight/heterosexual, with 1% identifying as gay/lesbian, 2% identifying as bisexual, and 3% were unknown.

8.14 A third of those accommodated in refuge were recorded as having a disability. In the data indicating type of disability (NB: some residents may have multiple categories), the highest category recorded was a mental health issue (45%). None were recorded with Speech Impairment or Communication Difficulties, Visual Impairment (including Braille or Other Visual Support Required) or with Autism, Asperger’s, or Other Neuro-Diverse Condition.



8.15 Overall, the picture is a positive one of the number of residents with disabilities SDAS were able to support. Research by Refuge⁵⁰ suggests the overall proportion of residents with mental health issues could be higher: in their sample, 83% reported feeling despairing or hopeless, which Refuge also identifies as a key determinant for potential suicidality.

8.16 All survivors involved in the needs assessment talked about their mental health needs, and while many had received emotional support in the refuge or in the community, there was a significant need for more specialist therapeutic support.

“I think probably a common theme has been, the counselling approach was about, so they didn't quite understand why I and why other people stay in this situation. And it is simply because of the children, and so maybe three different counsellors would say to me, and question, so why are you still there? Why are you still there? So, you know, in the last month you've experienced this, this is happening day-to-day. With a few odd horror story events, but day-to-day it's unpleasant. And so constantly, almost to a [feeling] of frustration with, so why you still putting up with this? And you love your children, you don't want to leave your children. So, you're not going, you know you, you weigh it up and that's why you endure things. And so, I didn't feel that they understood. I don't think they understood. So that's why this service, SDAS, they do understand, it's their specialism, they do understand.” (Tony)

⁵⁰ <https://www.refuge.org.uk/wp-content/uploads/2020/08/NEW-Suicide-Report-HIGH.pdf>

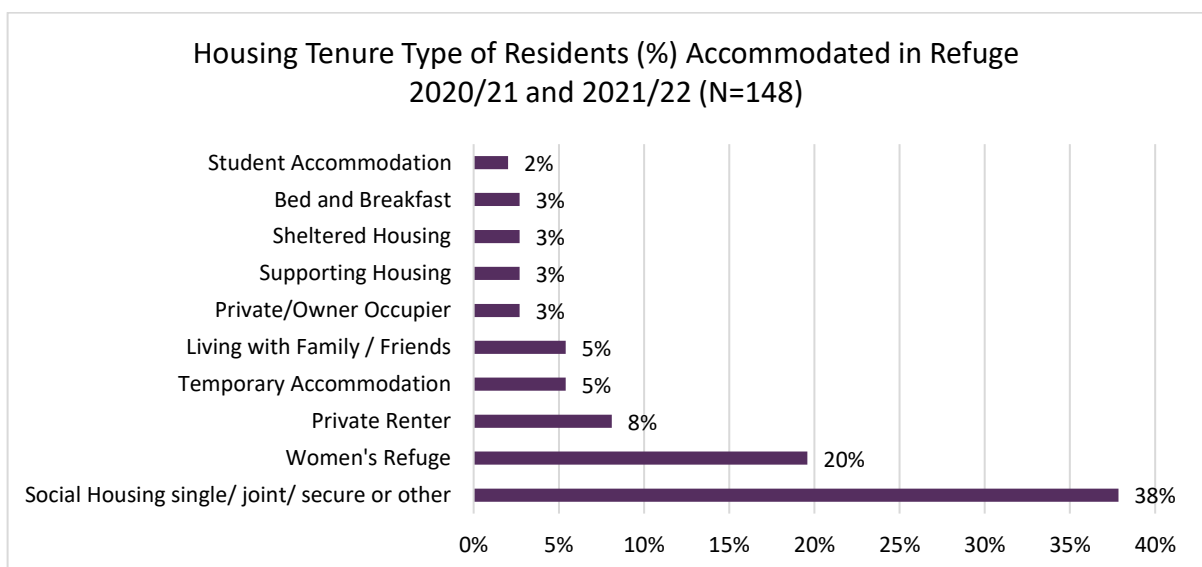
8.17 Additionally, residents were recorded as having the following additional needs (began to be more systematically recorded in 2021/22 and so real proportions are likely to be higher):

Additional needs	% of residents 2020/21 & 2021/22 (N=148)
Care Leaver	1%
Offending history	13%
Alcohol misuse	6%
Drug misuse	9%
Sex work involvement	2%
Non-British citizen immigration status	14%

8.18 Most (48%) with a non-British Citizen immigration status were recorded as ‘Refugee (public funds accessible) – Leave to remain/settled status’. The remaining (N=11) are listed below:

Immigration status	% of non-British Citizen residents 2020/21 & 2021/22 (N=21)
Family Visa (e.g., partner or parent visa)	14%
Work/Student/Visit Visa	5%
Asylum Seeker (public funds not accessible but asylum support available)	0%
No Immigration Leave or Expired Leave	14%
Other/Unknown/Prefer Not to Say	19%

8.19 Most residents entered refuge from social housing properties, indicated in the table below.



8.20 It is not possible to identify whether those in social housing were in single or joint tenancies, nor whether those tenancies were secure. This data should be collected as it is highly relevant to the move on options and preferences for those in refuge, who may be seeking a similar tenancy or may require additional legal support.

8.21 Over the two years, 114 children were recorded as accommodated in the refuge. (NB: the figures below add up to more than 114 children, as it lists all children in the household of the adult resident, thereby including children who do not live with the resident/did not accompany them to refuge.)

Number of children in family	2020/21	2021/22	TOTAL households
Pregnant only	2	1	3
1 child household	24	22	46
2 children household	9	25	34
3 children household	3	4	7
4+ children household	12	6	18

Sanctuary Scheme

8.22 The only data available relating to Sanctuary Scheme was the overall numbers referred, and their housing tenure type (see 7.17 onwards for an explanation of this).

8.23 Data from the Housing Options Service shows the following (a longer time period is shown than for other data, in an attempt to provide more information about the scheme):

Housing Tenure Type	2018/19	2018/19	2020/21	2021/22	TOTAL
Owner-Occupier		1			1
Private Rental (self-contained)	1	5	1		7
Registered Social Landlord		1	1	1	3
Other			2		2
TOTAL	1	7	4	1	13

8.24 Data provided by the West Mercia Police Design Out Crime Officer showed they coordinated the following Sanctuary Scheme works for 16 survivors between June 2021 and June 2022:

- Referrals to Shropshire Council: 6
- Referrals to Registered Social Landlord (all Homes Plus Group): 10

8.25 This data was gained through a trawl of the Officer's emails, it is not collated.

8.26 Since June 2021, SDAS has accessed the NatWest Circle Fund to provide Ring Doorbells for four clients. The fund was also accessed to enable a client to pay the insurance excess on her home to enable new windows and security cameras to be fitted.

Safe Accommodation Outcomes

8.27 This section presents the outcomes relating to people fleeing domestic abuse and seeking safe accommodation through refuge.

8.28 There is no data to enable the needs assessment to understand how long after the provision of Sanctuary Scheme survivors were enabled to remain in their own homes safely. One case of a ‘safe room’ being installed was reported anecdotally that had enabled a survivor to remain safely in their home. One participant in the needs assessment had accessed security works through police, alongside the support of an IDVA and DAROs, which they experienced as positive.

8.29 The average length of stay for female residents in refuge in 2020/21 was 111 days; this was significantly higher for male residents, at 194 days. In 2021/22 the averages were broadly similar, with female residents staying an average of 113 days, and male residents 174 days. Converted into months, this suggests that, on average, men are staying in the refuge nearly twice as long as women.

Two-year average	1 month	2 months	3 months	4 months	5 months	6 months
Female residents	112 days					
Male residents	184 days					

8.30 Move on data was collected for 59 residents (including two men) in 2020/21 and 57 residents (including four men) in 2021/22.

8.31 Due to the very low number of men moving on, this is presented separately to the data from women moving on from refuge.

Move on from refuge	2020/21 & 2021/22
Social Housing	2
Returned Home	3
Unknown	1
TOTAL	6

8.32 Data for women moving on from refuge is presented below, this is separated by the years due to some significant increases and decreases between the two years.

8.33 Move-on outcomes that increased for women were as follows; while the increase in access to social housing is welcome, particularly given the high proportion that entered refuge

having fled social housing tenancies, the rise in those returning home is concerning and must be explored. The high proportion of those accessing social housing locally, in the context of nearly three-quarters of referrals coming from out of area, evidences that an additional ‘local connection’ criteria is not being applied by Shropshire Council, which is positive.

Move-on from refuge destination	2020/21	2021/22
Bed and Breakfast	0.0%	1.9%
LA General Needs	0.0%	3.8%
Returned Home	21.1%	35.8%
Social housing	15.8%	35.8%

8.34 Move-on outcomes that decreased for women were as follows, including viable options for many women such as the private sector, supported housing and sheltered accommodation. It is welcome to see a reduction in those moving on to temporary accommodation or to sofa surfing, as these are unlikely to represent positive moves for women.

Move-on from refuge destination	2020/21	2021/22
Living with Family / Friends	10.5%	5.7%
Private Sector	7.0%	1.9%
Sheltered Housing	3.5%	1.9%
Sofa Surfing	5.3%	1.9%
Supported Housing	5.3%	0.0%
Temporary Accommodation	12.3%	5.7%
Women’s Refuge	14.0%	3.8%

8.35 Three move-on outcomes did not change significantly. It is positive that the number of unknowns reduced to 0 in 2021/22:

Move-on from refuge destination	2020/21	2021/22
Owner Occupier	1.8%	0.0%
Foyer	1.8%	1.9%
Unknown	1.8%	0.0%

8.36 **Recommendation:** Monitor the move on options offered and taken up, including the tenancy the survivor had before entering refuge compared with what they have now, to enable monitoring related to Part 4 and Part 7 Domestic Abuse Act 2021 duties.

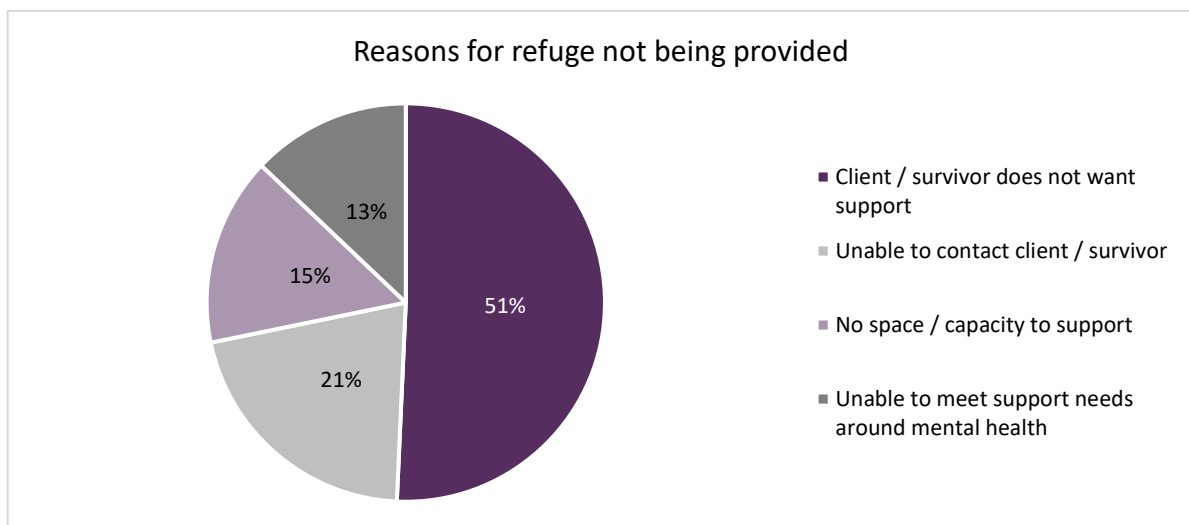
9. Safe Accommodation Unmet Need

9.1 This section presents data on victims/survivors who did not/were not able to access safe accommodation.

Refuge

9.2 Two thirds of referrals to SDAS did not result in individuals/households being accepted into refuge provision, for both men and women.

9.3 The main reason refuge was not provided was due to it being declined by the victim/survivor (NB: the total number of those with reasons for non-acceptance, N=209, did not add up to the total number not accepted, N=281), so there may be other reasons not captured here.



9.4 **Recommendation:** Understand why, having been referred to refuge, such a high proportion of clients then decline the support; including understanding whether these were self or professional referrals and the impact the different referral routes had on acceptance.

9.5 SDAS are in the process of opening a new refuge service named Acorns, that aims to meet the needs of women facing multiple disadvantage, including drug and alcohol use. A capital grant was gained from Homes England to refurbish a Connexus property, but due to delays in the build, the revenue grant to deliver the service was lost, and work is ongoing between Connexus, SDAS and Shropshire Council to ensure the service can start to operate.

9.6 The Acorns service, if started and fully involving substance misuse and mental health services, should address the issues of unmet need found in the needs assessment relating to this cohort of victims/survivors in need of safe accommodation.

A survivor was accepted into the main refuge despite her high level of needs due to pregnancy, alcohol dependency and drug use, mental ill-health and trauma from domestic abuse and having had children removed from her care. Although she was able to remain clean for two months, she was unable to stay in the refuge once she started using alcohol again. Had Acorns been open at that time, SDAS feel confident they could have supported her more effectively and kept her within services.

Sanctuary Scheme

- 9.7 There is no data on unsuccessful referrals to the Sanctuary Scheme, therefore this may be an area of unmet need. Additionally, without a demographic breakdown we cannot identify if there are additional barriers for some victims/survivors.
- 9.8 Given the low usage of the Council Sanctuary Scheme, we can state that those victims who report to the police, and are identified a high risk, are the most likely to receive this provision. A small number of medium risk victims who have reported to the police may also receive the Sanctuary Scheme.
- 9.9 Recommendations relating to the Sanctuary Scheme are made in section seven.

Homelessness

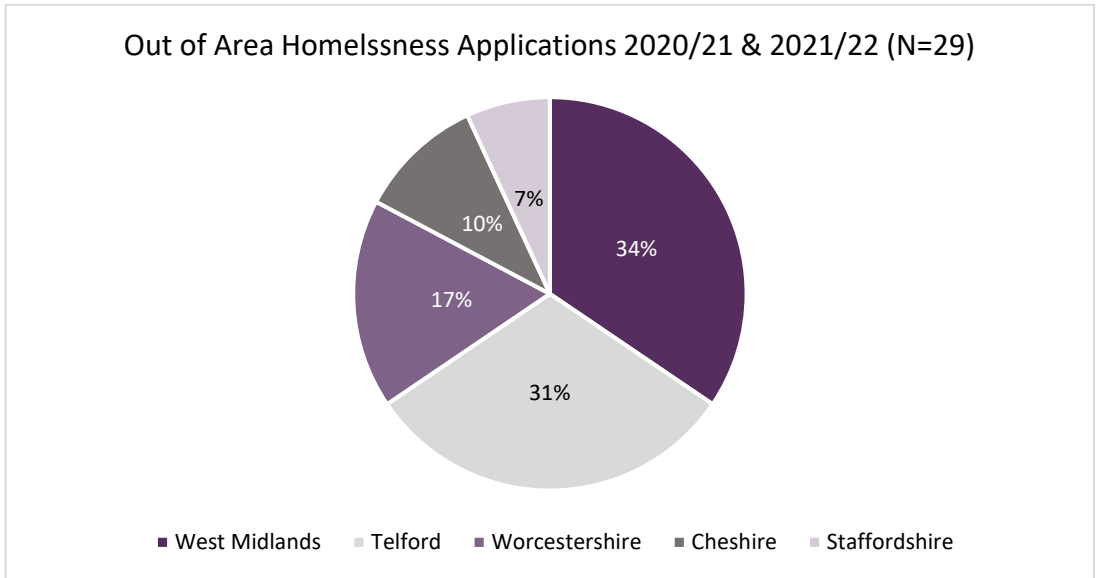
- 9.10 Part 7 of the Housing Act 1996 was amended by the Domestic Abuse Act 2021 and states victims of domestic abuse who are eligible, and homeless, will have priority need for accommodation⁵¹.
- 9.11 Data from Shropshire Council Housing Options Team indicated that all those presenting as homeless to the local authority were considered in priority need. The Team confirmed that every applicant who requires it will be provided with interim accommodation while their application is considered (part VII application).
- 9.12 If the enquiries determine that the victim/survivor is eligible, homeless, not intentionally homeless, and not being referred to another local authority, they will be owed the full housing duty (s193(2)). They will therefore be provided with suitable temporary accommodation and reasonable preference for an allocation of settled accommodation.
- 9.13 The data in this section was extracted from the Housing Options Team database through a search for those coded as ‘domestic abuse – victim’ and ‘domestic abuse’ as the reasons for homelessness.
- 9.14 The number produced (348 across the two years) was not felt to be accurate based on the experience of the team. It may be that another code is also being used, ‘Relationship with partner ended (non-violent breakdown)’, possibly due to a misperception that this is more appropriate where violence has not been used (despite controlling and coercive being potentially present) or a lack of exploration with the applicant about their situation.

Homelessness Applications and Codes	2020/21 & 2021/22
All homelessness applications	6,440
‘Domestic abuse’ or ‘Domestic abuse – victim’	348 (5%)
Relationship with partner ended (non-violent breakdown)	667 (10%)

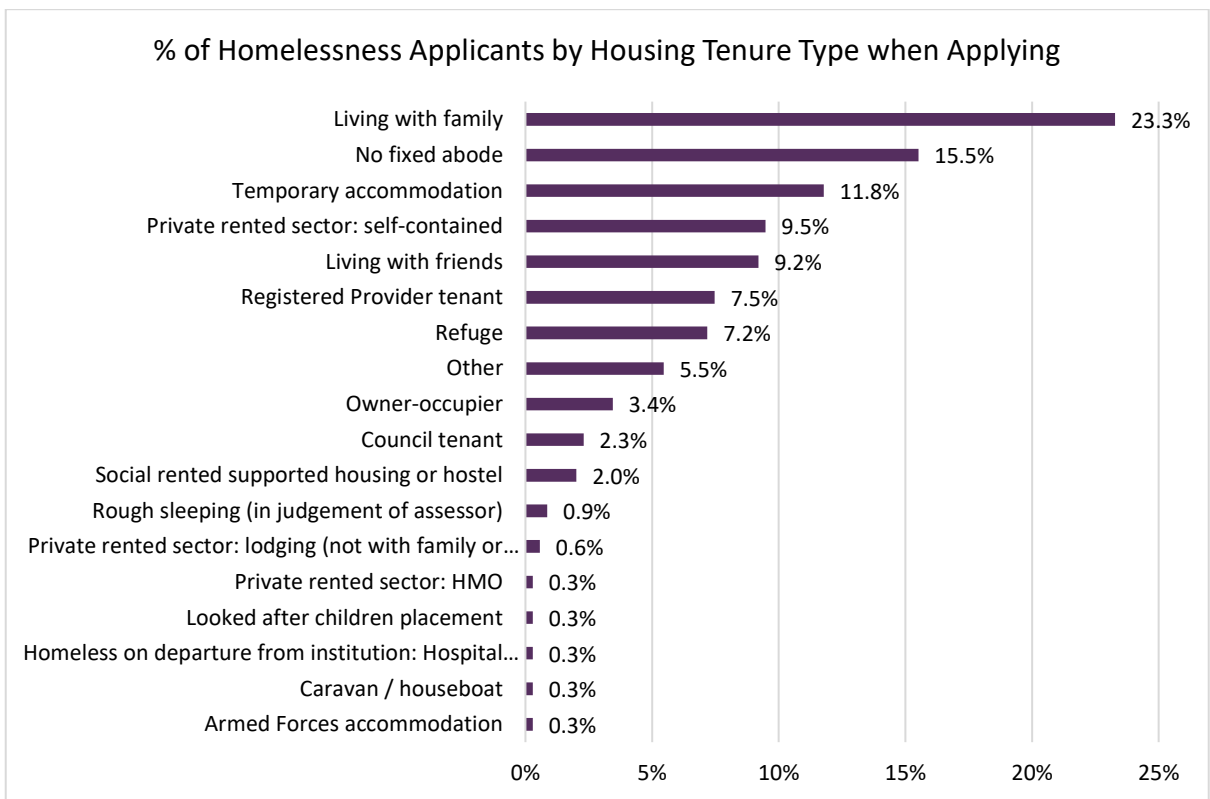
⁵¹ The Homelessness Code of Guidance has been updated to incorporate the change <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse>

9.15 The number of applications due to domestic abuse remained steady between the two years. The data presented below does not add up to 348 and so is not presented as a proportion of this overall number of applications recorded.

