

2024

Shropshire Domestic Abuse Needs Assessment

Research and reporting undertaken by Shropshire Council

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1. Introduction

- 1.1. Domestic abuse has a profound impact on the lives and well-being of individuals and communities across Shropshire, and its effects can be long-lasting, in some cases tragically, resulting in loss of life. Domestic abuse is recognised as a key area for action in Shropshire.
 - 1.2. This report provides a summary of the findings of a domestic abuse needs assessment, completed by the Domestic Abuse Prevention Team at Shropshire Council.
 - 1.3. This needs assessment has been initiated in response to the requirements of the Domestic Abuse Act 2021 (see next section). While it focuses on evaluating the need for support within safe accommodation in Shropshire and addressing any identified gaps, its scope is broader. To create a comprehensive understanding of domestic abuse in Shropshire, the assessment examines the overall need, demand for services, service provision, and the responses of all partners, both individually and collaboratively. Additionally, it incorporates ongoing engagement and feedback from individuals with lived experience of domestic abuse in Shropshire. This combined data will inform decision-making, service planning, and strategy development.
 - 1.4. The partnership approach and response to domestic abuse in Shropshire, is governed by the Shropshire Safeguarding Community Partnership (SSCP)¹. Domestic abuse has been identified as one of the joint priorities for the Shropshire Safeguarding Community Partnership, due to the impact on children, adults with care and support needs and our communities. The Domestic Abuse Local Partnership Board (DALPB) reports to the SSCP Community Safety Board.
 - 1.5. The findings of this needs assessment will inform the design of Shropshire’s Domestic Abuse Strategy and will enable us to update our “Support in Safe Accommodation Strategy” as per our Statutory Duty.
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2. Domestic abuse Act 2021

- 2.1. The Domestic Abuse Act² received Royal Assent in April 2021, introducing a range of measures 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

¹ [Shropshire Safeguarding Community Partnership \(2024\) Strategic Plan and Priorities](#)

² [Domestic Abuse Act \(2021\)](#)

- Strengthen the support for victims of abuse by statutory agencies.

Domestic abuse Act 2021 Statutory Requirements

- 2.2. The needs assessment enables Shropshire Council to meet the [statutory requirements of Part 4 of the Domestic Abuse Act 2021](#), 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 Domestic Abuse Act 2021 Statutory Guidance³ outlines specific requirements for authorities regarding the review and updating of their strategies and policies. Authorities are required to refresh their domestic abuse strategy annually to ensure they remain relevant and effective in addressing the current needs and circumstances of domestic abuse victims and perpetrators. In addition to the annual refresh, authorities must conduct a comprehensive review and develop a new domestic abuse strategy every three years. This allows for a more in-depth evaluation and adjustment of policies and practices to better tackle domestic abuse. These measures are designed to ensure that the response to domestic abuse is continuously improved and adapted to changing situations and insights.
- 2.4. **Recommendation:** To include the requirement for the Local Authority, Shropshire Council to refresh the domestic abuse needs assessment annually, in future action plans.
- 2.5. Shropshire Council has been awarded funding from government to implement the statutory duty highlighted above, from the Department for Levelling Up, Housing and Communities (DLUHC). Future levels of funding are dependent on the national government Spending Review.
- 2.6. The prevention of domestic abuse and the protection of all victims lies at the heart of the Domestic Abuse Act 2021. The measures within the Domestic Abuse Act seek to:
- Promote awareness by introducing a statutory definition of domestic abuse and recognising children as victims in their own right.
 - Protect and support victims by establishing in law the office of Domestic Abuse Commissioner, introducing new domestic abuse protection notices and domestic abuse protection orders, and placing a new duty of local authorities to provide support to victims in refuges and other forms of safe accommodation.

³ <https://www.gov.uk/government/publications/domestic-abuse-act-2021/domestic-abuse-statutory-guidance-accessible-version>

- Hold preparators to account by extending the definition of some existing offences and creating a new offence of non-fatal strangulation.
- Transform the justice response by helping victims to give their best evidence in the criminal court by through the use of video evidence, screen etc and ensuring that victims are abuse do not suffer further trauma in family court proceedings by being cross-examined by the perpetrator.
- Improve performance – driving consistency and better performance in the response to domestic abuse

- 2.7. Following implementation of the Act, Shropshire Council carried out the previous Shropshire Domestic Abuse Needs Assessment in 2022⁴ and published its [Safe Accommodation Strategy](#), which informed the commissioning of accommodation-based support. The service commenced in April 2023 providing support to all victims aged sixteen and over, who access any form of safe accommodation and support to children and young people living in safe accommodation with their parent. The Local Authority Domestic Abuse Prevention Team with partners from the DALPB are leading this work.
- 2.8. A new wider strategy will be developed using the data from this needs assessment. The strategy will be supported by an action plan that is driven forward by Shropshire’s DALPB; a multi-agency board established to ensure there is a joined-up approach to tackling domestic abuse.
- 2.9. This report refers to those who have been subjected to domestic abuse as “victims” or “survivors” as these are widely understood terms and used in many of the data sources. It is recognised that this terminology can be controversial and different people may have preferences for other terms. The decision to use these definitions is purely for clarity and not an indication that other terms are not valid. Data from the different sources do not necessarily relate to the same victims, although there will be some overlap.
- 2.10. The Domestic Abuse Act 2021 provides the following definition:
 “Behaviour of a person (“A”) towards another person (“B”) is “domestic abuse” if A and B are each aged 16 or over and are personally connected to each other, and the behaviour is abusive”.

Abusive behaviour is defined as any of the following:

- Physical or Sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, Emotional, or other abuse

Personally connected is defined in the act as parties who:

- are married to each other
- are civil partners of each other

⁴ [Shropshire Domestic Abuse Needs Assessment 2022](#)

- have agreed to marry one another (whether the agreement has been terminated or not)
- have entered into a civil partnership agreement (whether the agreement has been terminated or not)
- are or have been in an intimate personal relationship with each other
- They each have, or there has been a time when they each have had, a parental relationship in relation to the same child are relatives

However, there are alternative definitions of domestic abuse such as Women’s Aid⁵ which define domestic abuse as “any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.” This definition recognises the cyclical nature of domestic abuse, whereas the full legal definition indicates that domestic abuse can be a one-off incident.

2.11. Insight into the prevalence of domestic abuse can be found from The Crime Survey for England and Wales (2023) shown below. However, it must be considered that the current number of crimes recorded against everyone for this survey is capped at five. Findings from the Office for National Statistics Crime Survey for England and Wales, year ending March 2023 were as follows:



2.12. According to the Office for National Statistics census data provided in 2021⁶, 323,619 people lived in Shropshire, with 163,927 being female and 159,692 being male.

Taking the nationally recognised statistic that 1 in 3 females are subjected to domestic abuse in their lifetime and 1 in 6 men, it could be assumed that:

- 54,000 women in Shropshire are subjected to domestic abuse in their lifetime
- 27,000 males in Shropshire are subjected to domestic abuse in their lifetime

⁵ Women’s Aid definition of domestic abuse accessed via: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/> (accessed July 2024).

⁶ Office for National Statistics (ONS) 2021 Census

3. National Government Response to Domestic Abuse

- 3.1. The Government published its Tackling Domestic Abuse Plan in 2022, and set the following priorities:
- Prioritising Prevention
 - Supporting Victims
 - Stronger System
 - Pursuing Perpetrators

These priorities were created to drive down the prevalence of domestic abuse and domestic abuse homicide and provide victims and survivors with the support they need.

- 3.2. The Domestic Abuse Commissioner (2023)⁷ released a strategic plan which centres around prevention of domestic abuse, protection of survivors as well as provision of services and working in partnership.

Violence against women and girls (VAWG)

- 3.3. The Government launched a call for evidence in 2020⁸ to gain understanding of the true scale of violence against women and girls' crimes and its impact, to help determine which measures may help identify and prevent these crimes. As well as the extent to which current legislation and services are being used effectively to tackle them, and to identify examples of best practice. The findings of this call for evidence, helped to shape and inform the National Violence Against Women and Girls (VAWG) Strategy 2021-24⁹ which outlines there is an identified need to increase support for victims and survivors, to build on increases in reporting to the police for these crimes and to reduce the prevalence of violence against women and girls.
- 3.4. The National Police Chiefs' Council (NPCC)¹⁰ released a call to action in 2024. The National Policing Statement for VAWG, commissioned by the NPCC and College of Policing, found:
- Over one million VAWG related crimes were recorded during 2022/23, accounting for 20% of all police recorded crime.
 - Police recorded VAWG related crime increased by 37% between 2018-23.
- 3.5. The NPCC states that not only is Violence Against Women and Girls increasing, but there have been more complicated types of offending being seen, which causes significant harm to victims and society. One in every six murders was domestic abuse related during

⁷ [Domestic abuse commissioner \(2023\) strategic plan](#)

⁸ [Violence against women and girls' strategy 2021-24: call for evidence](#)

⁹ [Tackling violence against women and girls' strategy \(2021\)](#)

¹⁰ [National Police Chiefs' Council 2024 Call to action as VAWG epidemic deepens](#)

2022/2023, with suspected victim suicides following domestic abuse rising year-on-year

- 3.6. In terms of Shropshire's response to Violence Against Women and Girls, there is strong multi-agency attendance at boards including Multi Agency Risk Assessment Conference (MARAC), however the systemic response to the wider violence against women and girl's agenda in Shropshire is still very much silo led.
- 3.7. **Recommendation:** For the Domestic Abuse Local Partnership Board to extend its reach to include Violence Against Women and Girls.
- 3.8. In 2022, The West Mercia Office of the Police and Crime Commissioner (OPCC) set up a Joint Strategic Sexual Abuse and Assault Board, including various stakeholders within Shropshire. In 2023, West Mercia Police appointed specialist officers to tackle Violence Against Women and Girls across policing areas.
- 3.9. Following the recommendations made in the Domestic Abuse Act 2021 Statutory Guidance, Standing Together was awarded a three-year contract by the Home Office to identify and understand domestic abuse interventions across healthcare settings. The project is named 'Crossing Pathways - Integrating Best Practise within Health and Domestic Abuse'¹¹. In Shropshire, meetings are in development and will take place county-wide with partners from the Integrated Care Board (ICB), Health Trusts, Local Authority, and other VAWG/domestic abuse leads as it becomes established.
- 3.10. At the time of writing this needs assessment, Shropshire has published two Domestic Homicide Reviews (DHRs)¹². The SSCP (2024) rationale for carrying out domestic homicide reviews includes ensuring that agencies are responding appropriately to victims of domestic abuse by offering and putting in place appropriate support mechanisms, procedures, resources, and interventions with an aim to avoid future incidents of domestic homicide. This rationale is in line with The Home Office (2016)¹³ rationale around domestic abuse homicide reviews.
- 3.11. The Shropshire Community Safeguarding Partnership (SSCP) have released a Domestic Abuse Homicide Learning Briefing as a way of outlining what lessons are to be learned from the domestic homicide regarding the way in which local professionals and organisations work individually and together to safeguard victims.

4. Commissioning priorities

- 4.1. The areas of unmet need in relation to safe accommodation and the domestic abuse response more widely, has been established by combining qualitative data analysis (with limitations) from the voice of lived experience and the stakeholder review.

¹¹ <https://www.standingtogether.org.uk/crosspath>

¹² [SSCP \(2024\) Shropshire Domestic Abuse Homicide Reviews](#)

¹³ [Home Office \(2016\) Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews](#)

- 4.2. The safe accommodation provision urgently requires attention in relation to the high number of people declining or not being accepted into the current provision.
 - 4.3. Shropshire Council housing options team to urgently look at their prevent duty in relation to domestic abuse to ensure more victim/survivors are prevented from becoming homeless.
 - 4.4. To evaluate the benefit of continuing the co-location of specialist domestic abuse officers currently in Shropshire Council Housing Service and Shropshire Council Children's Services (Stepping Stones).
 - 4.5. To evaluate Shropshire Council's Domestic Abuse Prevention Team and assess the benefit to the wider partnership.
 - 4.6. The following priorities from the previous Shropshire Domestic Abuse Needs assessment are still relevant for this needs assessment:
 - 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.
 - 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).
 - 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.
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5. Methodology for Needs Assessment

- 5.1. The needs assessment is shaped and informed by the voices of those with lived experience. The Partnership must provide those with lived experience of domestic abuse continual opportunities to have first-hand involvement to share their views on service provision and to play a role in the development of services.
- 5.2. The process of this needs assessment was gender and trauma informed recognising whilst anyone can be a victim of domestic abuse 'women are considerably more likely to

be subjected to repeated and severe forms of abuse, including sexual violence¹⁴. Male victims of domestic abuse are largely invisible to society and to public services. In effect, they are not “in the system”¹⁵. Domestic abuse responses must be shaped considering differing experiences due to intersectional characteristics such as ethnicity, sexual orientation, age, disability, and experiences such as mental ill-health, use of substances and poverty.

- 5.3. The needs assessment includes 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’ to ensure responsibility is placed where it belongs, with those causing harm, and avoids any victim-blaming language.
- 5.4. The needs assessment also recognises that children and young people are victims in their own right and ensures that they are included as a group requiring services, in addition to adult victims/survivors and perpetrators.
- 5.5. The needs assessment was completed using the following methods:
 - Gathering the views of those with lived experience
 - Reference to national research and data
 - Data requests to all services (see details 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.

Stakeholder involvement

- 5.6. Shropshire Council held meetings with 46 practitioners and leaders from a variety of services and organisations across statutory and voluntary sector including the local authority, health, and the criminal justice system. A further four were involved via email.
- 5.7. Meetings or email contact was attempted but unsuccessful with colleagues from: YSS Enhance Project, Shropshire Disability Network, Bright Star Boxing and Shropshire Supports Refugees.

Data collection

- 5.8. For the previous Shropshire Domestic Abuse Needs Assessment (2022)¹⁶ a set of data requests were created, which were not restricted to safe accommodation. For this Shropshire Domestic Abuse Needs Assessment, a similar data request was sent but for the financial year 2022/23 and 2023/24. This was to gather a broad range of data, which could be comparable to the findings from the previous needs assessment to help spot patterns and trends. For services who did not provide a data return in 2022, a new set of

¹⁴ [Women's Aid \(2023\) Domestic abuse is a gendered crime](#)

¹⁵ ManKind (2021) [Making-Invisible-Men-Visible-Guide-Final.pdf \(mankind.org.uk\)](#)

¹⁶ [Shropshire Domestic Abuse Needs Assessment \(2022\)](#)

data requests were created.

- 5.9. Appendix 1 identifies all services/departments who were contributors to the needs assessment, who were contacted via email to provide a data return and/or spoken to, to provide verbal feedback. The data requests were service specific, but Appendix 2 provides an example of the general data requested. Many of the services/departments were unable to provide the level of detail requested and this is discussed in more depth later in this report.
- 5.10. **Recommendation:** For all services to be involved in guiding the development of enhanced data collection around domestic abuse in Shropshire.
- 5.11. The majority of data utilised within this needs assessment is based upon data collected from April 2022 to March 2024. This is to build upon the data collected in the previous needs assessment which covered April 2020 to March 2022.
- 5.12. Throughout this process, it was highlighted that some services data systems are not able to gather some of the data requested. Therefore, there are anomalies in the data obtained, and it does not allow the needs assessment to see the paths of victims/survivors through the system. To fill this gap, qualitative data has been collected for the needs assessment from practitioners and those with lived experience.
- 5.13. In addition to the quantitative data collected, this needs assessment includes qualitative data which has been gathered from practitioners and people with lived experience of domestic abuse in Shropshire. This data is incorporated throughout the needs assessment with recommendations provided at the end of each section. Qualitative data has been provided via the Lived Experience Advisory Group and a variety of stakeholders who were asked to feedback via discussion or email in relation to this needs assessment.
- 5.14. We would like to express our sincere thanks for the data and feedback provided.

6. Voice of Lived Experience

- 6.1. 'Lived experience' relates to things a person has experienced directly which gives them expertise and understanding that others do not have. This needs assessment recognises the importance of capturing the voices of those with lived experience. The feedback obtained from individuals with lived experience of domestic abuse, provides valuable insight into the current responses to domestic abuse in Shropshire and ways in which support of victims/survivors and perpetrators in Shropshire can be improved.
- 6.2. This section provides an overview of the actions taken in this needs assessment to capture the voice of those with lived experience.

Survey 1– Homelessness lived experience and domestic abuse.

- 6.3. The Domestic Abuse Act (2021) statutory guidance highlights that the experiences, needs and voices of victims and survivors must be considered when developing responses to both adult and child victims.
- 6.4. To capture the voices of victims of domestic abuse who are currently homeless, a survey was created to gather their feedback around their journey towards safe accommodation, independent living and/or seeking community support for domestic abuse.
- 6.5. Between the 20th of June and the 8th of July, the survey was available via Microsoft Forms for anyone aged 16 or over who were currently homeless in Shropshire, supported by Shropshire Council Housing Service and who has had lived experience of domestic abuse.
- 6.6. This survey was sent to the following teams at Shropshire Council housing service to circulate to their clients/customers:
 - Temporary accommodation and Housing Support
 - Homelessness Operations – including HomePoint, Rough Sleeper, Affordable Warmth and Energy Efficiency teams
 - Housing Options
 - The Ark
- 6.7. It was recognised that this survey was an online survey. To ensure anyone could complete the survey, a printable copy was circulated with the online survey to all housing teams. This allowed any Housing Officer to print they survey out for their client and return to the Domestic Abuse Prevention Team once completed if required.
- 6.8. This survey received no responses. However, Housing Options Team confirmed they circulated a link to their team and the survey was sent out to applicants. The reason for the survey receiving no responses is unknown.

Contacting individuals with open homelessness applications

- 6.9. On the 3rd of June 2024, Shropshire Council had 156 open homelessness applications where domestic abuse was stated as the primary or secondary reason for homelessness.
- 6.10. To further involve individuals with lived experience in the needs assessment, Shropshire Council's Lived Experience Project Officer attempted to reach out to 33 clients whose housing needs were due to domestic abuse. These clients were randomly selected from a dataset comprising 156 open cases and 317 closed cases, all of whom received housing support between 2022 and 2024.
- 6.11. The Lived Experience Project Officer separated the lists into male and female applications and then randomly selected 1 case in every 20-30 cases for females and 2 out of every 10 for males. This process resulted in contacting only 1 non-UK national and 1 unknown gender, a point to consider for future selection.

6.12. The Lived Experience Project officer contacted 33 people. Please see their demographics below:

Demographics of people with homelessness applications contacted by the Lived Experience Project Officer	
Gender <ul style="list-style-type: none"> - Female: 21 people - Male: 11 people - Unknown: 1 person 	Disability <ul style="list-style-type: none"> - Yes: 7 people - No: 10 people - Unknown: 16 people
Age <ul style="list-style-type: none"> - 19-24: 6 people - 25-34: 9 people - 35-44: 11 people - 45-54: 5 people - 55-64: 2 people 	Marital status: <ul style="list-style-type: none"> - Single: 18 people - With a partner- 3 people - Married (but fleeing domestic abuse): 2 people - Separated: 5 people - Unknown: 5 people (but all marked as breakdown of relationship or fleeing DA/DV)
Ethnicity <ul style="list-style-type: none"> - Welsh/English/Scottish/Northern Irish/ British: 26 people - Any other White background (Polish): 1 person - Irish: 2 people - Not stated- 4 people 	Access to public funds <ul style="list-style-type: none"> - Yes: 32 people - Unknown: 1 person
Sexual orientation <ul style="list-style-type: none"> - Heterosexual: 19 people - Bisexual: 1 person - Gay: 1 person - Prefer not to say: 9 people - Unknown: 3 people 	Do you have children? <ul style="list-style-type: none"> - No: 18 people - 1 child: 6 people - 2 children: 7 people - 3 children: 2 people

6.13. The Lived Experience Project Officer was able to engage with 5 of the 33 people contacted. Please see their demographics below:

Demographics of participants	
Gender <ul style="list-style-type: none"> - Female: 2 participants - Male: 3 participants 	Disability <ul style="list-style-type: none"> - Yes: 2 participants - No: 3 participants
Age <ul style="list-style-type: none"> - 19-24: 1 participant - 25-34: 1 participant - 35-44: 1 participant - 45-54: 2 participants 	Marital status <ul style="list-style-type: none"> - In a relationship: 1 participant - Single: 3 participants - Declined to answer: 1 participant
Ethnicity <ul style="list-style-type: none"> - White British: 5 participants 	Access to public funds <ul style="list-style-type: none"> - Access to public funds: 5 participants

<p>Sexual orientation</p> <ul style="list-style-type: none"> - Heterosexual/Straight: 4 participants - Prefer not to say: 1 participant 	<p>Do you have children?</p> <ul style="list-style-type: none"> - No: 3 participants - Yes: 2 participants have one child
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6.14. It is also important to state that the Lived Experience Project Officer also went to The Ark on Friday 5th July. They spoke to 1 male at the Ark, but they did not provide any other details.

General feedback from participants contacted:

6.15. Participants discussed a range of experiences with Shropshire Council housing officers and housing service. Some participants shared that they faced challenges with communication, lack of support plans, and transparency issues. The inconsistency in support officers' approaches was a common theme as was the need for a better understanding of the dynamics of domestic abuse and “retaliation”.

6.16. One participant disclosed that:

“It feels there is no help until you are on the street, until the worst has happened if you have the right words and say the right things you get support but if it was prior to the desperate need, little support is given”.

6.17. Another participant shared that they were placed in temporary accommodation:

“The first hotel was lovely but wasn’t entirely suitable as there was no cooking facilities which meant it was costly to eat. the hotel was near a pub, where some people would approach and be suggestive ask for sex”.

6.18. Another participant said about the response they received:

“I felt like I needed to find work, but I was managing PTSD and other triggers from trauma and self-harm”.

Survey 2- Lived Experience Domestic Abuse Survey

6.19. In order to capture the voices of individuals with lived experience of domestic abuse, a general online survey for those over sixteen and residing in Shropshire with lived experience around domestic abuse was created (see Appendix 3 for overview of survey).

6.20. This survey was released from the 1st of June 2024 to the 27th of June 2024 and was circulated by the following specialist local domestic and sexual abuse services to their clients inviting them to take part:

- West Mercia Women’s Aid
- Shropshire Domestic Abuse Service
- PEGS (Parental Educational Growth Support)

- Axis Counselling.

6.21. Shropshire Council's Lived Experience Domestic Abuse Project Officer also circulated the survey to the Lived Experience Advisory group. This group consists of individuals who have been subjected to domestic and sexual abuse in Shropshire.

Overview of Lived Experience Domestic Abuse Survey Participants

6.22. There were forty-four responses to this survey in total.

6.23. Each participant was provided with a participant information sheet and were asked to provide consent to answering the survey. Some questions in the survey were not mandatory, enabling participants to skip any questions they may have found triggering or harmful to them. This must be considered when looking at total number of responses.

6.24. Demographic details were gathered for all forty-four participants:

Participant demographics	
Gender <ul style="list-style-type: none"> - Female: 38 participants - Male: 3 participants - Not answered: 3 participants 	Disability <ul style="list-style-type: none"> - Yes: 11 participants - No: 31 participants - Prefer not to say: 2 participants
Age <ul style="list-style-type: none"> - 25-34: 7 participants - 35-44: 14 participants - 45-54: 14 participants - 55-64: 6 participants - 65-74 :2 participants - 75-85+:1 participant 	Marital status <ul style="list-style-type: none"> - Married/Civil partnership: 2 participants - With partner: 3 participants - Single: 18 participants - Separated: 11 participants - Divorced/ legally dissolved: 9 participants - Prefer not to say: 1 participant
Ethnicity <ul style="list-style-type: none"> - White/White British: 42 participants - Asian/ Asian Mixed: 1 participant - Mixed: 1 participant 	Access to public funds* <ul style="list-style-type: none"> - Yes: 7 participants - No: 21 participants - Don't know: 16 participants
Sexual orientation <ul style="list-style-type: none"> - Heterosexual/Straight: 43 participants - Other: 1 participant 	Do you have children? <ul style="list-style-type: none"> - Yes: 38 participants - No: 5 participants - Prefer not to say: 1 participant

*The survey did not define public funds, which must be considered as some survivors may have interpreted the question differently than others.

6.25. The 38 participants who disclosed they had children were asked to share the ages of the children. They were able to select more than one age.

Age of children	Number of children
Pregnant	0

0-4 years	10
5-10 years	11
11-14 years	13
15-17 years	11
Adults	17

6.26. It is important when looking at the survey results to consider the survey was not completed by:

- Anyone whose gender was Transgender, nonbinary, or other.
- Anyone whose ethnicity was Gypsy/Roma/Traveller or Black/Black British.
- Anyone whose sexual orientation was gay/lesbian or bisexual.
- Anyone who was aged between 16-24 years old or aged 85+.

6.27. It is also recognised that a question was not asked in relation to the participants socio-economic status. Identifying this is important for developing appropriate resources and interventions.

6.28. **Recommendation:** If surveys are used for the next Shropshire Domestic Abuse Needs assessment, ensure the survey collects information around participants socio-economic status.

Tenure Type of participants when fled from/seeking support

6.29. To help shape and inform the domestic abuse needs assessment, it was important to capture responses from those with lived experience of domestic abuse around their journey towards safe accommodation. Participants were asked what type of housing tenure they were residing in before they fled/when seeking support:

Tenure Type (fled from/when seeking support)	Number of participants
Co- Homeowner with abusive Partner	13
Lived with abusive partner who was the homeowner	7
Homeowner (alone, not with abusive partner)	3
Private Rental tenant	12
Living with family since fleeing	1
Council tenant	3
Housing association tenant	3
Street Homeless/Sofa Surfing	0
Other: Army Accommodation	1

6.30. The most common tenure type was a co-homeowner with abusive partner, followed by private rental tenant. There were no participants with a tenure type of street homeless/sofa surfing.

6.31. **Recommendation:** To consider how we can improve our engagement with victims of domestic abuse who are street homeless/sofa surfing for future needs assessment work,

to ensure we are gaining their feedback to help shape and inform the needs assessment.

- 6.32. According to Domestic Abuse Housing Alliance (2020)¹⁷ Victim/survivors need access to a number of pathways to secure stable and safe housing. They may also need options for both remaining in their existing home and relocating to new accommodation.
- 6.33. Participants were asked whether they needed to leave their home to flee domestic abuse:

24 participants
needed to leave
their home

20 participants
did not need to
leave their home

Participants who had contact with Shropshire Council Housing support

- 6.34. There were 8 participants of the survey who identified that they had been supported by Shropshire Council's housing service, 3 identified that they have been supported by the Shropshire Sanctuary Scheme. In terms of participants who accessed Shropshire Council Housing Service, they were asked to identify which service they used.
- 5 participants used HomePoint
 - 1 participant used Housing Options.
 - 1 participant used housing support
 - 1 participant used Temporary Accommodation.
- 6.35. Two participants had positive experiences with Housing Teams and felt they were guided in the right direction. One participant suggested that housing teams could improve by assisting in finding temporary homes.
- 6.36. Feedback from participants supported by HomePoint highlighted the need for quicker allocation of safe homes to domestic abuse survivors. Despite supporting letters, the HomePoint process took 9-10 months, during which the perpetrator was aware of their location.

