



## Shropshire Domestic Abuse Needs Assessment Executive Summary

### 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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## 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 model<sup>1</sup> of partnership responses to domestic abuse and the Whole Housing Approach<sup>2</sup> to domestic abuse (WHA), both of which have been recognised as examples of best practice in the Domestic Abuse Act 2021 Statutory Guidance<sup>3</sup>.
- 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.

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## 2. Domestic Abuse Act 2021

- 2.1 The needs assessment enables Shropshire Council to meet the statutory requirements of the Domestic Abuse Act<sup>4</sup> (the Act), which received Royal Assent in April 2021. [Part 4 of the Act](#) 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.

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

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

<sup>3</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1089015/Domestic\\_Abuse\\_Act\\_2021\\_Statutory\\_Guidance.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1089015/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf)

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

- 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.
- 2.2 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.
- 2.3 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<sup>5</sup>. In Shropshire, safe accommodation support is in the form of refuge (provided by SDAS, see 6.1) and Sanctuary Scheme (see 6.4).
- 2.4 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.
- 2.5 In July 2022 the government published the [Domestic Abuse Act 2021 Statutory Guidance](#). Issued under s.84 of the Act<sup>6</sup> 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.” 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.
- 2.6 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.
- 2.7 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

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<sup>5</sup> <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>

<sup>6</sup> <https://www.legislation.gov.uk/ukpga/2021/17/section/84/enacted>

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.

- 2.8 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.

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### 3. Commissioning Priorities

- 3.1 Combining what we could establish from the quantitative data analysis (with limitations) with 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 and exacerbate existing issues caused by rural isolation and additional barriers such as disability, care and support needs, and language.
- 3.3 The **Sanctuary Scheme** needs urgent attention to ensure it meets the definition of a Sanctuary Scheme and offers provision to all victims/survivors who may need it. Specific recommendations are made at the end of this report.
- 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 eight).
- 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 or parent's partner, or by a sibling; children who are victims/survivors of intimate partner violence; children using harmful behaviours against family members or intimate partners.

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### 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. It encompassed 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 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.
- 4.3 The needs assessment was completed using the following methods:
  - Gathering the views of those with lived experience: 21 survivors were interviewed, and nine case studies were received. An additional case study was provided for a person causing harm and accessing support for this. 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.
  - Data requests to all services: 34 services were approached, and 28 provided data. Data was unavailable from probation, Shropshire Community Health NHS Trust, and Shropshire and Telford Hospital NHS Trust Midwifery.
  - 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. Meetings with 72 practitioners and leaders, and a further five involved via email. The only gaps were engagement with looked after children services, armed forces, adult social care teams, and the courts.
  - Visit to Shropshire to view refuge accommodation.
  - Observation of the Shropshire Daily Domestic Abuse Triage meeting.
  - Reference to national research and data.

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## 5. Voice of Lived Experience

- 5.1 Feedback from survivors has been integrated into the needs assessment. This section provides the headlines.
- 5.2 Victims/survivors, first and foremost, want to be believed, to be treated with compassion and not judged, and to be provided with information about their options. 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.

- 5.3 Once victims/survivors reached a specialist service such as Shropshire Domestic Abuse Service, West Mercia Women's Aid or the police Domestic Abuse Risk Officers, they received a high-quality response that they valued and were grateful for. Survivors also valued the ongoing peer support available through SODA.

"[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."

- 5.4 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.

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.

- 5.5 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. 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.
- 5.6 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.
- 5.7 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.
- 5.8 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 subjected 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.

5.9 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.

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## 6. Accommodation-Based Services

6.1 Safe accommodation in the form of [refuge](#) is provided by Shropshire Domestic Abuse Service (SDAS), part of Connexus Homes. It is commissioned by Shropshire Council and currently managed by the Housing service. A 'main' refuge providing space for ten women and their children, and seven units of dispersed accommodation, one of which is exclusively for male



victims. Staff work office hours and provide one-to-one needs led support to residents. Children and Young People's workers can support children in all units.