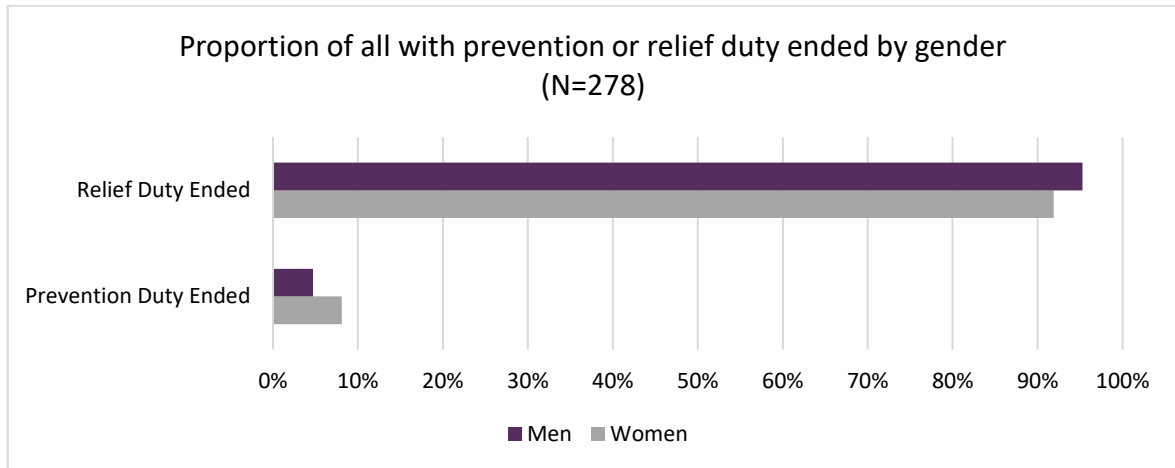
9.16 Very few referrals came from outside Shropshire, with the highest proportions from West Midlands and Telford.



9.17 The tenure type of homelessness applicants who disclosed domestic abuse were as follows, across 2020/21 and 2021/22:



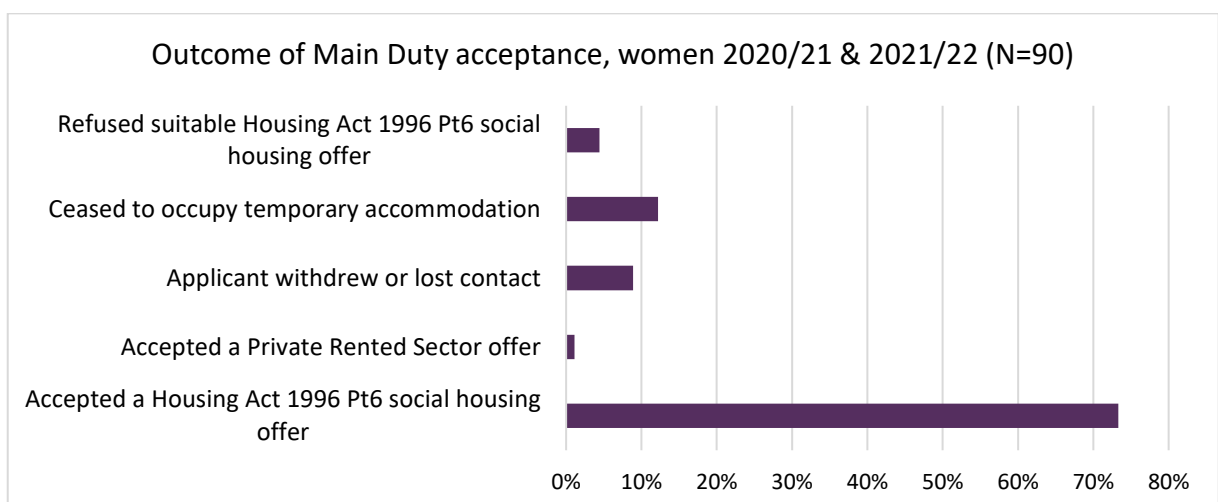
9.18 Homelessness applicants fell under two categories: prevention duty⁵² and relief duty⁵³. Most were responded to under the relief duty, although the data is not complete for all 348 records. This shows that a slightly higher proportion of men were responded to under homelessness relief duties, but the overall numbers of men are very low (N=43). In all cases a personalised housing plan will be developed to inform all actions taken.



9.19 Shropshire Council recorded the outcome of a Main Duty being accepted in 97 cases⁵⁴. This comprised seven men and 90 women, and so the data is presented separately.

9.20 In 2020/21 and 2021/22, 57% of men accepted a Housing Act 1996 Part 6 social housing offer. The remaining 43% either withdrew or contact was lost (all in 2020/21).

9.21 For women the outcomes were also high for those accepting a social housing offer, although the number went down from 38 in 2020/21 to 28 in 2021/22. This reflected an overall decrease in Main Duty discharges, with the numbers of those withdrawing/contact lost or ceased to occupy temporary accommodation also reducing. It should be noted that the number of those who accepted private rental sector was 1.



⁵² The local authority is satisfied the applicant is threatened with homelessness and eligible for assistance.

⁵³ The local authority is satisfied the applicant homelessness and eligible for assistance.

⁵⁴ The local authority is satisfied the applicant is homeless, eligible for assistance, in priority need, and not intentionally homeless.

- 9.22 Many of the applicants will have been applying to Shropshire Council while living in refuge, but many had approached directly and been housed in temporary accommodation. The overall numbers of these recorded by the Housing Options Team are very low (34 records, from a total 348 records as outlined above).
- 9.23 There was an increase in applicants accessing refuge or temporary accommodation from 2020/21 to 2021/22. In 2020 SDAS opened more bedspaces with support from Shropshire Council Housing leading to an increase in families moving in which may have previously gone into temporary accommodation.
- 9.24 More women than men were accommodated in refuge and temporary accommodation in both years, similar to refuge referral data and in line with national data.



- 9.25 Feedback provided to the needs assessment suggests that the numbers of domestic abuse victims/survivors (and their children) being housed in temporary accommodation is likely to be higher than the data available here, which means it is not possible to provide an accurate picture of unmet need.
- 9.26 Recommendations on unmet need relating to homelessness are made in section seven.
- 9.27 **Recommendation:** Ensure those fleeing domestic abuse are accurately recorded, including a review of the categories available to remove any confusion. Enable their journeys through Housing to be recorded, including outcomes and whether this met the survivors' wishes.

10. Non-Accommodation Based Domestic Abuse Provision

Shropshire Domestic Abuse Service Community-Based Provision

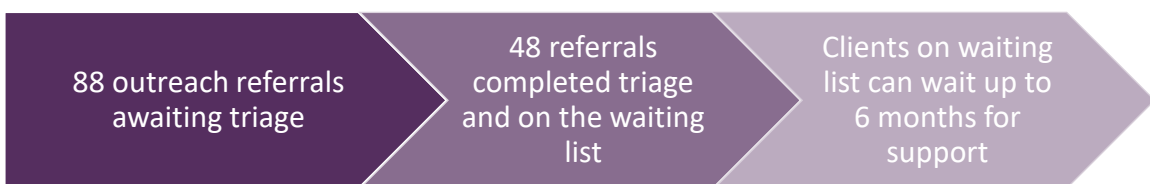
- 10.1 Outreach services are commissioned by Shropshire Council and provided by Shropshire Domestic Abuse Service (SDAS). There are five full-time equivalent outreach workers providing one-to-one, group and survivor support, with two additional outreach workers

commissioned by, and working with victims/survivors from, Telford and Wrekin. The team does not have a base and primarily work from home and out in the community.

- 10.2 In addition, a part-time triage officer post has recently been recruited to, and there is a support worker working with the partners/ex-partners of men on the Richmond Fellowship perpetrator programme.
- 10.3 Outreach workers carry a caseload of 30-35 clients each at any one time. A senior outreach worker manages the team.
- 10.4 The service received 1,476 referrals in 2020/21 and 2021/22, with a slight increase from one year to the next.
- 10.5 The top referral sources for SDAS outreach services are as follows:

Referral Source	% of referrals 2020/21 & 2021/22
Self-referrals	26%
Internal from SDAS (refuge)	23%
Shropshire Children’s Social Care	15%
West Mercia Police	11%

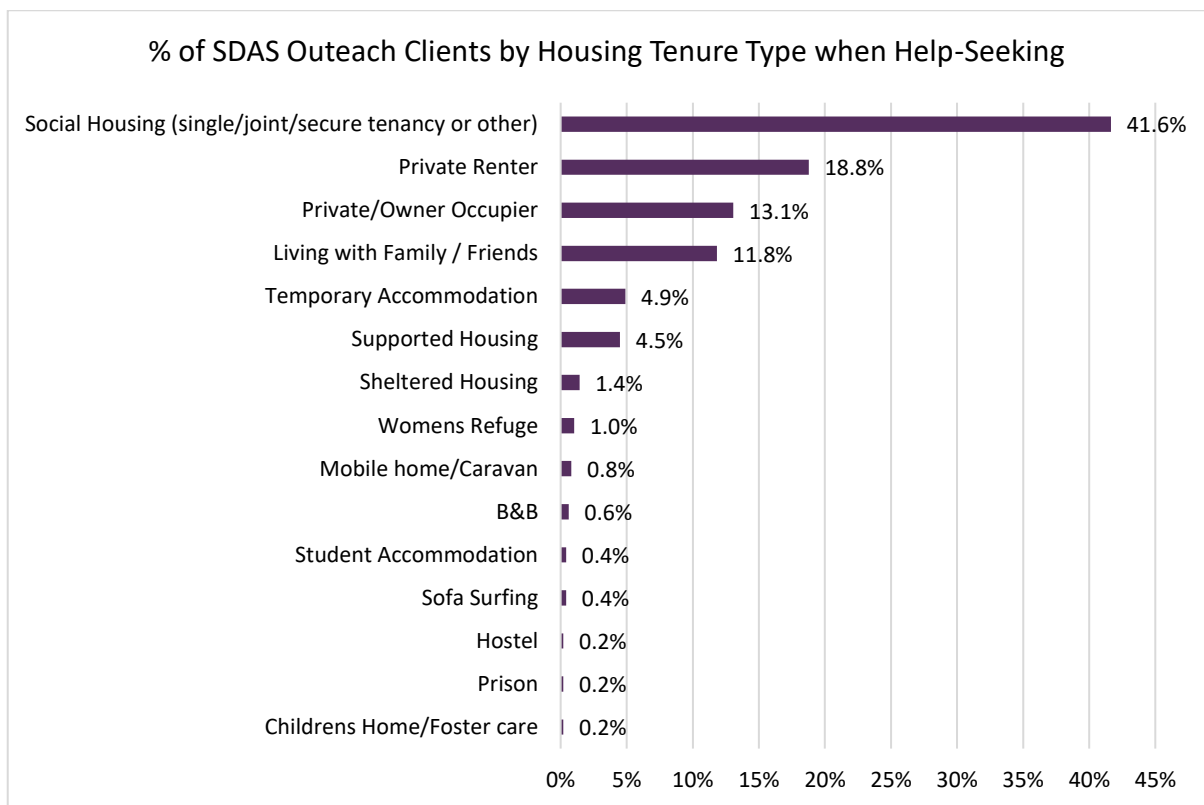
- 10.6 56% of the 1,476 referrals received in 2020/21 and 2021/22 were accepted into the service for support. The most common reason (33% of unaccepted referrals) was that the individual declined support. Given that consent must be gained for referrals to be made, this is high, and needs to be explored to understand why the service is then declined. In 31% of unaccepted referrals the individual could not be contacted for support to be offered.
- 10.7 At the time of the needs assessment:



- 10.8 The support workers operate a rota to ensure all clients on the waiting list are contacted once a fortnight. Clients are offered group work, and peer support through SODA, in the meantime, but for those who are not ready for group or peer support, or have more immediate practical needs, this may not be sufficient.
- 10.9 SDAS seek funding and apply for grants to increase the capacity of the service, both for one-to-one outreach support and to deliver group work. This is in recognition of the needs both of victims/survivors who are waiting for support, and of the stress this creates for workers who are constantly over-stretched.
- 10.10 The average length of time someone receives support from the outreach service is presented in the following table:

	2020/21	2021/22
Average case length in months	5.6 months	6.3 months

- 10.11 The outreach service collects data on many outcomes for those supported, which gives an indication of the range of support clients require while they are with the service.
- 10.12 Of individuals closed to the service in 2020/21 and 2021/22 (N=452), 27% achieved a housing outcome; 51% achieved a health (including mental health) outcome; 24% achieved a financial outcome; 1% achieved an immigration outcome; 12% achieved an education, employment, or training outcome; 41% achieved parenting outcomes and 29% achieved a justice-related outcome.
- 10.13 Of the 904 clients recorded by outreach services in 2020/21 and 2021/22, tenure type when help seeking was known for just over half (490 clients).



- 10.14 Some survivors involved in the needs assessment were able to access one-to-one support from SDAS as soon as they called to ask for help.
- 10.15 Others informed the needs assessment that they had experienced a delay in accessing support from SDAS. While waiting, some had accessed SODA or other group work programmes, but not all. Survivors understood that the service was busy, but also reported that they found it very challenging to wait for support.

One survivor had called police, been assessed at high-risk and then contacted by West Mercia Women's Aid IDVA service. She received good support from local police, and from the DARO team, but once she dropped the charges, police support ended.

She was also informed that her risk had been "downgraded" and therefore did not continue to receive support from the IDVA.

She was on the SDAS waiting list and has accessed group work which has been "amazing. But it hasn't been easy to wait, it made me feel I had overreacted, it's [her experiences] not that serious. I felt I wasn't a priority because I had no children, I hadn't been beaten up."

Sharon wanted to flee her abuser, who she lived with, from out of area into Shropshire. She contacted SDAS for help. At first, she was told there was no-one available for her to speak to, and to call back, which Sharon was unable to do as she had few opportunities to make calls as her abusive partner was always with her. She tried again some months later, and after an initial conversation, was told a worker would contact her after they returned from their leave. She did not hear from them and called SDAS herself.

"Survivor: And then when I did get back in touch with them again, it was difficult for me to contact anyone knowing time wise and that you know that I'd be able to talk. And she said that she hadn't contacted me again because she felt that I wasn't ready yet to leave.

Interviewer: And what was that like for you?

Survivor: Uh, I just literally felt, well, OK, this is it then. I haven't got any other choice but to stay. So, I thought well obviously no one can help me. I contacted [out of area specialist service] who helped little bit, but they just wanted me to go into a refuge, so I didn't want to do that. And everything was just, it's just really, really scary when you're trying to contact services and you don't have anyone to support you any you know like natural support network, like any friends or family, you are completely isolated. You don't know what to do. It's really scary."

Sharon managed to leave her partner by finding a private rental property on her own, but he knew the address. She sought help again and was supported by police and MARAC to move to an appropriate home, where the abuser did not know her address.

- 10.16 As highlighted by the Domestic Abuse Commissioners’ mapping report referred to above (6.14), victims and survivors require a lot more than just advocacy and practical support, and the emotional support provided through services such as outreach is highly valued and necessary to recovery.
- 10.17 In looking at future service design, the range of types of support provided by outreach should be explored in more depth, to understand the levels of practical and emotional support required. This would give an indication over the level of intensity needed and how this may vary across clients, and whether some would more appropriately be supported by a therapeutic offer.
- 10.18 129 individuals across the two years received support termed ‘short term work’, which is available to those who have come to the end of support with outreach and are invited to contact the service again should they need focused/short term support.
- 10.19 Since September 2021 SDAS has employed two full-time Independent Domestic Violence Advisers (IDVAs)⁵⁵ to provide support to clients who are assessed as high risk within the SDAS service: one for Shropshire and one for Telford and Wrekin, grant funded by the Police and Crime Commissioner using Ministry of Justice funding. SDAS does not take high risk referrals, these are directed to West Mercia Women’s Aid (see next section). But if an outreach support worker is supporting a client, and their circumstances change and they become high risk, this will be passed to the SDAS IDVA. This is beneficial for clients who do not have to change services when their risk changes. IDVAs work with a caseload of 13-15 each at any one time.
- 10.20 Data is presented here for the length of time the service has been in place (ten months), during which time the service has received 32 referrals, all of which were accepted, and one of which was a repeat referral.
- 10.21 As would be expected, the primary referral source was within SDAS services, but referrals were recorded from others, as outlined in the table below. The remaining referrals (N=6) were from Shropshire Council Children’s Social Care, West Mercia Police, Solicitor, MARAC, and other domestic abuse services.

Referral Source	From within SDAS	Self-referrals
% of referrals 2021/22	71.9%	9.4%

- 10.22 There are two part-time group facilitators in place, delivering Freedom Programme, Power to Change, Recovery Toolkit, and the Phoenix programme. Staff have been trained to deliver a programme specifically for male survivors⁵⁶, but due to capacity this has not been delivered yet.

⁵⁵ <https://safelives.org.uk/sites/default/files/resources/National%20definition%20of%20IDVA%20work%20FINAL.pdf>

⁵⁶ <https://www.calandvs.org.uk/en/our-services/male-group-programmes/the-compass-programme/>

- 10.23 Additionally, SDAS have two part-time Children and Young People’s workers, funded by a Children in Need grant. They provide support to children in refuge and the community. This is not therapeutic, but support based following their experiences of abuse. 61 referrals were received for this service in 2020/21 and 2021/22, of which three-quarters were accepted into support.
- 10.24 **Recommendation:** Complete a review of the types of support provided to all clients, and how the service is delivered, to identify potential changes in service design to enable more clients to be supported more quickly. Consider the level of intensity of support provided, and whether this is needed by all clients, or whether alternative models could be adopted. Explore the 33% of referrals who decline support to understand whether inappropriate referrals are being made, or why someone would consent to a referral and then decline support, to ensure any barriers can be addressed.

West Mercia Women’s Aid Independent Domestic Violence Advocacy (IDVA)

- 10.25 West Mercia Women’s Aid deliver the IDVA service for high-risk victims across the West Mercia area, commissioned by the Officer of the Police and Crime Commissioner. They additionally provide refuge and other specialist domestic abuse services in Worcestershire, Herefordshire and Telford and Wrekin.
- 10.26 A 24/7 helpline for the whole region including Shropshire. This provides immediate, one-off support to those calling, with onward referrals to Women’s Aid or SDAS depending on need.
- 10.27 The IDVA service receives referrals for all clients at a high risk in Shropshire, except for those already working with SDAS when they become at a high risk (see above). If SDAS receive a referral and the individual has already been identified a high risk, they will ensure this is sent on to West Mercia Women’s Aid and will not make contact. While this is clear for SDAS and West Mercia Women’s Aid, some stakeholders fed back that it can be confusing for practitioners to know who to refer to.
- 10.28 IDVAs work to support individuals until the risk presented by the perpetrator(s) is lowered, including representing them in the MARAC process (see below).
- 10.29 Within the IDVA team there are specialist IDVAs focused on the following:
- Inclusion of under-represented groups: LGBTQ+, older people, minoritized ethnicities.
 - Family Court: support with civil orders, non-molestation orders, protection orders and child contact; demand for this is very high.
 - Young people: working with victims/survivors aged 13-19 years.
 - Men and boys: a new role; IDVAs do and have always supported male survivors, but this role will give clients a choice between being supported by a man or woman.
 - Stalking.
- 10.30 West Mercia Women’s Aid confirmed that all these are available to referrals from Shropshire, but the needs assessment established that these were not widely known.