Participants Feedback for Shropshire Council Housing Support:

- Clear information on domestic abuse support should be easily accessible on the website.
- Staff should increase awareness and understanding of domestic abuse beyond physical violence.
- A trauma-informed approach is essential, avoiding repeated explanations from survivors.
- Housing teams should recognize fleeing individuals as homeless due to safety concerns.
- Housing Staff must listen to survivors earlier to any disclosures of domestic abuse and provide greater support, taking domestic abuse more seriously.
- Exploring more appropriate, low-cost accommodation options for survivors of domestic abuse is essential, considering the high cost of rent even in refuge settings.

¹⁷ DAHA (2020) [Whole Housing Approach Year One Report](#)

- 6.37. **Recommendation:** For the Shropshire Council Housing Service to review their domestic abuse pages available to the public to ensure that it is easily accessible and includes all necessary information
- 6.38. **Recommendation:** For a domestic abuse training plan to be put together that all Shropshire Council Housing Teams must complete. Part of the plan will be to undertake regular refresher training once all modules have been completed.

Seeking Domestic Abuse Support – Specialist Services

- 6.39. To design policy and commission services that meet the needs of victims of domestic abuse, it is vital to understand how the victims in our sample sought support and which organisation they sought help from.
- 6.40. It is important to consider this when looking at the survey results. Participants of this survey were asked which domestic abuse service they accessed for support; in the first instance they were only able to select one service:

Domestic abuse service	Number of participants who accessed support
West Mercia Women's Aid	2
Shropshire Domestic Abuse Service	36
PEGS	0
Axis Counselling	0
Other:	
SAFFA	1
Axis Independent Sexual Violence Advisor	1
New Era	1
None	1

- 6.41. Participants were then asked a series of questions in relation to the support they received from the identified service.
- 6.42. Participants were then asked to identify any other service they have been supported by, which can be shown in the blank survey template (see Appendix 3).
- 6.43. The table below shows any other domestic abuse service participants accessed support from:

Domestic abuse service	Number of participants who accessed support
West Mercia Women's Aid	9
Shropshire Domestic Abuse Service	15
PEGS	0
Axis Counselling	2
Not applicable	8
Other	2

Support Participants Received From Domestic Abuse Services

6.44. All participants were asked the type of support they are/have accessed from the domestic abuse services which is shown in the table below

Domestic abuse service	Support received with numbers of participants
West Mercia Women's Aid	<ul style="list-style-type: none"> - IDVA service – 4 participants - Children and Young People – 1 participant - 24-hour helpline - 5 participants
Axis Counselling	<ul style="list-style-type: none"> - Trauma Focused Counselling – 1 participant
Shropshire Domestic Abuse Service	<ul style="list-style-type: none"> - Refuge- 3 participants. - Outreach Support- 11 participants - Groups – 21 participants - Phone Support – 1 participant

6.45. Participants who identified they were supported through refuge were asked their current situation regarding refuge

- 2 participants of the survey were currently being supported in refuge
- 1 participant left refuge due to purchasing a house.

6.46. Participants were asked if they are currently being supported by a domestic abuse service.

- 11 participants shared that they were being supported at the time of completing the survey
- 7 participants disclosed that they were not currently being supported
- 25 participants did not answer.

Overview of Participant Feedback Around Specialist Services

6.47. Feedback from participants is incorporated in this report, the headlines are included in this section. It is important to note, that there are gaps and limitations to the survey, we would've liked to have seen a greater diversity and sample in relation to ethnicity, sexual orientation, gender, and immigration status for example.

6.48. The findings from the voices of those with lived experience align with our findings elsewhere, most importantly participants said that they want to be provided with all the available options.

Overview of Participant Feedback Around Accessing Support

6.49. **Accessing Help from Agencies:**

- 43% of participants (19) answered that accessing help from agencies was "easy".
- The remaining 25 participants shared their experience of getting help from agencies. Many participants stated that once they knew what help was available, accessing support became easier. One participant mentioned that reporting to the police facilitated their access to agency support.
- However, some participants have found the process time-consuming and challenging. One participant initially found accessing support daunting due to the multitude of support numbers available.

- Some participants prior to leaving their home, found accessing support difficult. One participant shared that:

“I found it extremely difficult to tap into the agencies due to the fact that I was serving military and didn't require the help of additional services such as housing”

6.50. **Support Plans and Reviews:**

- 23 participants felt that their support plans and ongoing reviews met their needs.
- 21 participants provided feedback around their support plans and ongoing reviews. Whilst some participants shared, they felt their support plans were adequate, they emphasized the need for more follow-up. For instance, one disabled participant said:

“In some ways it (the support plan) met my needs but as I am disabled there were lots of things, I required further support with but had no one to help me for quite some time.”

- Some participants felt that their support plans fell short. One participant reported not having a support plan.
- Another participant highlighted the absence of available counselling, which would have been beneficial.

Feedback from participants- support services

Shropshire Domestic Abuse Service:

- 6.51. 9 participants shared they found it easy to access help from Shropshire Domestic Abuse Service. However, some participants provided feedback around the wait to receive outreach support.
- 6.52. There were a number of positive comments around the support participants received by Shropshire Domestic Abuse Service with one participant sharing that their support worker was dependable and always got back to them when they needed support. One participant said that Shropshire Domestic Abuse Service were “easy to understand” and showed “immeasurable kindness and empathy” whilst another participant shared that they finally felt heard after 19 years. One participant highlighted that Shropshire Domestic Abuse Service helped connect them with counselling services and helped them to get a diagnosis for Post Traumatic Stress Disorder.

“Shropshire Domestic Abuse Service have been brilliant, but it took me years to find that they existed. As a middle-aged white male victim of Domestic Abuse and the perpetrator being a teacher in Telford and Wrekin, most authorities/support services were not interested in listening to my case. SDAS did, they have helped and supported me enormously, they continue to do so. I genuinely believe that without the support of SDAS, I would've succeeded in taking my own life in 2023 after 19 years of domestic abuse at the hands of my ex-wife. Thank you SDAS, they are brilliant”

- 6.53. A number of participants who attended Shropshire Domestic Abuse Service groups were complimentary, sharing that attending groups has been helpful to them, enabling them to build confidence and make friendships with others. One participant found attending groups helped to tackle the feeling of isolation.

Groups have “given me a new perspective of my experiences, helping me understand what domestic abuse is and how I had experienced more than I thought. At the end of my support plan, I was left feeling educated and motivated to use my experience to help others.”

- 6.54. However, one participant shared that accessing outreach support was difficult as support ran through normal working hours and the participant couldn't afford time off work, due to supporting themselves and their child.
- 6.55. A common theme was around the lack of staff in refuge and staff being stretched. One participant shared that accessing refuge was a straightforward process and received a lot of support however, they shared that there is not enough staff in refuge and staff are “stretched too thin, you can see the impact on them”.

West Mercia Women's Aid:

- 6.56. One participant provided feedback that their first contact was with West Mercia Women's Aid when they fled from another area. They shared the support they received from West Mercia Women's Aid was provided quickly and was efficiently.
- 6.57. Another participant shared that West Mercia Women's Aid and Shropshire Domestic Abuse Service made a positive impact on their life in terms of leaving a 30+ years, very dangerous situation safely and has helped their recovery.

West Mercia Police:

- 6.58. One participant shared that the police signposted them to domestic abuse support services. Another participant highlighted that once they reported the crime to the police, they found it easier to access support but prior to that it was hard to get support before leaving. However, one participant shared that they did not find it easy at all as they shared, they did not find the police very proactive.

Axis Counselling:

- 6.59. One participant shared that their Axis worker was “amazing” and that they couldn't ask for someone more supportive.

Participants were asked if any of the support they are receiving/have previously received made a positive difference to their lives

- 6.60. Many participants disclosed that they have come a long way due to the support they received. Participants also shared that through accessing support, they felt heard which

has been extremely positive.

- 6.61. Participants also shared that the support they have received changed their life, with one participant sharing that having someone listen and advise how to navigate through the process of divorce and cope with child contact through post separation abuse, has kept them alive.

“The support I received, although not always at the most crucial points, was also completely invaluable. I was so brainwashed when I first came away, I really didn't understand the scale of the abuse I had endured...I felt so much stronger for putting my case out there and hope that if nothing else it can be used in the future to help any future victims of my abusers”

- 6.62. A number of participants have shared that the support they received has helped with their mental health. One participant shared the support they received has helped with their self-confidence, depression, and post-traumatic stress disorder. Another participant shared that the support they have received has “been instrumental” and as a result they have been able to move back into their family home. They have been able to have a non-molestation order put in place and received a ring doorbell which helps them to manage their anxiety and Post Traumatic Stress Disorder.

Participants were asked if any of the support they have received, had a negative impact on their life

- 6.63. 72% of participants shared that the support they have received has not had a negative impact on their lives.
- 6.64. Some participants however, shared there had been a negative impact. Examples of participants negative experiences include, key worker not attending court sessions, appointment scheduling errors and language used by professionals. One participant shared that a professional used derogatory language around their parenting, which triggered them to have panic attacks and depression.
- 6.65. One participant shared the lack of support they received within the Army had a negative impact on their life. Not knowing how to leave or access support meant they stayed for longer.
- 6.66. One participant mentioned there will be a negative impact on their life when support sessions end. Another participant shared that the length of time it takes to get the support needed, can have a negative impact.
- 6.67. Another participant shared that the Police not arresting their ex-partner after breaking the restraining order and police bail conditions, had a negative impact on their life.

Participants were asked ‘How can we improve the domestic abuse response in Shropshire?’.

- 6.68. The feedback from participants around how we can improve the domestic abuse response in Shropshire is summarised below.
- 6.69. **Improving Understanding and Awareness:**
- Enhance understanding of domestic abuse within Shropshire. This includes training staff on cultural nuances and how abuse manifests across different forms, not just physical violence.
 - Everyone involved in a supporting role should understand the processes of each service to improve the domestic abuse response.
 - More emphasis on raising awareness and breaking stigma around domestic abuse in Shropshire.
 - Needs to be better responses to families, ensuring safety and providing accommodation options.
- 6.70. **Enhancing Service Responses:**
- Services offering support must ensure that main numbers and helplines are always answered promptly.
 - Larger teams of domestic abuse support workers so they can distribute workloads effectively.
 - Collaboration between police and domestic abuse services is crucial to provide comprehensive support and information at every step of the process.
 - Addressing waiting times for support is essential to ensure timely assistance for victims of domestic abuse.
 - Consider having a family court support worker, specialising in domestic abuse in Shropshire.
- 6.71. **Funding and Support Provision:**
- Increased funding and longer contracts for service providers. Continuity is vital, especially when survivors must repeatedly recount traumatic events.
 - Access to support should extend beyond major towns like Shrewsbury and Telford.
 - Improving refuge provision involves assessing survivor compatibility and considering bedsits with communal spaces as an accommodation option.
- 6.72. **Tailored Support and Mental Health Services:**
- Some participants shared that having a designated mental health support worker, for domestic abuse survivors in Shropshire would be beneficial. One participant shared that having a mental health worker would create stability. Therefore, in order to improve domestic abuse response in Shropshire, designated mental health support workers, along with routine appointments would enhance the overall domestic abuse response.
 - Tailored support is essential, especially for disabled individuals fleeing domestic abuse. A buddy service can aid the transition to independence.
 - Providing funds to victims can boost confidence and empowerment.
- 6.73. At the end of both surveys' participants were provided with the Lived Experience Project Officers contact number and email and were given an opportunity to share their details for the project officer to contact them to discuss them joining the Lived Experience Advisory Group' and helping to shape the services that are there to support them. 25 participants expressed interest in joining the group.

Focus Groups.

6.74. As part of capturing the voice of lived experience, Shropshire Council carried out two focus group sessions with survivors residing in refuge.

Overview of Participants:

6.75. Five participants were interviewed, recruited by Shropshire Domestic Abuse Service (SDAS). All five participants, at the point of the focus groups, were residing in refuge.

6.76. Demographic details were collected for all five participants shown below:

Participant demographics	
Age: <ul style="list-style-type: none">- 20-23: 1 participant- 25-34: 3 participants- 45-54: 1 participant	Disability <ul style="list-style-type: none">- No: 5 participants
Gender <ul style="list-style-type: none">- Female: 5 participants	Marital status <ul style="list-style-type: none">- Single: 3 participants- Separated: 1 participant- Divorced/ legally dissolved: 1 participant
Ethnicity <ul style="list-style-type: none">- 4 White/White British: 4 participants- Gypsy/Roma/Traveller: 1 participant	Access to public funds* <ul style="list-style-type: none">- Yes: 4 participants- Don't know: 1 participant
Sexual orientation <ul style="list-style-type: none">- Heterosexual/Straight: 5 participants	Do you have children? <ul style="list-style-type: none">- Yes: 3 participants- Prefer not to say: 2 participants

6.77. Before entering Shropshire's refuge, 4 participants were living out of county and 1 shared they were previously a tenant of a Connexus property in Shropshire.

Overview of feedback from focus groups:

6.78. Understanding Available Support:

- One participant emphasised that while available support options were discussed with them, it can be challenging to absorb all the information.
- Another participant emphasized the need for greater awareness about what a refuge is and how to access support.

6.79. Issues with Temporary Accommodation:

- Participants shared their experiences of being placed in B&B accommodation when fleeing domestic abuse. They found these environments unsuitable. One participant shared that they witnessed sex work and encountering unsavoury characters can be

distressing for survivors and their children. Participants highlighted that Safer housing options are crucial to protect vulnerable individuals and families.

- Hotels where survivors are placed should prioritize family-oriented settings.

6.80. Isolation and Keeping Children Occupied:

- Participants shared that they felt isolated in temporary accommodation.
- Feedback included managing children's entertainment in cramped spaces with limited funds is challenging.
- Suggestions included ensuring those fleeing domestic abuse, who are placed in temporary accommodation could receive vouchers for soft play areas and providing breakfast.

6.81. Positive Experiences with Shropshire Domestic Abuse Service:

- Two participants praised the support provided by Shropshire Domestic Abuse Service. With one participant sharing that they were helped with medication prescriptions and supported mental health needs.

6.82. Challenges in Refuge Settings:

- Participants highlighted the difficulties of navigating refuge rules and parenting in shared facilities with multiple families.

6.83. Recommendations in Light of Focus Groups:

- When a victim/survivor (and any accompanying children) is placed in temporary accommodation, an appropriately trained Housing Support Officer is assigned to provide support within 48 hours. The support should be focused on reducing isolation, access to food, improving awareness of local amenities, and should be delivered in a trauma informed way.
- Before placing a victim/survivor in temporary accommodation, the local authority must carry out necessary checks to assure itself of the suitability and safety of the building and its surrounding environment.

6.84. Recommendations on Involving Those with Lived Experience:

- Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 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, people with disabilities e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

7. Needs Assessment Findings

- 7.1. This section presents findings from 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.

- 7.2. Following this section, data is presented specifically on safe accommodation (sections seven, eight and nine). 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.
- 7.3. When highlighting gaps in provision, it should be noted that in 2023 the Domestic Abuse Commissioner¹⁸ presented key findings around specialist services in England and Wales. These included:
- Specialist services are effective in enabling victims and survivors to feel safer and more in control of their lives following abuse.
 - Support provided for victims/survivors from minoritized communities varied, with services least likely to have specialist provision for Deaf victims/survivors or victims/survivors with learning disabilities.
 - A considerable injection of long-term funding is needed for services to meet the demand for support from survivors.
 - Proactive outreach by domestic abuse services and by wider public services was critical in enabling victims and survivors to access support.

Shropshire Population Data

- 7.4. The statistics provided below in relation to Shropshire population data were sourced from the Office for National Statistics (ONS)¹⁹ census data, which was captured in 2021 unless otherwise specified. It is important to note that there may have been changes in relation to Shropshire's population since the data was released.
- 7.5. In 2021, Shropshire had a population of 323,619. The population is distributed across most of the county.
- 7.6. Appendix 4¹⁷ shows the proportion of Shropshire residents by gender and age groups in Shropshire. There are a total of 163,927 females and 159,692 males. The highest percent age band was 55-59 years at 7.9% with the lowest percent age band being 90 and over.
- 7.7. Therefore, within Shropshire there are more females than males. The age of Shropshire's population is not distributed evenly across the county, with higher numbers of children and young people in central Shropshire.
- 7.8. In relation to the Ethnicity of Shropshire residents 96.7% of Shropshire residents identified their ethnic group as 'White'. Asian, Asian British or Asian Welsh were the second largest ethnic group at 1.3% of the population.

Barriers to Accessing Support in Shropshire Due to its Rurality.

- 7.9. Shropshire is a large predominantly rural inland County situated in the West Mercia region. It is the second largest inland rural county in England. Approximately 52.7% of the

¹⁸ [Domestic abuse commissioner \(2023\) A Patchwork of Provision How to meet the needs of victims and survivors across England and Wales](#)

¹⁹ Office for National Statistics (ONS) 2021 Census

population live in rural areas. According to the Rural Crime Network (2019)²⁰ abuse lasts, on average, 25% longer in the most rural areas.

- 7.10. The rural crime network reports that rural victims are half as likely as urban areas to report their abuse. It could be argued that the more rural you live, the more challenging it is to access services to get support. Therefore, when considering Shropshire's domestic abuse service provision, the rural nature of Shropshire must be considered.

8. National Prevalence of Domestic Abuse

- 8.1. Understanding the national prevalence of domestic abuse can be challenging due to domestic abuse often being hidden and many incidents are not reported. However, data from the Crime Survey for England and Wales (CSEW (2023)) provides some insight into the issue.
- 8.2. The CSEW (2023)²¹ estimated that 2.1 million people aged 16 years and over (1.4 million women and 751,000 men) experienced domestic abuse in the year ending March 2023.
- 8.3. It should be noted that the CSEW (2023), 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 party to another, which is more likely to lead to victims needing services.
- 8.4. The data provided by the CSEW (2023) is based on eight months of data collection because of an error in the survey, which resulted in missing data. Caution should be taken when using this data because of the impact of the reduced data collection period on the quality of the estimates.

9. Local prevalence of domestic abuse

- 9.1. Domestic abuse related incidents and crimes in those aged 16 or over are recorded by the police. The Office for Health Improvement and Disparities (OHID)²² collect this metric and include it in their Public Health profiles.
- 9.2. For this metric, domestic abuse related offences and incidents are defined as threatening behaviour, violence, or abuse (psychological, physical, sexual, financial, or emotional) between people aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality. Offences have been recorded as a crime,

²⁰ [National rural crime network \(2019\) Capital and Controlled. Domestic Abuse in rural areas](#)

²¹ [Crime Survey in England and Wales \(2023\)](#)

²² [The Office for Health Improvement and Disparities \(OHID\) Fingertips data](#)

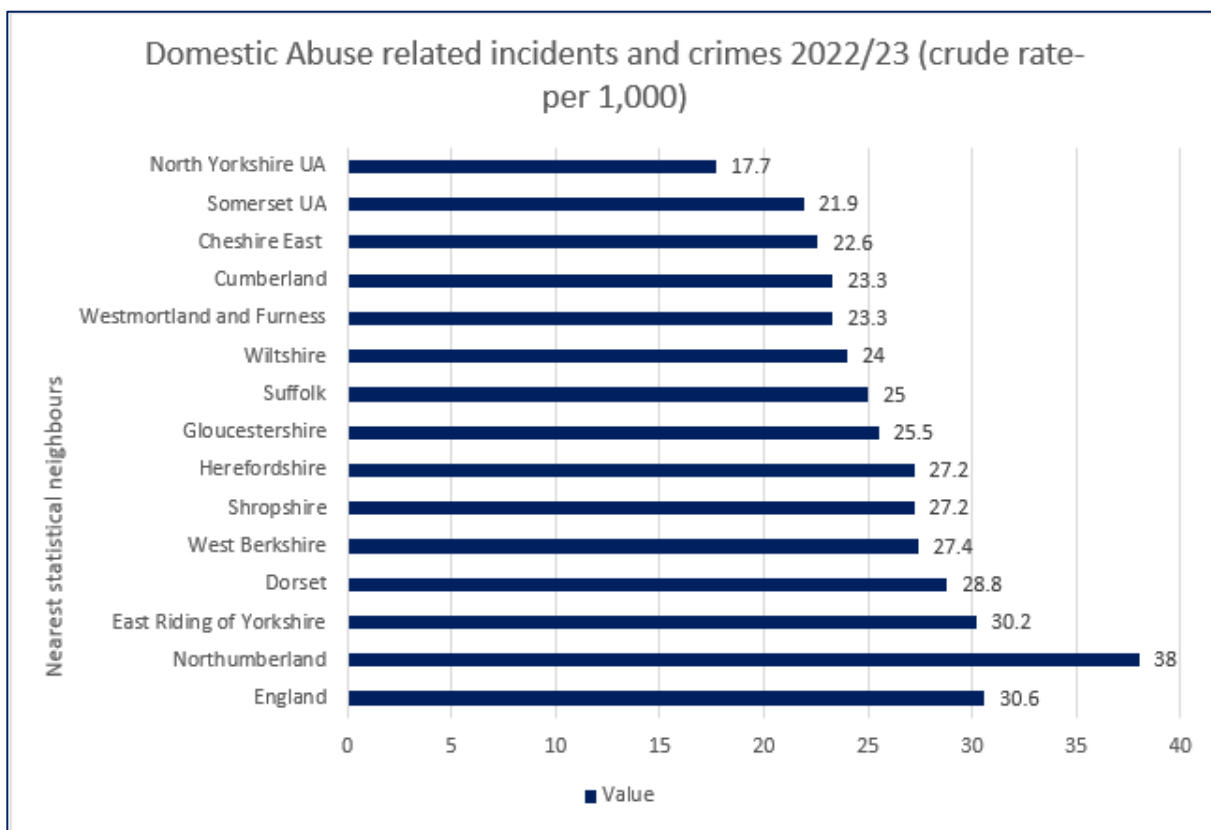
whereas the number of incidents refers to those that were not recorded as a crime and the two categories are mutually exclusive to avoid duplicate counting.

- 9.3. The table below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and other local authorities in the West Midlands region (OHID Fingertips 2024). The Shropshire rate of 27.2 per 1,000 population. Therefore, for every 1,000 people aged 16+ in Shropshire during 2022/23, almost 27 domestic abuse related incidents and crimes were reported. The Shropshire rate is joint 2nd lowest in the West Midlands region out of 14 local authority areas (range from 24.5 per 1,000 to 41.0 per 1,000) and observationally lower than the West Midlands average domestic abuse related incidents and crime rate of 35.1 per 1.000 population.

Area	Recent trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	1,365,149	30.6	30.6	30.7
West Midlands region (statistical)	↑	169,002	35.1	35.0	35.3
Wolverhampton	-	-	41.0	-	-
Walsall	-	-	41.0	-	-
Solihull	-	-	41.0	-	-
Sandwell	-	-	41.0	-	-
Dudley	-	-	41.0	-	-
Coventry	-	-	41.0	-	-
Birmingham	-	-	41.0	-	-
Stoke on Trent	-	-	41.0	-	-
Staffordshire	-	-	25.6	-	-
Worcestershire	-	-	27.2	-	-
Telford and Wrekin	-	-	27.2	-	-
Shropshire	-	-	27.2	-	-
Herefordshire	-	-	27.2	-	-
Warwickshire	-	-	24.5	-	-

- 9.4. The chart below displays the rates of domestic abuse related incidents and crimes recorded in 2022/23 for Shropshire and nearest statistical neighbours that have a similar

demographic and/or geographic profile to Shropshire, (OHID Fingertips 2024).



9.5. For Shropshire, this rate was 27.2 incidents per 1,000 people. This rate is joint 5th highest out of 14 statistical neighbour local areas (range 17.7 per 1,000 to 38 per 1,000) but is observationally lower than the England average rate of 30.6 domestic abuse related incidents and crimes per 1000 over the same period.

9.6. In turn, Shropshire is one of the lowest rates in 2022/23 for the West Midlands, but is the 5th highest compared to statistical neighbours out of 14 local authority areas. This highlights an issue for Shropshire and conversations as to why this rate may be higher than statistical neighbours despite being lower to the region.

10. Prevalence of Domestic Abuse – West Mercia Police Force Area

10.1. According to the National Police Chiefs' Council (NPCC)²³ domestic abuse remains one of biggest demands on policing, with arrests for domestic abuse related offences increasing by over 22% in the year ending March 2023, compared to the previous period. The NPCC recognises that this is a positive shift but acknowledges that this is only the

²³ <https://news.npcc.police.uk/releases/call-to-action-as-violence-against-women-and-girls-epidemic-deepens-1>

start and there is still more to do.

- 10.2. Below presents the findings from the CSEW (2023)²⁴ and includes the number of domestic abuse-related crimes recorded by the police and percentage of offences that were domestic abuse-related, by police force area.

Area	Geography	Total number of domestic abuse-related crimes Apr 2022 to Mar 2023	Percentage of all crimes that were domestic abuse-related Apr 2022 to Mar 2023
England and Wales excluding Devon and Cornwall	Country	889,918	16.2
West Midlands	Region	112,607	18.7
West Mercia	Police force area	17,204	18.1

- 10.3. The percentage of all crimes that were domestic abuse related between April 2022 to March 2023 for West Mercia was 18.1%. This was 1.9% higher than England and Wales (excluding Devon and Cornwall).

- 10.4. West Mercia Police provided a breakdown of domestic abuse incidences and offences-Shropshire 2022-2024

Total for 2022/23	Total for 2023/24
Offences 3,360	Offences 3,019
Incidents 4,116	Incidents 4,161

Data Provided by West Mercia Police

- 10.5. To better understand the prevalence of domestic abuse in Shropshire, the needs assessment requested data from West Mercia Police for the same timeframe as all other data requests. However, they only provided summary reports for domestic abuse in Shropshire for **quarter four (January - March) of 2022/23 and 2023/24** unless otherwise stated. This means that offences that were committed outside this period are not included.
- 10.6. This data is limited by the quality and consistency of information input by officers at the time of recording. Not all causation factors are recorded and therefore not known for all offences, which causes this data to be limited.
- 10.7. It is important to consider that crime data is reliant on public reporting of offences. Some offence groups are known to be under reported. Also, victim to suspect relationship is not always recorded and volumes for this are therefore lower than the recorded number of

²⁴ [Crime Survey for England and Wales \(2023\) Domestic abuse prevalence and victim characteristics](#)

offences.