- 6.2 Two thirds of referrals to SDAS did not result in individuals/households being accepted into refuge provision, for both men and women. The main reason refuge was not provided was due to it being declined by the victim/survivor, following by needs being too high to be accommodated given the current staffing and accommodation.
- 6.3 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. This 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.
- 6.4 A process operates in Shropshire called 'Sanctuary Scheme' but is not widely known about and may not fit the government definition. West Mercia Police have a process for high-risk victims who have reported an incident or crime: following an assessment the works are carried out by the registered Social Landlord, or by Shropshire Council, through referral to an officer in the Housing Options Team (which is then passed to the Council Handy Person team). This process is not accessed by other agencies. Many victims will be receiving support from police Domestic Abuse Risk Officers, but this cannot be known for sure for all referrals.
- 6.5 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. There is very low usage of the Council Sanctuary Scheme. We can therefore only conclude that those victims who report to 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 a service.
- 6.6 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.
- 6.7 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 abuse unless there has been a report or evidence of violence, and it will be named relationship breakdown. Both categories are passed to the Housing Options Team.
- 6.8 The data for homelessness applications as a result of domestic abuse (348 across the two years) was not felt to be accurate based on the experience of the team.

- 6.9 Most homelessness applicants were responded to under the relief duty<sup>7</sup>, compared with the prevention duty<sup>8</sup>, although the data is not complete for all 348 records. In all cases a personalised housing plan will be developed to inform all actions taken. A Main Duty was accepted in 97 cases<sup>9</sup> (seven men and 90 women).
- 6.10 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). 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. One person accepted private rental sector.
- 6.11 Only 34 (of 348) applicants had applied to Shropshire Council while living in refuge.
- 6.12 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. 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. 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.

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## 7. Non-Accommodation Based Domestic Abuse Provision

- 7.1 Shropshire Domestic Abuse Service (SDAS) outreach (community) services are commissioned by Shropshire Council. The service received 1,476 referrals in 2020/21 and 2021/22, with a slight increase from one year to the next. An IDVA role began in 2021 to respond to internal clients identified as at high risk. A Children and Young People's worker supports children in refuge and the community, and there is a group work programme for adult clients.
- 7.2 At the time of the needs assessment 88 outreach referrals were awaiting triage, and 48 referrals had completed the triage process and were on the waiting list. Clients can wait up to six months for support. 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.
- 7.3 West Mercia Women's Aid deliver the IDVA service for high-risk victims across the West Mercia area, commissioned by the Office of the Police and Crime Commissioner. A 24/7

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<sup>7</sup> The local authority is satisfied the applicant homelessness and eligible for assistance.

<sup>8</sup> The local authority is satisfied the applicant is threatened with homelessness and eligible for assistance.

<sup>9</sup> The local authority is satisfied the applicant is homeless, eligible for assistance, in priority need, and not intentionally homeless.

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.

- 7.4 The service received 515 referrals for Shropshire in 2020/21 and 2021/22, with a slight increase from one year to the next. Women's Aid also provide hospital IDVAs in Shropshire.

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."

- 7.5 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.
- 7.6 Meetings are monthly and held on a group telephone call (since Covid). Once 30 cases are listed on the agenda no more are accepted, and any additional cases are held over to the following month. 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.
- 7.7 **Victim Support** is a national charity supporting victims of all crime types. Victim Advocates support standard and medium risk victims of domestic abuse. Advocates carry out risk assessments and support clients with safety planning, emotional support and practical needs through Safety and Support Plans. The service received 787 referrals or Shropshire in 2020/21 and 2021/22, referral rates did not change significantly between the two years.
- 7.8 The **Victim Advice Line** is funded by the Office of the Police and Crime Commissioner and delivered within West Mercia Police. The team receives all referrals internally from police via auto-transfer for all crime types, and dedicated workers carry out domestic abuse work.
- 7.9 **Axis Counselling** provides specialist sexual violence support for children and adults, whether the violence/abuse is recent or non-recent. The Independent Sexual Violence Adviser (ISVA) service works with children over the age of five and with adults. Around three-quarters of Axis clients have experienced both sexual violence/abuse and domestic abuse.
- 7.10 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). There is a significant waiting list for the counselling service.