- 10.31 Full time IDVAs carry caseloads of up to 25 cases at any one time. The Young People's IDVA has a smaller caseload due to the complexity of these cases.
- 10.32 The service received 515 referrals in 2020/21 and 2021/22, with a slight increase from one year to the next.
- 10.33 Two thirds of referrals to the IDVA service, as would be expected, are from police. 11% are from SDAS with referrals at significantly lower numbers from victims/survivors themselves (6%), other domestic abuse services (6%), probation (3%) and Children's Social Care (2%).
- 10.34 58% of the 515 referrals received in 2020/21 and 2021/22 were accepted for support. The most common reason for not being accepted into the service (38% of non-accepted referrals) was that the individual's needs were better met elsewhere, and were referred to SDAS, suggesting that the referral was not a high-risk client or was already receiving support from SDAS when the IDVA referral was made: this needs to be better understood.
- 10.35 In 21% of unaccepted referrals the individual could not be contacted for support to be offered; a similar proportion (20%) declined support. Given that consent must be gained for referrals to be made, this is high, and needs to be explored to understand why the service is then declined.
- 10.36 For 6% of referrals, the reason for not being accepted was that the individual's needs were better met elsewhere and were referred to a partner agency; this suggests that their needs did not relate to domestic abuse, yet in order to be referred to the IDVA service they had to have been assessed as a high-risk victim.
- 10.37 Additional IDVAs are based in the five hospitals across West Mercia, including Shropshire. Hospital IDVAs work with all levels of risk, taking referrals from hospital staff, providing support, and making onward referrals to MARAC, IDVA, or SDAS, as appropriate.
- 10.38 Over half (58%) of referrals to the Hospital IDVAs are from A&E. Unfortunately, a quarter of referral sources are unknown, and this should be explored. The remainder are from maternity (5%), Mental Health (4%), Wards (4%), Safeguarding (3%) and Outpatients (2%).
- 10.39 38% of referrals are accepted by the Hospital IDVAs; a third of those not accepted was due to the service being unable to contact the client.
- 10.40 Survivors who had been assessed as at high-risk talked positively of the support they received from IDVAs but did not always understand why the support ended due to their risk level changing. Some had contacted the West Mercia Women's Aid Helpline, of which there was a mix of negative and positive responses, including not being referred to SDAS.
- 10.41 **Recommendations:** Understand the extent to which the specialisms provided by West Mercia Women's Aid are utilised in Shropshire and increase awareness of their availability among partner organisations. Explore the 20% of referrals who decline support, and the 6% of referrals where the individual's needs were better met elsewhere to understand whether inappropriate referrals are being made, or why someone would consent to a referral and then decline support, to ensure any barriers can be addressed.

- 10.42 SDAS and West Mercia Women’s Aid worked in partnership from January 2019 to January 2021 to deliver the Soteria project. Funded by Comic Relief, the project aimed to:
- Reduce numbers of women from West Mercia custody.
 - Improve support for women in custody in preparation for release.
 - Reduce the number of women who re-offend.
 - Where women do re-offend, a better understanding around their criminogenic needs.
- 10.43 It was delivered through specialist workers in each organisation working one-to-one with women, providing a holistic package of care as well as working in partnership with criminal justice partners.
- 10.44 The evaluation of Soteria found that the project’s clients “presented with a high level of chaos and lack of engagement, a lack of trust in professionals and a lack of awareness and acknowledgment of abuse” which made it necessary to have a specialist, dedicated response that fully understood domestic abuse and its impact on women’s journeys and offending.

One survivor had experienced domestic abuse from her partner over a very long time, used drugs and was involved in criminal activity. She was able to receive support and safe accommodation through the Soteria project. She was supported for a time, but since the Project has ended there is no capacity within SDAS to continue to provide the level of intensive support the survivor needs. She continues to live with her abusive partner, use drugs and offend, including periods in prison.

- 10.45 The need for specialist provision, and tailored responses to women in the criminal justice system, has been evidenced nationally: at least 57% of women in prison and under community supervision are victims of domestic abuse⁵⁷.
- 10.46 **Recommendation:** explore how a service like the Soteria project can be developed in Shropshire, potentially connected with the new Acorns service (see 9.5) as well as ensuring the learning from the evaluation is taken on board by the whole partnership.

Multi-Agency Risk Assessment Conference (MARAC)

- 10.47 The MARAC process is coordinated by West Mercia Police and chaired by the Detective Inspector of the Shropshire Protecting Vulnerable People unit. The MARAC Coordinator role is funded internally by the police. It is part-time, 2.5 days per week, which is not felt to be sufficient for coordinating the Shropshire MARAC.
- 10.48 Meetings are monthly and held on a group telephone call since Covid. Around 30 cases are heard every month. Once 30 cases are listed on the agenda no more are accepted, and any additional cases are held over to the following month.

⁵⁷ <https://www.centreforwomensjustice.org.uk/news/2022/7/29/no-safe-space-lessons-for-national-policy-and-local-practice-in-a-new-cwj-report-on-the-west-midlands-multi-agency-response-to-women-involved-in-offending-who-are-victims-of-domestic-abuse>

10.49 The MARAC is well supported and attended across the partnership, but many practitioners struggle with the meeting being over the phone, and there are concerns that this hampers relationship building and a lack of involvement during a long meeting. Discussions on each case are very brief, and this means that action planning can feel rushed.

Referral Source	% of referrals 2020/21 & 2021/22 (N=540)
West Mercia Police	60.6%
Shropshire Housing & Homelessness (including SDAS, see note below)	14.3%
SaTH A&E	13.0%
West Mercia Women’s Aid IDVA	4.1%
Shropshire Children’s Social Care	2.8%
West Midlands Probation	2.8%
MPFT Mental Health	1.1%
Other voluntary sector	0.7%
Education/Schools	0.2%
Health – other hospital	0.2%
Shropshire Recovery Partnership	0.2%

10.50 The data above may not be an accurate reflection of the source of referrals to MARAC. The needs assessment heard from West Mercia Police that referrals from SDAS are included within the homelessness referrals, as most are for homeless people within the refuge. This recording has been in place since 2010; but anecdotally, the referrals from SDAS are known to be high, and most come from the outreach, not the refuge service. A victim/survivor in refuge is unlikely to be at high-risk due to their unknown location. Having identified this discrepancy, the MARAC Coordinator has committed to amending this recording.

10.51 There were no referrals across the two years from: Shropshire Adult Social Care, primary health care or Children’s Services Early Help. While this may be due to recording (see previous paragraph), low referrals from many partner services suggests a more passive relationship with the MARAC, in which information about victims/perpetrators is received and responded to by services, but lacking active referring-in.

10.52 The repeat referral rate in the Shropshire MARAC across the two years is 34% and remained stable between 2020/21 and 2021/22. SafeLives advise that repeat referrals would be expected to be at a rate of 28-40%; the West Mercia average for 2020/21 was 27%, and the England and Wales average was 33%⁵⁸.

⁵⁸ <https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

10.53 The following table compares Shropshire MARAC with all West Mercia Police area MARACs, and the national SafeLives Average (taken from 290 MARACs), for 2021/22⁵⁹. A comparison with national data on Black and Minority Ethnic victims referred to MARAC is problematic due to the very variable population data nationally.

MARAC Measure	Shropshire MARAC	West Mercia MARACs	SafeLives Average
Number of cases 2020/21	287	N/A	N/A
Number of cases per 10,000 adult females	21	23	49
% Partner agency referrals (i.e., non-police)	38.6%	39.8%	32.6%
% Where victim is Black/Minority Ethnic	5.6%	7.4%	15.8%
% Where victim is LGBT+	1.4%	0.7%	1.4%
% Of cases where victim has a disability	0.7%	1.0%	8.7%
% Of cases where victim is male	U/K	3.7%	6.3%
% Of cases where victims aged 16-17	0.0%	U/K	1.2%

10.54 This comparison suggests that the Shropshire MARAC is in line with the England and Wales averages across most measures, except for the number of cases per 10,000 of the female population, which is less than half the national average.

10.55 Nationally, SafeLives collect MARAC data on the number of males referred; and the number of children discussed within the cases. This is not collected in Shropshire.

10.56 SafeLives estimate 40 women per 10,000 of the female population will be identified as high-risk⁶⁰, or 0.4% of the population. This would equate to 553 high risk female victims in Shropshire each year, around double the current number of cases. Identification of high-risk victims requires practitioners to be trained and confident in using the DASH risk identification checklist and having safe conversations with victims before referring on to specialist services/MARAC.

10.57 The MARAC is well regarded in Shropshire, with wide attendance from all relevant partners. As outlined above, low referral rates from some areas, echoed in some of the stakeholder feedback, suggests some partners are involved in the MARAC in a passive way, by receiving cases and checking systems, but not identifying victims at high-risk and referring them in.

10.58 Stakeholders fed back that holding the MARAC on the phone does not feel adequate to enable the in-depth cross-partner discussions required. The time limit on case discussions also hampers this, and it was noted discussions often lasted longer than ten minutes. This

⁵⁹ <https://safelives.org.uk/node/2181>

⁶⁰ <https://safelives.org.uk/sites/default/files/resources/SafeLives%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20%26%20Wales.pdf>

meant that cases listed towards the end of the meeting could feel rushed, as well as attendees feeling fatigued by that point. The meeting can be interrupted by services leaving and joining, which is disruptive and creates delays.

- 10.59 There should not be a limit on the number of cases discussed at MARAC: the purpose is to have prompt discussions around victims at high-risk and if these must be put off to the following meeting, while they should continue to be supported by the DAROs/IDVAs, could lead to an increase in risk.
- 10.60 Three survivors were aware of having been discussed at the MARAC. One had no negative or positive feedback about it, with two did not see the benefit of the meeting: they still had to have contact from, or contact, a large number of services and professionals. They found this overwhelming at a time of crisis and trauma, often not knowing who they were speaking with or why, one survivor described feeling “bombarded by calls”.
- 10.61 In two cases, survivors had reported to health services, and had no idea that a DASH was being completed, or what the implications were of being identified as at high-risk. One survivor was terrified of police being informed, and hence had not reported to anyone until being advised by the National Domestic Abuse Helpline to go to hospital in order to be in a ‘safe place’ while fleeing. She then experienced a mixed response from officers, with some believing and supporting her, while others advised her to return home to her ‘worried’ ex-partner to whom they had spoken.
- 10.62 **Recommendations:**
- Move the meeting to face to face, or if this is not feasible, to Teams. Identify the barrier to moving to Teams within West Mercia Police and work to overcome this; learn from other forces and MARACs if needed.
 - Meetings to take place fortnightly to enable all cases to be heard, and to facilitate a shorter meeting to support the wellbeing of attendees and the effectiveness of all case discussions.
 - Establish a MARAC Steering Group, reporting to the domestic abuse strategic partnership, to discuss data, trends, pathways, and partner engagement with MARAC.
 - Conduct a review of MARAC data collection, with reference to the finding about on referral sources, to ensure cases are recorded accurately and that the data collection meets the needs of the partnership.
 - In a rural area such as Shropshire, and with the high number of armed forces in the area, the occupation of alleged perpetrators is important and should be included in the MARAC referral process (e.g., farmers may have access to firearms).

Victim Support

- 10.63 Victim Support is a national charity supporting victims of all crime types. There are 2.5 full-time equivalent Independent Victim Advocates for Shropshire and Telford & Wrekin. They support standard and medium risk victims of domestic abuse.

- 10.64 Advocates carry out risk assessments and support clients with safety planning, emotional support and practical needs through Safety and Support Plans.
- 10.65 The service received 787 referrals in 2020/21 and 2021/22, referral rates did not change significantly between the two years. All referrals were accepted, with 80% receiving support. The remaining 20% were recorded as 'could not contact', 'other agency dealing', 'service user already in support', or 'duplicate case'.
- 10.66 The highest referral route (59% of referrals in 2020/21 and 2021/22) was the West Mercia Police Victim Advice Line (see below). Self-referrals are also received (19% of referrals across two years). Many referrals are received on auto-transfer from other police areas which have this system in place with Victim Support and are transferred to West Mercia due to the victim residing in the area. This was most commonly West Midlands Police (18% of referrals).
- 10.67 The Victim Support Service Manager chairs the Under-Represented Communities Group that was initiated by the Office of the Police and Crime Commissioner, bringing West Mercia victim-focused (not just domestic abuse) services together to increase understanding of and engage better with communities.

Victim Advice Line

- 10.68 This is funded by the Office of the Police and Crime Commissioner and delivered from within West Mercia Police. The team receives all referrals internally from police via auto-transfer (as Victim Support does in other areas, see above) for all crime types. Two workers carry out the domestic abuse work.
- 10.69 The Advice Line does not carry out a risk assessment when contacting domestic abuse victims, as this has been done by police and all high-risk victims will have been sent directly to the IDVA service (see above). If a high-risk case does come through by accident, the team will not make contact, and inform the police Domestic Abuse Risk Officers.
- 10.70 Contact is made with victims via the phone or email, depending on what is safe. Letters are not used (but will be for non-domestic abuse victims). Referrals for ongoing support are made to Victim Support or SDAS in Shropshire. In cases of child to parent violence/abuse, the team will refer to PEGS (see below).

Axis Counselling

- 10.71 Axis has been in place for nearly 30 years, and while it began as a counselling service, it has now developed and provides specialist sexual violence support for children and adults, whether the violence/abuse is recent or non-recent. The Independent Sexual Violence Adviser (ISVA)⁶¹ service has been in place since 2010, and now works with children over the age of five and with adults.

⁶¹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/647112/The_Role_of_the_Independent_Sexual_Violence_Adviser_-_Essential_Elements_September_2017_Final.pdf

- 10.72 Anecdotally, around three-quarters of Axis clients have experienced both sexual violence/abuse and domestic abuse. For some the sexual violence was perpetrated by the domestic abuser; for others the experiences are separate.
- 10.73 In 2020/21 and 2021/22, Axis received 176 referrals for counselling where the client had also experienced domestic abuse. There was a significant increase from 2020/21 (62) to 2021/22 (114), suggesting a high level of need for specialist counselling for domestic abuse victims and survivors.
- 10.74 65% of referrals to counselling for those who have also experienced domestic abuse are self-referrals. There is a significant waiting list for the counselling service.
- 10.75 ISVAs often find that for clients experiencing domestic abuse, there are many issues related to this that must be addressed before the client is able to receive support for the sexual violence they have experienced. Most frequently this is involvement with the family court and issues relating to child contact, where there is little or no support for victims/survivors.
- 10.76 The ISVA received 126 referrals in 2020/21 and 2021/22 where the client had also experienced domestic abuse.
- 10.77 61% of referrals to the ISVA service are from West Mercia Police, and 29% are from other police areas, the SARC (see below), or the counselling service. ISVAs work in a multi-agency way with partner services to holistically meet the needs of clients.
- 10.78 Axis is considering changing their name to remove confusion amongst professionals, who may misunderstand that if someone is being supported by Axis, they are receiving counselling, when they are in fact with the ISVA service. There are also misperceptions that the ISVA role is the same as the IDVA role but with sexual violence; Axis is working to raise awareness of the service with partners across Shropshire.
- 10.79 Axis informed the needs assessment it has secured funding to enable staff to address specific barriers of clients who are LGBTQ+, from minoritized ethnicities, have learning disabilities, are adolescents, need support in the family or civil courts, and an ISVA to deliver training. Axis have identified many barriers for those with specific needs.

PEGS

- 10.80 PEGS (Parental Education Growth Support) provide support to parents and carers who are experiencing abuse/violence from their children (including those who are adults). They are a unique and valued service in Shropshire, as many stakeholders are becoming increasingly aware of child and adolescent to parent violence/abuse and adult family violence and recognising that victims/survivors require a specialist response that is different from standard domestic abuse specialist services.
- 10.81 PEGS provide a necessary specialist support pathway for parents and carers experiencing violence and abuse from their children. The support they require is different to those experiencing abuse or violence from an intimate partner, and this need must be recognised across the partnership to ensure referrals are made appropriately.

10.82 PEGS received 238 referrals in 2020/21 and 2021/22, with a significant 101% increase in referrals from one year to the next: the service began in early 2020, and therefore this increase can be explained through increasing knowledge of the service over that time. All referrals are accepted. Parents/carers are able to stay with the service for as long as they need it, through peer support and drop-in sessions.

10.83 The top referral sources for PEGS are as follows:

Referral Source	% of referrals 2020/21 & 2021/22
Self-referrals	31.9%
Schools	10.1%
West Mercia Police	7.6%
Primary Health Services, including GPs	3.4%
Shropshire Children’s Early Help	3.4%
Shropshire Adult Social Care	2.5%

10.84 Notably, the service received only one referral from Children’s Social Care.

10.85 PEGS is not designed to support children causing harm, or their siblings, as their specialism is with parents and carers. Some young people can be referred to Brightstar, which is a boxing and mentoring service designed to support young people and adults with their mental health including recovery from trauma. Support for young people is not focused exclusively on those causing harm against parents/family but works in a holistic way with any young person who is referred. This includes boxing, mentoring, education, and wellbeing. Groups are also available for survivors of domestic or sexual violence to support their recovery.

10.86 Nationally, child and adolescent to parent/family violence and abuse is gaining increasing recognition, and housing options are being explored. The needs assessment heard from an organisation, Innovate⁶², which has developed a model for supporting families experiencing this type of abuse including specialist residential support for children on the edge of care due to their harmful behaviours, but working with the whole family with the aim to bring them back together.

⁶² <https://innovateservices.com>

Phoebe left her abusive partner several years ago, without any issues. She contacted Children's Services for help relating to child contact issues with her ex-partner.

"I phoned them I said look, I need help, I said, you know, this is the situation, my ex-husband is playing games with them [the children] all time saying he's going to kidnap them. Taking them from school without me knowing. He was awful. And she [from Children's Services] was just, 'that's not our department, we can't do that. There's no signs of harm, they don't live with him'. And I was like, but it's a form of abuse, you know, the things that he's doing. And like, they [the children] would come in absolute tears, honestly, I was dragging them out the car just so he could see them and she said, 'well if the solicitor', the woman actually said 'if the solicitors have put that in place there's not much you can do'. And I, it wasn't helpful at all. It was actually my kids' school that pulled me to one side and said look, 'in the five visits they've had with their dad', she said, 'all through lockdown they've been thriving happy children'. She said, 'in the five visits they've seen their dad, they're nothing but traumatised children'. And she said, 'and if you carry on sending them, we're gonna, we're gonna, you know, we're thinking about your parenting, and how that's affecting the kids by you making them go'. So it was the school that give me the wake-up call ... But I didn't want to be seen as a mum playing god with their children ... I didn't want to be that mum [who stops her children seeing their dad]."

Since separating, she has received support from SDAS for herself and her children. Two of her children have had a very positive experience with the Children and Young People's Support Worker, and it has made a great difference to their overall wellbeing.

Phoebe has also had positive support from a Support Worker. One of Phoebe's children needs more support than can be offered by the Support Worker due to displaying aggressive and violent behaviour at home, which was present before the split but has become significantly worse since then.

Phoebe desperately wants help for her child and herself so she can help her child and protect their siblings. She will not contact Children's Services again due to her previous experience. While the support from SDAS has been "amazing" it is not enough. The needs assessment put Phoebe in contact with PEGS, which she had not heard of.