- 10.8. The data provided shows there was a slight decrease in the volume of domestic abuse offences and incidences between 2022/23 and 2023/24. However, when looking at statistics around domestic abuse, it is important to consider under-reporting. Women's Aid (2022)²⁵ suggest that survivors may not report abuse to police due to reasons such as; uncertainty around what is a crime, fear of not being believed and concerns about the impact on any children.
- 10.9. It is also vital to consider the changes made in how police recorded domestic abuse crimes in 2023. As a result of the Policing Productivity Review (2023)²⁶, recommendations by the National Police Chiefs Council and the Home Office, changes have been implemented to the Counting Rules, the mechanism used by police forces across England and Wales to record crime. The Domestic Abuse Commissioner²⁷ explains that previously most police forces recorded a maximum of two crime incidents when a victim made a report to the police, regardless of whether more than two different crimes had taken place. As a result of these changes, only one incident - that is deemed to be the most serious crime - is recorded by the police due to the implementation of the 'Principal Crime Rule'. Additional changes to the rules have also allowed the police to stop counting malicious communication crimes – crimes of threatening or abusive messages – and public order offences. More officers than before are also permitted to remove a crime from the record if evidence suggests no crime took place.
- 10.10. **Recommendation:** For West Mercia police to increase awareness raising around domestic abuse in terms of how to report and how to spot the signs of abuse.
- 10.11. **Recommendation:** West Mercia Police to be specific on how domestic abuse is recorded on their system, to improve data recording and data collection.

Domestic Abuse Offences in Shropshire

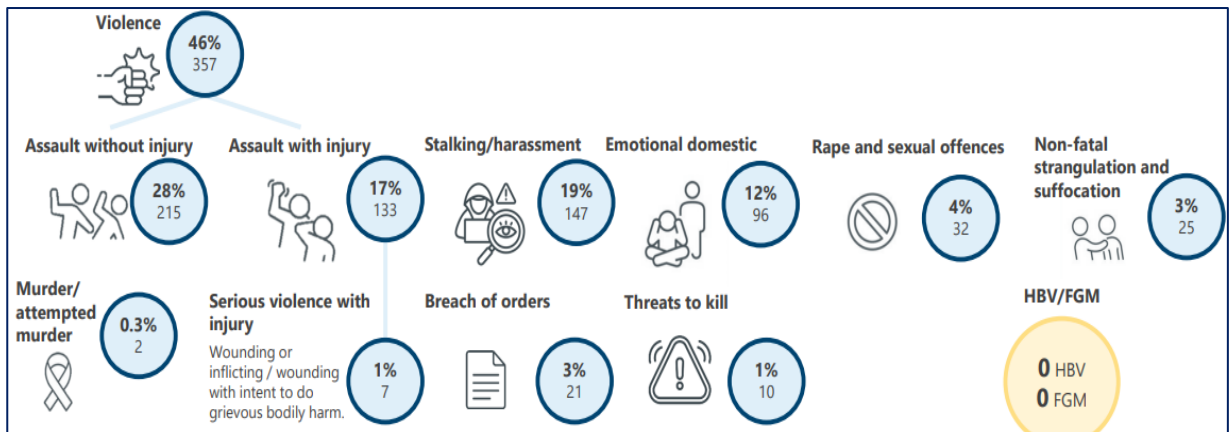
- 10.12. West Mercia Police provided a domestic abuse offence type breakdown for quarter 4 of 2022/23 and quarter 4 of 2023/24 shown below:

Q4 2022/23*

²⁵ [Women's Aid \(2022\) Come Together to End Domestic Abuse: a survey of UK attitudes to domestic abuse 2022](#)

²⁶ [Home Office \(2023\) Policing Productivity Review](#)

²⁷ [Domestic abuse Commissioner \(2024\) briefing from the domestic abuse commissioner for England and Wales Home Office Counting Rules](#)



Q4 2023/24*



10.13. The findings from Q4 2022/23 and Q4 2023/24 suggest that the most common domestic abuse offence in Shropshire is assault without injury. This is followed by assault with injury. There has been a noticeable increase in serious violence with injury and a slight increase in stalking and harassment offences. However, not all offence types are covered and those presented involve offences with greatest volume and harm.

10.14. When discussing offences, we note that in Q4 2022/23 there were no offences recorded for Honour Based Abuse (HBV) or Female Genital Mutilation (FGM). However, in Q4 2023/24 there were two offences of Honour Based Violence recorded.

10.15. It is unknown as to whether the victim/survivors identified by West Mercia Police, accessed, or were referred or signposted to any specialist support around Honour Based Abuse in Shropshire.

10.16. **Recommendation:** To understand the scope of honour-based abuse and female genital mutilation in Shropshire.

10.17. **Recommendation:** Consider commissioning services to support victims of stalking/harassment

Victim and Suspect Demographics – West Mercia Police

10.18. The police provided victim and suspect demographics for quarter four 2022/23 and quarter four 2023/24, shown below. Unfortunately, gender is not always recorded by those inputting offence details to the system, and therefore the gender breakdown won't always be complete. Anything outside of this will be 'unknown', 'unspecified' or 'blank' and has not been included.

Victims of domestic abuse			
Snapshot	Female	Male	Total number of victims in time period
Q4 2022/23	347	99	449
Q4 2023/24	303	109	415

Suspects of domestic abuse			
Snapshot	Female	Male	Total number of suspects in time period
Q4 2022/23	108	326	434
Q4 2023/24	63	155	220

10.19. In line with national figures, during Q4 2022/23 and Q4 2023/24, the majority of victims in Shropshire were female, and the majority of suspects in Shropshire were male.

10.20. Below shows a breakdown of repeat victims and suspects of domestic abuse for Q4 2022/23 and Q4 2023/24, with a breakdown of gender.

Repeat victims of domestic abuse			
Snapshot	Female	Male	Total number of repeat victims in time period
Q4 2022/23	47	5	52
Q4 2023/24	48	10	58

Repeat suspects of domestic abuse			
Snapshot	Female	Male	Total for number of repeat suspects in time period
Q4 2022/23	16	11	27
Q4 2023/24	10	21	31

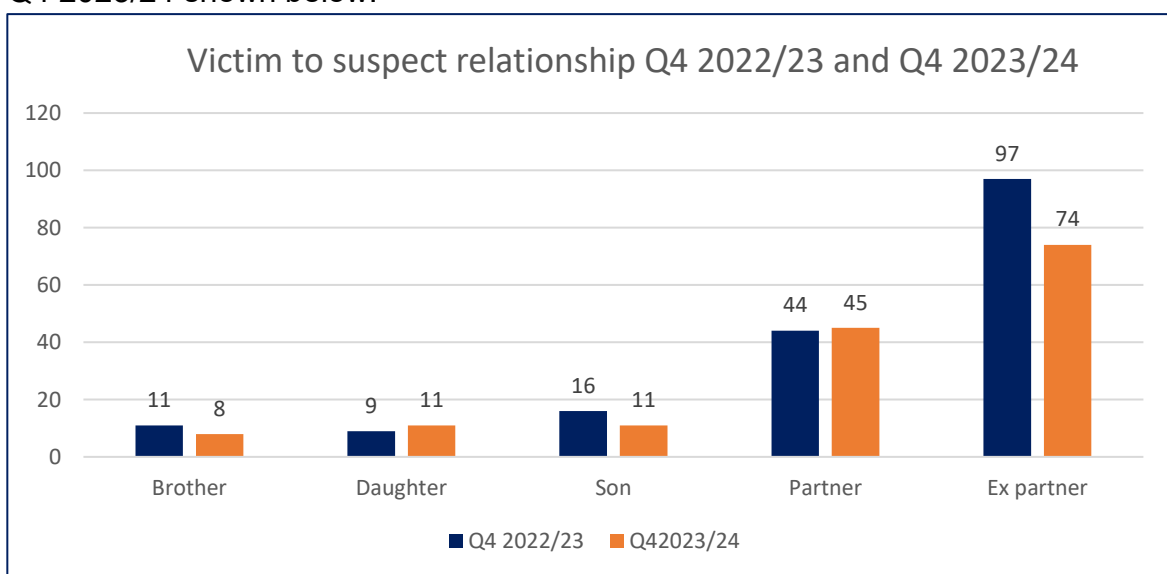
10.21. The number of repeat suspects and victims was higher in quarter 4 2023/24 than quarter 4 2022/23. It is noteworthy that female repeat suspects were higher than males in 2022/23.

10.22. **Recommendation:** For all services, as well as police, to look at how they record domestic abuse, to ensure that demographics such as gender of victim/survivors and gender of suspects can be reported on.

10.23. **Recommendation:** A need to review intervention methods of domestic abuse within Shropshire, to reduce the number of repeat victims and suspects.

Victim to Suspect Relationship

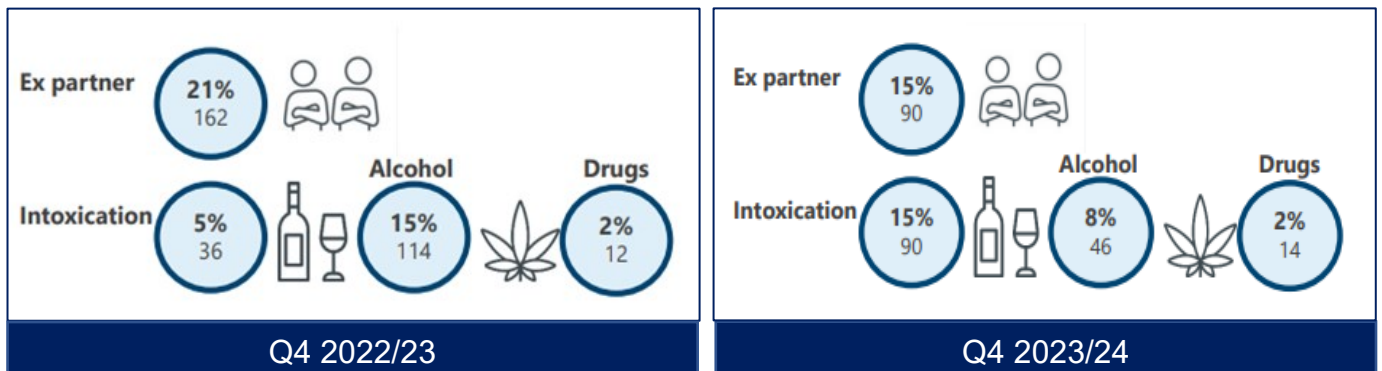
10.24. The Police provided data around the victim to suspect relationships for Q4 2022/23 and Q4 2023/24 shown below:



10.25. The data highlighted that the most common victim to suspect relationship is ex-partner. Nationally domestic abuse is recognised as behaviour, in many cases, by a partner or ex-partner, but also by a family member or carer. It should be noted that the data provided was only around the highest volume recorded victim to suspect relationship types and does not reflect all victim to suspect relationship types

Impact/Causation Factors of Domestic Abuse Incidents

10.26. West Mercia Police provided the impact/causation factors for domestic abuse incidents in Shropshire for quarter four 2022/23 and quarter four 2023/24 shown below: These factors above have been identified through key word searching.



10.27. The findings show an increase from Q4 2022/23 and Q4 2023/24 of intoxication levels and drugs as an impact or causation factor and a decrease in alcohol as a causation/impact.

10.28. However, in crime reports it is not always stated what type of intoxication is present at the incident and therefore will only state 'have intoxicated' or similar. Therefore, the different use of key words used can impact the comparison of these impact/causation factors. In turn, it could be assumed that the increase in intoxication between Q4 2022/23 and Q4 2023/24, may be due to a change in language from alcohol to intoxication.

10.29. **Recommendation:** to be able to spot patterns and trends in relation to the impact/causation factors of domestic abuse, those completing crime report must consider using the same key words, so there can be a direct comparison of causation/impact factors.

10.30. **Recommendation:** To consider how the influencing factors of domestic abuse are identified by West Mercia Police through risk assessments.

DASH (Domestic Abuse, Stalking and Honor Based Violence) Risk Levels

10.31. According to Safe lives²⁸ each year more than 75,000 people in the UK are at high and imminent risk of being murdered or seriously injured as a result of domestic abuse.

In 2018, Dr Jane Monkton Smith²⁹ reviewed domestic abuse homicides in the UK and showed an eight-stage timeline of events before a homicide takes place. The 8 stages were as follows:

- A pre-relationship history of stalking or abuse by the perpetrator
- The romance develops quickly into a serious relationship

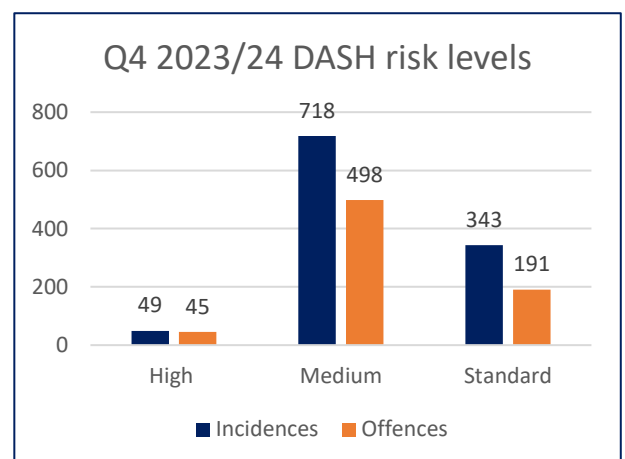
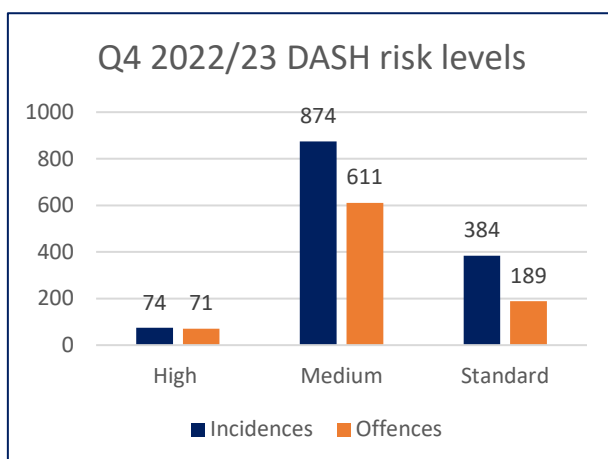
²⁸ [Safe lives \(2023\) Marac National Dataset](#)

²⁹ Monckton-Smith, Jane (2018) Intimate Partner Femicide Timeline. Accessed via: <https://eprints.glos.ac.uk/6273/1/Intimate%20Partner%20Femicide%20Timeline.pdf> (Accessed on 6.8.24)

- The relationship becomes dominated by coercive control
- A trigger threatens the perpetrator's control - for example, the relationship ends, or the perpetrator gets into financial difficulty
- Escalation - an increase in the intensity or frequency of the partner's control tactics, such as stalking or threatening suicide
- The perpetrator has a change in thinking - choosing to move on, either through revenge or by homicide
- Planning - the perpetrator might buy weapons or seek opportunities to get the victim alone
- Homicide - the perpetrator kills his or her partner and possibly hurts others such as the victim's children.

10.32. Risk is often identified and assessed by frontline professionals through completing a DASH (Domestic Abuse, Stalking and Honour based violence Risk Assessment Tool).

10.33. West Mercia Police record the DASH risk levels of victims and provided data to the needs assessment around the number of incidences and offences with DASH risk levels high, medium, and low for Q4 2022/23 and Q4 2023/24 shown below:

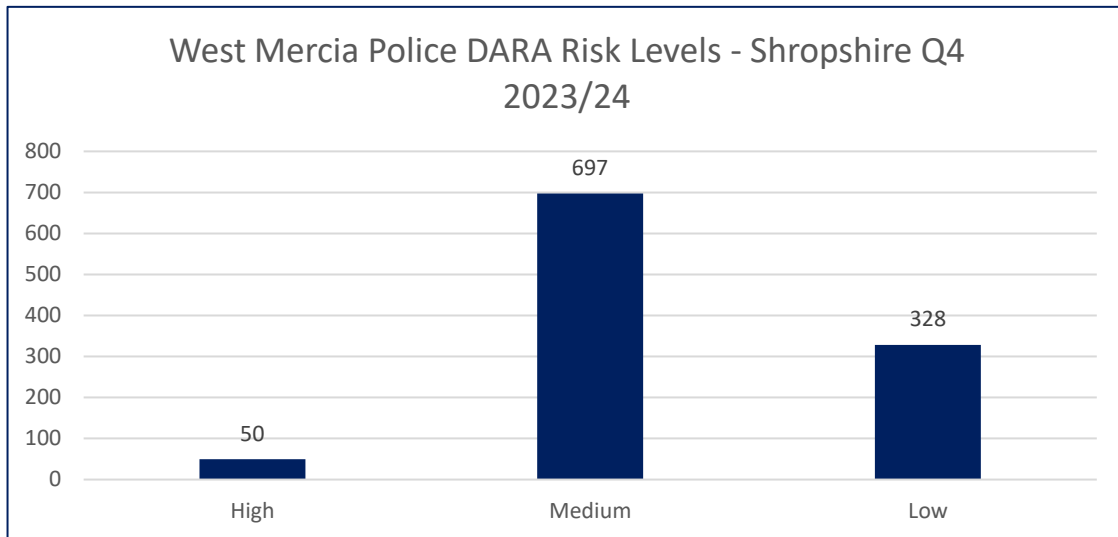


10.34. From the data provided, the number of incidences and offences recorded as a high-risk level and a medium risk has decreased between Q4 2022/23 and Q4 2023/24.

10.35. The standard risk level has seen a slight reduction in number of incidences recorded and an increase in the number of offences. However, as previously mentioned in the needs assessment, West Mercia Police have changed the way in which they are reporting crimes, therefore the reduction in numbers, may be explained by this change.

10.36. As of October 2023, West Mercia Police replaced the DASH with the Domestic Abuse Risk Assessment (DARA), which is intended to be completed by police first responders. This is discussed further in section 20.

10.37. The DARA volumes for offences have been provided for Q4 2023/24 only, as in Q4 2022/23 DASH was still in place.



10.38. The most common DARA risk level identified in Q4 2023/24 was medium risk.

West Mercia Police – Domestic Violence Orders, Notices and Disclosure

10.39. Below shows the number of domestic abuse protection orders, protection notices and disclosure scheme

West Mercia Police	Q4 2022/23	Q4 2023/24
Domestic Violence Protection Orders (DVPOs)	0	5
Domestic Violence Protection Notices (DVPNs)	0	5
Domestic Violence disclosure scheme Claire's Law (DVDS)	44	75

10.40. The data provided shows an increase in the number of Domestic Violence Orders, Notices and Disclosure schemes between the two quarters. It is unclear why this is the case however a potential explanation for the increase in “Claire’s Law” applications could be as a result of the Government releasing statutory guidance in 2023³⁰.

10.41. **Recommendation:** for West Mercia Police to increase the use of DVPN/DVPOs in appropriate cases.

10.42. **Recommendation:** For West Mercia Police to consider using the Dr Jane Monkton Smith Homicide timeline in their training around domestic abuse.

11. Reporting Points

- 11.1. This section exhibits domestic abuse data from all services who provided a data return for the needs assessment. The data presented is where victims/survivors have disclosed or reported and must not be considered a full indication of prevalence of domestic abuse within Shropshire.
- 11.2. Shropshire Council requested data from 31 services/departments and received it from 30 services/departments. Data was unable to be provided by: SARC – The Glade. The reason for this is that they have transferred from G4S to Mountain Healthcare from the 1st of May 2024, and as a result they did not have access to any figures/data for 2022/23 and 2023/24.
- 11.3. The range of services receiving referrals or disclosures of domestic abuse from victims/survivors and/or their children is evidence of the need for a whole system approach through the Coordinated Community Response. This requires all services to have in place: policies, procedures, mandatory training, routine/selective enquiry, well-known and clear referral pathways, case management recording with data collection and sharing with the Partnership, and active involvement with the MARAC.

Disclosures, Reporting or Referrals for Adult Victims/Survivors

Disclosures, reporting or referrals for adult victims/survivors*	2022/23	2023/24	Total 2022-2024
Axis Counselling (where DA is a factor)	294	218	512
Axis ISVA (where DA is a factor)	113	77	190
MARAC	290	287	577
Midlands Partnership NHS Foundation Trust	3	16	19
PEGS	107	184	291
SDAS- Accommodation based support	165	142	307
SDAS- Community based support	848	1069	1917
Shrewsbury and Telford Hospital NHS Trust Accident and Emergency	109	88	197
Shrewsbury and Telford Hospital NHS Trust Maternity	27	20	47
Shropshire Council Adult Social Care (records open with DA recorded)	271	229	500
Shropshire Council Housing Options Team (Homeless applications)	241	304	545
Victim Support	61	64	125
We are with you	344	434	778
West Mercia Women's Aid IDVA	293	303	596
West Mercia Women's Aid Hospital IDVA	72	70	142
West Mercia Women's Aid Helpline (Shropshire)	220	299	519

West Mercia Women's Aid Online contacts (Shropshire)	136	212	348
Cranstoun – Male IDVA	0	7	7
Willowdene	221	237	458

*This is taken from the breakdown of victims by gender, totalled across male and female, crimes, and incidents.

- 11.4. In addition, Citizens Advice Bureau provided the total number of domestic abuse issues, shown below

Number of domestic abuse issues – Citizens Advice Bureau	2022	2023	2024
	204	190	132

- 11.5. Also, SDAS non accommodation service received a number of “short term work” calls, in 2022/23 they received 40 calls and in 2023/24 they received 52.
- 11.6. Referrals, cases, or disclosures across nearly all services have increased since the last needs assessment. For example, Axis Counselling received 366 more referrals in this period and SDAS non accommodation services received an increase in referrals of 481.
- 11.7. The notable exception is Victim Support. There were 662 fewer referral cases or disclosures since the last needs assessment. Victim Support have shared that this might be a reporting error from the last needs assessment.

11.8. When analysing the data from where survivors report domestic abuse, it must be considered that this does not show the overall levels of domestic abuse. Safe Lives³¹ highlight that domestic abuse "...is much bigger than shown in official statistics, as many victims and children don't tell anyone about the abuse, and they are not recorded as crimes".

Repeat Referrals

11.9. Repeat referrals recorded by some specialist services, police, and MARAC

Repeat referrals for adult victims/survivors 2022/23 & 2023/24	Total number of referrals	% repeats
Axis Counselling	512	10.5%
Axis ISVA	190	11.1%
MARAC	577	40.2%
SDAS – Community based support (repeats into service not organisation)	1917	28.7%
Victim Support	125	1.6%
WM WA IDVA	596	60.6%
WM WA IDVA (Hospital)	142	27.5%

11.10. The service with the highest percentage of repeat referrals was West Mercia Women's Aid IDVA service. Both SDAS and WMWA have shown an increase in number of repeat referrals since the last needs assessment.

11.11. It is crucial to better understand the reason for repeat referrals to domestic abuse services in Shropshire.

11.12. **Recommendation:** For domestic abuse services to assess the reasons for repeat referrals into their service.

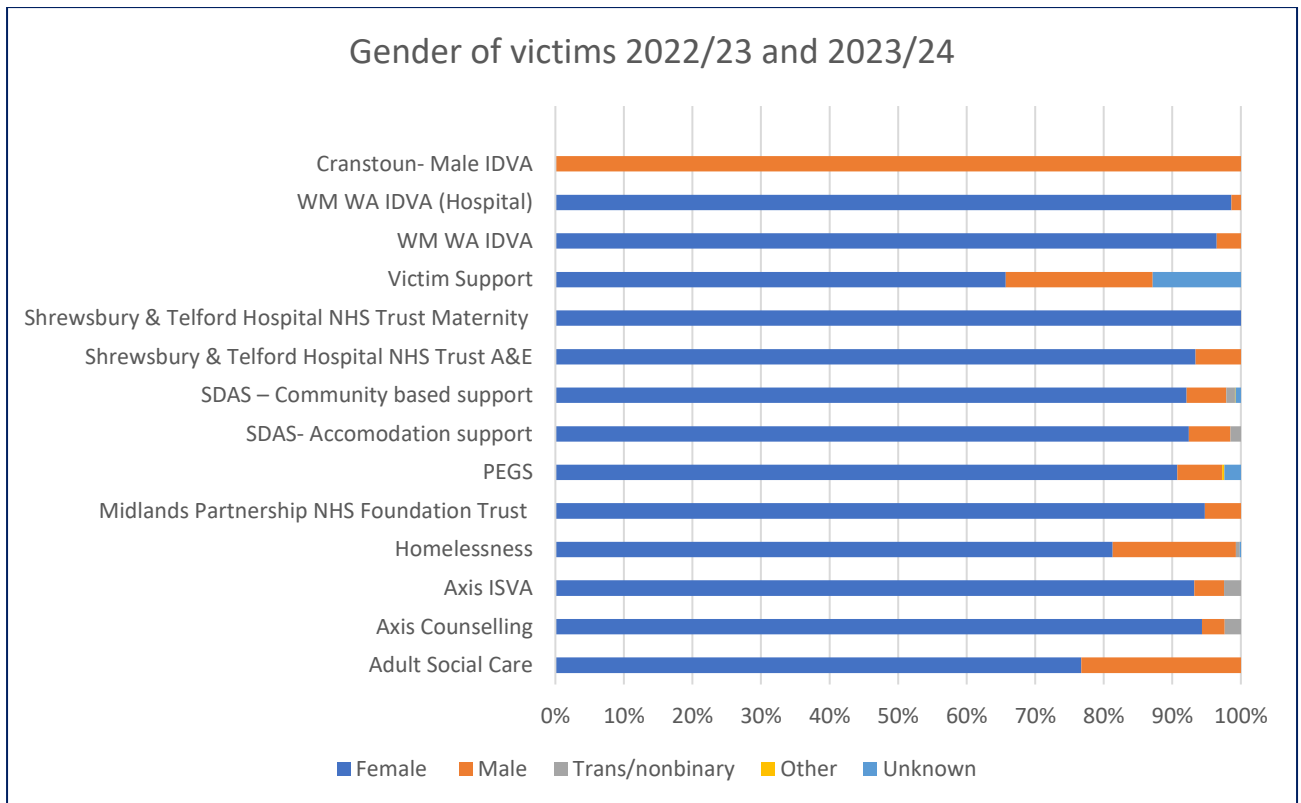
12. Adult Victim/Survivors

12.1. This section presents a summary of the data about adult victims/survivors accessing services. Included in this section are recommendations, which do not relate to service provision, but data collection.

12.2. Please note, gender, age, and ethnicity were recorded by almost all services that submitted data to the needs assessment; for the remaining characteristics the needs assessment only has partial data.