- 7.11 **PEGS (Parental Education Growth Support)** provide support to parents and carers who are experiencing abuse/violence from their children (including those who are adults). 238 referrals were received in 2020/21 and 2021/22, with a significant 101% increase from one year to the next: the service began in early 2020, and therefore the increase may be due to increasing knowledge of the service over that time. Parents/carers are able to stay with the service for as long as they need it, through peer support and drop-in sessions.
- 7.12 **Richmond Fellowship** is a national charity providing domestic abuse services. In Shropshire it is commissioned to deliver a Respect-Accredited<sup>10</sup> 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, for 18 months (August 2021 to end of January 2023). Only men with children can currently 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. Partners/ex-partners of men working with Richmond Fellowship are supported by SDAS. 21 referrals were received from August 2021 to end March 2022, and 20 were accepted into the programme. Anecdotally (not shown in the data), some attempted referrals were not accepted for men who posed too high a risk to their partner/ex-partner and children.

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<sup>10</sup> <https://www.respect.uk.net/pages/109-respect-accredited-members>

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 that 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 before.

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## 8. Non-Accommodation Based Support Unmet Need

- 8.1 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 Bill<sup>11</sup>. This would likely mirror the Domestic Abuse Act 2021 Part 4 statutory requirements relating to safe accommodation support.
- 8.2 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?'<sup>12</sup>.
- 8.3 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.
- 8.4 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.

### Adult Victims/Survivors

- 8.5 Increase the capacity of the outreach provision to ensure waiting lists are not required.
- 8.6 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.
- 8.7 Establish specialist therapeutic support for survivors to enable their long-term recovery.
- 8.8 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.
- 8.9 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

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<sup>11</sup> <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/>

<sup>12</sup> SafeLives Whole Picture Approach: <https://safelives.org.uk/sites/default/files/resources/The%20Whole%20Picture%20-%20SafeLives%27%20Strategy.pdf>

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 research<sup>13</sup> and national services<sup>14</sup> 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 to support<sup>15</sup>. 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

- 8.10 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.
- 8.11 Establish specialist support for children and young people causing harm, providing support to the whole family at the earliest stage of intervention.

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<sup>13</sup> <https://www.stonewall.org.uk/resources/supporting-trans-women-domestic-and-sexual-violence-services>

<sup>14</sup> <http://lovingme.uk>

<sup>15</sup> <https://domesticabusecommissioner.uk/wp-content/uploads/2021/10/Safety-Before-Status-Report-2021.pdf>



- 8.12 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.
- 8.13 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.

### Those Causing Harm

- 8.14 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.
- 8.15 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.
- 8.16 Explore the implementation of DRIVE in Shropshire.
- 8.17 Identify barriers to referrals/access to the existing Richmond Fellowship programme.
- 8.18 This work must consider the responsibilities of every partner agency in this response.

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## 9. Partnership Responses and Provision

- 9.1 This section in the main report presents the needs assessment findings on the response to domestic abuse across the partnership, encompassing strategic and operational response and identifying within each section any areas of unmet need.
  - West Mercia Police
  - Shropshire Council Children's Services (COMPASS, assessment, longer term Child in Need and Child Protection teams, Looked After Children services including residential care and support in the community, Stepping Stones, and the Leaving Care service)
  - Daily Domestic Abuse Triage Meeting
  - Shropshire Council Adult Social Care (safeguarding and community team)
  - SSCP Business Support Team
  - Shropshire Council Human Resources and Staff Wellbeing
  - Shropshire Council Public Health
  - Shropshire Council Gypsy, Roma, Traveller Team
  - Shropshire Recovery Partnership / We Are With You
  - NHS Shropshire, Telford & Wrekin Integrated Care System

- Midlands Partnership NHS Foundation Trust (mental health services and sexual health services)
- Shrewsbury and Telford Hospital NHS Trust (acute hospital and midwifery)
- Shropshire Community Health NHS Trust (community and public health nurses and Family Nurse Partnership)
- Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- West Midlands Probation
- West Midlands Crown Prosecution Service and Telford Magistrate's Court
- Armed Forces
- Citizen's Advice
- SARC – Adults and Paediatric
- West Mercia Youth Justice Service
- YSS Chrysalis Project
- A4U
- Age UK
- Ask for ANI (Action Needed Immediately)
- SAND (Safe Ageing No Discrimination)
- Shrewsbury Ark
- Shropshire Disability Network
- Shropshire European Organisation
- Shropshire MIND
- Shropshire Supports Refugees

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## 10. Coordinated Community Response

- 10.1 The Coordinated Community Response (CCR)<sup>16</sup> 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.
- 10.2 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.
- 10.3 **Survivor Engagement and Experience:** In addition to other requests, the needs assessment was supported by SDAS's SODA service to gain feedback from those with lived experience of

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<sup>16</sup> <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

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.