Richmond Fellowship

- 10.87 Richmond Fellowship is a national charity providing domestic abuse services. In Shropshire it is commissioned to deliver a Respect-Accredited⁶³ domestic abuse behaviour change programme to men who have abused their heterosexual partners. Funding was accessed from the Home Office, match funded by the Office of the Police and Crime Commissioner. The service will run for 18 months (August 2021 to end of January 2023).
- 10.88 The service responds to men as individuals in a needs-led way, working one to one to address those needs, such as housing, employment, substance misuse or mental health, to enable them to attend the 18-week group work behaviour change programme.
- 10.89 Additionally, there is a 6-week early intervention for men who take some responsibility for their abusive behaviours but may be resistant to attending the group programme.
- 10.90 Partners/ex-partners of men working with Richmond Fellowship are supported by SDAS.
- 10.91 The referral criteria are that only men with children can receive the service, and they must be assessed as posing medium or standard risk to their partner/ex-partner, not high risk. As a result, nearly all referrals (90%) to the service are from Children's Social Care or Early Help.
- 10.92 As a result, there is no specialist provision for men without children, or those posing a high risk of harm to partners/ex-partners and children.
- 10.93 21 referrals have been received since the service began in August 2021 (to end March 2022), and 20 were accepted into the programme. Anecdotally (not shown in the data), some referrals could not be accepted for men who posed too high a risk to their partner/ex-partner and children. Exploration of this has shown that practitioners working with families often lack the confidence to have conversations with fathers using abusive behaviours, and this is often combined with attitudes that hold mothers responsible for the father's behaviour, leading to a focus on the actions of mothers rather than referrals for fathers (see section on Children's Services, 12.22 onwards).
- 10.94 Richmond Fellowship are attempting to address this through training, delivered in partnership with SDAS, to increase the skills and confidence of practitioners working with families. They are also exploring whether to introduce case consultations for practitioners to discuss individuals with the service without (or prior to) making a referral.
- 10.95 Additionally, Richmond Fellowship were funded to work with the children of domestic abuse victims, with an emphasis on ensuring the whole family is supported while the father attends the programme, and the mother receives support from SDAS. The focus of this work is resilience, as trauma recovery work is not appropriate while children continue to live with an abusive father. There are barriers to this as the mother must consent for Richmond Fellowship to work with the child, and at times mothers see the service as there 'for' the father and are therefore anxious about the work with their child. They are working to overcome this.

⁶³ <https://www.respect.uk.net/pages/109-respect-accredited-members>

Gary was referred to Richmond Fellowship by Children’s Social Care, and he stated there have been no delays or barriers in seeking help. Gary’s worker is supporting him to find appropriate housing so that he can have contact with his children in his home; he cannot do this now due to residing in shared accommodation.

Gary is also accessing IAPT for help with his mental health, and drug and alcohol services for his alcohol use. He also has support relating to his parenting. He is hoping to keep working with all services, to keep learning, and to stay in control of his emotions.

11. Non-Accommodation Based Support Unmet Need

- 11.1 This section presents the needs assessment findings on unmet need in relation to support in the community for adult and child victims, and those who cause harm.
- 11.2 The Domestic Abuse Commissioner, and the Victim’s Commissioner, are both campaigning to ensure a statutory duty to provide community-based services is included in the Victim’s Bill⁶⁴. This would likely mirror the Domestic Abuse Act 2021 Part 4 statutory requirements relating to safe accommodation support.
- 11.3 Overall, the needs assessment found that, outside of specialist teams and services, there are persistent cultures and cultures of victim-blaming and narratives centred on ‘why don’t they leave?’ or ‘why do they put up with it?’ rather than recognising the behaviour and impact of abusers and holding them to account – changing the question to ‘why don’t they stop?’⁶⁵.
- 11.4 Practitioners are aware that the trauma of abuse experienced in childhood can lead to children growing up to become abusers or victims, but this is not seen in the context of a ‘cycle’ of abusers moving from one victim (and child/children) to the next, and adult and child survivors are not offered the long-term therapeutic support they need to fully recover.
- 11.5 This extends to the survivors involved in the needs assessment, many of whom were unaware that what they were experiencing was domestic abuse, because they had not experienced physical violence. Nevertheless, the impacts on their own and their children’s wellbeing was significant and long lasting, meaning services need to be available when people need them, not just at times of crisis.
- 11.6 **Recommendation:** The domestic abuse partnership must develop a communications strategy and action plan to raise awareness across all communities of controlling and coercive behaviour, including economic abuse. It must challenge prevailing myths and stereotypes outlined in this report and provide information on the support available.

Adult Victims/Survivors

⁶⁴ <https://domesticabusecommissioner.uk/the-domestic-abuse-commissioner-welcomes-draft-victims-bill-but-says-there-must-be-more-funding-for-community-based-services-and-by-and-for-services/>

⁶⁵ SafeLives Whole Picture Approach: <https://safelives.org.uk/sites/default/files/resources/The%20Whole%20Picture%20-%20SafeLives%27%20Strategy.pdf>

- 11.7 Increase the capacity of the outreach provision to ensure waiting lists are not required.
- 11.8 Domestic Abuse Priority Group to ensure referral pathways to PEGS are well publicised, and work with PEGS to monitor referral routes to identify gaps and take action locally to ensure parents and carers are offered appropriate support.
- 11.9 Establish specialist therapeutic support for survivors to enable their long-term recovery.
- 11.10 Understand and address the needs of victims/survivors with additional or multiple barriers to support due to their rurality; protected characteristics; complexity of need due to, e.g., mental health, substance use. Explore where services are only delivered remotely, not face to face, and whether this creates barriers for those with poor internet access/phone reception, with English as a second language, and the barriers caused by trauma and challenging in trusting professionals.
- 11.11 The below recommendations relating to specific characteristics need to be developed using an intersectional perspective, i.e., one that recognises the multiple oppressions and discrimination people may experience (for example, older LGBTQ+ people may experience discrimination due to heterosexist assumptions made by staff in services for older people such as supported housing).
- Learn from specialist providers, and national research, on responding to domestic abuse that does not follow the most common pattern of men abusing female partners: specifically, that the DASH will not identify risk in these situations (e.g., same sex relationships, family abuse, heterosexual male victims) and professional judgement is required.
 - Raise awareness that specialist services are inclusive of men and women. Integrate into training how practitioners must respond appropriately to male survivors.
 - Conduct research locally to better understand the needs of older victims/survivors, and the barriers they face in accessing services.
 - Learn from the services that have supported Trans and non-binary people, as well as from research⁶⁶ and national services⁶⁷ to inform local services and responses. Feedback from the Under-Represented Communities Group working group regarding minoritized ethnicities and LGBTQ+ people to be provided to the Domestic Abuse Priority Group, with further actions identified as appropriate with reference to research and national specialist organisations, as well as local expertise, e.g., SAND.
 - Ensure specialist services gather and collate data on immigration status, and that the categories used align with each other. Data should also be gathered on those accessing specialist services when they have no recourse to public funds, to understand the extent and type of need. Data gathering must not jeopardise victims'/survivors' access

⁶⁶ <https://www.stonewall.org.uk/resources/supporting-trans-women-domestic-and-sexual-violence-services>

⁶⁷ <http://lovingme.uk>

to support⁶⁸. Develop the cultural competence of practitioners across services to respond appropriately and dispel myths and stereotypes.

- Responses to disabled victims/survivors need to encompass the full range of impairments, not just focusing on physical accessibility but considering ‘hidden’ disabilities including health conditions, learning disabilities and autism. Recognise that disabled people will experience abuse for a long time before seeking help, and this can make them vulnerable to multiple forms of abuse and exploitation. This should be integrated into training, awareness raising, and service design, drawing on the lived experiences of victims/survivors in Shropshire.

Children and Young People

- 11.12 Establish therapeutic support for child survivors to enable their long-term recovery. Ensure the support is available at any stage of a child’s journey.
- 11.13 Establish specialist support for children and young people causing harm, providing support to the whole family at the earliest stage of intervention.
- 11.14 Establish links with responses to other concerns relating to children and young people, most importantly, sexual, and criminal exploitation as well as youth engagement, youth offending, and Prevent/Channel.
- 11.15 Map existing universal primary prevention (healthy relationships) provision, including what has been outlined in this report, and act to ensure this is providing to all children and young people, across all education settings, and that this is led by the partnership.

Those Causing Harm

- 11.16 Expand the existing perpetrator provision to make it available for men without children, and for men who wish to self-refer. Outcome data to be gathered from partners/ex-partners/family members (adults and children). Explore partnership commissioning from relevant (referring) services to enable expansion.
- 11.17 Explore how women who harm can be held accountable and supported to change their behaviour, and what service provision and capacity is required to meet this need, as well as those who harm same-sex partners.
- 11.18 Explore the implementation of DRIVE in Shropshire.
- 11.19 Identify barriers to referrals/access to the existing Richmond Fellowship programme.
- 11.20 This work must consider the responsibilities of every partner agency in this response.

12. Partnership Responses and Provision

⁶⁸ <https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf>

12.1 This section presents the needs assessment findings on the response to domestic abuse across the partnership. This covers the strategic and operational response and identifies within each section any areas of unmet need.

West Mercia Police

12.2 West Mercia police covers Shropshire Council, Telford and Wrekin Council, Herefordshire County Council, Worcestershire County Council, and Worcester City Council areas. A force-wide team is in place covering all aspects of vulnerability, including domestic abuse. A new strategic lead (Detective Sergeant) is due to be in place shortly to cover the whole force. The previous strategic lead coordinated an internal, force-wide, domestic abuse tactical/strategic group to implement the improvement plan; once the plan was complete, the group ended.

12.3 Force-wide, the areas of focus for domestic abuse relate to effective multi-agency data collection, developing thorough training for all levels of officers, and the multi-agency safeguarding response. Additionally, the force is exploring moving from the DASH Risk Identification Checklist to the new DARA which has been rolled out in other areas as a more streamlined approach to assessing domestic abuse risk. This is in the very early stages. Stakeholders and survivors shared concerns with the needs assessment that the DASH is not consistently completed by all officers, and that many do not understand the rationale behind all the questions and can go through it with victims in a 'tick box' manner that may not reveal the full risks.

12.4 At a local level the Protecting Vulnerable People Teams are set up along the same geographical boundaries as the local authorities. The team in Shropshire is based in Shrewsbury and managed by a Detective Inspector who also chairs the Shropshire MARAC and is the local operational partnership link. The team includes Domestic Abuse Risk Officers (DAROs) who support high risk victims of domestic abuse through developing and leading on risk management plans, alongside IDVAs. Specialist investigators are in place to lead high-risk investigations. DAROs will review all reported incidents assessed as high risk, and will dip sample the medium risk cases, but will not look at standard risk cases. There is no induction training for DAROs, who learn the role on the job. (Training overall is being looked at by the central team, as described above.)

12.5 Victims assessed to be medium or standard risk will be managed by local neighbourhood policing teams: both support for victims and leading investigations. The needs assessment heard that in many cases, following an initial report, officers make appointments to see victims rather than responding promptly. In some cases, victims then do not attend the appointment. This could be seen as a reflection on the impact of having to wait to make a statement, during which time they may have received threats, or further abuse, or been persuaded not to proceed by the perpetrator, or family/ friends. There is a risk it could lead to negative views of the victim, rather than understanding the challenges they face in calling police at all, and the negative impact of delays in being seen.

12.6 Additionally, an auto-transfer is made to the Victim Advice Line, as outlined above. For victims reporting and assessed as at standard risk, who have no children and no care and support needs, this is the only opportunity for receiving any support.

12.7 Across 2020/21 and 2021/22, there were 59 separate offence types reported and flagged as domestic abuse

Offence Categories (Grouped) 2020/21 & 2021/22 (N=6,678)	Offences	% of all offences
Assault with / without injury / with intent to cause serious harm	3094	46.3%
Harassment and malicious communications	997	14.9%
Stalking	906	13.6%
Criminal Damage (to dwelling, vehicle, other building, threat/possession with intent)	482	7.2%
Theft/Burglary/Robbery (residential, business, person, attempted)	266	4.0%
Other offences against the state and public order / Public Fear, Alarm or Distress	259	3.9%
Sexual offences (Rape; Sexual Assault; Causing Sexual Activity Without Consent; Obscene Publications; Exposure/Voyeurism)	251	3.8%
Controlling or Coercive Behaviour	220	3.3%
Murder, attempted murder, threats to kill, manslaughter, endangering life, dangerous driving	132	2.0%
Attempting To Pervert the Course of Public Justice / Disclosure, Obstruction, False Or Misleading Statements Etc	17	0.3%
Possession of Weapons, Firearms / Arson	11	0.2%
Blackmail	7	0.1%
Cruelty to and Neglect of Children	6	0.1%
Racially/religiously aggravated (assault/harassment/public fear)	4	0.1%
Bail Offences	1	0.01%
Modern Slavery	1	0.01%
Possession Of Controlled Drugs (Excluding Cannabis)	1	0.01%

12.8 In addition to completing a DASH risk checklist in all domestic abuse cases, responding officers will also log whether children or vulnerable adults are in the household. All these

cases are flagged to the Harm Assessment Unit (HAU). Anecdotally, there are concerns that not all relevant cases are shared electronically with HAU, as well as there being delays in some cases being sent by attending officers including delays in completing the DASH.

- 12.9 The HAU process has changed over the past year but currently, the HAU review every incident, and check the history for any previous incidents. The team decides which level (1-4) the child/children concerned should be considered for a Children’s Services response. Referrals are made for all incidents, with Level 2 and 3 cases discussed at the daily Domestic Abuse Triage meeting, which is described below (see 12.41 onwards).
- 12.10 Data was provided from the HAU showing the number of incidents received into the team. It is presented here with a comparison to the data received from police (crimes and crimed-incidents) and contacts recorded by Shropshire Council Children’s Services (NB: some incidents passed to the HAU will involve vulnerable adults/adults care and support needs, but this is not recorded).

Reporting	2020/21	2021/22
West Mercia Police recorded crimes and crimed-incidents	5,281	5,294
West Mercia Police Harm Assessment Unit Incidents received	6,275	6,433
Shropshire Council Children’s Services domestic abuse contacts received	7,288	6041

- 12.11 This suggests there are a significant number of non-crimed-incidents being passed to the HAU, and a high number of contacts to Children’s Services from other organisations other than police. This data needs to be better understood, and the data collected by HAU should support the partnership’s understanding of police reports involving children and/or vulnerable adults.
- 12.12 The needs assessment heard that, other than in the specialist team of DAROs, there is a lack of understanding of controlling and coercive behaviours, with an emphasis on physical violence as the primary indicator of domestic abuse and risk. Stalking and harassment needs to be better understood, including the difference between the two, and the use of Stalking Protection Orders⁶⁹. The cumulative nature of domestic abuse is not being fully responded to, as victims may report multiple incidents but if they are all graded as standard risk there is no ongoing support offered (unless they accept a referral to the Victim Advice Line and are then referred to SDAS).
- 12.13 There is also a lack of understanding of the trauma of domestic abuse and how this impacts the ability of victims to provide clear statements and make quick decisions.
- 12.14 One survivor, when asked about sexual abuse as part of the DASH (although she didn’t know that’s what was being completed) mentioned a non-recent incident. Due to the trauma of it

⁶⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/951354/SPOs_statutory_guidance_English_with_changes_002_.pdf

she could not remember many details, and felt judged and dismissed for this, despite not intending to report a crime.

One survivor experienced verbal and psychological abuse and controlling and coercive behaviour from her partner. She felt confused and unsettled by questions from police about her experiences and partner, such as around his mental health, and sexual violence. These were clearly DASH questions, but the survivor was not aware of this, why the questions were being asked, and asked repeatedly by different officers.

Although she did not want to criminalise her partner, she had been advised by specialist services to 'log' all incidents with police but faced challenges when doing so. When she reported on one occasion, a female and a male officer attended her home:

"I was kind of put off, and I didn't know how to, I was lost for words. The guy wasn't even looking at me, he was grinning, the police officer, it was like, they made me feel like ok, I'd wasted their time. It was more of a verbal incident at the time, and I had explained that I had been advised to log it in, I didn't ask them to come over to my house, just to log a record of what things are going on."

Once she had made a statement, one officer said that they thought she was the abuser.

- 12.15 In addition to the incident and crime data reported in section six above, West Mercia Police provided the following data on the use of the Domestic Violence Disclosure Scheme and the use of Domestic Violence Protection Notices and Orders.
- 12.16 Data on Domestic Violence Protection Notices is not recorded; Domestic Violence Protection Orders applied for is used as a proxy, and 55 of these applications were recorded. There was a reduction from 33 in 2020/21 to 22 in 2021/22. Similar numbers of Orders were issued (31 in 2020/21 and 20 in 2021/22), suggesting West Mercia Police are successful in most cases to exclude a perpetrator from the home to give the victim 'breathing space'. The needs assessment requested information on which practitioners provide support for victims/survivors at this time.
- 12.17 The Domestic Abuse Act 2021 introduces new civil orders to replace these, called Domestic Abuse Protection Notices/Orders⁷⁰. The aim of these is to protect victims from all forms of abusive behaviours, including non-physical abuse and controlling and coercive behaviours. Draft guidance for police was published in January 2021⁷¹.
- 12.18 The Domestic Violence Disclosure Scheme, known as 'Clare's Law', has been in place since 2016. The Domestic Abuse Act 2021 places the scheme on a statutory footing⁷². The aim is

⁷⁰ <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-protection-notices-orders-factsheet>

⁷¹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/955459/Draft_statutory_guidance_for_police_on_domestic_abuse_protection_notices_and_orders.pdf

⁷² <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-violence-disclosure-scheme-factsheet>

to enable police to disclose information to a victim or potential victim of domestic abuse about their partner's/ex-partner's previous abusive or violent offending.

- 12.19 Seen as a tool to empower victims and potential victims with knowledge, recent research⁷³ raises concerns over negative outcomes for those accessing the scheme, particularly through an increase in victim-blaming and, when there is nothing to disclose, a false sense of safety.
- 12.20 There was a significant increase in Right to Ask Requests made from 2020/21 to 2021/22, but the number granted remained the same.



Katy survivor sought help from police in relation to the DVDS to access information about her abusive ex-partner. The officer she spoke to had never heard of it.

Following this:

“One of the police officers told me that I was being a bit harsh towards him [ex-partner] and that I should perhaps have a phone call with him and try and make it up. I mean it was just. I did put in a complaint to West Mercia about that. Because there was just, the attitude towards it was just oh God, another woman you know, whinging. That's what it felt like. He did say to me, it sounds like you've confused the poor bloke, or something like that.”

⁷³ <https://clareslawexperiencesproject.com/wp-content/uploads/2021/10/Clares-Law-DVD-Schemes.pdf>

12.21 Recommendations

- Specialist training is urgently required for responding officers that develops an in-depth understanding of controlling and coercive behaviours, and the impact of trauma on victims'/survivors' interactions with services. One example of this type of training is SafeLives' Domestic Abuse Matters⁷⁴, although other national services do offer training for police. The emphasis must not be only on processes or tools (although it should cover why the DASH is completed, why the questions are important, and how to ask them), but on understanding domestic abuse through the eyes of victims and survivors, to facilitate a non-judgemental and non-blaming culture within police.
- Processes and procedures should be reviewed to ensure the repeat and cumulative risk of domestic abuse can be recognised and appropriately responded to, even if all incidents have been assessed as standard risk.
- Work with the domestic abuse partnership to identify how data can be gathered on the outcomes of DVPOs and the DVDS, including hearing from those with lived experience. Review these processes to understand what support is provided to victims/survivors and others involved and ensure they receive appropriate specialist support.
- Partnership to receive and analyse data on the use and outcomes of DVPO/Ns and DVDS and the support provided to (potential) victims/survivors.
- Domestic abuse partnership to review the data collected by the Harm Assessment Unit to establish what should be collected to best support the partnership's understanding of police reports involving children and/or vulnerable adults.