³¹ [Safe lives \(2024\) Facts and Figures](#)

Gender

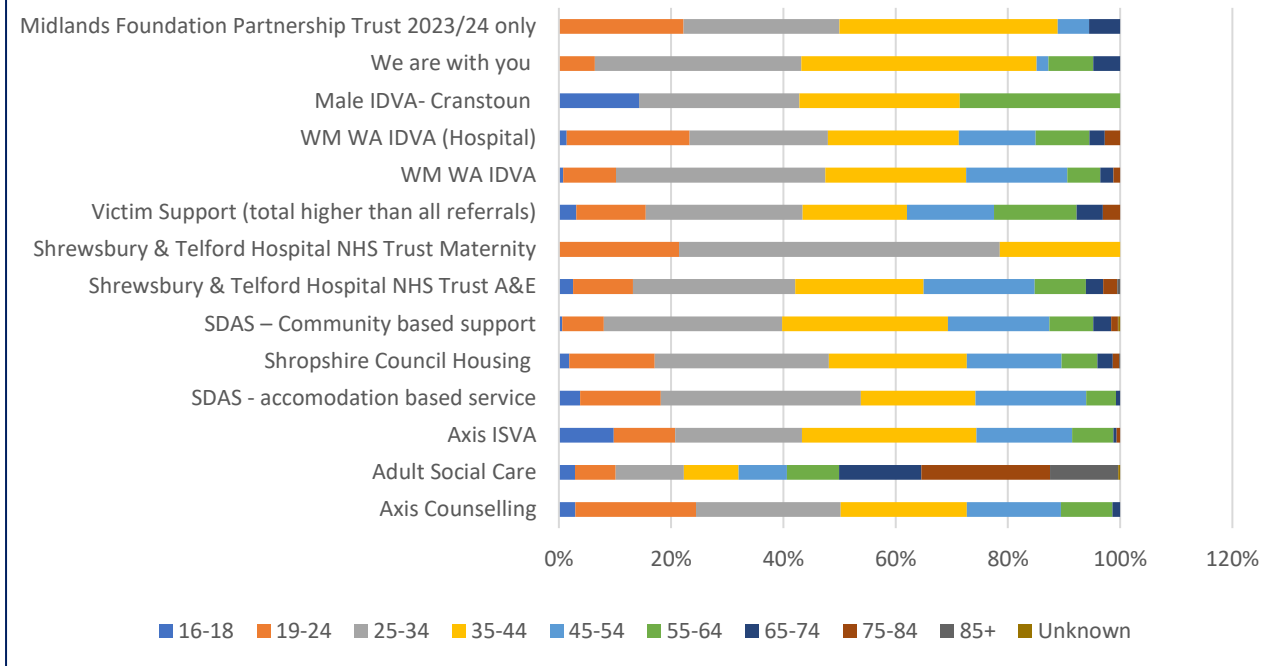


- 12.3. Whilst anyone can be a victim of domestic abuse, regardless of their gender, the majority of victims disclosing, reporting or being referred to services in Shropshire are female.
- 12.4. Only six services shared data on Transgender and nonbinary people being referred or reported: PEGS, Axis Counselling and ISVA service, Shropshire Council Homelessness, SDAS refuge and SDAS outreach community support.
- 12.5. Research has shown that Transgender victims/survivors of abuse are unlikely to report their abuse to the police or to contact domestic abuse services directly (Safelives, 2020)³². This suggests that reports of domestic abuse are likely to be lower than the number of Transgender people who actually experienced abuse.
- 12.6. There was also a proportion of victim/survivors whose gender was unknown.
- 12.7. **Recommendation:** All services to collect victim/survivors' gender in order to help better understand domestic abuse in Shropshire and assess unmet need.

Age

³² [Safe Lives \(2020\) Transgender Victims' and Survivors' Experiences of Domestic Abuse](#)

Age of victims 2022/23 and 2023/24



12.8. The data provided, suggests that in Shropshire the majority of victims/survivors supported by domestic abuse services are aged between 25-44 years old. The data provided also shows that there are very few people aged 85+ in Shropshire who are being referred to domestic abuse services.

12.9. The Crime Survey for England and Wales (CSEW)³³ for the year ending March 2023 showed a higher percentage of people aged 16 to 19 years were victims of domestic abuse in the last year than those aged 45 to 54 years and 60 years and over.

12.10. For the purpose of this needs assessment, in line with AgeUK³⁴ and NHS England³⁵ an older person is defined as 65+ unless otherwise stated.

12.11. According to Age UK³⁶ older people are just as likely to be abused by an adult child or grandchild as they are a spouse or partner – this also means that men become at increased risk of being subjected to domestic abuse as they age. Many older people subjected to abuse have a health condition or disability, which may mean they rely on their abuser for care and support. Older people may face several barriers to seeking and accessing support. For example, Age UK state that older people with disabilities, or those from LGBTQ+ and ethnic minority backgrounds, may face further barriers to leaving an abusive relationship – this may be due to a lack of appropriate services, community barriers, discrimination, or a reliance on carers.

12.12. Several services provided feedback in relation to the older age population. This feedback included that there is a need for an increased understanding around domestic abuse and

³³ [Crime Survey for England and Wales \(2023\) Domestic abuse prevalence and victim characteristics](https://www.crest.gov.uk/~/media/crest/2023/04/csew-2023-domestic-abuse-prevalence-and-victim-characteristics.pdf)

³⁴ https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/older_life_uk_factsheet.pdf

³⁵ <https://www.england.nhs.uk/ourwork/clinical-policy/older-people/improving-care-for-older-people/>

³⁶ <https://www.ageuk.org.uk/discover/2022/december/new-data-on-domestic-abuse-in-older-people/>

dementia within Shropshire.

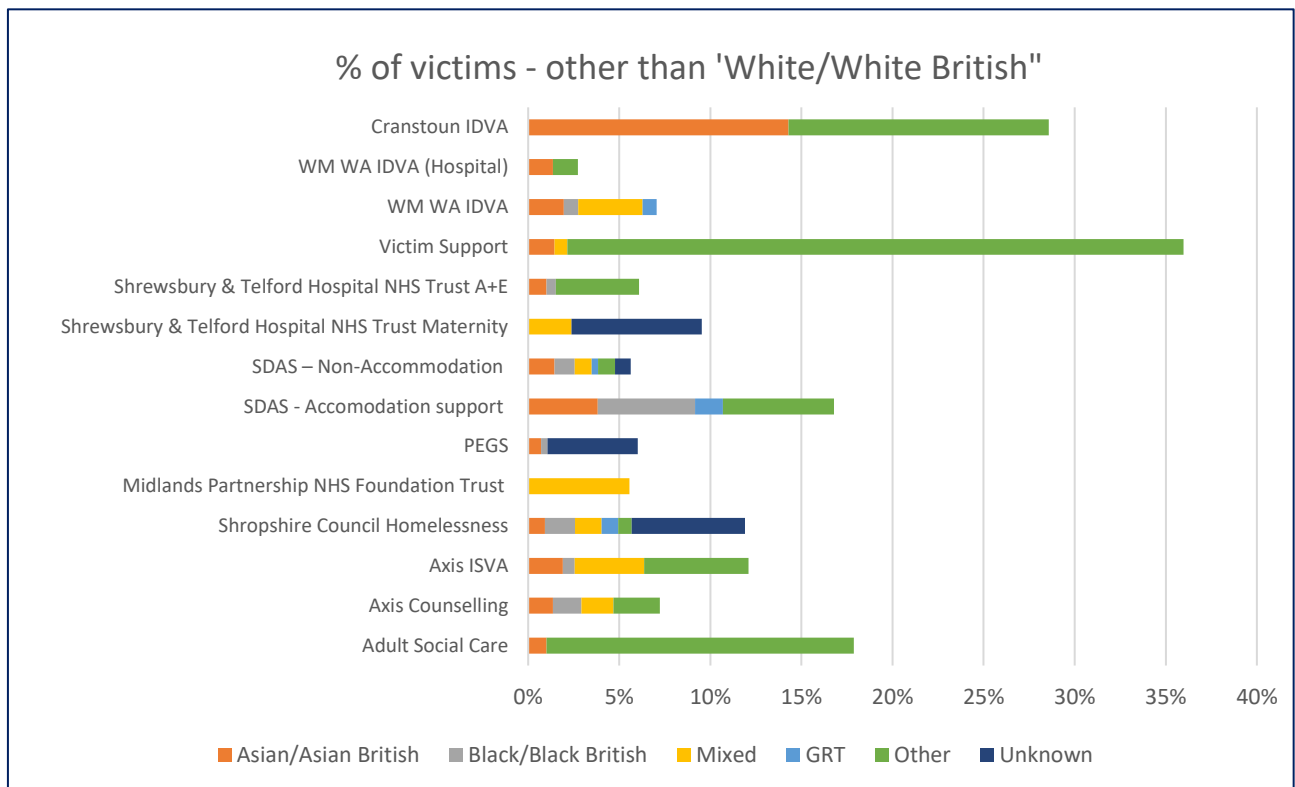
12.13. **Recommendation:** As a Partnership, explore how to reach all age groups in regard to domestic abuse support services.

12.14. **Recommendation:** To explore what is needed within Shropshire to assist those working with families where there is a link between domestic abuse and dementia.

Ethnicity

12.15. 14 services provided data around ethnicity. The most common ethnic group was White/White British.

Below presents a chart on the breakdown of ethnicities of survivors who did not identify as White/White British:



12.16. A large number of ethnic groups provided were identified as 'other with no further clarification. This identifies a need for more detailed ethnicity classifications wherever possible.

Immigration Status

12.17. 5 services recorded immigration status of victims/survivors: SDAS Refuge and SDAS community-based service, Shropshire Council Housing Service, West Mercia Women’s Aid (WMWA) IDVA and WMWA Hospital service.

2022/23 & 2023/24 total number of victims whose immigration status has been identified	Housing	SDAS refuge	SDAS Community based support	WMWA IDVA	WMWA Hospital IDVA
Family Visa (e.g. partner or parent)	0	2	7	2	0
Work/Student/Visit Visa	19	0	0	0	1
Asylum Seeker (public funds not accessible but asylum support available)	0	0	1	0	0
Refugee (public funds accessible)	0	16	21	0	0
No immigration leave/expired leave	0	4	5	0	0
EEA National			4	1	
UK National			3		
Other/Unknown/Prefer not to say	9	1	7	0	1
Indefinite Leave to remain				1	
Pre-settled status				1	
Settled status				2	

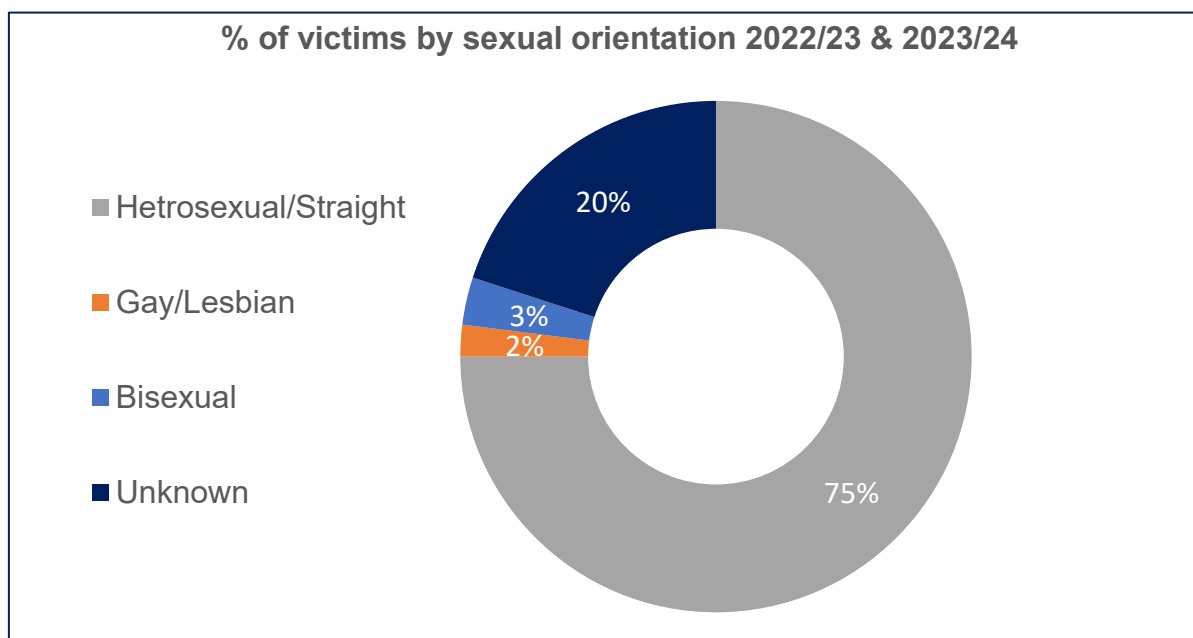
12.18. The most common immigration status of victim/survivors was refugee followed by work/student/visit visa.

12.19. In 2020, the Domestic Abuse Commissioner released ‘Safety Before Status’³⁷ a report around improving pathways to support for migrant victims of domestic abuse. The report highlights the challenges survivors with insecure immigration status face when seeking safety and security and highlighted that “...without recourse to public funds, too many are unable to access life-saving refuge, if they are forced to flee their homes”.

Sexual Orientation

12.20. 13 services collected the sexual orientation of victims and survivors in 2022/23 and 2023/24:

³⁷ [Domestic Abuse Commissioner \(2020\) Safety before status: Improving pathways to support for migrant victims of domestic abuse](#)



12.21. The majority of victim/survivors were heterosexual/straight. However, LGBT+ survivors of domestic abuse are disproportionately underrepresented in domestic abuse services. This is often a result of specific barriers existing on a personal and systemic level, which prevent LGBT+ survivors from getting the help and support they need (Galop, 2019³⁸).

12.22. **Recommendation:** To explore potential barriers which may be preventing LGBT+ survivors from accessing domestic abuse support within Shropshire.

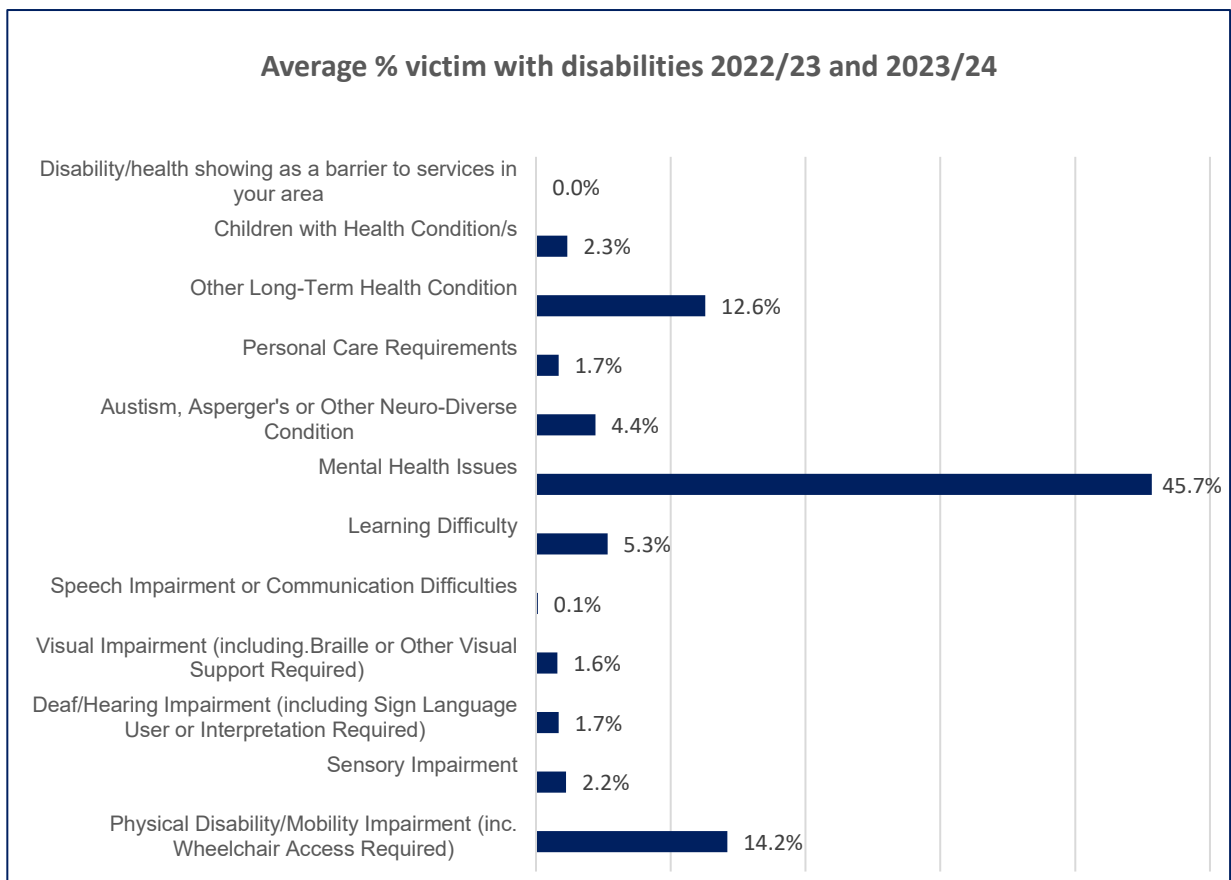
Disability

12.23. 15 services provided data around victim/survivor's disability in 2022/23 and 2023/24 shown below:

Service	Number of clients with a disability 2022/23 & 2023/24
Axis Counselling	258
Axis ISVA	123
Shropshire Council – Homelessness	164
PEGS	98
SDAS – non-accommodation	354
SDAS- Refuge accommodation	53
Shropshire Telford Hospital Trust Maternity	0
Shrewsbury Telford Hospital Trust A+E	0
We are with You	186
Victim Support	28
WM WA IDVA	111
WM WA IDVA (Hospital)	25
Shropshire Council Adult social care	228
Cranstoun - Male IDVA	5
Midlands Partnership Foundation Trust (2022/2023 only)	1

³⁸ Galop (2019) Barriers faced by Lesbian, Gay, Bisexual and Transgender+ (LGBT+) people in accessing non-LGBT+ domestic abuse support services

12.24. Out of the 15 services recording disability, 10 services recorded some detail of the nature of disability of victim/survivors in 2022/23 and 2023/24 shown below:



12.25. The most common disability of victims and survivors between 2022/23 and 2023/24 was mental health issues. It is important to note that domestic abuse can have a devastating and long-lasting impact on the mental health of survivors and their children.

12.26. In 2015, Public Health England³⁹ published a report on disability and domestic abuse which reviewed published evidence and statistical information about domestic abuse affecting disabled people. It highlighted that disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people

12.27. **Recommendation:** to continue to map the pathway for access to mental health support, to better understand the need for mental health support in Shropshire for domestic abuse survivors

12.28. **Recommendation:** For all services to consider revising how they record disability to include a breakdown of the nature of disability.

³⁹https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/480942/Disability_and_domestic_abuse_topic_overview_FINAL.pdf

Additional Support Needs

12.29. 6 services provided data around victim/ survivor’s support needs in 2022/23 and 2023/24 shown below:

Additional support needs	WMWA Hospital IDVA	WMWA IDVA	SDAS-refuge	SDAS community-based service	Shropshire council - housing	Cranstoun Male IDVA
Care Leaver	0	0	4	18	12	0
Service Personnel/Armed Forces	0	0	0	6	5	0
Offending History	1	9	12	37	13	1
Homeless	0	4	77	175		1
Rough Sleeper	0	0	12	23	14	0
Alcohol Misuse	6	18	19	92	23	0
Drug Misuse	6	17	16	70	18	0
Sex Work			1	12		0
Legal Support	67	238	87	645		0
Financial Support	61	224	89	466		0
Other- mental health	32	87	90	589		
Other – physical health	8	27	83	255		

12.30. The most common reported additional support needs were legal and financial support. Mental health was also identified as one of the most common additional support needs.

12.31. Domestic abuse can have a severe and long-lasting impact on mental health for victim/survivors of domestic abuse. Women’s Aid⁴⁰ highlight being subjected to domestic abuse can have devastating and long-term consequences for mental wellbeing.

12.32. The Shropshire Safeguarding Community Partnership (SSCP)⁴¹ states, “between 2020-2022 a total of 114 people died of suspected suicide in the backdrop of domestic abuse. That is 5 people a month. 85% of those who died were women and 15% men. In year 3, there was a 7% decrease (17 people less) in the recorded number of deaths compared with year 2.” (Learning Briefing 2024).

12.33. In turn, there is a need for further exploration into the additional needs of victims and survivors of domestic abuse.

12.34. **Recommendation:** For all services, to collect and report on data around the additional support needs of victim/survivors of domestic abuse who access their services. This will help to better understand the additional support needs of survivors in Shropshire.

⁴⁰ <https://www.womensaid.org.uk/the-reality-of-the-barriers-to-mental-health-support/>

⁴¹ <https://www.shropshiresafeguardingcommunitypartnership.co.uk/media/tcwkqpnb/domestic-abuse-and-suicide-learning-briefing.pdf>

Marital Status and Household Structure

12.35. 11 services collected data on marital status and 6 on household structure. Out of the six services that provided data. The most common household structure was single adult with children, followed by single with no children and partners with no children.

Employment Status

12.36. 7 services recorded employment status of victim/survivors in 2022/23 and 2023/24:

Occupation 2022/23 & 2023/24	% of total victims where services have recorded their occupation
Employed	23%
Unemployed	22%
Student	1%
Looking after	2%
Retired	9%
Economically inactive	13%
Unknown	29%

12.37. The highest occupation type, apart from 'other' was employed (23%), followed closely by unemployed (22%). Domestic abuse can have a significant impact on employment and therefore, it is vital that workplaces in Shropshire consider if they have domestic abuse policies and procedures for their workforce.

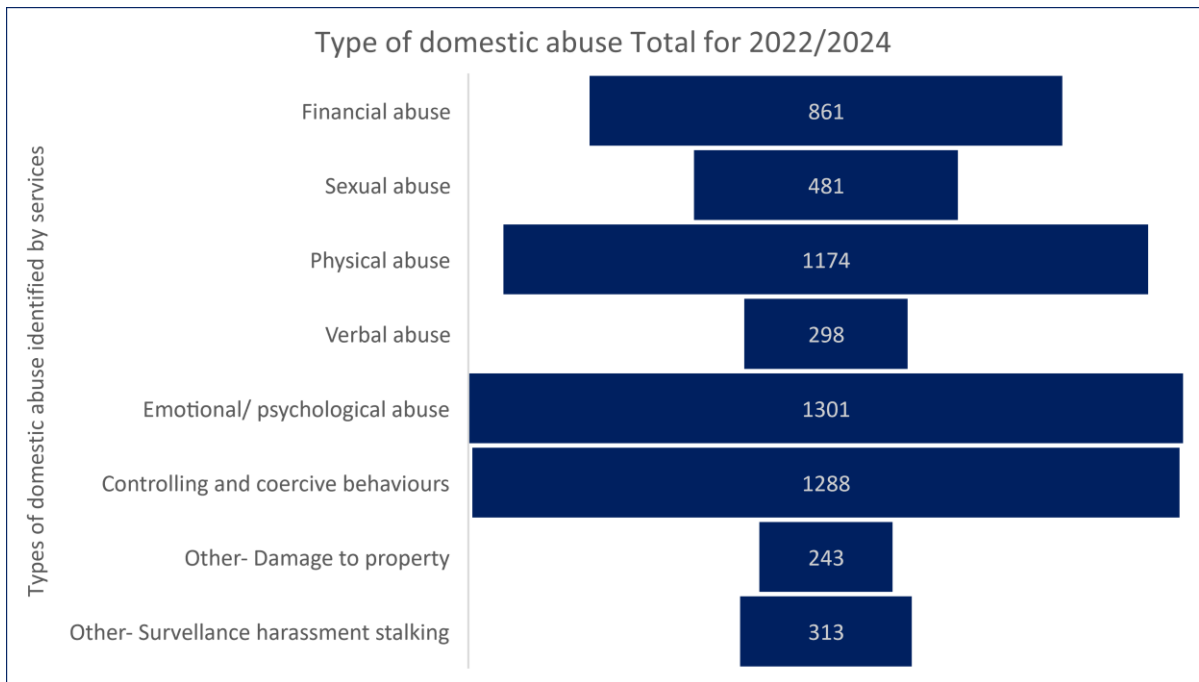
12.38. Workplaces can provide valuable support for employees who are being subjected to domestic abuse. In 2021, the Department for Business Energy and Industrial Strategy⁴² published a report on improving workplace support for domestic abuse victims, including raising awareness and sharing best practice among employers. This report suggests that to support victims of domestic abuse organisations should, wherever possible, have a domestic abuse policy in place which are easily accessible as well as embedding support to victims of domestic abuse into wider organisational frameworks, especially diversity and inclusion, but also health and wellbeing and relevant HR policies and practices.

12.39. **Recommendation:** To raise awareness to businesses within Shropshire, around the importance of having a domestic abuse policy in place to help to ensure that victim/survivors of domestic abuse, who are employed are supported by their employer.

Types of domestic abuse

12.40. 7 services provided data around the type of domestic abuse their clients were subjected to between 2022/23 and 2023/24 shown below.

⁴² <https://www.gov.uk/government/publications/workplace-support-for-victims-of-domestic-abuse>



12.41. The most common type of domestic abuse was emotional/psychological abuse. Followed by controlling and coercive behaviours.

12.42. It is important to note, as highlighted by Victim Support⁴³ that domestic abuse can take many different forms and is not limited to psychological, physical, sexual, financial, emotional abuse.

12.43. **Recommendation:** For all services to record where appropriate, the type of domestic abuse their clients are being subjected to.

13. Children and Young People Victim/Survivors

13.1. In the UK, over 105,000 children live in homes where there is high-risk domestic abuse and 78% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others (Safe Lives MARAC national dataset, 2023⁴⁴).

13.2. Services available for children and young people are provided by SDAS and Victim Support and provided in section 19 around non accommodation based domestic abuse provision, and the response of Shropshire Council Children's Services are included further on in this needs assessment.

⁴³ Victim Support 'Domestic abuse' accessed via: <https://www.victimsupport.org.uk/crime-info/types-crime/domestic-abuse/#:~:text=Domestic%20abuse%20can%20take%20different%20forms,>

⁴⁴ [Safe lives \(2023\) Marac National Dataset](https://www.safe-lives.org.uk/research-and-evidence/safe-lives-2023-marac-national-dataset)

- 13.3. 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.
- 13.4. Please note, the data provided by Shropshire Council Childrens Services was a snapshot as of 31st March 2024 which should be considered when analysing the data provided.

Disclosures, Reporting or Referrals

Disclosures, reporting or referrals for child victims/survivors (including unborn)	2022/23	2023/24
SDAS Accommodation-based services <i>number of CYP accommodated with a parent</i>	45	77
SDAS Community-based CYP service	43	37
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 (snapshot as of Q4 2022/23 and Q4 2023/24)</i>	113	112
Shropshire Council Early help services <i>Under 19s with open early help episode at end of each year with domestic abuse identified as issue in most recent assessment</i>	365	317
Shropshire Council Children's Social Care Services <i>Open Cases where DV identified on Referral/Social Work Assessment</i>	6436	6663
Shropshire Council Child Protection plans with DA as primary issue (as at the 31 st of March each year)	122	101
Shropshire Council Children in Need plans with DA as primary issue (as at 31 st March each year)	61	77
Shropshire Council Children's Social Care Services <i>Open Looked After Children cases where domestic abuse was identified on the referral/social work assessment (31st March 2024 snapshot)</i>		309
Victim Support (Young people aged 16 -18)	0	4

- 13.5. 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, being abused by an intimate partner, multi-victimisation or being a child or young person causing harm to family members or intimate partners.