- 10.4 **Intersectionality:** 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, and through enhanced data collection, collation, and analysis at a strategic level.
- 10.5 **Shared Vision and Objectives:** 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.
- 10.6 **Structure and Governance**
- 10.7 : 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.
- 10.8 **Strategy and Leadership:** 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.
- 10.9 **Representation:** 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.
- 10.10 **Resources:** 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.
- 10.11 **Coordination:** 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. 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.

- 10.12 **Training:** 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.
- 10.13 **Data:** 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 whole system. Partnership outcomes need to be established.
- 10.14 **Policies and Processes:** 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.

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## 11. Whole Housing Approach

- 11.1 The Whole Housing Approach (WHA)<sup>17</sup> 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 housing<sup>18</sup>.
- 11.2 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.

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<sup>17</sup> <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/>

<sup>18</sup> [https://www.dahalliance.org.uk/media/11066/whole-housing-project-report\\_year-two\\_final.pdf](https://www.dahalliance.org.uk/media/11066/whole-housing-project-report_year-two_final.pdf)

11.3 This main report 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
- Sanctuary Scheme
- Registered Providers Private Rental Sector
- Privately Owned Sector
- Supported and sheltered housing
- Domestic abuse mobile or co-located advocacy
- Flexible funding
- Housing First
- Managed reciprocals
- Perpetrator management

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## 12. Report Recommendations

12.1 This section brings together the recommendations for Shropshire on improving services overall that have been included through the report. Main report paragraph numbers are added in brackets for reference.

### Needs assessment recommendations

- 12.2 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)
- 12.3 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)
- 12.4 Explore how a service like the Soteria Project can be developed in Shropshire, potentially connected with the new Acorns service. (10.43)
- 12.5 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

- 12.6 Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- 12.7 Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 12.8 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.
- 12.9 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.
- 12.10 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 Cornwall<sup>19</sup> (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

- 12.11 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)
- 12.12 **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.
- 12.13 **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.
- 12.14 **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.

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<sup>19</sup> <https://seedscornwall.org>

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).

- 12.15 **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.
  - 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).
- 12.16 **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.
- 12.17 **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.
- 12.18 **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.
- 12.19 **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.

- 12.20 **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.
- 12.21 **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

- 12.22 **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)
- 12.23 **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.
- 12.24 **Shropshire Council Housing Services** (7.39):
- Shropshire Council should progress with the Whole Housing Approach (WHA), 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, 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)

12.25 **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.

12.26 **MARAC** (10.58):

- 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 that reports to the domestic abuse strategic partnership, to discuss data, trends, pathways, and partner engagement with the process.
- 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).

#### 12.27 Police (12.18):

- 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 Matters<sup>20</sup>, 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.

#### 12.28 Shropshire Council Children's Services (12.37):

- 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 Model<sup>21</sup>, 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

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<sup>20</sup> <https://safelives.org.uk/training/police>

<sup>21</sup> <https://safeandtogetherinstitute.com>

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.

- 12.29 **Domestic Abuse Daily Triage Meeting (12.47)**: 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.
- 12.30 **Shropshire Council Adult Social Care (12.51)**: 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.
- 12.31 **Shropshire Council (12.58)**: The teams listed in this section to be appropriately involved in the domestic abuse strategic and operational partnership.
- 12.32 **Clinical Commissioning Group / Integrated Care System (12.70)**: 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](#).
- 12.33 **Crown Prosecution Service and Her Majesty's Courts and Tribunals Service (12.124)**: 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.
- 12.34 **Armed Forces (12.125)**: 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 provided<sup>22</sup>.

- 12.35 **SARC** (12.127): Shropshire domestic abuse partnership to support the development needed regionally to ensure there continues to be an adults' SARC after October 2023.
- 12.36 **Youth Justice** (12.128): Map the practitioners in Shropshire who received this training and identify where the programme could be run.
- 12.37 **Ask for ANI (Action Needed Immediately)** (12.132): 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.
- 12.38 **Registered Social Landlords** (14.12): 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.

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<sup>22</sup> 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](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)