Shropshire Council Children's Services

- 12.22 This section encompasses all areas of Children's Services: the front door (COMPASS) and assessment teams, longer term Child in Need and Child Protection teams, Looked After Children services which includes residential care and support in the community, and Leaving Care support services for children and young people. This last team does not have a based, with staff working from home, resulting in having no specific, safe, space to meet with the children and young people they support.
- 12.23 A service called Stepping Stones has been developed to work with families on the edge of care, and with children stepping down from residential placements to home or foster care. A multi-disciplinary team works with the whole family, providing tailored support to parents to understand their own lived experience and trauma, work through any issues, and provide tools and strategies to enable effective parenting.
- 12.24 Children's Services is represented at the Domestic Abuse Priority Group by the Service Manager for COMPASS and Assessment Teams, and from a lead in the Early Help service.
- 12.25 COMPASS is co-located with the police Harm Assessment Unit, described above. Referrals received into COMPASS relating to domestic abuse will be processed by that team and will

⁷⁴ <https://safelives.org.uk/training/police>

not automatically go to the daily Domestic Abuse Triage meeting, although the team can refer cases into the DAT (see below, 12.41 onwards).

- 12.26 Shropshire safeguarding children’s responses are guided by the West Midlands Child Protection Procedures, which has a chapter on domestic abuse⁷⁵. This has not yet been updated since the Domestic Abuse Act 2021 to reflect the statutory definition of domestic abuse and Part 4 requirements as they relate to children and young people.
- 12.27 Targeted Early Help services in Shropshire are developing after being reintroduced and are focused on six local hubs across the county with Family Practitioners as lead professionals, coordinating multi-agency responses around families. Work can be for 6-12 months, or longer where situations are complex. The service informed the needs assessment that re-referrals have decreased since this model was implemented, suggesting the families are more stable since the Targeted Early Help support.
- 12.28 There are waiting lists for Targeted Early Help (Level 3), although there has been an increase in funding recently. Level 2 would likely be responded to by universal services or the voluntary sector.
- 12.29 A Domestic Abuse Education Coordinator manages the Operation Encompass process for Shropshire. The Coordinator receives the list of incidents from the Harm Assessment Unit (all levels) each day, identifies a child’s school, and sends a notification. This provides information about what the school should be looking out for and considering and the kinds of support the child might need. Some schools feedback in response to the notification as to how the child seems, or other information. Notifications are not made when the Coordinator is on leave or unavailable.
- 12.30 The Education Access and Safeguarding Officer, when providing safeguarding consultancy to schools, will look at their approach to healthy relationships/domestic abuse.
- 12.31 A child exploitation team is in place, and a multi-agency Child Exploitation Panel.
- 12.32 A 2.5-hour, multi-agency, Domestic Abuse Briefing is provided by the SSCP and available to all Children’s Services staff, from the front door to child protection, child in need, and looked after children’s teams (and others); the needs assessment found that the training is not widely accessed.
- 12.33 Children’s Services are represented at MARAC by a social work team manager, and by the Education Access and Safeguarding Officer, who liaises with children’s schools.

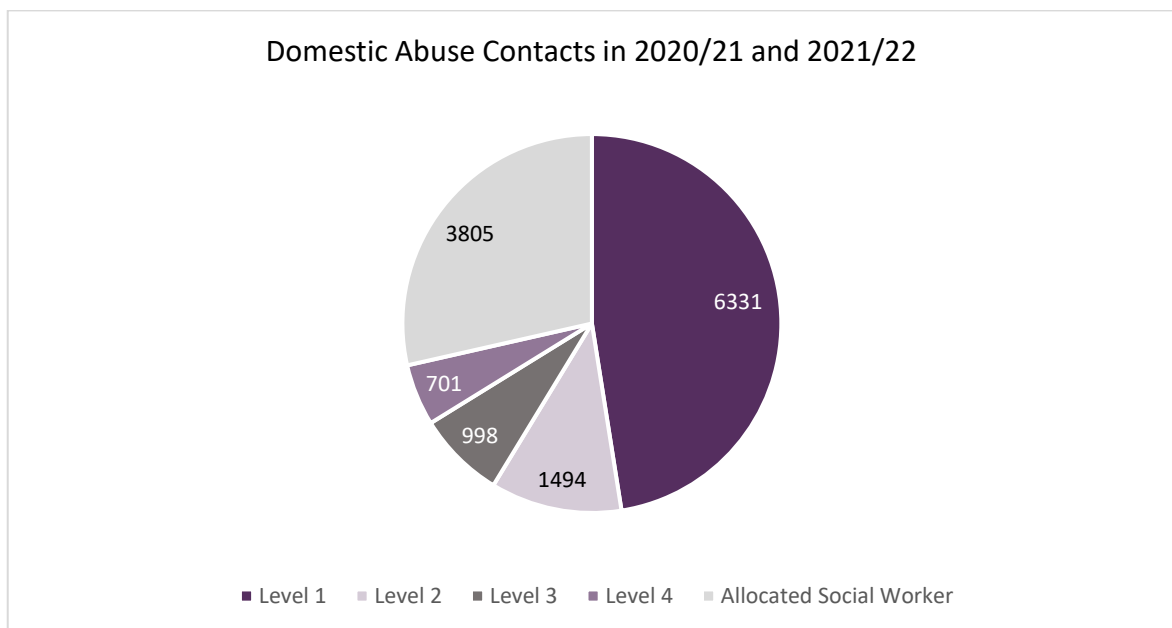
Children’s Services	Number
Number of under 19s with an open early help episode with domestic abuse identified as an issue in most recent assessment	278 (at 31/03/22)
Initial assessments with domestic abuse factors identified at the end of assessment	672 (2020/21 and 2021/22)

⁷⁵ <https://westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse>

Open Child Protection and Child in Need cases where domestic abuse identified on referral/Social Work assessment (snapshot)	1,020 51% of all open cases
Open Looked After Children cases where domestic abuse identified on referral/Social Work assessment (snapshot)	485 78% of all open cases
Operation Encompass notifications sent to schools	1,307 (Sep-21 to Apr-22)

12.34 There were 13,329 contacts to Children’s Services due to domestic abuse across 2020/21 and 2021/22. There was an approximate 1,200 decrease in 2021/22, potentially explained by the temporary stop to the Harm Assessment Unit notifications. The decrease was most seen at Levels 1 and 2, followed by Level 3, with the smallest decrease at Level 4.

12.35 Nearly half of all domestic abuse contacts across the two years were at Level 1, which under the current system does not lead to a response except for standard police procedures and Operation Encompass. It is not clear what the response is to repeated Level 1 notifications for the same child/children.



12.36 Just under a third of contacts are passed to the Allocated Social Worker due to already being open cases, which is a high rate of incidents given the overall number of open cases as indicated by the table below and suggests ongoing incidents despite safeguarding responses.

Contacts passed directly to the Allocated Social Worker	Number
Domestic abuse contacts passed to the allocated Social Worker, 2020/21	1,847
Open Child Protection and Child in Need cases where domestic abuse identified on referral/Social Work assessment (snapshot)	1,020

Open Looked After Children cases where domestic abuse identified on referral/Social Work assessment (snapshot)	485
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- 12.37 Similar to the police response outlined above, there is a risk that Children’s Services perceive domestic abuse as incident-based, rather than understanding the full, ongoing and persistent picture including controlling and coercive behaviours. Feedback to the needs assessment suggested that there is an over-emphasis on physical violence as the only indicator of harm to children, which risks minimising the harmful lived reality of living day-to-day with a controlling and coercive abuser. This is covered in more depth on the section on children and young people above (see 6.65).
- 12.38 Ten survivors fed back to the needs assessment their experiences with Children’s Services: covering the front door, Early Help and Social Care. Some of this feedback is provided in the section on children and young people above (see 6.67 onwards).

"I asked my Family Support Worker if I could get support with my mental health, but I was told I couldn't because I live with my family."

- 12.39 In two cases, abusive partners had made allegations against mothers to Children’s Services. These allegations did not lead to action against the mothers, but neither did they lead to support for the adults or the children. In cases of private law proceedings, most mothers who asked for help did not receive any support, or advice, being told that this was not the remit of the service they called. While involvement in the family court may not be their remit, mothers were seeking help for traumatised children who then did not receive anything unless they were informed of SDAS services, and not all were.

"I made numerous referrals due to safeguarding concerns. On each occasion I was told it is not significant harm, and if I deem my child to be unsafe then to stop contact [with father/abusive ex-partner]. The legal advice [I received] was that if I stopped contact, he could take me back to court and be successful getting more contact or accuse me of alienation."

12.40 Recommendations:

- Specialist training for those working with children and families should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff. Shropshire Council to consider developing this in line with a nationally recognised approach⁷⁶, but also draw on local domestic abuse expertise.

⁷⁶ <https://safeandtogetherinstitute.com>

- Work in relation to parents' histories, and trauma, must incorporate recognition of the trauma of experiencing domestic abuse for adult and child victims, the impact of this trauma on non-abusive parents' ability to parent, and the role trauma plays in abusers' histories, without condoning current abusive behaviours.
- Processes and procedures should be reviewed to: integrate understandings of the significant harm caused to children of living with an abuser using controlling and coercive behaviours, even when there is no physical violence; ensure the repeated and cumulative impact of domestic abuse on children is recognised and appropriately responded to, even if all incidents have been assessed as standard risk / Level 1; and to reflect the new statutory definition of domestic abuse from the Act.
- All teams across Children's Services should have a connection with the domestic abuse partnership, and the Service should be represented by a more senior member of the department to ensure all areas of the service are accountable in relation to their response to domestic abuse.

Shropshire Daily Domestic Abuse Triage Meeting

- 12.41 The Domestic Abuse Triage meeting is attended by West Mercia Police Harm Assessment Unit, Shropshire Council COMPASS, a Social Worker, and the Domestic Abuse Education Coordinator. A health representative (commissioned by the ICS, provided by the Public Health team at SCH) was attending, but the member of staff is not currently available, and basic GP information is sent instead. The needs assessment received mixed messages about the exact process from different services and through observing a meeting.
- 12.42 The process was disrupted in 2021 when the police withdrew from the process and, according to the Ofsted report, "have been making these decisions unilaterally, only referring the high-level risk concerns to children's social care"⁷⁷. While the situation was resolved due to the Ofsted inspection, the process still involves single agency decision making by police in relation to the initial levels, which is concerning. Additionally, there is a demand placed on police to gain consent where Early Help is to be offered following triage. Standing Together's work nationally has shown that the majority of forces send 'notifications' (not referrals) for all incidents involving children to Children's Services, without making a prior judgement as to the level.
- 12.43 The process is as follows:
- The Police Harm Assessment Unit review every domestic abuse incident sent to them by frontline officers and decide the level of concern for the child/children (1-4, in line with Shropshire Levels of Need Threshold Document).
 - Referrals are sent for all incidents to Children's Services: Level 4 cases are sent directly to Social Care. Level 1 cases are recorded for information. Level 2 and 3 cases are

⁷⁷ <https://files.ofsted.gov.uk/v1/file/50180006>

shared and discussed at the daily Domestic Abuse Triage meeting, with a one day delay to allow for research.

- The full list of incidents is sent to probation and SDAS who can provide information to the meeting via email. It is unclear the extent to the information they provide, and the role this plays in the daily discussions.

- 12.44 The Triage meeting discusses the cases and agrees or changes the level of the case, and sets actions for relevant partners including, e.g., referral to SDAS, contact by a DARO, or an Early Help offer. Early Help offers require consent from the parent and this is sought by police but not always given. In those cases, children may remain vulnerable and without support.
- 12.45 The West Midlands Child Safeguarding Procedures state that the police will do the following: “At all DVA calls the attending officer will complete a DASH Risk Assessment Form detailing all persons present and children in the household. Where there are children under the age of 18 years in the household, the officer will then send a copy of the form to the Multi Agency Safeguarding Hub/Children’s Social Care.” The guidance goes on to state that Children’s Social Care must then, “following consultation of agency history ... decide how to respond” to these notifications.
- 12.46 Each local authority area covered by West Mercia Police approaches this differently, leading to a significant challenge for the force in shaping their response. Not all have a MASH, or may have a MASH, but it does not operate in-line with national guidance. The Daily Triage Meeting is unique to Shropshire and does not align with the procedures outlined in the previous paragraph, as not all notifications are reviewed. There are significant challenges to this, in Shropshire, West Mercia, and nationally, due to the high volume of domestic abuse reports made to police. Every area of West Mercia has a different process to responding to police notifications.
- 12.47 Following a Home Office Multi-Agency Working and Information Sharing Project in 2013, MASH guidance was published in 2014⁷⁸, and has been in use since then, to guide multi-disciplinary child safeguarding partnerships/teams based on the following principles: Information Sharing; Joint Decision Making; Coordinated Intervention.
- 12.48 More recently, the National Child Safeguarding Practice Review Panel’s national review following the deaths of Arthur Labinjo-Hughes and Star Hobson⁷⁹ identified (amongst other findings) “weaknesses in seeking, sharing and acting on information from multiple sources”, and a series of recommendations are made to change the approach to child safeguarding so that it is “a genuinely multi-professional, multi-agency endeavour, end to end.”
- 12.49 The triage meeting uses the Barnardo’s DARAC tool for assessing risk; although there were hopes of rolling it out more widely, it is not used elsewhere. The DARAC (Domestic Abuse Risk for Children) was adapted from the Domestic Violence Risk Assessment for Children and developed from an earlier Barnardo’s tool called the Domestic Violence Risk Index Matrix. It

⁷⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/338875/MASH.pdf

⁷⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1078488/ALH_SH_National_Review_26-5-22.pdf

requires training for appropriate use to support practitioners in assessing risks to children living with a domestic abuser.

- 12.50 **Recommendation:** DAT process to be fully set out, step by step. Including how ‘virtual’ partners are involved and how their information is accounted for in decisions. Ensure that health is fully represented at meetings. Identify leads from the Domestic Abuse Priority Group to conduct an in-depth review of the function and outcomes of the DAT, focusing on the outcomes for children and families.

Shropshire Council Adult Social Care

- 12.51 The Adult Social Care department comprises social work community teams who support adults including those with physical disability, with learning disability, and older people. A mental health team is also in place, and a hospital social care team, and out of hours service. They all work alongside the adult safeguarding team and raise domestic abuse concerns to that team.
- 12.52 In addition to responding to safeguarding concerns over domestic abuse, the safeguarding team attends MARAC and work closely with the Harm Assessment Unit. Adult Social Care is represented on the Domestic Abuse Priority Group by the Service Manager for Safeguarding, the mental health service and out of hours service, and the team manager for safeguarding.

Adult Safeguarding Cases involving Domestic Abuse	2020/21 & 2021/22
Individuals with recorded episodes of safeguarding due to domestic abuse	471
Individuals with safeguarding concerns/enquiries started due to domestic abuse	403
Individuals with safeguarding concerns/enquiries completed due to domestic abuse	68

- 12.53 A 2.5-hour, multi-agency, Domestic Abuse Briefing is provided by the SSCP and available to all Adult Social Care staff; the needs assessment found that the training is not widely accessed outside of the safeguarding team.
- 12.54 **Recommendation:** Specialist training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff.

Shropshire Council

- 12.55 In addition to the Children’s Services and Adult Social Care sections described above, other departments and services within Shropshire Council are also relevant to the partnership

response to domestic abuse. They may have a smaller role but are nevertheless essential to ensure an effective domestic abuse partnership.

- 12.56 **SSCP Business Support Team:** Service the Domestic Abuse Priority Group with the Chair of the Group, and now involving the Domestic Abuse Development Officer. Were previously responsible for the development and monitoring of the Business Plan, now passed to the Development Officer. They are also leading the development of the SSCP Learning and Development Strategy 2021-2023 which includes domestic abuse training, although this element has not yet been implemented.
- 12.57 **Human Resources and Staff Wellbeing:** A Wellbeing Officer has been in place since 2021 to focus on enhancing the wellbeing of staff including mental health, sickness absence and staff feedback. They have had a focus on domestic abuse as it relates to Shropshire Council employees, and are in the process of developing:
- Adding a domestic abuse section to the internal wellbeing web page.
 - Developing a directory of support services in Shropshire for anyone seeking help about domestic abuse.
 - Working with the Integrated Care System (ICS), which has commissioned Hestia to deliver training to managers and staff (Hestia is a specialist domestic abuse provider in London that delivers national domestic abuse prevention campaigns and training⁸⁰).
 - Raising awareness amongst staff of domestic abuse and how to get support, including through the Hestia Bright Sky app⁸¹.
 - Supporting the revision of the HR Policy.
 - Worked with the Customer Services and Revenue and Benefits Teams to develop signposting support in Shropshire for anyone thinking about fleeing, covering what financial support is available.
- 12.58 This work has developed independent of and separate from the activities of the Domestic Abuse Priority Group; through the work of the Domestic Abuse Development Officer, the streams of work will now be connected.
- 12.59 **Public Health:** The Director for Public Health was formerly the lead for domestic abuse, prior to it being allocated to the Head of Housing. The Public Health team do not have a lead for domestic abuse, which is a gap.
- 12.60 **Gypsy, Roma, Traveller Team:** The team supports approximately 162 sites in Shropshire, of which 65 are Council managed, accommodating around 350-400 families. Many are long established sites, and sites are spread across Shropshire with cluster areas in Whitchurch and Oswestry. Individuals approach the team for support, this can include in relation to domestic abuse, but this does not happen often as it is not often seen as something that can be challenged. The team have not received recent domestic abuse training.

⁸⁰ <https://www.hestia.org/Listing/Category/domestic-abuse-prevention>

⁸¹ <https://www.hestia.org/brightsky>

12.61 **Recommendation:** The above teams to be appropriately involved in the domestic abuse strategic and operational partnership.

Shropshire Recovery Partnership / We Are With You

12.62 We Are With You provide the adults’ and children and young people’s substance misuse services for Shropshire. The adults’ service is called the Shropshire Recovery Partnership, this is a legacy name from earlier commissioning that involved partnership delivery.

12.63 The adults’ service has a base in Shrewsbury as well as satellite buildings elsewhere in Shropshire and cover the whole journey of substance misuse support through to the clinical service.

12.64 The children and young people’s service is significantly smaller, and is provided entirely through outreach, with no office base for the staff. This service does not include prevention or early intervention and the young people coming into the service are often in need of a high level of support and intervention.

12.65 The service is represented at MARAC, and the safeguarding lead attends the Domestic Abuse Priority Group.

12.66 A domestic abuse policy and procedure is in place to guide staff, supported by a training package that is mandatory for all staff. Risk assessment and management plans are put in place once domestic abuse is disclosed, to protect the victim/survivor and manage the risk the perpetrator poses in relation to the victim’s/survivor’s access to substance misuse support. This can include seeing vulnerable victims/survivors outside of the main office, to keep them away from potential perpetrators.

Shropshire Recovery Partnership Disclosures of Domestic Abuse	2020/21 & 2021/22
Victims/survivors disclosed/known	35
Perpetrators disclosed/known	21
Victims/survivors disclosed/known where SRP is also working with the perpetrator	6

12.67 Shropshire Recovery Partnership are also involved with the Domestic Abuse Daily Triage Meetings and send information as requested.

12.68 The needs assessment heard that joint working between Shropshire Recovery Partnership and SDAS could be improved, to ensure victims/survivors receive the specialist support needed. Many Shropshire Recovery Partnership clients are highly vulnerable to multi-victimisation.