Level of Domestic Abuse (DV) Contacts

- 13.6. It is important to consider the safeguarding threshold levels across the Partnership when analysing the DA contacts. These can be shown below. It is important to highlight that the threshold is currently under review. To view the threshold in full please see Shropshire

13.7. Below are the list of DV contacts with Level outcomes for 2022/23 and 2023/24

Childrens services	Level	2022/23	2023/24	Total
DV Contacts in period outcome Level 1	LVL1	3682	3677	7359
DV Contacts in period outcome Level 2	LVL2	516	681	1197
DV Contacts in period outcome Level 3	LVL3	337	382	719
DV Contacts in period outcome Level 4	LVL4	276	244	520
DV Contacts in period outcome Allocated Social Worker	SW	1625	1679	3304

13.8. The most common level of domestic abuse contacts in 2022/23 and 2023/24 was Level 1. However, all Levels, apart from Level 4 showed an increase in DV contacts in 2023/24.

Age and Gender

13.9. Shropshire Council services work with children across the whole age spectrum, including unborn babies through to those turning 18 years. Children's services provided the needs assessment with a snapshot of Open Cases, where domestic abuse was identified on Referral/Social Work Assessment. As part of this, they provided a snapshot of the age and gender of children in Children Social Care Services as of 31st March 2024:

Age Band	All open cases where domestic abuse identified on referral/social work assessment snapshot (March 31 st 2024) (N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (March 31 st , 2024) (N=309)	Open leaving care where DV identified on referral/social work assessment (March 31 st , 2024) (N=21)
0 – 4	268	92	
5 – 9	229	97	
10 – 14	196	78	
15+	119	42	21
Total	812	309	21

Gender	All Open cases where domestic abuse identified on referral/social work assessment snapshot (March 31 st , 2024) (N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (March 31 st , 2024) (N=309)	Open leaving care where DV identified on referral/social work assessment (March 31 st , 2024) (N=21)
Female	373	139	9
Male	436	170	12
Unborn	3		
Total	812	309	21

⁴⁵ <https://www.shropshiresafeguardingcommunitypartnership.co.uk/procedures/threshold-documents/>

Ethnicity

13.10. Shropshire Council Children's Services' data collection on ethnicity for children

Ethnicity	All Open cases where domestic abuse identified on referral/social work assessment snapshot ((N=812)	Open children looked after where domestic abuse identified on referral/ Social work assessment (N=309)	Open leaving care where DV identified on referral/social work assessment (N=21)
A1 - White British	723	290	19
A2 - White Irish	1	1	
A3 - Any other White background	13	3	
A4 - Traveller of Irish Heritage	4		
A5 - Gypsy / Roma	2		
B1 - White and Black Caribbean	7	2	2
B2 - White and Black African	4	4	
B3 - White and Asian	9	3	
B4 - Any other mixed background	13	5	
C1 – Indian	9		
C2 – Pakistani	2		
C4 - Any other Asian background	1		
D1 – Caribbean	2		
D2 – African	3		
D3 - Any other Black background	4		
E2 - Other background	5	1	
E4 - Information not yet obtained	10		
Total	812	309	21

13.11. **Recommendation:** To explore if children and adults services are referring into domestic abuse support services within Shropshire. Where referral rates are low, teams to be directed to the internal Shropshire Council Wellbeing Pages to access the Domestic Abuse directory which includes local and national domestic abuse support services information.

Shropshire Domestic Abuse Service – Children and Young People

13.12. Below provides a summary of the accepted and repeat referrals to the Shropshire Domestic Abuse Children and Young People service:

SDAS CYP	2022/23	2023/24
SDAS Community based CYP service referrals accepted	36	23
SDAS Community based CYP service repeat referrals	5	2

Operation Encompass

13.13. 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. Please note the MARAC notifications began in 2023/24.

Notifications	2022/23	2023/24
Operation Encompass	1617	1682
MARAC	N/A	57

Prevalence of the ‘toxic trio’

13.14. The Shropshire Drug and Alcohol Needs Assessment⁴⁶ included the Childhood Local Data on Risks and Needs (CHLDRN) produced by the Children’s Commissioner for England⁴⁷. Parental mental ill-health, domestic abuse and substance misuse have been identified in this data as commonly present in the lives of many vulnerable children.

13.15. The Shropshire Drug and Alcohol Needs Assessment includes an analysis of this data which looks to measure, the prevalence of this “toxic trio” and victimisation of children where these factors are present in the household in Shropshire.

13.16. The toxic trio rate in Shropshire, where children are in households with all three issues (co-occurring parental substance misuse, mental ill health and domestic abuse) was 9 per 1,000 0-17 year olds, similar to the benchmark and national rate. The rate of children in households with any of the three issues was below the national and benchmark rates at 151 per 1,000 0-17s.

13.17. Of all three issues (parental mental ill-health, domestic abuse and substance misuse) the highest rate was among children in households where a parent had a severe mental health problem at 106 per 1,000 0–17-year-olds, a trend also seen nationally and among benchmark areas.

Shropshire Council

13.18. A comprehensive Children and Young People Needs Assessment is being created by Shropshire Council, which includes the risk factors and wider determinants of health and wellbeing relating to domestic abuse in the home. (see population and context chapter).

⁴⁶ [Drug and Alcohol Needs Assessment \(shropshire.gov.uk\)](https://www.shropshire.gov.uk)

⁴⁷ <https://www.childrenscommissioner.gov.uk/chldrn/>

West Mercia Police data – Children and Domestic Abuse

13.19. West Mercia Police provided a breakdown of child roles in domestic abuse for Quarter 4 2022/23 and Quarter 2023/24 shown below:

Snapshot	Q4 2022/23	Q42023/24
Involved party	404	388
Victim	18	13
Witness	10	8

13.20. This shows that in the snapshot provided for both quarters, children were most commonly the involved party.

13.21. **Recommendation:** To consider how West Mercia Police record children as victims of domestic abuse in their own right and explore where this data is collected, how it is reported on, the frequency of the reporting and who receives the report.

14. Perpetrators of Abuse/Those Causing Harm

14.1. Probation collected data on people on probation who are domestic abuse perpetrators they provided the number of people in Herefordshire, Shropshire and Telford & Wrekin and shared the overall number within Shropshire.

Probation Data

14.2. Probation shared a snapshot of the number of people on Probation in Herefordshire, Shropshire and Telford & Wrekin combined, as well as Shropshire individually.

Number of Domestic Abuse Perpetrators (registration or order)

Area	Community	Custody	Total
Herefordshire, Shropshire, and Telford & Wrekin	495	196	691
Shropshire	153	60	213

Age category of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	18-21 yrs.	22-25 yrs.	26-35 yrs.	Over 35 yrs.	Deceased
Herefordshire, Shropshire, and Telford & Wrekin	24	37	177	256	1
Shropshire	8	9	58	78	

Gender of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	Female	Male
Herefordshire, Shropshire, and Telford & Wrekin	35	460
Shropshire	11	142

Ethnicity of People on Probation, in the community, who are Domestic Abuse Perpetrators

Area	Asian	Black	Mixed	White	Other	(blank)
Herefordshire, Shropshire, and Telford & Wrekin	9	14	11	450	2	9
Shropshire		1	2	144	1	5

15. Disclosures, Reporting or Referrals for Those Causing Harm

15.1. The table below shows the number of disclosures, reporting or referrals for those causing harm, to services that work with domestic abuse perpetrators in Shropshire between 2022/23 and 2023/24.

Disclosures, reporting or referrals for those causing harm	2022/23	2023/24
Drive – Cranstoun	N/A	24
Men and Masculinities- Cranstoun	N/A	55
We are with you	117	114
West Mercia Police (suspects) (snapshot of Q4 both years)	434	218
Richmond fellowship (snapshot of quarter 3)	43	N/A

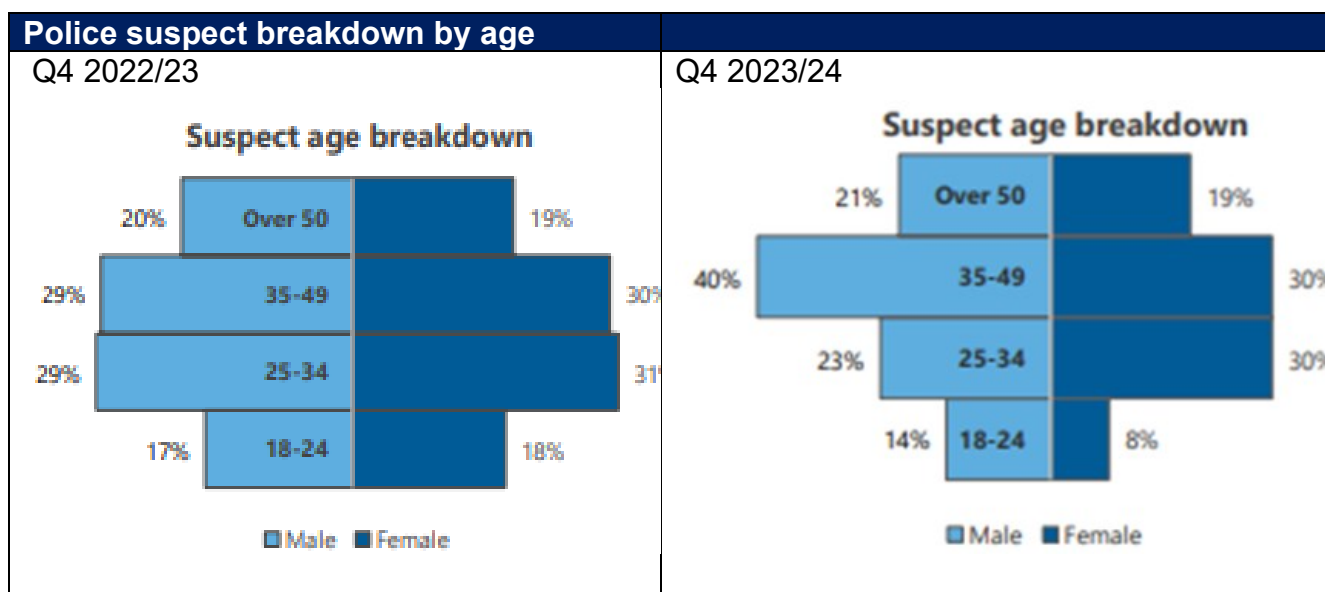
West Mercia Police Data

15.2. West Mercia Police provided a breakdown of the percentage of male and female perpetrators in quarter 4 2022/23 and quarter 4 2023/24.

Offenders	Police Q4 2022/23	Police Q4 2023/24
Male perpetrator	74%	70%
Female perpetrator	25%	29%

Age of Suspect

- 15.3. West Mercia Police also provided a breakdown of suspects age, for Q4 2022/23 and 2023/24 which is shown in the graphs below



- 15.4. Services within Shropshire, that work with domestic abuse perpetrators also provided a breakdown of service users by age shown below:

Age	16-18	19-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
Drive – Cranstoun (2023/24)	0	5	8	8	3	0	0	0	0
Men and Masculinities- Cranstoun (2023/24)	0	7	21	18	6	3	0	0	0
We are with you (2022/23 and 2023/24)	0	14	103	84	42	12	5	0	0
Richmond fellowship (2022/23)	0	1	21	18	2	1	0	0	0

- 15.5. There was an identified gap in response to high-risk perpetrators and those who do not accept a referral / do not engage with the behaviour change programme. For this reason, the DRIVE Programme has been implemented in Shropshire, offering a multi-agency response to high-risk, high-harm perpetrators that has been shown, in other areas, to be effective in reducing harm to adult and child victims.
- 15.6. **Recommendation:** To continue to raise awareness to professionals on what is available locally for domestic abuse perpetrators and to include the information in the domestic abuse pathway for professionals.

16. Accommodation Provision: Safe and Other

- 16.1. This section presents the overall response across refuge and sanctuary scheme which are the only provisions in Shropshire within the definition of safe accommodation. Following that, the response of Shropshire Council Housing and Homelessness, and other accommodation and accommodation-based support are listed.

Refuge

- 16.2. Refuge provision within Shropshire is delivered by Connexus; a registered social landlord since 2017 who provide the service involved in the delivery of refuge, Shropshire Domestic Abuse Service (SDAS). The refuge properties are owned by Connexus and Shropshire Council commission the accommodation-based support to adults and children as well as some additional funding towards outreach services, provided by Shropshire Domestic Abuse Service.
- 16.3. At the time of writing the needs assessment, there are a total of 22 units of refuge accommodation in Shropshire. The accommodation provision includes
- One 10-bed female only refuge known as 'main refuge', which includes space for 15 children. 4 rooms have individual use of bathroom facilities, but all rooms share kitchen facilities
 - Seven units of dispersed refuge accommodation, this includes space for 8 children. One property includes 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 accommodate two children, and the units are wheelchair accessible with a wet room. All dispersed properties have shared living space, kitchen/dining area, and bathrooms.
 - Finally, there are 5 self-contained units in a shared complex which meet the needs of women facing multiple disadvantages. No children are accepted in these units. The majority of support is offered to women fleeing domestic abuse who also have drug and alcohol misuse and mental health related needs, though other complex needs such as prison leavers are accepted.
 - All dispersed refuge accommodation is located in confidential areas that feel safe to residents, and the properties themselves are well managed and maintained.
- 16.4. The 'main refuge' is in an old building, which means 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.
- 16.5. Referrals for those with no recourse to public funds can be accepted provided they are already receiving the Migrant Victims of Domestic Abuse Concession, or there is an

agreement that 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.

Shropshire Sanctuary Scheme

- 16.6. Accommodation provisions such as refuges and other forms of emergency and temporary accommodation can provide a safe and supportive environment for households fleeing violence and abuse. However, there is a need to enable households at risk of violence and abuse, to remain in their own homes when it is safe to do so.
- 16.7. 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.⁴⁸ Therefore, a Sanctuary Scheme is a means of preventing homelessness. The scheme also gives victims/survivors a choice to remain in their property.
- 16.8. Historically, in Shropshire, West Mercia Police Design Out Crime Officers (DOCO) have carried out crime risk assessments on client's properties, who have been identified as high risk by the Domestic Abuse Unit (DAU). However, if a client is not on a high-risk management plan with them, then they would not have received a crime risk assessment.
- 16.9. In response to this, Shropshire introduced a Sanctuary Scheme on the 3rd of April 2023. In October 2023, a decision was made to employ a former DOCO to carry out Sanctuary Scheme assessments. Therefore, survivors who are standard or medium risk (as assessed by West Mercia Police) or are not involved with the police and are at any risk level, are now eligible to be referred for a crime risk assessment, as suggested by the Whole Housing Toolkit⁴⁹.

Shropshire Sanctuary Scheme Process

- 16.10. The Shropshire Sanctuary Scheme is available to all households and individuals, regardless of tenure or gender, at risk of domestic abuse. Referrals to the Sanctuary Scheme are made by specialist service professionals. In order to be eligible for the scheme:
- The client must want to remain in the property.
 - The perpetrator must no longer be living at the property or have the right to remain in the property.
 - If the property is rented, there must be Landlord permission obtained.
- 16.11. If eligible, the Sanctuary Assessor will carry out a sanctuary scheme assessment, which can be explained as a thorough assessment of the household's security. The Assessor will consider ways to increase physical safety of victim/survivors by preventing or delaying perpetrators from gaining access to the property and/or the Sanctuary Safe

⁴⁸ [Standing Together \(2020\) Sanctuary Scheme Toolkit](#)

⁴⁹ <https://www.dahalliance.org.uk/innovations-in-practice/whole-housing-approach/whole-housing-toolkit/>

Room. It also intends to increase the victim/survivor's perceived safety.

16.12. The Sanctuary Scheme assessor will recommend the addition of security measures where required. As a minimum, the security measures applied must be to recognised British Standards and must comply with means of escape from fire requirements.

Data 2023-2024

16.13. The data for Shropshire Sanctuary Scheme provided below, refers to the data collected from the Domestic Abuse Prevention Team in relation to clients referred by specialist services. This data does not include data from West Mercia Police DOCOs. In turn, the data provided does not provide the full scope of Sanctuary Scheme works within Shropshire.

16.14. **Recommendation:** For Shropshire Sanctuary Scheme Coordinators to work with West Mercia Police, to gather data in relation to clients receiving assessments in Shropshire to create a comprehensive picture on the delivery of the Scheme.

16.15. Below shows the referrals to the Sanctuary Scheme in April 2023 to March 2024.

Sanctuary scheme measure	April 2023- March 2024
Number of referrals received	50
Number of referrals accepted	39
Unsuccessful referrals/accessed denied	11
List of reasons for unsuccessful/denied:	
Referral closed after attempts made to assess property	1
Referral closed after no response	3
Inappropriate referral by referrer	1
Client out of area (Shropshire) so declined	2
Not eligible	2
Client declined	2

16.16. Below presents the top referrers to the sanctuary scheme

Referral source	Percentage of referrals April 2023- March 2024 (N=50)
Shropshire Domestic Abuse Service	52.9%
West Mercia Police	25.5%
Local Authority- housing and homelessness	5.9%
IDVA- West Mercia Women's Aid	3.9%
Local Authority- adult safeguarding	2%

16.17. The Shropshire Sanctuary Scheme provided clients demographics for those clients that were accepted to the Sanctuary scheme shown below:

Sanctuary Scheme accepted clients' demographics April 23 to March 2024	
Gender	Disability

<ul style="list-style-type: none"> - Female: 37 clients - Male: 2 clients 	<ul style="list-style-type: none"> - Yes:5 clients - No: 10 clients - Prefer not to say: 2 clients - Not provided/did not answer: 22 clients
<p>Ethnicity</p> <ul style="list-style-type: none"> - White/White British/White Other: 30 clients - Mixed Caribbean: 1 client - Eastern European: 1 client - Arabic: 1 client - Prefer not to say: 1 client - Not answered: 5 clients 	<p>Sexual orientation</p> <ul style="list-style-type: none"> - Heterosexual/Straight:32 clients - Gay woman- 1 clients - Prefer not to say – 1 client - Not provided/did not answer- 5 clients

16.18. The Sanctuary Scheme requires any clients referred to be supported by a specialist service. It is important to note, some clients may have been supported by more than one specialist support service. The following services were identified as providing support between 2022/23 and 2023/24

Domestic Abuse Specialist Support*	Number of accepted sanctuary scheme clients accessing support
SDAS	27
West Mercia Women’s Aid	6
Domestic Abuse Risk Officer	11
PEGS	1

*It is important to note that these are the support services identified by the referrer to the Scheme and clients may be supported by other services.

16.19. The needs assessment was informed that having a designated Shropshire Sanctuary Scheme Assessor has been beneficial for professionals.

Shropshire Fire Service

16.20. Between 2022/23 and 2023/24, 14 clients of the Shropshire Sanctuary Scheme were referred to The Shropshire Fire Service.

16.21. Shropshire Fire and Rescue Service operates from 23 strategically located sites across Shropshire. They provide emergency response services for the whole of Shropshire and Telford & Wrekin, operating with 46 vehicles plus specialist appliances. Their prevention and protection activities also help educate and protect communities they serve and businesses within the area to avoid fires happening in the first place.

16.22. Since 2001, Shropshire Fire and Rescue Service have carried out Home Fire Safety visits. In 2017, they expanded these visits to include a discussion on health and wellbeing. Most referrals for a fire risk assessment come from West Mercia Police, where the level of risk would be shared, and the fire service will act accordingly.

16.23. The Shropshire Fire Service also works with the Shropshire Sanctuary Scheme, to ensure that when risk of fire or arson is identified by the Sanctuary Scheme assessor, a referral is passed to the Shropshire Fire Service to carry out a fire assessment of the property.

Shropshire Council Housing Response

16.24. Shropshire Council Housing service includes several different teams. This section provides a breakdown of all Shropshire Council Housing Teams and a short summary of their response.

The Housing Options Team:

16.25. 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. The Housing Support Team will then support individuals. All these teams (and the Rough Sleeper Team) are managed by the Homelessness Operations Manager, who is new in post (June 2022). As part of their response, Shropshire Council Housing teams are encouraged to signpost perpetrators to relevant support such as Respect, Drive and Rise.

The HomePoint Team:

16.26. If an application is made to HomePoint, and the applicant mentions being a current victim of domestic abuse, this will be passed to the Housing Options Team, who will contact the individual to progress a homelessness application. HomePoint can classify a case as domestic abuse where there is currently coercion or physical violence.

The Private Sector Housing Team:

16.27. This Private Sector Housing Team is located within the Place 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.

The Housing Enforcement and Environmental Health Teams:

16.28. 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.

Customer Services, Benefits Service and Welfare Support Team:

16.29. They have connected with the work led by Staff Wellbeing (see Shropshire Council) 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 Shropshire Domestic Abuse Service and West Mercia Women's Aid but there is no specific policy or procedure in place, and no staff training.

16.30. Shropshire Councils housing stock is managed by Shropshire Towns and Rural Housing (Star Housing), an arms-length management organisation. They advertise the available properties, on Shropshire HomePoint.

16.31. In 2023, The Shropshire Council Allocations policy⁵⁰ and scheme was launched. This housing allocation policy and scheme seeks to meet the following aims:

- Ensure people in the greatest housing need have the greatest opportunity to access suitable housing that best meets their needs.
- To prevent and relieve homelessness.
- To make best use of the Council's and housing association stock.
- To help the Council meet statutory and strategic aims.
- To help contribute to the development of sustainable communities.
- To allow for the greatest degree of choice possible in the allocation of affordable housing

16.32. Shropshire Council are updating the IT system, this will improve the ability to better enable accurate and necessary data collection.

16.33. Shropshire Council has a draft Homelessness and Rough Sleeping Strategy that is out for consultation currently. The previous strategy entitled 'Shropshire Council Homelessness Strategy' was dated 2015 – 2017.

Shelter audit – Shropshire Council Homelessness File Assessment

16.34. Between 28th May 2024 and 4th June 2024, Shelter's Consultancy Service and Systems Practice Team carried out an audit on a sample of 20 case files where decisions had been reached by Shropshire Council on:

- Prevention duty
- Relief duty
- Main duty
- Not homeless
- Not eligible
- Not in priority need
- Intentional homelessness

16.35. The audit assessed the following activities: Homelessness Assessment, Concluding Duty and Record Keeping.

⁵⁰ [Shropshire Council Allocations policy \(2023\)](#)

16.36. Part of the assessment involved looking at the suitability of Temporary Accommodation. Shelter shared that this was difficult to assess as all cases are initially booked into hotel accommodation. As there is no comprehensive suitability assessment or housing needs assessment on some files, clear information about the client's needs is not always obvious. In the cases that were able to be commented on, the overall score in this area is Poor (39%).

16.37. One case assessed by Shelter, involved a client who was a care leaver with high and complex needs, multiple physical and mental health problems. The client also has been subjected to domestic abuse and violence. The client's case is outlined below:

The client was offered interim accommodation however the client abandoned this after one hour of arriving and went to stay with family. The client did not stay at the interim accommodation offered as said it was triggering and was also expecting staff to be able to monitor her medical needs and was under the impression that it was a form of supported housing. No further offers of accommodation have been made thereafter and an intentional homelessness decision has been issued. B&B accommodation was not a suitable offer.

16.38. Shelter feedback around this case is that Shropshire Council must assess whether the interim accommodation was the correct environment for the client, considering their background as a care leaver who had been subjected to domestic abuse and their high complex support needs.

16.39. As part of this work, Shelter's Consultancy Service and Systems Practice Team carried out a telephone and email-based mystery shopping exercise for Shropshire Council Housing Options service. The exercise assessed the standard of initial contact handling for people who contact the authority for assistance with their housing problem.

16.40. A total of 25 telephone and 10 email shops were undertaken throughout March and April 2024. Shoppers used a range of scenarios with varying levels of support needs.

16.41. There were two domestic abuse scenarios and below shows feedback in relation to the advice they received:

Case 1- shopper was advised that their friend (victim of DA) should call the domestic abuse helpline and was informed that they may be able to offer a refuge.

Case 2- There was an absence of signposting to domestic abuse charities which was of concern.

16.42. These findings inform the needs assessment that there is a need to revise what suitable temporary accommodation is available for victims of domestic abuse, which accommodate their needs. There is also the need to ensure that housing options teams are signposting to local and national domestic abuse support.

- 16.43. The DAPT team consists of a Strategic Lead, Project Officer, Lived Experience Officer, Training Lead and a Sanctuary Scheme Assessor.
- 16.44. The Domestic Abuse Strategic Lead is responsible for ensuring the Local Authority meets all of its statutory duties as laid down by the DA Act 2021. They are also responsible for partnership working and understanding the national and local landscape for both victim and perpetrator work across Domestic & Sexual Abuse and Violence, plus any wider Violence Against Women and Girls (VAWG) issues.
- 16.45. The Domestic Abuse Project Officer works on domestic abuse projects, working with partners both internal and external to the Council to enable the projects to run in a truly collaborative way and is responsible for supporting the Domestic Abuse Strategic Lead in gathering and collating of data to inform current and future projects.
- 16.46. The Lived Experience Officer leads a Lived Experience Advisory Group (LEAG), to ensure the voice of lived experience is heard at the DA Local Partnership Board and other Boards as appropriate. The LEAG is working towards being an integral part of the creation of new procedures, processes, research, training, or new services, to ensure Shropshire's response to domestic abuse is informed, considerate and effective.
- 16.47. The Training Lead, provides bespoke training both internally, to council employees, and externally, to build on existing knowledge and skills and strengthen the response given to both survivors and perpetrators of domestic abuse.
- 16.48. The Sanctuary Scheme Assessor carries out sanctuary assessments, assessing the level of risk faced by the household, identifying vulnerable areas within the home and making recommendations around appropriate safety measures. They also collaborate with other agencies involved in the scheme, such as local authorities, housing providers, private landlords, police, fire service and support services.

Recommendations for Housing Services Shropshire Council

- 16.49. When focussing on development we need to ensure that all forms of housing, including sheltered and supported accommodation, are safe and appropriate.
- 16.50. **Training and Referral Pathways:**
- Providing an appropriate level of training for staff according to their role
 - Raising awareness of the Domestic Abuse Directory of services accessed via Shropshire Council Well Being pages on the internal intranet.
- 16.51. Update the external internet Housing pages so all victim/survivors know how and where to access support. External internet pages must also include information for perpetrators of domestic abuse, to ensure they are aware of the support they can access to change their behaviour.

- 16.52. Ensure that survivors of domestic abuse, are signposted where necessary to furniture and clothing access which include but are not limited to local furniture schemes, little stars for children's clothing, baby stop and the Welfare Support Team.
- 16.53. Shropshire Council should progress with the Whole Housing Approach (WHA) including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- 16.54. For all teams in the housing service, to consider their domestic abuse response by creating a set of policies and procedures.

17. Access to Safe Accommodation

- 17.1. This section presents data on access to refuge. Below is the total number of referrals to refuge received in 2022/23 and 2023/24.

Refuge referrals	Total 2022/23 & 2023/24
Total referrals received	307
Referrals from within area	124
Referrals from outside of area	183

- 17.2. Looking at the referrals received from outside of area, the majority came from the West Midlands:
1. Telford and Wrekin being the highest with 18%
 2. Birmingham – 4%
 3. Walsall – 4%
 4. Worcestershire – 3%
 5. Coventry – 2%.