- 12.69 The Integrated Care System⁸² (ICS) was established in July 2022 bringing together the Clinical Commissioning Group, local authorities and health providers.
- 12.70 The ICS is responsible for commissioning health services across Shropshire and Telford and Wrekin, currently as follows: Midlands Partnership NHS Foundation Trust (mental health and learning disability services); Shrewsbury and Telford Hospital NHS Trust (acute hospital services); Shropshire Community Health NHS Trust (community health services); and Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust (orthopaedic and other planned health care).
- 12.71 The Designated Adult Safeguarding Professional and Designated Child Safeguarding Professional represent the ICS on the Domestic Abuse Priority Group.
- 12.72 The ICS develops and encourages awareness of domestic abuse amongst GPs through the Primary Care Forum. The ICS developed a Domestic Abuse Resource Pack for primary care setting out local and national resources, how to respond to disclosures, and explaining key processes such as the DASH Risk Identification Checklist and the MARAC.
- 12.73 The needs assessment heard that there is work ongoing with the ICS focused on supporting managers and staff who may need support around domestic abuse, as described in paragraph 12,57 above. The Domestic Abuse Development Officer will ensure the work connects with other areas of partnership activities.

Tony accessed SDAS after being given their details by a Locum GP.

“I approached the GP to get hold of some [new medication]. Because of the sort of Socratic questioning, you know, questioning and then, not taking a, you know, the simple answer. Digging a bit more deeper, that she did. It enabled me to describe some things that were happening. Which you know she appeared to take quite seriously, so you know. It encouraged me to ring the police at certain times if this would happen, and then signposted me to the [SDAS] service.”

He had not mentioned anything before because he had only ever seen the family GP, who knew and saw all members of the family, and Tony did not feel he could disclose.

- 12.74 **Recommendations:** Explore, with the domestic abuse partnership, how Social Prescribing can be connected with the wider response to domestic abuse. Consider what can be learnt for the Shropshire health system from the [Pathfinder Approach](#).

Midlands Partnership NHS Foundation Trust

⁸² <https://www.shropshiretelfordandwrekin.ics.nhs.uk/our-ics/>

- 12.75 MPFT is a covers Shropshire, Telford and Wrekin, Staffordshire and Stoke-on-Trent. In Shropshire it is commissioned by the ICS to deliver all age mental health and learning disability services and by Shropshire Council Public Health to deliver sexual health services.
- 12.76 The Head of Strategic Safeguarding represents the trust on the Domestic Abuse Priority Group. Operationally for mental health there is a lead in place covering Shropshire and Telford and Wrekin, including in relation to MARAC.
- 12.77 A trust-wide safeguarding policy covers the domestic abuse response, and this is supported by mandatory training for all staff.
- 12.78 Data was provided by MPFT mental health services that highlighted the high number of cases they are working with that have been discussed at MARAC. In addition to this, over the two years, five disclosures were made directly to MPTF practitioners.
- 12.79 Open Clinic provides sexual health services for all MPFT areas. In Shropshire this is delivered in Shrewsbury. Since Covid, and maintained due to Monkeypox, triage is done over the phone and people are now seen in person only if necessary. All individuals accessing the service are asked about domestic abuse. The exception is if someone calls asking for any kind of testing and is asymptomatic they are signposted directly to SHUK, an online sexual health service, commissioned separately to MPFT Open Clinic. But, if anyone disclosed domestic abuse through that service, Open Clinic would receive a notification.
- 12.80 Disclosures are not recorded on the system, but if anyone had disclosed, a DASH risk checklist would have been added relating to this, and the service found no records of risk checklists over 2020/21 and 2021/22, suggesting there were no disclosures.
- 12.81 Two survivors had contact with community and secondary mental health services and had disclosed domestic abuse and stated they felt supported and believed; but one was still waiting, after two years, for specialist treatment for post-traumatic stress disorder. One had experienced a falling away of contact, despite being in need, since the pandemic. Another had experienced her diagnosis taking over, despite recognition of the impact of the abuse.

“The psychiatrist believed everything I said about the abuse, [but said] ‘the one thing that doesn't add up, is, why haven't you left him?’ Well, it's easier said than done. ... I think because they all work together, once I had this diagnosis of [condition], the police turned up here and dragged me, and my [child], to hospital in the police car, humiliating me, and said let's get an assessment on you, and when we've dealt with you, we'll sort him [abuser] out. And I cooperated, I went. And the [worker] in there said 'what are you doing here?' They said, 'all this is domestic abuse'.

- 12.82 The Trust (SaTH) provides services through the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, including accident and emergency, inpatient care, midwifery-led units, and community services including midwifery and outpatients.
- 12.83 The Named Nurse for Safeguarding Children & Young People is the domestic abuse lead for the whole Trust, across children and adults, and represent the Trust on the Domestic Abuse Priority Group, and a specialist nurse attends MARAC. This does not include midwifery, which has their own safeguarding team, and is part of the Priority Group and attends MARAC.
- 12.84 Routine enquiry is practiced in Accident and Emergency, with other departments conducting targeted enquiries. Any disclosures made to hospital staff will be referred directly to safeguarding team; this streamlined pathway is essential to support practitioners to make referrals. Practitioners will also complete a DASH, which will be checked by the safeguarding team and then the referral is sent on to the West Mercia Women’s Aid Hospital IDVA and MARAC if appropriate.
- 12.85 SaTH Accident and Emergency recorded 124 disclosures across 2020/21 and 2021/22, with a very slight increase from one year to the next.

SaTH Accident and Emergency Disclosures (N=124)	2020/21 & 2021/22
DASH: High risk	29%
DASH: Medium risk	49%
DASH: Standard risk	22%
Referred to MARAC	76%
Adult safeguarding concern also raised	4%
Child safeguarding concern also raised	35%

- 12.86 Data from SaTH suggests practitioners use their professional judgement to refer to MARAC when the number of ‘ticks’ does not equate automatically to high risk, which is positive.
- 12.87 Midwives conduct routine enquiry with pregnant women every trimester, and whether the question has been asked will be recorded. Enquiry takes place at a slightly lower rate at the second trimester. If a midwife does not carry out the routine enquiry, they must record why, for example, because they were unable to see the woman alone.
- 12.88 Midwives are trained to complete the DASH with victims, and to send referrals to the Hospital IDVA (and MARAC as required); they can also contact the midwifery safeguarding team for any queries.
- 12.89 A domestic abuse policy and procedure is in place for staff and patients who may be victims/survivors of domestic abuse, with a separate HR policy for managers who are

supporting staff. Mandatory training is in place that follows the NICE Guidance⁸³ by providing different levels of training according to roles.

- 12.90 Data was unable to be provided from SaTH Midwifery in the timeframe of the needs assessment but can be made available moving forward.
- 12.91 Three survivors had disclosed domestic abuse for the first time to A&E, or midwifery. In one case the survivor was clear that this was a safe space for her to disclose and felt believed and supported. In another, she was not aware that a DASH was being completed and when she was identified at high-risk, she felt the situation was out of her control and this added to her trauma and fear.

Shropshire Community Health NHS Trust

- 12.92 The Trust (SCH) provides community health services and public health services in Shropshire and Telford and Wrekin.
- 12.93 This encompasses District Nursing, community hospitals and related community health provision such as physiotherapy, as well as minor injury units and the immunisation service.
- 12.94 The 0-19 public health provision encompasses health visiting, school nursing and the Family Nurse Partnership. The team are also commissioned to provide a member of staff to the Daily Domestic Abuse Triage Meeting described above.
- 12.95 Routine enquiry is conducted by the public health nurses at new birth visits; if it cannot be asked then, it will be asked another time.
- 12.96 A domestic abuse policy is in place for the whole Trust to guide responses to patients and clients, as well as staff. Training can be accessed through the Shropshire Safeguarding Community Partnership, but there is no mandatory training for staff.
- 12.97 The Trust is represented on the MARAC and refer to SDAS and Women's Aid as appropriate. SCH is represented on the Domestic Abuse Priority Group by the Safeguarding Adults Nurse Specialist. The feedback to the needs assessment was that the relationship with MARAC could be strengthened: information on cases is received and information is shared, but there are few referrals in from SCH, and training is needed for staff.
- 12.98 Data was not provided to the needs assessment by SCH, and it is not clear what, if any, data is collected at this time.
- 12.99 The Family Nurse Partnership sits within the public health provision, working with girls and women aged under 19 who are pregnant with their first child. They stay involved with the mothers until the child's second birthday.
- 12.100 Referral criteria is for all girls and women aged under 19; demand for the service, and the length of time they work with clients, means that not all women receive the full service. All those aged 16 and under will automatically be accepted; for those aged 17-19, an initial visit will be made, and vulnerability criteria applied, including whether the mother is leaving care,

⁸³ <https://www.nice.org.uk/guidance/qs116>

whether Children's Services are involved, and whether there are concerns the father/partner is perpetrating domestic abuse.

12.101 The caseload of the service is 100 clients at any one time.

12.102 Questions relating to the mother's intimate relationship, including on potential intimate partner violence, will be asked to every client periodically throughout their time with the service. The service works very closely with SDAS, which has also provided training for the team. One member of the team has also received training to enable them to work more effectively with fathers perpetrating abuse.

12.103 Referrals to SDAS for support are not always taken up by mothers, as many face barriers due to past trauma that mean they find it hard to trust professionals. They are able to build that trust with the Family Nurse Partnership due to the length of time they receive the support, and the frequent contact they have.

12.104 In 2021/22, the service showed the following:

- 31% of clients had disclosed experiencing domestic abuse during pregnancy
- 28% of clients had disclosed while their child was aged 0-12 months
- 39% of clients disclosed when their child was one year old.
- 45% of clients disclosed when their child was aged 14-18 months

12.105 The service records domestic abuse disclosures for all types of abuse, including controlling and coercive behaviour; not all these clients would have been at high risk from their partners. The focus of the work is on healthy relationships, as well as working closely with colleagues from Children's Services, midwifery (including perinatal mental health) and SDAS to ensure appropriate support is provided.

12.106 This could indicate that some clients continued to experience domestic abuse throughout their time with the service, and/or that their confidence to disclose increased the longer they were receiving support.

Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust

12.107 The Trust provides elective healthcare services, predominantly surgical. There is a spinal injury unit for rehabilitation, and a ward for elderly care. All provision is planned and scheduled, there is no acute response. All services are provided on one site in Oswestry.

12.108 Most patients are from Shropshire but can and do come from out of area.

12.109 Due to the planned nature of the care, where there are safeguarding and other concerns, these have often been identified by services already or previously involved.

12.110 Routine enquiry is conducted with all adults and children, in which they are asked if they feel safe at home. This began in 2021, and there has been a significant increase in adults making disclosures, which are always made known to the safeguarding team.

12.111 Training has been provided, including for staff to be able to complete the DASH Risk Identification Checklist, and referring to MARAC.

12.112A flag for the database system is being developed, so that disclosures and MARAC cases can be recorded, and data collated.

12.113The Trust is represented on the Domestic Abuse Priority Group by the Named Nurse for Safeguarding Children.

West Midlands Probation

12.114The West Midlands Region for the National Probation Service (probation) covers Birmingham, Coventry, Solihull, Dudley, Hereford, Shropshire, Telford, Sandwell, Staffordshire, Stoke, Walsall, Wolverhampton, Warwickshire, and Worcestershire. They are split into 9 Probation Delivery Units (PDU) of which Hereford, Shropshire and Telford is one.

12.115Probation has a statutory role in managing offenders on court orders, as well as offenders leaving prison. Court orders and licences following prison may include a domestic abuse programme element, delivered by probation, called Building Better Relationships (BBR). Men with Domestic Abuse related offending behaviours assessed as medium and high risk on the Spousal Assault Risk Assessment (SARA) tool who for whatever reason are not able to access the BBR programme will be required to undertake the Skills for Relationships (SRT) sessions on a one-to-one basis.

12.116A Partnership Link Worker is in place to support the partners and ex-partners of offenders understanding the BBR programme. Victim Liaison Officers also offer support, primarily to partners/ex-partners/family members of individuals leaving prison. They have a role in ensuring licencing conditions account for domestic abuse, for example, stipulating no contact with the victim/survivor, or exclusion zones.

12.117A Senior Probation Officer represents the service at the Domestic Abuse Priority Group, and another probation officers attend MARAC. This includes connecting the MAPPA (Multi-Agency Public Protection Arrangements) process⁸⁴ with MARAC as required for high-risk offenders.

12.118Data was requested for the needs assessment by Probation, in line with the requests to all other services. Once the needs assessment had been completed, a snapshot of the current number of domestic abuse cases on the probation caseload was provided. Out of a total caseload of 393 for the PDU, there were 112 cases in Shropshire.

West Midlands Crown Prosecution Service and Telford Magistrate's Court

12.119The West Midlands Region for the Crown Prosecution Service (CPS) covers the police force areas of West Mercia, Warwickshire, Staffordshire, and West Midlands. The British Transport Police is also covered by this region.

12.120A Senior District Crown Prosecutor is the domestic abuse lead for the whole service, alongside local Legal Managers for each police force area. Due to the large geographical area

⁸⁴ <https://www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa-guidance>

covered by the service, it is not possible for the domestic abuse lead to attend all local domestic abuse partnership groups, but they will be involved when requested.

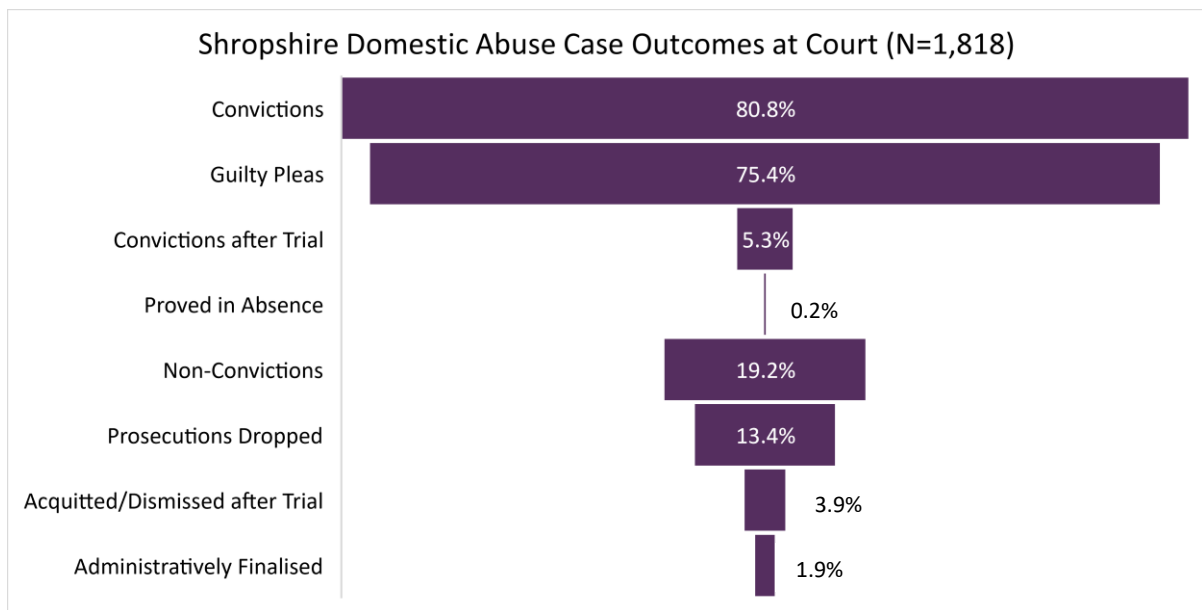
12.121 There are no Magistrate’s courts in Shropshire; all cases are heard at the court in Telford.

12.122 The Telford court does not have a specific designated Domestic Abuse Court⁸⁵, which can be found in other areas in the West Midlands. This is not run in Telford because the volume of cases coming through is not high enough to enable one court to be dedicated to domestic abuse cases for one day a week or fortnight.

12.123 All Magistrates and Clerks have received specialist domestic abuse training, and the local teams delegate domestic abuse cases to experienced prosecutors wherever possible. The gap in not having a specialist domestic abuse court is in relation to specialist police officers, and specialist IDVA support for victims and witnesses.

12.124 This lack of support could go some way to explain the high levels of attrition seen in cases coming to court, in which victims/witnesses withdraw or do not attend court to give evidence. It is not clear the extent to which police keep victims/witnesses up to date and involved in the process, to support their attendance.

12.125 Data was provided by CPS for Shropshire cases seen in 2020/21 and the first three quarters of 2021/22. Across this period:



12.126 Data was available for 349 cases that had ‘failed’, with the reasons listed as follows:

Reason	% of unsuccessful reasons (N=349)
V82 Victim fails to attend/refuses to give evidence/inappropriate to compel	46.7%

⁸⁵<https://static1.squarespace.com/static/5ee0be2588f1e349401c832c/t/618511a7c1e4861d5c598aff/1636110761372/Standing+Together+-+SDAC+Report+Final.pdf>

O89 Acquittal after trial	18.9%
A92 Admin Finalised (Where police have not responded to an action plan, or police have decided not to pursue the investigation following early advice from prosecutors. A case which is administratively finalised will not always be at an end.)	10.0%
E72 Key evidence missing – statements, experts, medical, and forensic (including no file from police)	6.0%
E74 Undermining evidence received or evidence ruled inadmissible	5.7%
P87 Other charge/indictment, loss/harm minor from single incident, delay between offence/charge and trial	3.4%
E73 Incorrect charging decision – legal element missing	2.6%
V83 Witness fails to attend/refuses to give evidence/inappropriate to compel	2.6%
P85 TIC (Offences Taken into Consideration)/Out of court disposal/Bind over more suitable	1.1%
O90 CPS was not ready for trial due to case progression failure	0.9%
D78 CPS cause, including timeliness and quality of Unused Material	0.6%
P86 Defendant circumstances – age/maturity or ill health	0.6%
V84 Evidence of victim/witness does not come up to proof	0.6%
E75 Unreliable/lack of identification of defendant	0.3%

12.127 Given survivors do not consistently receive specialist support to attend and give evidence at court, the high proportion of cases failing due to their not attending is not surprising. Where cases have not progressed due to lack of evidence, or an action plan has not progressed, is of concern to the partnership: domestic abuse cases, in particular controlling and coercive behaviour offences⁸⁶, often rely on the evidence of other professionals who may have recorded the situation (e.g., health, social care, education) and on family and friends.

12.128 **Recommendation:** the domestic abuse partnership should identify how best to involve CPS and court partners, as it will not be appropriate or possible for them to attend every meeting. Shropshire to work with Telford and Wrekin to map available support to victims/survivors attending court; identify needs; and take action to meet those needs.

Other Services

⁸⁶ <https://www.cps.gov.uk/legal-guidance/controlling-or-coercive-behaviour-intimate-or-family-relationship>

- 12.129 **Armed Forces:** The needs assessment attempted to understand the range of services in place to support serving personnel and veterans. The Army Welfare Service and SSAFA (the Armed Forces Charity) are both listed in the MARAC membership. In Shropshire Council there are dedicated roles working with these services: an Armed Forces Covenant Lead and an Armed Forces Outreach Support Coordinator. They work with: Royal British Legion, Combat Stress, Operation Courage (NHS), Walking with the Wounded, Help 4 Heroes, and The ripple Pond, some of which are national services. There are also likely to be equivalents for the Army Welfare Service in other parts of the Armed Forces based in Shropshire. **Recommendation:** a thorough mapping to be completed of all services operating in Shropshire in relation to the armed forces and veterans, to effectively involve them in the domestic abuse partnership, and ensure guidance is provided⁸⁷.
- 12.130 **Citizen's Advice:** Staff provide advice and information to domestic abuse victims/survivors on homelessness, housing, benefits as well as referring on to SDAS as appropriate. Individuals self-refer to the service. They are represented on the Domestic Abuse Priority Group and staff have received domestic abuse training.
- 12.131 **SARC – Adults and Paediatric:** There are two SARC services (Sexual Assault Referral Centres) covering Shropshire, one (The Glade in Telford) for adults and one for children (Walsall, with weekly clinics in Birmingham, Worcester, Nuneaton and Stoke). The Paediatric SARC covers the whole West Midlands and only takes referrals from police or Children's Social Care. The Glade takes police and self-referrals. Individuals who present where the sexual abuse has taken place within the 'forensic window' are offered a forensic examination, as well as support and onward referrals. Those with less recent experiences are signposted to appropriate support. Most referrals for Shropshire go to Axis Counselling. Where domestic abuse is disclosed, a DASH will be completed, and appropriate referrals made. The current site will not meet the new forensic accreditation, and so from October 2023 will have to stop operating; a new venue is urgently needed. **Recommendation:** Shropshire domestic abuse partnership to support the development needed regionally to ensure there continues to be an adults' SARC after October 2023.
- 12.132 **West Mercia Youth Justice Service:** Area teams are aligned to local authority boundaries, with the Shropshire team based in Shrewsbury. The team manages young people with community court orders, out of court disposals, and court work including pre-sentence reports. There is no primary prevention or early intervention work, the team are only involved once a young person is within the criminal justice system. The Head of Service attends the Domestic Abuse Priority Group, and the team will be involved with MARAC where necessary. The team are aware of working with increasing numbers of young people who have been arrested for violence or abuse towards parents, or aggression within the home; they are more likely to see these young people, rather than those who have perpetrated abuse against an intimate partner. Through the Office of the Police and Crime

⁸⁷ Armed forces domestic abuse: a handbook for civilian support services: https://www.gov.uk/government/publications/armed-forces-domestic-abuse-a-handbook-for-civilian-support-services?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=e3fba331-f1bd-4e7c-9f9c-9ffde442fd71&utm_content=weekly

Commissioner, some members of the team were trained on the Respect Young People's Programme, to work with those using abusive behaviours against parents. The limited time frame available to the team to work with young people (due to the length of court orders) means that they are not able to implement the programme fully. **Recommendation:** map the practitioners in Shropshire who received this training and identify where the programme could be run.

12.133 **YSS Chrysalis Project:** YSS is a charity aiming to support people who face significant life challenges, covering Worcestershire, Herefordshire, Warwickshire, Shropshire and Telford and Wrekin. In Shropshire it has delivered a programme called Chrysalis, with funding that will come to an end in September 2023 at which point the project is likely to close. The project works with women who face multiple barriers to accessing support and other services and works with them to overcome these barriers; working with them for as long as needed. Referral criteria are women aged 18 and over, with complex needs, who have three areas they need help and support with.

Community Based Services

12.134 **A4U** is a disability advice organisation and is the lead for the Shropshire Autism Hub, providing support for adults on the Autism Spectrum both pre and post diagnosis. It is a user-led service that has operated in Shropshire for 30 years, based in Shrewsbury. The team supports people across the whole spectrum of physical and learning disability.

12.135 **Age UK** in Shropshire and Telford and Wrekin are based in Shrewsbury, providing advice and support to older people.

12.136 **Ask for ANI (Action Needed Immediately)** is a national codeword scheme developed by the Home Office aimed at enabling victims/survivors to be able to seek help safely in pharmacies. **Recommendation:** understand the current situation in Shropshire including who the lead is, what training is provided, and how effective the scheme has been in supporting Shropshire residents.

12.137 **SAND (Safe Ageing No Discrimination)** is a small CIC aiming to support older LGBT+ people to get the services they need and require. It develops this through working with local services to sign up to a covenant, supported by training, to develop more inclusive service provision.

12.138 **Shrewsbury Ark** provides Homeless Day Centre in central Shrewsbury. The Day Centre is fully accessible, with disabled showers and toilets. It has a laundry room and community café that are free every day. Also available is a medical room, therapy rooms, a GP clinic, a wound care clinic, an ongoing partnership with the Hep-C trust, a needle exchange, and other services that attend to offer support to anyone who comes in, including mental health, Axis Counselling, and SDAS.

12.139 **Shropshire Disability Network** was formed in 2008 aiming to provide a collective voice for disabled people in Shropshire. It holds quarterly open meetings to discuss current disability issues, alongside a newsletter of evidence and information.

- 12.140 **Shropshire European Organisation** is a CIC set up to help and support Shropshire residents from Eastern European communities.
- 12.141 **Shropshire MHS** offers a mental health support drop in (Shrewsbury) seven days a week, alongside a range of structured groups and activities. Telephone and face to face support is also available, and the Shropshire Sanctuary provides a 365-day a year referral-only service for those experiencing acute mental health crises, with the aim of de-escalation.
- 12.142 **Shropshire Supports Refugees** has been a CIC since 2017 and a charity since 2021, supporting families across the county who have come to the UK from Syria, Ukraine and elsewhere. A support hub is offered in Shrewsbury for face-to-face support around employment, training opportunities, English classes, and other issues such as mental ill-health. The service supports Ukrainian refugees housed under the 'Family and Friends' Scheme.

13. Coordinated Community Response

- 13.1 The Coordinated Community Response (CCR)⁸⁸ is a multi-agency partnership model for keeping survivors safe and holding abusers to account. A key principle is that no one agency can effectively deal with domestic abuse on its own; it requires a coordinated effort by all agencies in a local community. Most public services were not designed with domestic abuse in mind, and they often struggle to keep people safe. The CCR is a mechanism designed so that domestic abuse does not fall off the radar.
- 13.2 Running through the whole of the CCR should be an awareness and understanding of domestic abuse as trauma, as well as the part trauma plays in abusers' journeys. **Recommendation:** A trauma informed approach is being developed in Shropshire, and this must fully involve appropriate responses to domestic abuse victims/survivors (children and adults) and those who cause harm (children and adults).
- 13.3 This section sets out the current picture in Shropshire, with recommendations to improve the coordinated community response.

Survivor Engagement and Experience

- 13.4 In addition to other services (see section five), the needs assessment was supported by SDAS's SODA service to gain feedback from those with lived experience of domestic abuse. SODA is not, however, a survivor network or consultation group. It offers support groups to those currently experiencing domestic abuse and those recovering from it, including support from a paid member of staff and peers. The role and function of SODA within the SDAS service needs to be clearly defined, with exploration of how it can be accessed by survivors who have not been supported by other SDAS services. **Recommendations:** define the

⁸⁸ <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

parameters of SODA in relation to survivor involvement in the partnership; establish a separate survivors' network if required. Identify ways to include children and young people's voices in the partnership, as well as those who harm, and other community groups / voluntary sector for under-represented groups (e.g., A4U for disabled people; SAND for LGBTQ+ people; Age UK for older people).

Intersectionality

- 13.5 The needs assessment enables a more detailed understanding of domestic abuse in Shropshire, with data available across some but not all protected characteristics. How these characteristics, and other aspects of life in Shropshire such as rurality, and poverty, intersect for victims/survivors and those who harm, needs to be more fully understood through survivor engagement and experience (above), and through enhanced data collection, collation, and analysis at a strategic level (see data recommendations, 4.14).

Shared Vision and Objectives

- 13.6 These are not in place due to the lapsing of the domestic abuse strategy; an action plan was developed by the SSCP Business Support Team, but the origin of the actions is not clear, and do not flow from a shared vision and set of objectives. **Recommendations:** Develop a shared vision across all partners and in consultation with survivors; the vision and consequent objectives to be owned by the strategic partnership. All organisations (statutory, voluntary and community) to be held to account through the DA Partnership for having the following in place, encompassing the voices of survivors:
- Role-appropriate, mandatory, domestic abuse training for all staff, provided internally or accessed externally as required, with data collection that tracks training accessed.
 - Domestic abuse policy and procedure/guidance for staff responding to the public.
 - Domestic abuse policy and procedure/guidance for how the organisation will respond to employees who are victims/survivors, or perpetrators, of domestic abuse.
 - Appropriate data gathering, collation, analysis and sharing, informed by the needs of the DA Partnership and strategy (see separate recommendation below).

Structure and Governance

- 13.7 The Domestic Abuse Priority Group is not an effective partnership structure for Shropshire. The attendance is too large, and many attendees do not represent their services at the level required to make strategic and resourcing decisions. A Local Partnership Board is a statutory requirement of the Domestic Abuse Act 2021. **Recommendations:** A Strategic Group should be established, reporting to the SSCP but not within the 'priority' framework (and connecting with the Health and Wellbeing Board in a robust way). An Operational Group should be established to report to, and receive direction from, the Strategic Group. A wide domestic abuse 'forum' should be established to enable any practitioner to be involved in

the partnership: this is essential to maintain the commitment of the wide range of partners currently attending the Priority Group. Consideration should be given for sub-groups focusing on the Whole Housing Approach, responses to children and young people, and victims/survivors who face additional barriers to accessing services: to understand provision, need, and actions required to improve responses.

Strategy and Leadership

- 13.8 Further to the previous paragraph, the needs assessment found that there is wide commitment to the domestic abuse partnership at an operational level (albeit not encompassing all relevant services), but strategically, involvement is delegated down and there is a lack of leadership and accountability. No strategy is in place, but this is planned to be developed following the needs assessment. **Recommendation:** Leadership and accountability for the partnership approach and response to domestic abuse to be established across partner organisations and communicated throughout those organisations.

Representation

- 13.9 As stated in the previous paragraph, responsibility for domestic abuse is often delegated down, leading to a lack of scrutiny, and strategic decision making within the partnership. The Chair of the Domestic Abuse Priority Group is seen as responsible for the domestic abuse response, which is inappropriate given the scope of what is required by the partnership. **Recommendations:** When establishing the new structure described above, representation must be at the right level for the strategic group, which means individuals who can make strategy and resourcing decisions and hold others accountable for implementation of the new strategy. This will also be reflected in the operational group, which should comprise individuals who will take direction from the strategic group and have the capacity and responsibility for delivery. The specialist domestic abuse sector in Shropshire must be represented and have an equal voice at the strategic group.

Resources

- 13.10 A more robust strategic structure, with appropriate representation, should support the development of a shared picture of the resources available for domestic abuse, and develop a partnership commitment to increase the sharing of resources rather than remaining with one department. Such a structure would also enable a collective response to new funding that becomes available from national government. **Recommendations:** Commissioning of services should build in an approach in which it is not expected that 'one size fits all', and work with other specialists to facilitate accessibility. The domestic abuse partnership should work towards partnership commissioning in which the relevant organisations contribute resources / funds (Local Authority Public Health, Children's Social Care, Adult's Social Care,

Housing; Clinical Commissioning Group; Police and Office of the Police and Crime Commissioner). Services should be sustainably funded, drawing on resources from across the partnership, with no short-term contracts and resourced to meet demand, recognising the high level of experience and expertise of specialist services.

Coordination

- 13.11 All the above requires coordination, and this would most appropriately be delivered by the Domestic Abuse Development Officer, with the support of the SSCP Business Support team in relation to servicing meetings. The Development Officer must not be responsible for delivery or gaining the commitment of partners for resources or decisions, but they can support the Strategic Group with expertise, national knowledge and good practice, and information about new legislation and funding opportunities.
- 13.12 To ensure accountability and leadership, in addition to coordination, a strategic role is also needed that can operate across Council Directorates, and other SSCP partners. A data analyst is also needed, potentially working with the Public Health intelligence team, to collate, analyse and present data to the partnership, identify gaps and to develop consistency across the partnership.
- 13.13 **Recommendation:** The Domestic Abuse Development Officer post needs to be made permanent, and the purpose and remit of the role to be clearly communicated to the whole partnership. A strategic role should be created to lead the domestic abuse partnership response. A data analyst role is needed to support the partnership.

Training

- 13.14 There is a commitment to developing training within the SSCP, and developments have been made by this team working with the Domestic Abuse Development Officer. The needs assessment also found that some organisations and services are independently accessing their own training, without liaising with the Priority Group or speaking with local specialist services. This potentially takes work away from local providers, when only national providers are approached for delivery. While in some cases national providers can be the most appropriate, there is a risk that this leads to multiple training offers being made to practitioners, key local messages being missed, and local services not being offered opportunities to develop their offer. **Recommendations:** In line with the changes outlined above, this development must continue beyond domestic abuse being a 'priority'. All training delivered across the partnership should be mapped, to understand the range of provision and providers, and to ensure core messages and local information are shared. Establish a partnership training strategy to develop the workforce response at different levels of intervention, increasing the knowledge, capability, and confidence of professionals to support adult and child victims/survivors, and hold perpetrators to account, in appropriate, safe, and supportive ways.

Data

- 13.15 The data needs of the partnership, and recommendations, are included in the methodology section (see section four) and throughout the needs assessment findings.

Policies and Processes

- 13.16 Many organisations have specific domestic abuse policies and procedures in place to guide staff in responding to the members of the public they encounter; some also have policies (or are developing them) to respond to the needs of staff experiencing domestic abuse. The strategic partnership has a role in ensuring policies and procedures across partner services are aligned, supported by training and supervision, and regularly reviewed.

14. Whole Housing Approach

- 14.1 The Whole Housing Approach (WHA)⁸⁹ is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people subject to domestic abuse to either maintain or access safe and stable housing⁹⁰.
- 14.2 The WHA complements the requirements of the Domestic Abuse Act and broadens the focus for local areas to ensure a full picture can be gathered of the housing needs of, and response required to, those subject to domestic abuse. This is particularly important when considering Part 7 of the Domestic Abuse Act, which extends homelessness priority need to all eligible victim/survivors of domestic abuse by removing the vulnerability test, which will enable more victim/survivors to access housing and prevent homelessness.
- 14.3 This section sets out the current picture in Shropshire, and where further development is needed. Central to the effective provision of a WHA is the role of a WHA Coordinator who ensures these initiatives are delivered in a safe, consistent, and coordinated way, alongside the role of experts including specialist domestic abuse services providing critical advocacy and support for victim/survivors in accessing these options and initiatives.

Refuge

- 14.4 Provision in Shropshire is described elsewhere (see 7.4 onwards). The following requirements are specified by the WHA for refuge provision⁹¹.
- 14.5 **Specialist provision:** this means provision that is independent of the state, where the core business is to support victims/survivors of domestic abuse. Despite being within a Registered

⁸⁹ <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/>

⁹⁰ https://www.dahalliance.org.uk/media/11066/whole-housing-project-report_year-two_final.pdf

⁹¹ https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

Social Landlord, SDAS operates as a specialist service with extensive experience and expertise in responding to the specialist needs of victims/survivors.

- 14.6 **Women's Aid / Imkaan Quality Standards:** SDAS has not sought Women's Aid Quality Standards but has achieved SafeLives Leading Lights Accreditation, which while not recognised by the Domestic Abuse Act Statutory Guidance, as a nationally recognised quality mark. The Women's Aid Quality Standards, as outlined in the Domestic Abuse Act 2021 Statutory Guidance, should be integrated into future commissioning.
- 14.7 **Outcome monitoring.** Refuge Support Workers identify outcomes for individual residents, and outcomes are gathered by the service through OnTrack.
- 14.8 **Victims/survivors involved in co-production informing the whole commissioning process.** This is not formally in place in Shropshire, and recommendations have been made in this report (section five).
- 14.9 **Refuge value for money:**
- **Demand and provision:** 1 family space is recommended per 10,000 head of population. Shropshire delivers 17 spaces for 325,415 population, which equates to just over half the provision that would be required by this WHA standard. The Shropshire contract is for 20 bed spaces, but the additional three have not been delivered due to the experience of the provider that this would lead to an increase in voids. The recommendation here does not necessarily mean that more provision must be made: the current provision must be understood in the context of the needs assessment findings outlined above, the rurality of the area, and the experience of the provider.
 - An **average annual unit cost** is estimated at £31,059 to provide refuge in line with WHA standards. This would lead to a cost of £528,003 for the existing 17 bed spaces, or £621,180 if the contracted 20 spaces were provided (some costs are covered by Housing Benefit and Intensive Housing Management). This would be a significant uplift in the funding; unit cost is an average from national data and information, which may not be relevant to Shropshire. Nevertheless, it needs to be considered within Shropshire commissioning to ensure that refuge accommodation and support is adequately funded based on need not just on budgets.
 - Robust, collaborative **needs assessment** inform planning, commissioning, delivery. This needs assessment work will go some way to meet this standard but will need to be developed further as set out in this report and repeated in line with Domestic Abuse Act 2021 Part 4 requirements.
 - **Commissioning** should follow the Government Best Practice Toolkit.
- 14.10 **The Sanctuary Scheme**⁹² is covered in section seven.

⁹² https://www.dahalliance.org.uk/media/10661/15_-wha-sanctuary-scheme.pdf

Registered Providers⁹³

14.11 RSLs provide all social housing in Shropshire. The needs assessment reached out to the full list of 33 providers currently known to Shropshire Council (see 7.36). It should be noted that 22 of these providers have fewer than 100 properties in Shropshire; nevertheless, their role in the Whole Housing Approach is essential. Responses were received from the following (the number of properties is based on data from 1 April 2021 and so may be inaccurate; many listed below have significantly more properties outside of Shropshire):

Registered Social Landlord	No. Shropshire properties	DAHA Accredited?	DA Policy?	DA Training?	DA Info for Residents?
Homes Plus Group	5,763	N	N	Y previously	Y
Connexus Housing	4,788	In progress	Y	Y for some	Y
STAR Housing	4,049	N White Ribbon Accredited	Within ASB, DA policy planned	Y	Y
Wrekin Housing Group	1,774	In progress	Y	Y previously	Y
Bromford Housing	1,283	Affiliated, accreditation planned	Y	Y & 30 DA Champions	Y
Sanctuary	596	N	Within ASB	Y	Y
Stonewater	324	Y	Y	Y	Y
Shropshire Rural	293	Email bounced back, being followed up by the Housing Strategy & Development Manager			
Citizen Housing	31	Planned	Y	Y for all	Y
Clarion Housing	27	Being considered	Y	Y for all	Y

14.12 Several Landlords, in their feedback to the needs assessment, stated they would like to improve their connection with the Shropshire domestic abuse partnership at a strategic and operational level.

⁹³ https://www.dahalliance.org.uk/media/10651/5_-w-h-a-social-housing.pdf

14.13 **Recommendation:** Encourage all providers to work towards DAHA Accreditation if not already doing so. Ensure separate domestic abuse policies and procedures are in place, not contained within ASB; supported by training and information for residents. Ensure Registered Social Landlords are appropriately involved in the partnership structure.

Private Rental Sector⁹⁴

14.14 This is defined as a room or dwelling that is rented or let by a private individual or a business, as part of a commercial operation. Separate teams in Shropshire Council are responsible for different aspects of relationships with private sector landlords. See 7.39 for a description and recommendation.

Privately Owned Sector⁹⁵

14.15 This refers to anyone who owns their own home, whether they have a mortgage or own the property outright. The Whole Housing Approach sets out the need to understand and involve stakeholders in the privately owned sector including mapping and training, and identifying the barriers victims/survivors who are homeowners face in accessing support and what their support needs are. This relates closely to economic abuse, with materials available from Surviving Economic Abuse⁹⁶. Currently, Shropshire does not have a clear approach to victims/survivors who own their own homes. See 7.39 for a recommendation.

One survivor fed back to the needs assessment that she feels unable to access any safe accommodation or other housing options because she co-owns her former home with her abusive ex-partner, who she fled and is now living with family.

She has faced delays with police, who initially dismissed her report of controlling and coercive behaviour, and then took nearly two months to allocate an officer to her case after she made a statement.

She is accessing the SDAS group work programme while waiting for one-to-one support from SDAS. She is no longer seen as at high risk and therefore does not have IDVA support. She is supported by a solicitor in relation to housing, but the situation is very challenging, and she has struggled to establish what her rights are.