- 17.3. There are a variety of different sources that refer into refuge. In 2022/23 and 2023/2024, they were as follows

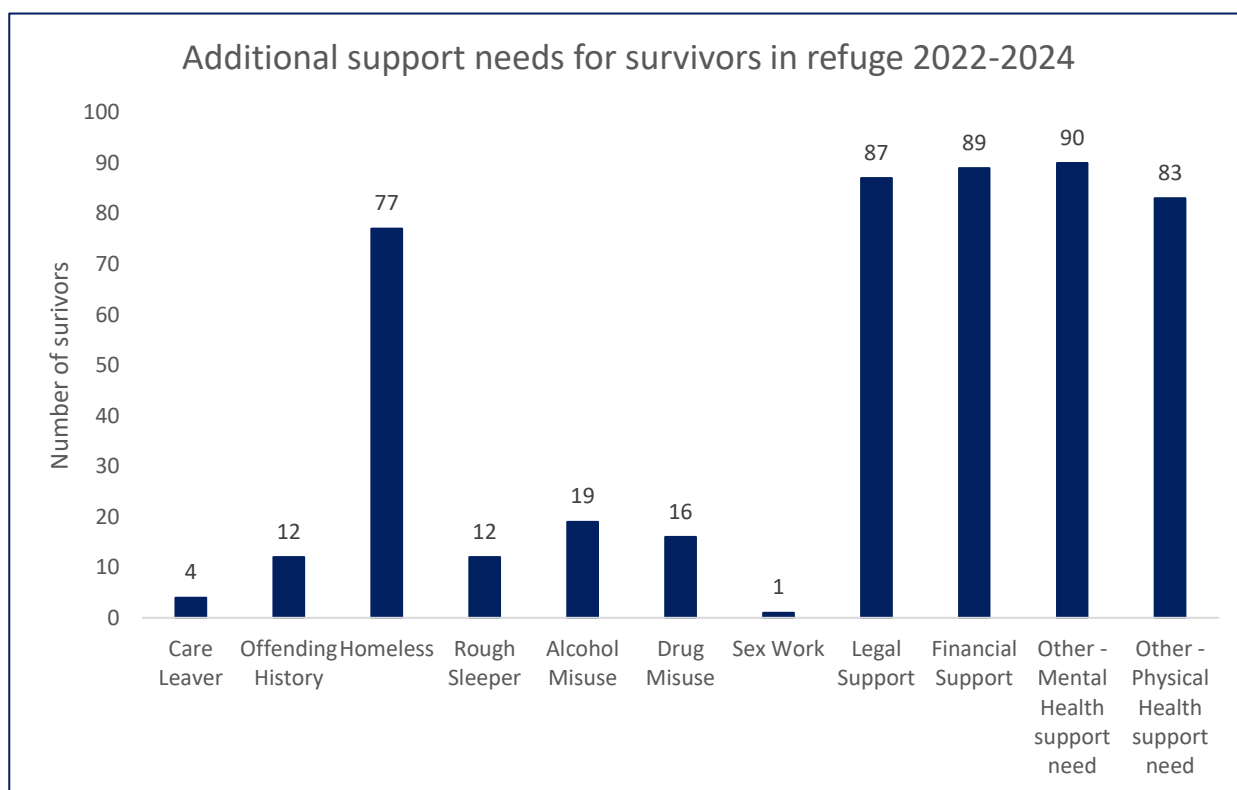
Referral sources (list with numbers):	Total number of referrals 2022/23 and 2023/24
Health - community children's health services	1
Health - other hospital	2
IDVA (West Mercia Women's Aid)/ ISVA	4
Local Authority Adult Social Care	1
Local Authority Children's Services - Early Help (including T&W Family Connect)	3
Local Authority Children's Services - Social Care	12
Local Authority Housing & Homelessness	55
Mental Health - Midlands Partnership Foundation Trust	2
Mental Health – Other	1
National Domestic Abuse Helpline WMWA Helpline	11
Self	85
Shropshire Domestic Abuse Service (SDAS)	24

West Mercia Police (including DAU & Liaison/Diversion)	9
Other (Adult Safeguarding)	11
Other (Child Safeguarding)	3
Other (Drug/Alcohol & Rehabilitation Services)	4
Other (Enable)	1
Other (Foodbank)	1
Other (Housing Associations/RSL)	21
Other (Other Domestic Abuse Services)	32
Other (Other Support Services)	18
Other (Probation, Willowdene)	3
Other (The Ark)	3

17.4. In both 2022/23 and 2023/24 the highest referral source to refuge was self-referrals. This was similar to the last needs assessment findings in 2022. This suggests that many victims and survivors are aware of SDAS and refer to the service.

17.5. The main demographics of service users have been identified in the previous section 'Adult victim/survivor demographics', however, here is additional information that helps us understand more about who is entering refuge.

Additional Support Needs:



17.6. Between 2022/23 and 2023/24 a total of 490 refuge clients additional support needs were identified. Mental health was the most reported additional support need.

18. Safe Accommodation Outcomes

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

Refuge

18.2. Below includes the average length of stay, in days, for clients in refuge.

Refuge	2022/23		2023/24	
	Female	Male	Female	Male
Average length of stay, in days	153	375	151	378

18.3. It appears in both 2022/23 and 2023/24, males stay longer in refuge than females.

18.4. In order to measure the outcomes of safe accommodation, it is vital to look at the move on accommodation type for refuge service users. Move on data from refuge was collected for 35 females and 1 male in 2022/23 and 47 females and 3 men in 2023/24. This is shown below:

Refuge	2022/23			2023/24		
	Female	Male	Not disclosed	Female	Male	Not disclosed
List move on accommodation type, and numbers:						
Bed and Breakfast	0	0	0	1	0	0
LA General Needs	0	0	0	1	1	0
Living with Family / Friends	11	0	0	5	0	0
Owner Occupier	0	0	0	1	0	0
Private Sector	1	0	0	4	0	0
Returned Home	6	0	0	5	0	0
Rough Sleeper	0	0	0	1	0	0
RSL General Needs	0	0	0	1	0	0
Sheltered Housing	1	0	0	0	1	0
Social housing	10	0	0	16	1	0
Sofa Surfing	0	1	0	0	0	0
Student Accommodation	0	0	0	1	0	0
Supported Housing	1	0	0	1	0	0
Temporary Accommodation	4	0	0	8	0	0
Women's Refuge	1	0	0	1	0	0
Unknown	1	0	0	1	0	0

- 18.5. In 2022/23 the most common move on accommodation type for females was living with friends and family. In 2023/24, the most common move on accommodation type for females was social housing.
- 18.6. **Recommendation:** Shropshire Domestic Abuse Service to review how they record the move on accommodation types, to ensure there is consistency in reporting. For example, “RSL general needs” and “social housing” could be a duplication.

Sanctuary Scheme

- 18.7. Referrals to the Sanctuary Scheme have been discussed in Section 13.13 . The below section is around the outcomes of the Sanctuary Scheme.
- 18.8. The Sanctuary Scheme assessor began to complete sanctuary scheme assessments in November 2023. Below are the types of security provided with numbers:

Equipment	Total provided April 23 - March 24
Video Doorbell	14
Window Shock Alarms	5
Door Brace	4
Hasp and Padlock	1
Patlock	2
Audible Alarm	1

- 18.9. 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. However, as part of the sanctuary scheme progress, the sanctuary scheme co-ordinators gather feedback.
- 18.10. Below is some of the feedback received 3 months after support from the Shropshire Sanctuary Scheme:
- Four survivors who received minor sanctuary provisions (video doorbell) said it had helped them to feel safer in their home and was happy with the service that was provided. Another survivor who received a video doorbell said they feel safer for having it and it has improved their mental health.
 - One survivor provided feedback that the door braces were helpful and have added loads more to their piece of mind, especially at night.
 - One survivor shared that they were very happy with sanctuary scheme assessment and received a video Doorbell and lights which improved their feeling of safety.
 - Some survivors shared that they found the visit very helpful and reassuring that the current security of the home was good.
 - Several survivors also included compliments to the sanctuary scheme assessor who was a very reassuring presence and was thorough in assessing their safety, exploring everything to help the client.

18.11. The feedback provided evidence how the sanctuary scheme has helped survivors to remain in their home and feel safe.

I cannot thank you and everyone enough for helping to 'secure' my home. It has been over 6 months since the furniture has been where it should have been - it did take me several days to put it all back in the right rooms. I no longer live in the dak, with tables, chairs, cupboards, and everything else I could move barricading all the door and windows. It has made a tremendous difference to how I'm living now, it's almost normal - I'm almost normal too. The door braces are magical and have added loads more to my piece of mind, especially at night. Assessor was brilliant and a very reassuring presence and was thorough in assessing my safety. He has thought of everything to help me cope with my present situation. This scheme is fantastic as were everyone I have spoken to since being referred, I am so very

19. Safe Accommodation Unmet Need

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

Refuge

19.2. There was a total of 212 unsuccessful referrals between 2022/23 and 2023/24 (unable to be supported at all).

19.3. Below shows a list of common reasons for being unsuccessful/denied with numbers of clients for each:

Access denied (unable to be supported at all) reasons	Total number of clients 2022/23 and 2023/24
Client / survivor does not want support	70
No space / capacity to support	35
Unable to contact client / survivor	26
Unable to meet support needs around drug and alcohol	21

19.4. 69% of referrals to SDAS over 2022/23 and 2023/24, did not result in individuals/households being accepted into refuge provision, for both men and women.

19.5. **Recommendation:** To explore the reason why a high proportion of clients decline support after being referred into refuge service.

19.6. **Recommendation:** To explore the less common reasons for referrals being denied.

19.7. **Recommendation:** Acorns Service has been launched, so there is a need to fully explore why there are still individuals being unsuccessful/denied refuge provision due to

service being unable to meet support needs around drug and alcohol.

- 19.8. **Recommendation:** Shropshire Domestic Abuse Service to consider the recommendation in the 2022 Shropshire Domestic Abuse Needs Assessment around developing a plan for a new refuge whilst working with commissioners to identify the type of safe accommodation required. Partners may need to explore further the gaps in unmet need that have yet to be identified before making a final decision on this.

Shropshire Sanctuary Scheme

- 19.9. There is no data on the age of survivors that are referred to the sanctuary scheme, therefore, without a demographic breakdown, we cannot identify if there are additional barriers for some victims.
- 19.10. **Recommendation:** Sanctuary Scheme Co-ordinators to record the date of birth of clients referred into the service consistently, to provide the demographic data.
- 19.11. **Recommendation:** Domestic Abuse Prevention Team to promote the Shropshire Sanctuary Scheme to various professionals to ensure they are aware of how to refer into the scheme, the criteria, and the process, to ensure that the scheme is being utilised.

Homelessness

- 19.12. 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.

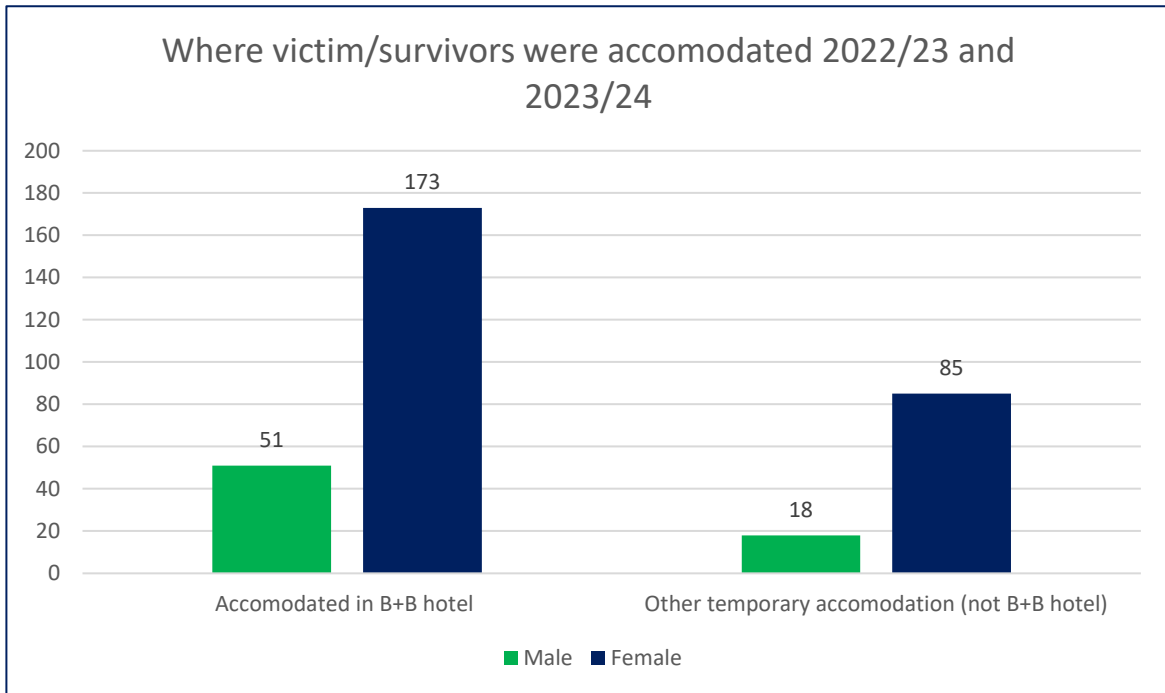
- 19.13. The total homelessness applications with domestic abuse recorded in 2022/23 and 2023/24 were as follows:

Homelessness applications with domestic abuse recorded	Female	Male	Unknown gender
2022/23	191	50	0
2023/24	250	52	1

- 19.14. All of these homelessness applications with domestic abuse recorded were accepted.
- 19.15. Part of the registration process is a local connection test. Below shows where the local connection test was applied:

Homelessness data	2022/23	2023/24
In the allocation of social housing (register) a local connection test was applied	36	47

- 19.16. It is important to establish where victims/survivors whose homelessness applications were accepted, were accommodated.



19.17. In relation to ‘other’ temporary accommodation type, survivors would be placed in, for example, a House of multiple occupancy (HMO).

19.18. Some homelessness applications come to Shropshire Council Housing Service, from out of area. Below are the top five places these applications came from, and how many applications were received, is shown below:

- Telford and Wrekin: 57 referrals
- Wrexham: 8 referrals
- Birmingham: 6 referrals
- Dudley: 5 referrals
- Walsall: 5 referrals

19.19. The tenure type of homelessness applicants who disclosed domestic abuse across 2022/23 and 2023/24 is broken down into gender below:

Housing type	2022/23		2023/24		
	Female	Male	Female	Male	Unknown
Armed Forces accommodation	0	0	0	0	
Caravan / houseboat	1	1	1	0	
Council tenant	1	0	3	2	
Homeless on departure from institution: Hospital (psychiatric)	0	0	0	0	
Living with family	19	1	21	3	
Living with friends	5	3	5	2	
Looked after children placement	0	0	0	0	
No fixed abode	3	2	2	1	
No fixed abode - Has never slept rough	0	0	0	0	

No fixed abode - Has not slept rough in the last year, but has previously slept rough	0	0	0	0	
No fixed abode - Not rough sleeping on approach but has slept rough at least once in the last year	0	0	0	0	
Other	3	2	5	1	
Owner-occupier	5	0	14	0	
Private rented sector: HMO	1	0	1	1	
Private rented sector: lodging (not with family or friends)	0	0	0	0	
Private rented sector: self-contained	18	2	15	6	
Refuge	11	1	18	1	
Registered Provider tenant	26	1	29	2	
Rough sleeping (in judgement of assessor)	0	0	1	3	
Social rented supported housing or hostel	3	3	4	0	
Temporary accommodation	47	13	39	13	
Shared ownership	0	0	1	0	
Unknown	48	21	92	17	1 Unknown Gender 2023/24

*1 unknown gender 2023/24.

Reason For Duty Ending – Housing Applicants Who Approached With Domestic Abuse

19.20. Authorities are legally obliged to take ‘reasonable steps’ to try and prevent or relieve homelessness among all eligible applicants and their households. These are commonly known as the prevention, relief and main duties.

19.21. **Prevention Duty:** Section 195 of the Homelessness Reduction Act⁵¹ states that the ‘prevention duty’ – places a duty on housing authorities to work with people who are threatened with homelessness within 56 days to help prevent them from becoming homelessness.

The prevention duty applies when:

- A local authority is satisfied that an applicant is threatened with homelessness and eligible for assistance.
- Where an applicant is likely to become homeless in the near future but does not fall under the statutory definition of 'threatened with homelessness', local authorities are encouraged to take a flexible approach and begin to take reasonable steps to prevent homelessness rather than waiting until the applicant meets the legal definition.
- The prevention duty applies regardless of an applicant's priority need. An authority might make inquiries into an applicant's priority need during the prevention duty because it is relevant to the suitability of accommodation offered to prevent homelessness. Priority need inquiries must not delay prevention work.

⁵¹ <https://www.legislation.gov.uk/ukpga/2017/13/section/4#section-4-2>

- An applicant who is threatened with homelessness and eligible will be owed a prevention duty by the authority to which they apply. The local authority cannot refer the applicant to another authority at prevention stage.

19.22. **Relief Duty:** Section 189B of the Homelessness Reduction Act states “relief duty” requires housing authorities to help people who are homeless to secure accommodation

The relief duty applies when:

- A local authority is satisfied that an applicant is homeless and eligible for assistance

19.23. **Main Duty:** Section 193 (2) of the Homelessness Reductaion Act states housing authorities have a duty to find secure accommodation for applicants who are homeless, eligible for assistance, have priority need and are not intentionally homeless

A local authority will owe an applicant the main housing duty when the duty to relieve homelessness has ended, and they are satisfied the applicant is:

- homeless and eligible for assistance
- in priority need
- not intentionally homeless
- The duty is owed by the authority to which the application was made unless the authority makes a local connection referral.

19.24. The below tables provide a breakdown to why prevention, relief and main duty was discharged/ended for some applicants who approached with domestic abuse. The figures show the number of applicants in 2022/23 and 2023/24

Prevention Duty data 2022-2024

Prevention duty ended for those applicants who approached with DA	2022/23		2023/24	
	Female	Male	Female	Male
56 days or more expired and no further action	2	0	1	0
Contact lost	2	0	5	0
Homeless	14	2	11	1
Intentionally homeless from accommodation provided	0	0	0	0
Secured alternative accommodation for 12 or more months	4	0	1	0
Secured alternative accommodation for 6 months	3	0	3	3
Secured existing accommodation for 12 or more months	2	0	16	2
Secured existing accommodation for 6 months	1	0	6	1
Withdrew application / applicant deceased (Retired)	1	0	1	0

19.25. In relation to the prevention duty ended, for those applicants who approached the Housing Service with domestic abuse the most common reason for duty ending, was due to the applicant becoming homeless. This means that the applicants were not prevented from becoming homeless.

Relief Duty data 2022-2024

Relief duty ended for those applicants who approached with DA	2022/23		2023/24	
	Female	Male	Female	Male
56 days elapsed	110	26	119	27
Contact lost	14	7	18	3
Local connection referral accepted by other LA	0	1	0	0
No longer eligible	0	1	2	2
Secured accommodation for 12 months	8	1	15	1
Secured accommodation for 6 months	15	4	7	4
Withdrew application / applicant deceased (Retired)	12	5	14	2

19.26 In relation to relief duty ended, for those applicants who approached with domestic abuse to the Housing Service, the most common reason for relief duty ended was that 56 days elapsed.

Main Duty data 2022-2024

Main duty Discharge Reason	2022/23		2023/24	
	Female	Male	Female	Male
Accepted a Housing Act 1996 Pt6 social housing offer	76	14	38	5
Accepted a Private Rented Sector offer	1	0	0	0
Applicant withdrew or lost contact	8	1	6	0
Ceased to occupy temporary accommodation	6	1	4	2
Refused suitable Private Rented Sector offer	5	2	10	2
Refused and/or contested the PRS offer while having accepted it	0	0	0	0
Refused suitable temporary accommodation offer	5	0	2	1

19.27 In relation to main duty discharge reason, the most common reason for duty discharged, was due to client being accepted a Housing Act 1996 Pt6 social Housing Offer.

20. Non-Accommodation Based Domestic Abuse Provision

20.1 This section provides an overview of non-accommodation based domestic abuse provision.

Shropshire Domestic Abuse Service- Outreach Service

20.2. Shropshire Council commission Shropshire Domestic Abuse Service (SDAS) to provide a community-based outreach service. SDAS work in partnership with local agencies to enable victims and children/young people to regain the strength and confidence to take control of their lives and to have a future without fear. They seek funding and apply for grants, to increase the capacity of the outreach service, for both the one-to-one outreach support and the delivery of group work.

20.3. The outreach service provides dedicated support via face-to-face meetings, telephone, text, or email according to need and individual choice. SDAS community-based support have noted that clients are wanting more telephone support than face to face. There are 3 full-time equivalent outreach workers and 2 part time outreach workers providing one-to-one, group and survivor support. There is also one IDVA whose workload is high risk cases and two full time equivalent staff to oversee triage and single point of entry.

Data 2022-2024

20.4. The SDAS community-based support received 848 referrals for adult victim/survivors in 2022-2023 and 1069 referrals in 2023/24. This is a 26% increase from one year to the next.

20.5. The top three referral sources for SDAS outreach services are as follows:

Referral source	% of referrals in 2022-2023	% of referrals in 2023-24
Shropshire Domestic Abuse Service	27%	27%
Self	22%	28%
Local authority Children Services- social care	12%	7%

20.6. SDAS received 1917 referrals in the period between 2022/23 and 2023/24. Approximately 64% (1240) of all referrals were accepted and 36% (677) of referrals were declined.

20.7. The most common reason for decline (27%) was the client/survivor did not want support. It is therefore imperative to explore why the service is declined, after a client has given consent for a referral to be made to the service.

Reason for not being accepted	% of declined referrals in 2022-24
Unable to contact client/survivor	21%
Client/survivor does not want support	27%
Other	21%

20.8. Whilst clients are on the waiting list for SDAS Outreach Service, all support officers operate a rota to ensure clients are contacted once a fortnight.

20.9. Top five types of support provided by SDAS Outreach Service:

Types of support	Number of supports provided to adults 2022-24
Emotional support	853
Referral and Signposting	805
Other	791
Practical support	699
Children support	506

20.10. Recently SDAS has had to pause new referrals for their outreach service due to being unable to meet the high demand and long waiting lists.

20.11. **Suggestions from SDAS Workers:**

- Explore having a mental health specialist worker within SDAS for both refuge and community.
- More training to be provided for professionals to complete a DASH risk assessment.
- To increase professionals understanding around if they are working with a client and have gathered information about the client's journey they need to include this detail in the referral form to Shropshire Domestic Abuse Service, to ensure that the survivor does not have to repeat themselves to different agencies.

West Mercia Women's Aid

20.12. West Mercia Women's Aid (WMWA) operates across Herefordshire, Worcestershire, Shropshire, and Telford & Wrekin. Their mission is to reduce the incidence and impact of domestic abuse and violence against women and girls in West Mercia. This is done by providing support, protection and prevention services that empower those affected by violence and abuse to rebuild their lives and those of their children.

West Mercia Women's Aid Helpline and Online Support

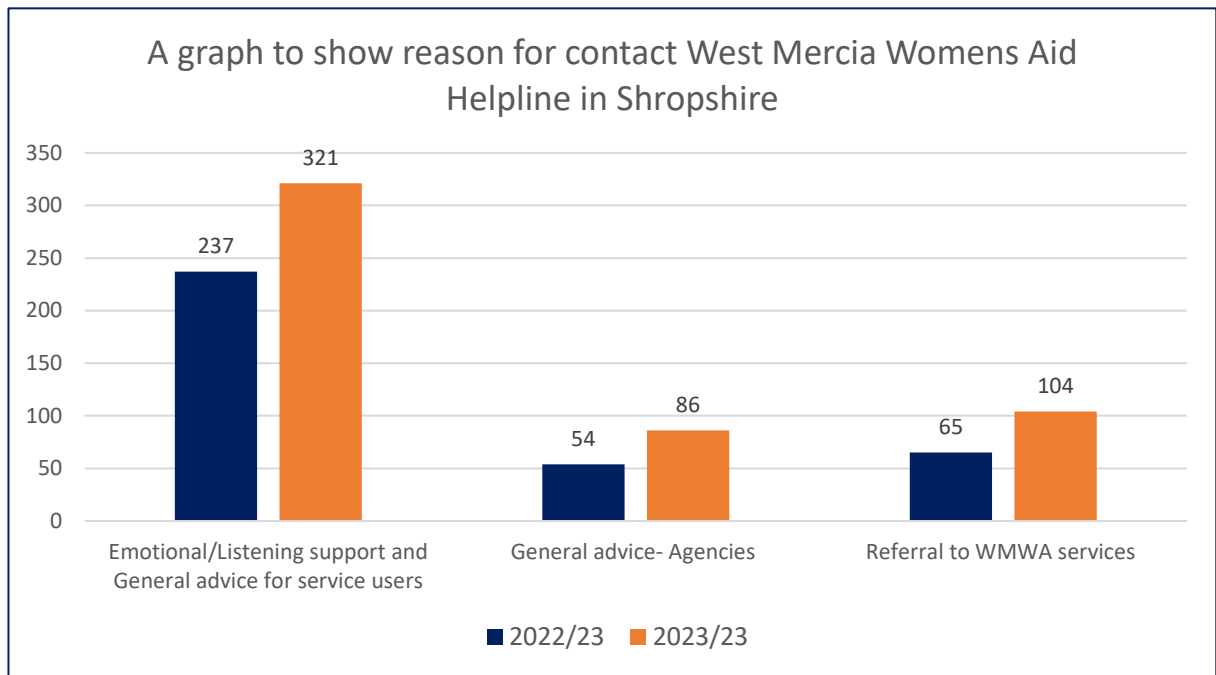
20.13. WMWA has a confidential helpline, available 24 hours a day, 7 days a week. They talk with survivors about their individual situation and the various types of help and support available. West Mercia Women's Aid also offer support online.

Data 2022-2024

20.14. The table below shows the number of contacts received via helpline and online support for Shropshire during 2022/23 and 2023/24.

	2022/23	2023/24
Helpline	220	299
Online Contact	136	212

20.15. WMWA also provided the reasons for contacts in 2022/23 and 2023/24 which is shown below.



20.16. The most common reason of contact in 2022/23 and 2023/24 was for emotional/listening support and general advice. It is important to note that 169 contacts were for a referral to WMWA services.

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

20.17. West Mercia Women’s Aid (WMWA) have a range of specialist support including an IDVA service. An IDVA is a specialist trained, domestic abuse safety worker, who supports people who are at high risk of immediate and significant harm from domestic abuse. They work with all gender victims/survivors. The Office of the Police and Crime Commissioner (PCC) commission WMWA to deliver the IDVA contract in West Mercia including in Shropshire.

20.18. The WMWA IDVA service receives referrals for all clients at high risk in Shropshire, except for those already working with SDAS when they become high risk. If SDAS receive a referral and the individual has already been identified as high risk, they will ensure this is sent on to WMWA and will not make contact.