Supported and sheltered housing⁹⁷

14.16 Defined as accommodation usually purpose-built with staff onsite, usually provided for people who have support needs. See 7.39 for a recommendation.

⁹⁴ https://www.dahalliance.org.uk/media/10652/6_-wba-private-rented-sector.pdf

⁹⁵ https://www.dahalliance.org.uk/media/10653/7_-wba-privately-owned-housing.pdf

⁹⁶ <https://survivingeconomicabuse.org>

⁹⁷ https://www.dahalliance.org.uk/media/10654/8_-wba-supported-housing-homelessness-services.pdf

Domestic abuse mobile⁹⁸ or co-located⁹⁹ advocacy

- 14.17 This is community-based domestic abuse advocacy that focuses on victim/survivors' self-identified needs. SDAS Outreach support victims/survivors in the community. Mobile advocacy that can meet victims/survivors more flexibly is more able to meet the needs of those facing multiple disadvantage. In Shropshire there are no domestic abuse services co-located with housing. SDAS outreach support victims in any type of housing, but victims/survivors in contact with Housing Options are not consistently referred to SDAS. These options should be explored, in particular due to the high numbers of victims/survivors and their children placed in temporary accommodation (hotels and B&Bs). See 7.39 for a recommendation.

Flexible funding¹⁰⁰

- 14.18 A new initiative that offers funds directly to victims/survivors to enable them to meet their own needs. The funds may be used to overcome any barrier preventing access to secure housing, including for deposits, car repairs, and school transport costs, and is usually administered by specialist domestic abuse services. There are funding options available for victims/survivors in Shropshire, through the Housing Options Team and through SDAS, but none fit the definition of flexible funding. See 7.39 for a recommendation on WHA.

Housing First¹⁰¹

- 14.19 The first Housing First model for women experiencing homelessness, domestic abuse and multiple disadvantage was delivered by Threshold Housing Project (now Jigsaw Group) in 2018. Solace Women's Aid were the first to deliver Housing First for women who have experienced violence against women and girls. See 7.39 for a recommendation on WHA.

Managed reciprocals¹⁰²

- 14.20 There are no formal arrangements in place between Registered Social Landlords in Shropshire, and this needs to be developed. See 7.39 for a recommendation.

Perpetrator management¹⁰³

- 14.21 DAHA Accreditation includes a strand on perpetrator management. In Shropshire the focus tends to be on responding to victims/survivors, and this needs to be added to with developing understanding of the housing related needs of perpetrators, and the action that

⁹⁸ https://www.dahalliance.org.uk/media/10655/9_-wha-mobile-advocacy.pdf

⁹⁹ https://www.dahalliance.org.uk/media/10656/10_-wha-co-located-housing-advocacy.pdf

¹⁰⁰ https://www.dahalliance.org.uk/media/10657/11_-wha-flexible-funding.pdf

¹⁰¹ https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf; also: <https://housingfirsteurope.eu/guide/>

¹⁰² https://www.dahalliance.org.uk/media/10660/14_-wha-managed-reciprocals.pdf

¹⁰³ https://www.dahalliance.org.uk/media/10662/16_-wha-perpetrator-management.pdf

can be taken against them, to ensure the safety of adult and child victims/survivors. See 7.39 for a [recommendation](#).

15. Report Recommendations

- 15.1 This section brings together the recommendations for Shropshire on improving services overall that have been included through the report. Report paragraph numbers are added in brackets for reference.
- 15.2 Areas of unmet need are addressed separately, as follows, with the priorities highlighted in the Commissioning Priorities, section three:
- Safe accommodation: section nine.
 - Non-accommodation based unmet need: section eleven.

Needs assessment recommendations

- 15.3 The partnership must include in future action plans the statutory requirement to refresh the needs assessment annually and conduct a new one every three years. (2.3)
- 15.4 A partnership approach and response to violence against women and girls must be developed alongside, and connected with, the domestic abuse strategy, to ensure all forms of VAWG. (2.15)
- 15.5 Explore how a service like the Soteria Project can be developed in Shropshire, potentially connected with the new Acorns service. (10.46)
- 15.6 The domestic abuse partnership must develop a communications strategy and action plan to raise awareness across all communities of controlling and coercive behaviour, including economic abuse. It must challenge prevailing myths and stereotypes outlined in this report and provide information on the support available. (11.6)

Survivor involvement recommendations

- 15.7 Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- 15.8 Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 15.9 SDAS's SODA group is not a survivor network but does provide an opportunity to involve the voice of lived experience of domestic abuse, if done appropriately and ethically given that many receiving support from SODA continue to experience abuse and therefore their participation may not be appropriate. The long-term nature of the support also means that in some cases the feedback may relate to interactions several years earlier.

- 15.10 To ensure the diversity of survivor involvement, work with voluntary and community services including 'by and for' services working with or representing (not an exhaustive list) minoritized ethnic groups, older people, LGBTQ+ people, e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.
- 15.11 Adequately resource the involvement of those with lived experience in the partnership through relevant specialist services. Some years ago, SDAS undertook a process to develop a survivor network similar to SEEdS in Cornwall¹⁰⁴ (supported by the then Shropshire Council Domestic Abuse Coordinator). West Mercia Women's Aid operate an online Survivor's Network and have a network of 'Ask Me' Ambassadors in the community (outside of Shropshire). The experience of SDAS and Women's Aid, and expertise from organisations such as SEEdS, should be used in the development of survivor consultation in Shropshire. This will ensure involving survivors is done ethically, confidentially, in a trauma informed way and adequately compensating survivors for their involvement. (5.26-5.30)

Coordinated Community Response recommendations

- 15.12 A trauma informed approach is being developed in Shropshire, and this must fully involve appropriate responses to domestic abuse victims/survivors (children and adults) and those who cause harm (children and adults). (13.2)
- 15.13 **Data** (4.15): Use the data collection templates developed through this needs assessment to guide the development of enhanced data collection across the partnership. Add to the data collection with requests for outcomes data gathered by all services and identify key indicators to measure the impact of the partnership, e.g., fewer families places in B&B/hotel temporary accommodation; fewer children being removed from parental care due to domestic abuse.
- 15.14 **Data** (6.42): Ensure services collect data across the full range of demographic information, and this is collated and analysed by the partnership to identify gaps.
- 15.15 **Survivor Engagement and Experience** (13.4): define the parameters of SODA in relation to survivor involvement in the partnership; establish a separate survivors' network if required. Identify ways to include children and young people's voices in the partnership, as well as those who harm, and other community groups / voluntary sector for under-represented groups (e.g., A4U for disabled people; SAND for LGBTQ+ people; Age UK for older people).
- 15.16 **Shared Vision and Objectives** (13.6): Develop a shared vision across all partners and in consultation with survivors; the vision and consequent objectives to be owned by the strategic partnership. All organisations (statutory, voluntary and community) to be held to account through the DA Partnership for having the following in place, encompassing the voice of survivors:
- Role-appropriate, mandatory, domestic abuse training for all staff, provided internally or accessed externally as required, with data collection that tracks training accessed.

¹⁰⁴ <https://seedscornwall.org>

- Domestic abuse policy and procedure/guidance for staff responding to the public.
- Domestic abuse policy and procedure/guidance for how the organisation will respond to employees who are victims/survivors, or perpetrators, of domestic abuse.
- Appropriate data gathering, collation, analysis and sharing, informed by the needs of the DA Partnership and strategy (see separate recommendation below).

- 15.17 **Structure and Governance** (13.7): A Strategic Group should be established, reporting to the SSCP but not within the 'priority' framework (and connecting with the Health and Wellbeing Board in a robust way). An Operational Group should be established to report to, and receive direction from, the Strategic Group. A wide domestic abuse 'forum' should be established to enable any practitioner to be involved in the partnership: this is essential to maintain the commitment of the wide range of partners currently attending the Priority Group. Consideration should be given for sub-groups focusing on the Whole Housing Approach, responses to children and young people, and victims/survivors who face additional barriers to accessing services: to understand provision, need, and actions required to improve responses.
- 15.18 **Strategy and Leadership** (13.8): Leadership and accountability for the partnership approach and response to domestic abuse to be established across partner organisations and communicated throughout those organisations.
- 15.19 **Representation** (13.9): When establishing the new structure described above, representation must be at the right level for the strategic group, which means individuals who can make strategy and resourcing decisions and hold others accountable for implementation of the new strategy. This will also be reflected in the operational group, which should comprise individuals who will take direction from the strategic group and have the capacity and responsibility for delivery. The specialist domestic abuse sector in Shropshire must be represented and have an equal voice at the strategic group.
- 15.20 **Resources** (13.10): Commissioning of services should build in an approach in which it is not expected that 'one size fits all', and work with other specialists to facilitate accessibility. The domestic abuse partnership should work towards partnership commissioning in which the relevant organisations contribute resources / funds (Local Authority Public Health, Children's Social Care, Adult's Social Care, Housing; Clinical Commissioning Group; Police and Office of the Police and Crime Commissioner). Services should be sustainably funded, drawing on resources from across the partnership, with no short-term contracts and resourced to meet demand, recognising the high level of experience and expertise of specialist services.
- 15.21 **Coordination** (13.13): The Domestic Abuse Development Officer post needs to be made permanent, and the purpose and remit of the role to be clearly communicated to the whole partnership. A strategic role should be created to lead the domestic abuse partnership response. A data analyst role is needed to support the partnership.
- 15.22 **Training** (13.14): In line with the changes outlined above, this development must continue beyond domestic abuse being a 'priority'. All training delivered across the partnership should be mapped, to understand the range of provision and providers, and to ensure core

messages and local information are shared. Establish a partnership training strategy to develop the workforce response at different levels of intervention, increasing the knowledge, capability, and confidence of professionals to support adult and child victims/survivors, and hold perpetrators to account, in appropriate, safe, and supportive ways.

Service/organisation recommendations

15.23 Refuge:

- Urgently renovate and redecorate the main refuge to make it more comfortable and welcoming for residents, including older children. Develop a plan for a new main refuge to be built, that enables each household to be self-contained (own bathroom), with appropriate shared facilities and communal areas, and storage and office space. (7.16)
- Monitor the move on options offered and taken up, including the tenancy the survivor had before entering refuge compared with what they have now, to enable monitoring related to Part 4 and Part 7 Domestic Abuse Act 2021 duties. (8.36)

15.24 **Sanctuary Scheme (7.24):** All practitioners and services involved in the current provision of Sanctuary Scheme, as well as SDAS, to form a short-term working group to map the pathways in place. Following this, for the Domestic Abuse Priority Group to agree the design of a Sanctuary Scheme that meets national definitions, and for data to be gathered and collated that enables the partnership to understand the ongoing use of, and short/long term effectiveness of the Scheme.

15.25 Shropshire Council Housing Services (7.39):

- Shropshire Council should progress with the Whole Housing Approach (WHA, see section 14), including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- Specialist, targeted, mandatory training is urgently required for all staff across Shropshire Council housing-related services, across both the People and Place Directorates (listed above).
- With reference to the section on Registered Social Landlords below (see section 14), encourage DAHA accreditation where this is not already in place/development. In addition, support the Landlords and HomePoint to develop a Managed Reciprocals process as outlined in the WHA.
- Clear pathways when responding to domestic abuse are needed between all teams listed here, as well as connecting with housing-related teams located in other parts of the Council. With reference to the WHA, look to commission mobile and/or co-located advocacy (e.g., within the Housing Support Team) to ensure victims/survivors receive specialist support regardless of their housing type.

- Ensure responses to Anti-Social Behaviour across the housing system do not conflate this with domestic abuse, and ensure specialist responses that do not hold victims responsible for the behaviour of abusers.
- With reference to the WHA, develop a partnership approach to those needing support due to domestic abuse who are homeowners. This should include an understanding of economic abuse and the legal and financial support victims/survivors require.
- The work of the Housing Strategy and Development Manager and the development of a new Housing Strategy must reference, and ensure compliance with, the Domestic Abuse Act 2021 Parts 4 and 7 as well as have reference to the WHA.
- In all areas of development, attention must be paid to all forms of housing. This includes sheltered and supported accommodation, to ensure responses in these settings are appropriate and safe, with training and referral pathways, and reviewing allocation criteria to ensure victims/survivors with additional, or care and support needs, are able to access appropriate housing.
- Amend the process by which HomePoint automatically pass on domestic abuse victims to the Housing Options Team without consent: consent must be sought, appropriately and safely, by the HomePoint team, as well as providing information on alternative options, and what the homelessness process will entail.
- Ensure those fleeing domestic abuse are accurately recorded, including a review of the categories available to remove any confusion. Enable their journeys through Housing to be recorded, including outcomes and whether this met the survivors' wishes. (9.27)

15.26 **SDAS community services (10.24)**: Complete a review of the types of support provided to all clients, and how the service is delivered, to identify potential changes in service design to enable more clients to be supported more quickly. Consider the level of intensity of support provided, and whether this is needed by all clients, or whether alternative models could be adopted. Explore the 33% of referrals who decline support to understand whether inappropriate referrals are being made, or why someone would consent to a referral and then decline support, to ensure any barriers can be addressed.

15.27 **West Mercia Women's Aid (10.41)**: Understand the extent to which the specialisms provided by West Mercia Women's Aid are utilised in Shropshire and increase awareness of their availability among partner organisations. Explore the 20% of referrals who decline support, and the 6% of referrals where the individual's needs were better met elsewhere to understand whether inappropriate referrals are being made, or why someone would consent to a referral and then decline support, to ensure any barriers can be addressed.

15.28 **MARAC (10.62)**:

- Move the meeting to face to face, or if this is not feasible, to Teams. Identify the barrier to moving to Teams within West Mercia Police and work to overcome this; learn from other forces and MARACs if needed.
- Meetings to take place fortnightly to enable all cases to be heard, and to facilitate a shorter meeting to support the wellbeing of attendees and the effectiveness of all case discussions.
- Establish a MARAC Steering Group, reporting to the domestic abuse strategic partnership, to discuss data, trends, pathways, and partner engagement with MARAC.
- Conduct a review of MARAC data collection, with reference to the finding about on referral sources, to ensure cases are recorded accurately and that the data collection meets the needs of the partnership.
- In a rural area such as Shropshire, and with the high number of armed forces in the area, the occupation of alleged perpetrators is important and should be included in the MARAC referral process (e.g., farmers may have access to firearms).

15.29 Police (12.21):

- Specialist training is urgently required for responding officers that develops an in-depth understanding of controlling and coercive behaviours, and the impact of trauma on victims'/survivors' interactions with services. One example of this type of training is SafeLives' Domestic Abuse Matters¹⁰⁵, although other national services do offer training for police. The emphasis must not be only on processes or tools (although it should cover why the DASH is completed, why the questions are important, and how to ask them), but on understanding domestic abuse through the eyes of victims and survivors, to facilitate a non-judgemental and non-blaming culture within police.
- Processes and procedures should be reviewed to ensure the repeat and cumulative risk of domestic abuse can be recognised and appropriately responded to, even if all incidents have been assessed as standard risk.
- Work with the domestic abuse partnership to identify how data can be gathered on the outcomes of DVPOs and the DVDS, including hearing from those with lived experience. Review these processes to understand what support is provided to victims/survivors and others involved and ensure they receive appropriate specialist support.
- Partnership to receive and analyse data on the use and outcomes of DVPO/Ns and DVDS and the support provided to (potential) victims/survivors.
- Domestic abuse partnership to review the data collected by the Harm Assessment Unit to establish what should be collected to best support the partnership's understanding of police reports involving children and/or vulnerable adults.

¹⁰⁵ <https://safelives.org.uk/training/police>

15.30 **Shropshire Council Children's Services (12.40):**

- Specialist training for those working with children and families should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff. Shropshire Council to consider developing this in line with a nationally recognised approach such as the Safe and Together Model¹⁰⁶, but also draw on local domestic abuse expertise.
- Work in relation to parents' histories, and trauma, must incorporate recognition of the trauma of experiencing domestic abuse for adult and child victims, the impact of this trauma on non-abusive parents' ability to parent, and the role trauma plays in abusers' histories, without condoning current abusive behaviours.
- Processes and procedures should be reviewed to: integrate understandings of the significant harm caused to children of living with an abuser using controlling and coercive behaviours, even when there is no physical violence; ensure the repeated and cumulative impact of domestic abuse on children is recognised and appropriately responded to, even if all incidents have been assessed as standard risk / Level 1; and to reflect the new statutory definition of domestic abuse from the Act.
- All teams across Children's Services should have a connection with the domestic abuse partnership, and the Service should be represented by a more senior member of the department to ensure all areas of the service are accountable in relation to their response to domestic abuse.

15.31 **Domestic Abuse Daily Triage Meeting (12.50):** Process to be fully set out, step by step.

Including how 'virtual' partners are involved and how their information is accounted for in decisions. Ensure that health is fully represented at meetings. Identify leads from the Domestic Abuse Priority Group to conduct an in-depth review of the function and outcomes of the DAT, focusing on the outcomes for children and families.

15.32 **Shropshire Council Adult Social Care (12.54):** Specialist training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored. Refresher training should be planned, and induction training for all new staff.

15.33 **Shropshire Council (12.61):** The teams listed in this section to be appropriately involved in the domestic abuse strategic and operational partnership.

15.34 **Clinical Commissioning Group / Integrated Care System (12.73):** Explore, with the domestic abuse partnership, how Social Prescribing can be connected with the wider response to

¹⁰⁶ <https://safeandtogetherinstitute.com>

domestic abuse. Consider what can be learnt for the Shropshire health system from the [Pathfinder Approach](#).

- 15.35 **Crown Prosecution Service and Her Majesty's Courts and Tribunals Service (12.127)**: the domestic abuse partnership should identify how best to involve CPS and court partners, as it will not be appropriate or possible for them to attend every meeting. Shropshire to work with Telford and Wrekin to map available support to victims/survivors attending court; identify needs; and take action to meet those needs.
- 15.36 **Armed Forces (12.128)**: The needs assessment attempted to understand the range of services in place to support serving personnel and veterans. The Army Welfare Service and SSAFA (the Armed Forces Charity) are both listed in the MARAC membership. In Shropshire Council there are dedicated roles working with these services: an Armed Forces Covenant Lead and an Armed Forces Outreach Support Coordinator. They work with: Royal British Legion, Combat Stress, Operation Courage (NHS), Walking with the Wounded, Help 4 Heroes, and The Ripple Pond, some of which are national services. There are also likely to be equivalents for the Army Welfare Service in other parts of the Armed Forces based in Shropshire. **Recommendation**: a thorough mapping to be completed of all services operating in Shropshire in relation to the armed forces and veterans, to effectively involve them in the domestic abuse partnership, and ensure guidance is provided¹⁰⁷..
- 15.37 **SARC (12.130)**: Shropshire domestic abuse partnership to support the development needed regionally to ensure there continues to be an adults' SARC after October 2023.
- 15.38 **Youth Justice (12.131)**: Map the practitioners in Shropshire who received this training and identify where the programme could be run.
- 15.39 **Ask for ANI (Action Needed Immediately) (12.135)**: understand the current situation in Shropshire including who the lead is, what training is provided, and how effective the scheme has been in supporting Shropshire residents.
- 15.40 **Registered Social Landlords (14.13)**: Domestic abuse partnership to encourage all providers to work towards DAHA Accreditation if not already doing so. Ensure separate domestic abuse policies and procedures are in place, not contained within ASB; supported by training and information for residents. Ensure Registered Social Landlords are appropriately involved in the partnership structure.

¹⁰⁷ Armed forces domestic abuse: a handbook for civilian support services: https://www.gov.uk/government/publications/armed-forces-domestic-abuse-a-handbook-for-civilian-support-services?utm_medium=email&utm_campaign=govuk-notifications-topic&utm_source=e3fba331-f1bd-4e7c-9f9c-9ffde442fd71&utm_content=weekly