20.19. Within the IDVA team, there are specialist IDVAs including:

- Inclusion IDVA: ensures that underrepresented groups can access a service.
- Children and Young people IDVA
- Hospital IDVA

Data 2022-2024

20.20. Below shows the total number of referrals received and accepted to West Mercia West Mercia Women’s Aid

West Mercia Women's Aid IDVA	2022/23	2023/24
Total referrals received	293	303
Total referrals accepted	154	145
Total repeat referrals	199	162

20.21. In relation to referrals that were declined, below is a list of the reasons with numbers for 2022/23 and 2023/24.

Reasons for referrals not being accepted (with numbers):	2022/23	2023/24
Client/survivor does not want support	33	31
Unable to contact client/survivor	24	43
Already supported by SDAS	40	46
Needs better met elsewhere - referred to YPIDVA	2	0
Needs better met elsewhere - in refuge	2	2
Needs better met elsewhere - already supported by DV agency	0	5
Already active in service	19	13
Duplicate referral	6	11
Moved out of area	0	3
Other	13	4

West Mercia Women's Aid IDVA service-referrals came from out of area	2022/23	2023/24
1 Telford & Wrekin	7	9
2 Herefordshire	2	3
3 Worcestershire	2	4

West Mercia Women's Aid Hospital IDVA

20.22. WMWAs Hospital IDVA is there to promote visibility to A&E, maternity, outpatients, and the wards. They receive a series of cases, not only high risk, but also some lower risk who may need some advice, safety planning and then signposting on. Some may be starting to recognise the abuse they are being subjected to and may have made a disclosure. The hospital IDVA works closely with the vulnerable midwife team; they have completed joint visits into a refuge with some midwives.

Data 2022-2024

20.23. Below shows the total number of referrals received and accepted to West Mercia Women's Aid Hospital IDVA service for 2022/23 and 2023/24

West Mercia Women's Aid Hospital IDVA	2022/23	2023/24
Total referrals received *	72	70
Total referrals accepted *	40	36
Total number of repeat referrals	19	20

*It is not recorded whether referral is patient or staff

20.24. **Recommendation:** To explore the repeat referrals to WMWA Hospital IDVA service, to better understand the reason for multiple repeats.

20.25. In relation to referrals that were declined, below is a list of the reasons with numbers for 2022/23 and 2023/24

Reasons for referrals not being accepted (with numbers):	2022/23	2023/24
Client/Survivor does not want support	3	7
Unable to contact	10	13
Already active in service	7	3
Moved out of area	3	1
Duplicate referral	7	7
Supported by SDAS	1	1
Ineligible for support (borough)	0	1
Other	1	1

20.26. In terms of the referral sources to West Mercia Women's Aid IDVA:

Referral sources West Mercia Women's Aid hospital IDVA	2022/23	2023/24
A&E	45	30
Maternity	5	9
Ward	2	3
Mental Health	0	2
Department unknown	20	26
Self	0	0

20.27. Some referrals come from out of area and the top areas are outlined below:

West Mercia Women's Aid Hospital IDVA - Total referrals that came from out of area	2022/23	2023/24
1 Telford & Wrekin	5	8
2 Powys	5	2

Multi- Agency Risk Assessment Conference (MARAC)

20.28. A Multi-Agency Risk Assessment Conference (MARAC) is a meeting where information is shared on victims at the highest risk of serious harm or murder due to domestic abuse.

20.29. The MARAC process is coordinated by West Mercia Police and chaired by the MARAC Coordinator for Shropshire who is part of the Protecting Vulnerable People Unit of West Mercia Police. The police internally fund the MARAC Coordinator role.

20.30. Meetings are monthly and held in person. Around 30 cases are heard every month. Once 30 cases are listed on the agenda no more are accepted, and any additional cases are rolled over to the following month.

20.31. MARAC is attended by representatives of local agencies such as police and health. It is well supported and attended across the Partnership by many practitioners who feel the meetings are organised well and believe meeting face to face is extremely beneficial in terms of involvement in the meetings.

Data 2022-2024

20.32. Below shows MARAC referrals which were received, accepted and repeat referrals for 2022/23 and 2023/24

MARAC	2022/23	2023/24
Total referrals	290	287
Total referrals accepted	290	287
Total referrals that are repeat referrals	114	118

20.33. Compared to the last needs assessment, there has been a 6% increase in the repeat referral rate in the Shropshire MARAC.

20.34. The table below shows the top referral sources to the Shropshire MARAC between 2022 and 2024.

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=577)
West Mercia Police	68.5%
Shropshire Domestic Abuse Service (SDAS)	10.6%
Health - A&E	7.1%
IDVA (West Mercia Women's Aid)	5.0%
Local Authority Children's Services - Early Help	2.1%
Other (name) Probation	1.7%
Mental Health - Midlands Partnership Foundation Trust	mpft1.4%
Health – GP	0.5%
Local Authority Adult Social Care	0.3%
Education – School	0.2%
Other - LGBT Foundation	0.2%

20.35. There were no referrals across the two years from:

- Health- community health services
- Health community children services
- Local authority children’s services- social care
- Local authority Housing and Homelessness

20.36. Low referrals from these partner services suggests a more passive relationship with the MARAC, in which information about victims/perpetrators is received and responded to by

20.37. services, but lacking active referring-in.

20.38. Services have provided feedback around MARAC, sharing that they find the MARAC co-ordinator easy to contact and extremely helpful if they have any questions when making a referral to MARAC. The majority shared that they find the MARAC meetings well organised and productive however, the duration of MARAC meetings was mentioned as being too long. A suggestion was made that there could be 2 meetings a month to lessen the time.

20.39. **Recommendation:** Safe Lives provides toolkits for MARAC representatives, as well as a guide to the MARAC process, MARAC representatives should circulate this, to their service.

20.40. **Recommendation:** To explore options of multiple meetings a month to lessen the length of time per meeting.

20.41. **Recommendation:** Complete a review of MARAC and the whole system approach.

20.42. West Mercia Police data provided for this needs assessment included information regarding MARAC referrals, highlighting that in Quarter 4 of 2022/23 68 referrals were heard at Shropshire MARAC:

- 72 children were living at the address.
- 53 children were not.

Moreover, in Q4 of 2023/24 70 referrals were heard at Shropshire MARAC

- 73 children were living at the address.
- 61 children were not.
- 8 vulnerable adults

20.43. The following table compares the Shropshire MARAC data for 2022/23 with the national Safe Lives data 2022/23⁵² as well as the West Mercia MARAC data for the year ending March 2023:

MARAC Measure	Shropshire MARAC (April 2022/ March 23)	Safe Lives UK Average (April 2022-March 2023)	West Mercia MARAC (Year ending March 2023)
Number of cases	290	118,140	1,242
Number of repeat cases	114	38,966	307
% of repeat referrals	39%	33%	25%
% Where police were source of referrals	69%	66%	63%

20.44. This comparison suggests that the Shropshire MARAC is in line with the England and Wales averages across most measures, except Shropshire has a slightly higher

⁵² <https://safelives.org.uk/research-policy/practitioner-datasets/marac-data/>

percentage of repeat referrals. Domestic abuse is a pattern of behaviour, and as such cases are often referred to MARAC more than once. According to Safe Lives for an established MARAC the expected level would be in the range of 28-40%". Therefore, Shropshire's repeat referrals are in the range expected.

- 20.45. The rate of police referrals to Shropshire MARAC are in line with the Safe Lives⁵³ expected figures of between 60-75%.
- 20.46. Nationally, Safe Lives collect MARAC data on the number of males referred and the number of children discussed within the cases. This is not collected in Shropshire. Safe lives outline the total number of cases discussed per 10,000 adult women is 47. This is above the rate of cases Safe Lives expect to see (40 cases per 10,000) based on their estimate of the prevalence of high-risk domestic abuse. However, this figure is an average, with some MARACs seeing much lower and some much higher rates.
- 20.47. In Shropshire, MARAC is well regarded and well attended, however 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 or having regular attendance at the monthly meetings.
- 20.48. **Recommendation:** More training and information sharing in relation to what MARAC is, how to refer into MARAC as a professional – Shropshire Community health recognised they had a lack of awareness around MARAC and would like to receive training.
- 20.49. **Recommendation:** For a representative from adult services to consistently attend MARAC meetings.

Victim Support

- 20.50. Victim Support is an independent charity that provides specialist support to victims of crime and traumatic incidents in England and Wales. Victim Support is committed to helping people to cope and move forward to feel they are back on track with their lives.
- 20.51. Victim Support provides, free and confidential emotional and practical help to people affected by crime in West Mercia, including Shropshire. They support victim/survivors of domestic abuse to explore their options and put a plan in place to safeguard and support them and their family. Survivors can contact for support regardless of whether they have contacted the police, and no matter how long ago the crime took place.
- 20.52. Victim support provides emotional support, information, and signposting. They can put survivors in touch with other agencies which may help with issues around housing, benefits, and legal advice.

⁵³ [Safe lives \(2024\) Marac data by police force area, region, and country \(England and Wales\) 2022-23 data](#)

Data 2022-2024

20.53. The data below, from Victim Support, shows the number of referrals received, accepted declined and repeated between 2022/33 & 2023/24.

Victim support measure (2022/23 & 2023/2024)	Adults	Children	Total
Number of referrals received	125	18	143
Number of referrals accepted	95	16	111
Number of referrals not accepted	30	2	32
Number of repeat referrals	2	0	N/A

20.54. Those "not accepted" were closed for reasons such as duplicate cases, insufficient contact details available or attempted contact several times but were unsuccessful.

20.55. As Victim Support cover the whole of West Mercia and have services in many parts of the UK, they are able to transfer cases to other areas if needed.

20.56. At time of data collection, Victim Support was unable to extract the sources of referral for all 143 cases, it was recorded for just 23. Out of these 23 cases, 19 were Self-referral, 1 was from West Mercia Police and 3 were from the Witness Service.

20.57. 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

20.58. Victim Advice Line (VAL) is a free confidential service provided by West Mercia Police and funded by the Police and Crime Commissioner (PCC).

20.59. They work with survivors to understand exactly what kind of help and support they need. Survivors are assigned a care coordinator to ensure all needs are met, and that the survivor always has someone to talk to. The care coordinator will agree a specially tailored support package with the survivor, which may include relevant advice booklets, contact numbers for counselling or other support services, help with insurance forms and guidance through the Criminal Justice process.

20.60. **Suggestion from Victim Advice Line:** Better information around what support each local service provides and for all professionals to be kept up to date of how to refer people into different support services.

Axis

20.61. Axis is an independent charity operating within Shropshire, Telford and Wrekin and the immediate surrounding area. They provide free, confidential, and independent services for people aged over 11, who have been subjected to any form of sexual abuse (including, but not limited to childhood sexual abuse, sexual assault, sexual violence, sexual exploitation, or rape).

Axis Counselling

20.62. Axis Counselling provide specialist counselling & support, which is delivered by counsellors who are specifically trained to work with sexual trauma via induction training and as part of their continued professional development (CPD) programme.

20.63. As well as specialising in working with sexual trauma, Axis also has counsellors who are specifically trained to work with: Children & Young people, Males, and people with Learning Disabilities.

20.64. They will work with a client to establish their needs and what kind of counselling or support would be most helpful to the client. They offer a range of support therapies including:

- Pre-trial counselling
- LINK counselling
- Trauma focused counselling
- Fast Track counselling
- Groups and workshops
- TORWA: Taste of recovery with Axis (online self-help programme)

For more information around the different types of support therapies provided by Axis Counselling outlined above please see [here](#).

Data 2022-2024

20.65. Axis provided data on the number of accepted and declined referrals for 2022/23 and 2023/24

Axis counselling measure	2022/23	2023/24
Number of referrals received	294	218
Number of repeat referrals	38	16

*All referrals to axis counselling were accepted in 2022/23 and 2023/24

20.66. There was a decrease in referrals in 2023/24 compared to 2022/23.

20.67. In the previous Shropshire Domestic Abuse Needs assessment in 2022, it was reported that in 2020/21 and 2021/22 Axis received 176 referrals for counselling where domestic abuse was a factor. This shows a 190% increase in referrals to Axis Counselling since the last needs assessment.

20.68. Top five referral sources to Axis Counselling are below:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24
Self-referral	47%
Other- ISVA	20.3%
Other- Sexual Assault Referral Centre (SARC)	5.4%
Health- Community adult services	4.9%
Mental Health	3.5%

Axis ISVA service

20.69. Axis has an Independent Sexual Violence Advisor (ISVA) Service which is a specialist one to one support service for all survivors of sexual abuse.

20.70. This service includes a team of ISVAs who are trained to provide practical support as well as free impartial information and advice. The role of the ISVA involves providing support through the criminal justice system and Axis have strong links with the police.

20.71. There is specialist Children and Young People (CYP) ISVAs to provide support to 11–17-year-olds who have been subjected to any form of sexual abuse.

20.72. Axis also has a Family ISVA who supports parents, siblings, partners, and sometimes other family members to understand what is happening and how it is affecting the individual, and to understand how to support them to cope and recover.

Data 2022-2024

20.73. Between 2022/23 and 2023/24, 190 referrals were made to the Axis ISVA Service.

ISVA - Axis Counselling (where DA is a factor)	2022/23	2023/24
Total referrals received	113	77
Total referrals accepted	109	74
Total repeat referrals	10	3

20.74. 7 referrals to Axis ISVA were not accepted and this was due to inappropriate referral for service.

20.75. Top five referral sources to Axis ISVA service are as follows:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=190)
West Mercia Police	39%
Self	11.6%
SARC	7.9%
IDVA West Mercia Women's Aid	6.8%
Shropshire Domestic Abuse Service	4.3%

20.76. Axis have recently launched The Pathfinder project. This project is a newly funded service, by NHS England, supporting individuals aged 18 and over, affected by sexual

violence/abuse who are presenting with complex mental health and/or other comorbid factors, preventing them from processing their trauma.

20.77. This service launched in November 2023 and started seeing clients in February 2024.

20.78. The Pathfinder service offers:

- 1 to 1 Stabilisation (including advocacy, emotional support, and practical advice)
- 3 Levels of groups
- Stabilisation counselling 6-8 sessions
- Psychologist formulation and support
- Essential sexual violence specialist training programmes for professionals who work with individuals affected by sexual violence awareness raising, managing disclosures, sexual violence trauma informed practice.

20.79. The Pathfinder is a short-term intervention to help a client stabilise, ensuring their ability to go on and engage in whatever service they need to.

Parental Educational Growth Support (PEGS)

20.80. Parental Educational Growth Support (PEGS) is a social enterprise set up to support parents, carers and guardians who are subjected to Child to Parent Abuse (CPA), including those with adult offspring. PEGS is not designed to support children causing harm, or their siblings, it is parent focused and parent/caregiver led.

20.81. PEGS have developed a range of virtual services for parents to access from anywhere in the UK. These consist of:

- Virtual Drop Ins – multiple each week at different times during the day and evening. Parents can access daily, and they are led by the prep team.
- Peer Support group
- EPIC Sessions – online ‘Empowering Parents In Crisis’ sessions
- One to one support
- Bespoke workshops- For example, a two-part resilience workshop.

20.82. PEGS also train frontline professionals to recognise and effectively respond to CPA, and work with national and regional organisations to develop and implement policies. PEGS also run a free professional drop in, every month, where professionals can come learn about the organisation and how to refer in.

Data 2022-24

20.83. In 2022/23 and 2023/24 PEGS received 291 referrals from victims/survivors in Shropshire.

PEGS	2022/23	2023/24
Total referrals received	107	184

20.84. PEGS have had no repeat referrals as parents choose to remain connected via the peer support and drop-in sessions and all referrals were accepted.

20.85. Top referral sources to PEGS are as follows:

Referral sources (list with numbers):	% of referrals 2022/23 & 2023/24 (N=291)
Self	17.2%
Local Authority - Early Help	5.8%
Education- School	3.4%
Mental Health- Other	3.4%
Local Authority Childrens Services - Social care	2.1%

20.86. PEGS provide a necessary specialist support pathway for parents and carers being subjected to violence and abuse from their children. The support they require is different to those subjected to abuse or violence from an intimate partner, and this need must be recognised across the Partnership to ensure referrals are made appropriately.

20.87. PEGS are a unique and valued service in Shropshire. Many stakeholders are becoming increasingly aware of child and adolescent to parent violence/abuse, adult family violence and recognising that victims/survivors require a specialist response that is different from domestic abuse specialist services.

20.88. However, PEGS is not funded for Shropshire. The needs assessment heard that in some cases, survivors from Shropshire who reach out to PEGS for support are not involved with any other service.

20.89. As PEGS do not support children causing harm, they are working closely with Bright Star Boxing who can offer young people access to their services.

20.90. In 2019, Bright Star Boxing started the Bright Star Futures programme. They use boxing, education and mentoring to inspire, engage and connect with young people to drive achievement and positive behaviour changes in every young person referred to them. Alternative provision is offered across Telford & Wrekin, Wolverhampton, and the West Midlands. PEGS have received positive feedback from clients when referring to Bright Star. There is a pathway in place as both PEGS and Bright Star saw that there was a need and a programme has been developed, however funding cannot be secured.

20.91. In 2022, PEGS completed a parental survey⁵⁴. They found that 68% of parents didn't feel well supported by professionals and 85% of parents shared they considered calling a professional and then changed their mind. Reasons for this include, they didn't know who to call or that they thought professionals would think it was their fault.

⁵⁴ [PEGS \(2022\) The impact of child to parent abuse: who does it affect and how?](#)

20.92. PEGS informed the Needs Assessment that awareness around the SSCP Policy on child to parent abuse in the County is low.

20.93. **Recommendation:** for each service to circulate the child to parent abuse policy to all professionals.

Cranstoun

20.94. Cranstoun is a national provider delivering services for adults and young people facing difficulties with alcohol and drugs, domestic abuse, housing, and criminal justice. Domestic Abuse services offered by Cranstoun, in West Mercia, includes the delivery of an all-risk Perpetrator programme in Shropshire via two programmes: DRIVE and Men and Masculinities. Cranstoun work with the Perpetrator and West Mercia Women's Aid are funded to provide the partner support.

Drive Programme

20.95. The Drive programme started in Shropshire in October 2023 and is a collaborative approach to tackling domestic abuse. It involves liaising with police officers, support agencies, caseworkers and directly with those presenting abusive, challenging, and violent behaviour.

20.96. Drive's aims are as follows:

- To reduce the number of repeat and new victims.
- To reduce the harm caused to victims and children.
- To reduce the number of serial perpetrators of domestic abuse.
- To intervene earlier, to protect families living with domestic abuse.

20.97. Drive works with high-harm, high-risk and serial perpetrators of domestic abuse, incorporating intensive one-to-one work and case management. A Drive case manager works with the perpetrator to challenge and support changes in attitudes, beliefs, and behaviour. This often requires addressing additional needs such as mental health, substance misuse and housing.

20.98. This intervention involves a coordinated multi-agency response to disrupt opportunities for perpetrators to continue their abuse and identify and reduce risk. There is also an Independent Domestic Violence Advisor (IDVA) who provides support for the victim/survivor to ensure joined up working and safety.

20.99. Drive does not require the direct engagement of perpetrators and where perpetrators refuse to engage, they are still able to reduce risk.

Data October 2023- March 2024

Drive measurements	October 2023- March 2024
Number of referrals received	24

20.100. All 24 referrals came from MARAC, none were rejected and there were no repeats.

20.101. Data provided around the Drive service users from January 2024- March 2024 indicates that 85% of service users were identified as serial perpetrators and 77% had crime or non-crime police incidents relating to domestic abuse.

Men and Masculinities

20.102. The Men & Masculinities programme provides a safe space for people who have engaged in abusive, harmful, and damaging behaviour within their relationships. The programme explores what it means to display appropriate behaviour within relationships and highlights how conflict, aggression and anger can deeply impact the lives of others. The 24-week programme focuses on the harmful behaviour.

Data 2022-24

Men and Masculinities measurement	2023/2024
Number of referrals received	55

20.103. All referrals were accepted with the top referrers to Men and masculinities being:

Referral sources	% of referrals 2023/24
Local Authority Children’s Services- Social Care	29.1%
West Mercia Police	21.8%
IDVA - West Mercia Women’s Aid	1.8%
Local Authority – Early help	1.8%

Willowdene Rehabilitation

20.104. Willowdene provides an inclusive, safe environment where people can identify, acknowledge, and tackle the issues of their past so that they can understand their present, and build their future. This is provided through rehabilitation, which includes trauma-informed therapy, training, work-experience, residential options, and resettlement.

20.105. Originally Willowdene operated as a male-only site but is now a mixed facility operating a female-only residential option with 12 dedicated bed spaces. Referrals come through probation, direct from prison, through drug and alcohol pathways, the LINC programme and Liaison and Diversion routes.

21. Partnership Responses and Provision

West Mercia Police

21.1. West Mercia Police (WMP) serves 1.19 million people across Worcestershire, Telford & Wrekin, Shropshire, and Herefordshire.

- 21.2. They serve both the community and staff and work in partnership with a wide range of other statutory and voluntary sector organisations, including community and advocacy groups. The local and strategic Independent Advisory Groups are a key route allowing the police to engage with their communities.
- 21.3. WMP value listening carefully to their diverse stakeholders and consulting on the potential impacts of their decision making or policies, particularly as they may affect different 'protected characteristics' and those from under-represented groups.
- 21.4. The force provides an enhanced service to victims of domestic abuse who are assessed as being at the greatest risk of harm. A force wide team, the Protecting Vulnerable People (PVP) team, is in place covering all aspects of vulnerability, including domestic abuse with a Strategic Lead (Detective Sergeant) covering the whole force. As part of the PVP team, Domestic Abuse Risk Officers (DAROs) are in each of the local policing areas (LPAs) to provide oversight and support safety planning and investigations relating to victims assessed as high and medium risk. 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.
- 21.5. The force is actively engaged in the local MARACs where multi-agency support and safety planning for victims assessed as high-risk is provided.
- 21.6. The force previously used the Domestic Abuse Stalking and Honour Based abuse (DASH) risk assessment when considering the risk of harm to domestic abuse victims but now the force uses the Domestic Abuse Risk Assessment (DARA). The DARA was developed by the College of Policing in consultation with survivors, frontline police officers, voluntary and charity sector support services, and leading academics, the DARA aims to make it easier to identify coercive control. There are 18 questions asked, and after considering the answers, officers assess the risk as standard, medium, or high, and then take appropriate action.
- 21.7. When the neighbourhood policing teams attend a domestic abuse incident, they complete a DARA. If the outcome is a medium risk management plan, they are managed by the Safer Neighbourhood Team and if they are high risk, a designated officer manages them. Additionally, an auto-transfer is made to the Victim Advice Line, as outlined above. For victims reporting and assessed as a standard risk, who have no children and no care and support needs, this is the only opportunity for receiving any support.
- 21.8. The active promotion of equality of opportunity, inclusion and diversity is a fundamental enabler of WMP's vision, values, and priorities. The West Mercia Police Diversity, Equality and Inclusion (DEI) Strategy (2024-2025⁵⁵) puts in place mechanisms to ensure diversity, equality and inclusion is embedded in all aspects of their decision-making,

⁵⁵ West Mercia Police (2024) [Diversity, Equality and Inclusion \(DEI\) Strategy](#)

policy and practice. One objective is to map out and strengthen partnership working, focussing on key themes, and policing strategies linked to issues such as domestic abuse and sexual violence, including Honour Based Violence, Forced Marriage, and Female Genital Mutilation.

Partnership Integrated Triage (PIT STOP) Meetings

21.9. PIT STOP has recently been launched in Shropshire and aims to provide a streamlined and robust offer of early help to children and families.

It is a multi-agency meeting, chaired by a Specialist Police Decision maker and attended by partners such as Childrens Services, Health, Education, DA services and more. Police decide which cases require the Partnership Triage and then send the list to the PIT STOP attendees to pull together any information that they have. Within the meeting, partner agencies will then share proportionate and relevant information to understand the holistic experience and level of needs for a child and family and ensure the right support can be offered. For further information on the PIT STOP Model please follow this link:

[Partnership Integrated Triage \(PIT STOP\) | Local Government Association.](#)

Feedback from this Needs Assessment suggested that Schools should be brought onboard with PITSTOP.

21.10. **Recommendation:** To revise when PIT STOP information gets released to attendees, this often comes in the day before PITSTOP, however some professionals would benefit from having the information earlier in the day to have more time to prepare for the meeting.

Shropshire Council

21.11. There are a series of different departments and services within Shropshire Council that are relevant to the Partnership response to domestic abuse, which are essential to create an effective response.

Human Resources (HR) and Staff Wellbeing:

21.12. The Wellbeing Officer has worked alongside HR and the Domestic Abuse Prevention team, with a focus on internal employees and domestic abuse. They have:

- Continued to review and refresh a directory of support services in Shropshire for anyone seeking help about domestic abuse.
- Worked to raise awareness amongst staff of domestic abuse and how to get support.
- Supported the revision of the Staff Domestic Abuse Policy, which has been reviewed considering Shropshire Councils Housing Service, DAHA accreditation journey.
- Helped to create a group of Domestic Abuse Support Officers within the council, to provide support to any colleague needing support as a victim/survivor or perpetrator.
- It is important to note that Shropshire Council are members of the Employers Initiative Domestic Abuse⁵⁶.

⁵⁶ <https://www.eida.org.uk/>

- Shropshire Council have also made a pledge to the to ensure their service is welcoming and inclusive to the LGBT+ aging community. These pledges take the form of a Covenant.⁵⁷
- Shropshire Council have also become White Ribbon⁵⁸ Accredited Organisation in July 2023 marking their commitment to preventing harassment, abuse and violence against women and girls through promoting gender equality, raising awareness and ensuring that men as well as women are part of the solution.

Shropshire Council Public Health

- 21.13. Public health is about helping to stop people getting ill from conditions that can be prevented, such as those caused by weight or smoking. It's also about helping people manage long-term health conditions preventing them becoming worse. The social determinants of health, also known as the wider determinants of health, are the conditions in which people are born, grow, live, work and age. They include social, cultural, political, economic, commercial, and environmental factors.
- 21.14. A Senior public health consultant sits on the Domestic Abuse Local Partnership Board, working to strengthen the links with domestic abuse in relation to suicide, mental health, substance misuse and sexual health. Shropshire Council's Domestic Abuse Strategic Lead sits on the West Mercia Sexual Abuse and Violence Board on behalf of Public Health and is responsible for any work coming from it.
- 21.15. Other than the Healthy Lives team, who are delivering the Social Prescribing offer, and the Community Wellbeing team, Public Health does not directly provide a direct client service. These team members have recently completed domestic abuse training delivered by Shropshire Council's Domestic Abuse Training Lead.
- 21.16. **Recommendation:** To review if Public Health can collect data, from the delivery of their Public Health programmes, on domestic abuse need.

Shropshire Council Childrens Social Care and Safeguarding

- 21.17. This section encompasses all areas of Children's Services: Early Help and Support teams (E-HAST), Assessment and Case Management, Child in Need (CIN) and Child Protection (CP) teams, Children Looked After (CLA) services, which includes residential care and support in the community, and Leaving Care support services for children and young people.
- 21.18. Children's Services is represented at the Domestic Abuse Local Partnership Board however attendance is sporadic.

Shropshire Council Early Help

⁵⁷ <https://www.lgbtsand.com/projects/embrace/covenant/>

⁵⁸ <https://www.whiteribbon.org.uk/organisations>

- 21.19. 'Early help' refers to support for children and families to help identify and address problems before they arise or escalate, preventing them getting to crisis point. It's not a single service, but a network of non-statutory services and processes delivered by the local authority, and partners including the NHS, schools, and voluntary sector organisations, providing a short intervention.
- 21.20. They work closely with families to make sure they get the right support at the right time. Their overall goal is to strengthen relationships in communities through working together, combining their ideas with other services to help families in Shropshire. The principles of Early Help align with the Working Together to Safeguard Children (2023)⁵⁹ legislation, emphasising collaboration, a strengths-based approach, considering the whole family, and intervening early.
- 21.21. Targeted Early Help services in Shropshire are focused on six local hubs across the county with Family Practitioners as lead professionals, coordinating multi-agency responses for families. Work can be for 6-12 months, or longer when situations are complex.

Operation Encompass

- 21.22. Operation Encompass⁶⁰ aims to reduce the long-term impacts of domestic abuse by providing early intervention and support. When the police attend incidents of domestic violence or abuse where children are directly or indirectly involved, they notify the designated safeguarding lead at the child's school before the start of the next school day. The safeguarding lead then makes sure the child gets the immediate support that they need, known as Operation Encompass.
- 21.23. A Domestic Abuse Education Coordinator manages the Operation Encompass process for Shropshire. The coordinator receives the list of incidents from West Mercia Police Harm Assessment Unit (all levels) each morning, identifies a child's school, and sends a notification.
- 21.24. The purpose of Operation Encompass notifications is to inform schools as quickly as possible if there has been a Police incident. The notifications go out to the designated safeguarding leads at school. If a case is assessed by the Police as a Level 2 then the cases are triaged, and it goes to PIT STOP.
- 21.25. If headteachers have got an up-to-date, pertinent piece of information, they can e-mail that to a specific e-mail address, and this can then be added to the PITSTOP meeting.
- 21.26. Operation Encompass and Early Years: Information is passed to the early years safeguarding officer in the same way as the Education Coordinator, who will check which setting the child is in and if the setting has registered to receive the notifications. To

⁵⁹ [Working together to safeguard children \(2023\)](#)

⁶⁰ <https://www.met.police.uk/advice/advice-and-information/wsi/watch-schemes-initiatives/oe/operation-encompass/>

register the setting needs to share with parents that they are part of the scheme, and they need to provide a restricted email address. The safeguarding officer will then send an operation encompass notification to the secure email address and will log on the education system that the notification has been sent. The safeguarding officer will then inform the police of the notifications sent.

21.27. **Recommendation:** regular full reviews of the operation Encompass protocol and PITSTOP meetings.

Children in Care Council (CiCC)

21.28. The CiCC is a small group of young people currently being supported by Children's Services and the Virtual School. The aim of the group is to help make sure services and support available for Children Looked After (CLA) work for children and young people (CYP). It provides a chance for CYP to tell the Corporate Parenting Panel how Shropshire's service can be improved.

Stepping Stones

21.29. Stepping Stones is a project that works with families with children on the edge of care or who are working towards reunification. Consent led outreach workers work intensely with families (up to 6 days a week dependent on need) within a therapeutic approach which is trauma informed.

21.30. Stepping stones outreach workers, work and collaborate with the child's social worker and partner agencies. On the first visit to the family stepping stones discuss what areas they want support with, and their view of what needs to change and regularly review progress.

21.31. Shropshire Domestic Abuse Service have co-located a specialist children and young persons (CYP) worker into the project, to provide direct support to those CYP affected by domestic abuse within their household or own intimate partner relationship.

21.32. In terms of the outcomes and impact of the work undertaken, there has been improvements in safer home environments, families supported to improve home conditions, increase in school attendance, decrease in criminal exploitation and children and young people being able to talk more about their emotions and articulate how they feel.

Emergency Social Work Team

21.33. The Emergency Social Work team respond when there is serious concern for the welfare of a child, or there is a request or an apparent need for a child to be accommodated by the Local Authority. They also respond when no other 'appropriate adult' can be found for the purpose of a Police and Criminal Evidence Act (PACE) interview and to any other crisis that, in the opinion of the social worker on duty, warrants a response from the team.

21.34. **Recommendation:** Specialist domestic abuse training for those working with children and families should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

Shropshire Council Adult Social Care and Safeguarding

21.35. Shropshire Council's Adult Social Care department consists of social work community teams, who support adults including those with physical disabilities, learning disabilities and older people. There are various teams such as the Mental Health Team, the Hospital Social Care Team and an Out of Hours service. Each team works alongside the adult safeguarding team and raises domestic abuse concerns to them.

21.36. In addition to responding to safeguarding concerns over domestic abuse, the safeguarding team are involved in the MARAC process and work with the Harm Assessment Unit. MARAC attendance is not consistent, and the MARAC Chair would like to see this improved. Adult Social Care is represented on the Domestic Abuse Local Partnership Board although attendance is sporadic.

21.37. Please see below for Adult Safeguarding's domestic abuse data. When looking through this we need to be aware that these numbers only represent the cases that progressed to safeguarding, and not all contact regarding a domestic abuse concern.

Adult Safeguarding Cases involving Domestic Abuse	2022/23	2023/24
Total records open with domestic abuse recorded as Victim/Survivor	312	280
Individuals with safeguarding enquires progressed with DA recorded as victim	271	229
Total safeguarding made with DA recorded as perpetrator	81	107

21.38. The below table shows the total safeguarding's raised that came from out of area.

Top 5 places safeguarding came from out of area and how many:	2022/23	2023/24
1	Wolverhampton (4)	Wolverhampton (7)
2	Telford and Wrekin (2)	Powys (2)
3	Powys (1)	Telford and Wrekin (1)
4	Hereford (1)	Wrexham (1)
5	Plymouth (1)	Cheshire East (1)

21.39. Referral/contact sources for domestic abuse concerns to adult social care for 2022/23 and 2023/24 are as follows:

Referral / contact sources for DA concerns	2022/23	2023/24
Anonymous	19	7
Education – Other	1	2
Education – School	1	0

Health - A&E	1	2
Health - community adult health services	2	0
Health – GP	40	32
Health - other hospital	24	27
Health - West Midlands Ambulance Service	19	13
Local Authority Adult Services - Social Care	40	42
Local Authority Housing & Homelessness	10	8
Mental Health – Other	14	16
Self	4	5
West Mercia Police	53	42
Care Provider	26	20
Adult Day Services	1	1
Other - Friends/Family	31	31
Other – Unknown	26	29
Other – Probation	0	3

21.40. In terms of adult victim/survivors who disclosed domestic abuse, the following types of abuse were disclosed:

DA experiences	2022/23	2023/24
Financial abuse	14	5
Sexual abuse	9	4
Physical abuse	23	22
Verbal abuse	0	0
Emotional / psychological abuse	42	43
Controlling and coercive behaviours	0	0

21.41. **Recommendation:** Specialist domestic abuse training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

The Occupational Therapy Team:

21.42. The Occupational Therapy Team 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 sanctuary scheme co-ordinators. 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.

Social Prescribing

- 21.43. Social prescribing started in Shropshire in 2017, working in partnership across health, care, and voluntary and community sectors, and is available through every GP practice in Shropshire. It forms part of the NHS Long Term Plan.
- 21.44. Social Prescribing is a non-medical approach designed to help people with a wide range of social, emotional, physical, or practical needs.
- 21.45. It uses a person centred, preventative approach by intervening early, or by working alongside health and care practitioners in more complex cases. Clients have the space to talk one to one with a trained Link Worker (known locally as Healthy Lives Advisors) and come up with a plan of action together, to help resolve health and wellbeing concerns and help put the person back in charge of their life. Advisors are fully trained in motivational interviewing; behaviour change and health coaching.
- 21.46. Children and Young peoples' Social Prescribing pilot started in south-west Shropshire and has grown successfully and is now available to all young people across the County.

RESET

- 21.47. RESET is a multi-disciplinary team that provides holistic wrap-around support and drug and alcohol treatment for rough sleepers and those at risk of rough sleeping across the County. Partners of the project are Shropshire Council, Shropshire Recovery Partnership, the Midlands Partnership Foundation Trust (MPFT), Shropshire Domestic Abuse Service (SDAS), The Shrewsbury Ark and Intuitive Thinking Skills.
- 21.48. RESET is funded by the Rough Sleepers Drug and Alcohol Treatment Grant provided by the Office of Health Improvement and Disparities (OHID). RESET work alongside colleagues in Shropshire Council's housing services so that those currently rough sleeping are ready to take on accommodation.
- 21.49. RESET provides services such as:
- Drug and alcohol recovery support and treatment including medical prescribing via With You at Shropshire Recovery Partnership.
 - Learning new skills or new coping strategies via Intuitive Thinking Skills training, to improve people's resilience and support them to address their substance use with confidence.
 - Domestic abuse support via the Shropshire Domestic Abuse Service
 - Mental health treatment and support provided by the Midlands Partnership Foundation Trust.
 - Social prescribing provided by Shropshire Council's Healthy Lives Programme.
 - Ongoing support and day centre facilities provided by The Shrewsbury Ark.

Integrated Care Board (ICB)

21.50. The ICB is responsible for ensuring that the right medical, NHS and other type of health treatments are available for the population. They have a duty to monitor the available services and commission others for people in Shropshire, Telford & Wrekin to ensure a high level of care and good value for money.

21.51. The ICB is one of the statutory partners for Shropshire Safeguarding Community Partnership (SSCP) and has designated professionals for both adult and children's safeguarding. These professionals are the operational leads for domestic abuse and attend the relevant domestic abuse strategic groups.

Health

Robert Jones Agnes Hunt NHS Foundation Trust

21.52. The Robert Jones and Agnes Hunt (RJAH) NHS Foundation Trust is a leading specialist orthopaedic hospital situated in Oswestry, Shropshire.

21.53. The Trust provides both specialist and routine orthopaedic care to its local catchment area and nationally. It is a specialist centre for the treatment of spinal injuries and disorders and provides specialist treatment for children with musculoskeletal disorders. The hospital has nine inpatient wards including a private patient ward, 12 operating theatres including a day case surgery unit and full outpatient and diagnostic facilities.

21.54. The Trust works with partner organisations to provide specialist treatment for bone tumours and community-based rheumatology & orthotic services.

21.55. As part of their pre-operation checks of patients, questions are asked such as 'do you feel safe at home' which has shown to increase the number of domestic abuse disclosures. The RJAH team then complete a DASH risk assessment and make onward referrals. The team are aiming to attend the Domestic Abuse Local Partnership Board to represent the trust.

21.56. **Recommendation:** RJAH to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

Midlands Partnership University NHS Foundation Trust (MPFT)

21.57. Midlands Partnership University NHS Foundation Trust (MPFT) provides physical and mental health, learning disability and adult social care services. They provide a range of community services across the County, for adults and children, specialised services such as rheumatology and rehabilitation, health and justice services and outreach services.

21.58. MPFT covers Shropshire, Telford and Wrekin, Staffordshire, and Stoke-on-Trent. In Shropshire it is commissioned by the Integrated Care System (ICS) to deliver all age

mental health and learning disability services, and by Shropshire Council Public Health to deliver sexual health services.

21.59. A trust-wide safeguarding policy covers the domestic abuse response, and this is supported by mandatory training for all staff. MPFT have a domestic abuse lead who is working to look at how to advance their practice in domestic abuse.

21.60. **Recommendation:** MPFT to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

Shropshire Community Health Trust

21.61. Shropshire Community Health NHS Trust provides a range of community-based health services for adults and children in Shropshire, Telford and Wrekin, and some surrounding areas.

21.62. The Trust runs services across the whole of the county. There are four community hospitals - in Bishop's Castle, Bridgnorth, Ludlow and Whitchurch - as well as the Oswestry Health Centre.

21.63. The Shropshire Community Health Trust services range from district nursing and health visiting to physiotherapy and specialist community clinics. The Trust recognises that vulnerable adults have a right to be protected from harm, abuse and neglect and work closely with other organisations to achieve this.

21.64. **Recommendation:** For domestic abuse to become a part of mandatory training for all staff in the Community Health Trust, relevant to their role.

Shrewsbury and Telford Hospital (SaTH)

21.65. The Shrewsbury and Telford Hospital NHS Trust is the main provider of district general hospital services for nearly half a million people in Shropshire, Telford & Wrekin, and mid Wales.

21.66. The main service locations are the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital in Shrewsbury, which together provide 99% of SaTH activity.

21.67. Both hospitals provide a wide range of acute hospital services including Accident & Emergency, Outpatients, Diagnostics, Inpatient Medical Care and Critical Care.

21.68. Alongside services at the Princess Royal and Royal Shrewsbury, Shrewsbury and Telford Hospital also provide community and outreach services such as:

- Consultant-led outreach clinics
- Midwife-led units
- Renal dialysis outreach services
- Community services including Midwifery, Audiology and Therapies

21.69. SaTH have a domestic abuse policy which is trust wide, with a separate one for maternity. They also have a staff domestic abuse policy.

Shrewsbury and Telford Hospital - Accident and Emergency

Data 2022-24

Shrewsbury and Telford Hospital A+E	2022/23	2023/24
Number of disclosures recorded	109	88
DASH outcomes – Patient high risk	38	29
Outcomes- Referred to MARAC	71	39
Outcomes: Child safeguarding concern raised	32	20

21.70. When disclosures are received in A&E, a DASH is completed and those that are not visibly high risk or do not meet MARAC criteria are referred to the Hospital Independent Domestic Violence Advisor

21.71. Those that are not visibly high risk or do not meet MARAC criteria are referred to the Shrewsbury and Telford Hospital Independent Domestic Violence Advisor.

21.72. **Recommendation:** For SATH to look at and understand their assault related injury (ARID) data and explore how the links to domestic abuse

21.73. **Recommendation:** For a Shrewsbury and Telford Hospital representative to attend the Domestic Abuse Local Partnership Board

Shrewsbury and Telford Hospital – Maternity

21.74. Shropshire has five midwifery led units (MLUs), where patients meet Midwives and Women's Services Assistants (WSAs) who care for them throughout their pregnancy.

21.75. The Maternity Led Unit in Shrewsbury provides outpatient services and includes an Early Pregnancy Assessment Service (EPAS), Antenatal services and scanning. There are also maternity led units situated in the Wrekin, Bridgnorth, Ludlow and Oswestry which all provide outpatient antenatal services and scanning.

21.76. Midwives conduct routine enquiries around domestic abuse with pregnant women every trimester, and this will be recorded. Enquiries take place at a slightly lower rate in 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.

21.77. Shrewsbury and Telford Hospital Maternity, provides training to midwives to increase confidence asking their patients about domestic abuse. Midwives are trained to complete a DASH and to send referrals to the Hospital IDVA and MARAC as required; they can also contact the midwifery safeguarding team with any queries.

Data 2022-24

Shrewsbury and Telford Hospital- maternity service	2022/23	2023/24
Number of disclosures recorded	26	19

General Practice

- 21.78. GP practices across Shropshire offer universal health services to the local population. They are often the first point of contact for people needing assessment and treatment for their physical and mental health concerns. Practices offer many services, including chronic disease management, health promotion, preventative care, acute illness assessment, immunisations, and health screening. GPs provide generalist patient-centred care throughout the life course, with an emphasis on continuity of care.
- 21.79. GP practices work closely with other health and social care professionals and voluntary agencies to support their patients. GPs and other members of their teams commonly look after those with complex needs. They receive regular training to identify and support those who have been subjected to domestic abuse, including trauma informed care. The GP Practices collectively have a named Safeguarding Lead who supports the Domestic Abuse Local Partnership Board.
- 21.80. Practices are asked to share information for MARAC and work with other partners as part of the multi-agency response to safeguarding concerns, including domestic abuse.

NHS Shropshire Telford + Wrekin Integrated Care System

- 21.81. The NHS Shropshire, Telford + Wrekin Integrated Care System is a partner of the NHS and local government organisations, working alongside independent and voluntary sector groups to transform health and care services to deliver world class care which meet current and future needs of Shropshire rural and urban populations.
- 21.82. The NHS Shropshire, Telford and Wrekin Integrated Care System includes the following health care providers:
- NHS West Midlands Ambulance Service University NHS Foundation Trust
 - NHS Midlands Partnership University NHS Foundation Trust
 - Shropshire Community Health NHS Trust
 - The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
 - The Shrewsbury Telford Hospital NHS Trust

West Midlands Crown Prosecution Service and Telford Magistrates Court

- 21.83. The West Midlands Region of 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.

21.84. The CPS Magistrate's Court Unit prosecute offences of domestic violence, assaults, criminal damage, minor public disorder incidents, minor traffic offences (excluding those dealt with by the police as police-led prosecutions), possession of drugs, dangerous dog offences, offences of dishonesty and commercial burglaries. The CPS Crown Court Unit deal with cases such as murder, robberies, serious assaults, dwelling house burglaries, complex fraud, the supply and trafficking of drugs and the most serious road traffic offences especially those that result in a fatality.

21.85. The CPS Rape and Serious Sexual Offences Unit is a dedicated and specialised team who prosecute cases such as rape, serious sexual offences, child abuse, child sexual exploitation, honour-based violence, and Female Genital Mutilation.

21.86. The CPS Serious Violence, Organised Crime and Exploitation Unit (SVOCE) – the first of its kind – was launched in the CPS West Midlands region in July 2021. The Unit brings together a team of prosecutors and paralegal staff who have extensive experience of prosecuting cases involving serious gang-related violence, serious drug dealing offences (including county lines) and modern slavery and exploitation. The Unit is part of the Complex Casework Unit.

The Probation Service – Herefordshire, Shropshire and Telford Probation Delivery Unit (PDU)

21.87. The Probation Service is a statutory Criminal Justice Service that supervises offenders released into the community. The Probation Service is responsible for sentence management in both England and Wales, along with accredited programmes, unpaid work, and structured interventions.

21.88. Sentence management focus is on strengthening the probation practitioner's relationship with people on probation, using the right key skills, activities, and behaviours to achieve the most effective outcomes and enable offenders to make positive changes to their lives.

21.89. **Recommendation:** To explore how the probation service links with the wider domestic abuse specialist services for victims and perpetrators

West Mercia Youth Justice Service

21.90. West Mercia Youth Justice Service (WMYJS) provides support to young people, parents and victims who are involved in, or are a victim of, crime in West Mercia. Their aim is to reduce offending by children and young people.

21.91. WMYJS have Youth Offending Teams (YOTs) based in the four local authority areas: Herefordshire, Shropshire, Telford and Wrekin and Worcestershire.

21.92. In Shropshire, the service may get involved if a young person:

- Gets arrested by the police and admits to committing an offence.
- Is charged with a crime and has to go to court.
- Is convicted of a crime and is given a sentence.

21.93. The Youth Offending teams work with a variety of services and agencies such as the Police and Courts, the National Probation Service, Health, Housing and Children's Services. All young people are assessed on their individual skills, abilities, needs and risks to help devise and deliver a tailored intervention programme to stop them offending.

22. Community Based Services

A4U

- 22.1. 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
- 22.2. A4U endeavour to support face-to-face, by telephone and email and will refer and signpost to partners and other appropriate organisations.
- 22.3. A4U informed the needs assessment that they have had several instances where Shropshire Autism Hub clients have disclosed domestic abuse and A4U have supported people to access support and get legal advice.

AgeUK

- 22.4. Age UK in Shropshire is based in Shrewsbury and provides advice and support to older people. When a disclosure of domestic abuse is made the Safeguarding Team will discuss cases and, with the survivor's permission, refer to a specialist Hourglass⁶¹ team made up of case workers, community response network and IDVAs (Independent Domestic Violence Advocates). Hourglass will then help build tailored safety plans and support older people.⁶²
- 22.5. Age UK employees have access to Domestic Abuse Awareness Training, specialist information, and use of their work equipment to find support safely. Age UK has also joined the Employers Initiative on Domestic Abuse (EIDA),⁶³ a network of employers committed to supporting their employees who are or have been subjected to domestic abuse.

⁶¹ <https://wearehourglass.org/who-we-are>

⁶² <https://www.ageuk.org.uk/discover/2022/december/new-data-on-domestic-abuse-in-older-people/>

⁶³ <https://www.eida.org.uk/>

Ask for ANI

22.6. Ask for ANI⁶⁴ (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. The scheme was developed by the Home Office with the help of partners from the domestic abuse sector, pharmacy associations and the police. It was launched across the UK on 14 January 2021.

22.7. Over 5,000 pharmacies, including Boots, Lloyds, and community pharmacies, are now enrolled in the scheme. People from across the UK have been supported by pharmacists to access support from the police or domestic abuse services.

LGBT SAND

22.8. SAND is community organisation whose goal is to improve the experiences and increase the expectations of LGBT+ people as they age in Shropshire, Telford & Wrekin.

22.9. Part of SAND's work is around inclusion within health and social care providers and other organisations, groups, and services, that people may need or want to access. For this reason, SAND launched a campaign to EMBRACE a Culture of Inclusion. They encourage all these organisations to make 'pledges' which are practical actions to ensure their service is welcoming and inclusive to the LGBT+ aging community. These pledges take the form of a Covenant.

22.10. Those groups and organisations in Shropshire, Telford & Wrekin sign up to the following five commitments and agree an annual action plan for change.

- Commit to providing the best possible quality services for older and old LGBT+ people.
- Commit to learning what life can be and has been like for different LGBT+ people.
- Commit to vocally and visually supporting groups working with and for older and old LGBT+ people.
- Commit to creating meaningful opportunities for LGBT+ people and groups to 'influence' what you do.
- Commit to assess and evidence change, including work carried out to engage LGBT+ people (within the group/organisation and outside it).

The Ark

22.11. The Shrewsbury Ark is an independent charity dedicated to helping homeless and vulnerable people in Shropshire.

22.12. They provide practical support such as basic facilities, hot meals, clothing, toiletries and sleeping bags, but also emotional support. The Ark runs a day centre and in some cases are the first point of face-to-face contact to build rapport and trust with people; they will

⁶⁴ <https://www.gov.uk/guidance/ask-for-ani-domestic-abuse-codeword-information-for-pharmacies>

then often link clients in with other agencies for support.

22.13. **Recommendation:** For The Ark to receive training around domestic abuse and perpetrator intervention.

We Are With You

22.14. We Are With You is a drug, alcohol and mental health charity, who offer a broad range of support services for adults and young people across England and Scotland.

22.15. In Shropshire, they provide free and confidential services, without judgement, to adults and young people facing challenges with drugs and alcohol through:

- One to one support
- Support groups
- Support for family and friends
- Clinical support and medication
- Needle and syringe services

22.16. The support for young people offered by We Are With You, aims to provide holistic support focusing on reducing risk-taking behaviour, building resilience, self-esteem, and wellbeing to make positive change.

Shropshire Disability Network

22.17. The 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.

Shropshire European Community Group

22.18. Shropshire European Community group work with the Eastern European Community in the County. They work with communities and professionals to bridge the barriers of accessing support. As a part of this work, they are working to increase understanding of domestic abuse, understanding around the different types of domestic violence and abuse and to encourage people to report.

22.19. The Shropshire European Community group lead shared that there is a lack of understanding from professionals on how to engage with these communities and there needs to be improvement in professionals' communication and explaining of processes. They also shared that there is a lot of disappointment from the community regarding their treatment from professionals.

22.20. The organisation is developing regular sessions, once a week, to be set up like an Eastern European Cafe.

Shropshire Mental Health Service (MHS)

- 22.21. The Shropshire MHS provides a diverse range of services across Shropshire and help to bridge the gap between illness and full independence from services.
- 22.22. Shropshire MHS has a new mental health Outreach Support Service available to people in the community who live with long term mental ill health. The aim is to support people to enhance their self-management skills and achieve their recovery goals. The Shropshire MHS also have an A&E outreach team and a dual diagnosis outreach team. The general outreach support for people is between eight to 10 weeks.
- 22.23. Shropshire MHS run a 'Calmer Café', which is a mental health café drop-in service designed for people who are struggling and need a safe place to talk, receive support and be amongst others.
- 22.24. They also have volunteer-led support groups as well as several mental health helpline options from the Samaritans hotline and mental health telephone support.
- 22.25. Shropshire MHS also have a Short-Term Outreach Prevention (STOP) team. The STOP team was developed from the Winter Support project in 2023 and is six-weeks of targeted support for people that are struggling with a particular issue at that time.
- 22.26. They also support people who are being discharged from the Redwood Centre who have been in there for some time.

Citizen's Advice

- 22.27. Citizen's Advice is a network of independent charities offering free, confidential advice online, over the phone, and in person. They provide advice around a number of areas, for example consumer rights, supporting witnesses in courts through the Witness Service and pension guidance to people aged over fifty.
- 22.28. Citizen's Advice Community Advisors sometimes meet people that have been subjected to domestic abuse and they shared that they are seeing an increased amount of coercive and controlling behaviour being disclosed. Citizen's advice value the importance of knowing where they can signpost people.
- 22.29. **Recommendation:** For Shropshire Council to update the domestic abuse pathway for professionals and to consider if a directory of services is required.

Resolve@

- 22.30. Resolve@ is an emotional health and wellbeing service for young people aged 8 – 18 which was set up in 2022 and will be running until the end of March 2025.

- 22.31. Resolve@ has been commissioned to work with young people in Shropshire who have experience of living with domestic violence or abuse.
- 22.32. They provide therapeutic support for young people, as well as psychoeducation and wellbeing support for parents through one-to-one support, group work and awareness sessions. To meet threshold, the young person cannot be living with the perpetrator.
- 22.33. Most referrals to Resolve@ come from schools. Resolve@ shared that they have good relationships with safeguarding leads and early help, however they do not get many referrals from the Local Authority.
- 22.34. **Recommendation:** For Resolve@ information to be shared with professionals in Shropshire Council to increase referrals.
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23. Non-Accommodation Based Support Unmet Need

- 23.1. 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.
- 23.2. In November (2022) the Domestic Abuse Commissioner released findings from mapping of domestic abuse services across England and Wales: 'A Patchwork or Provision'⁶⁵. Findings included that 'most victims and survivors wanted some form of Community Based Support, for example 83% wanted counselling and therapeutic support and 74% wanted 1:1 support (e.g. a case worker)'.
- 23.3. Overall, it was found that outside of specialist teams and services, there is a need for more training and education around domestic abuse and how to respond to victim/survivors and perpetrators.
- 23.4. The Needs Assessment findings also showed that:
- Further awareness around the available support for domestic abuse is required.
 - There is a need for more collaboration between services/organisations including between specialist domestic & sexual abuse and violence services.
 - There is demand for more joined up work between adult and children's services.
- 23.5. The findings suggest that a piece of work needs to be done to ensure all professionals are aware of how to make a referral into support services.

⁶⁵ [Domestic abuse commissioner \(2022\) a patchwork of provision: How to meet the needs of victims and survivors across England and Wales.](#)

- 23.6. There is more work that needs to be done in relation to engaging with underrepresented groups such as LGBTQ+ and older people.
- 23.7. **Recommendation:** To review the Domestic Abuse pathway with a view to include specific routes for professionals working with individuals with complex needs.
- 23.8. **Recommendation:** Training around how to improve the response to those subjected to and perpetrating domestic abuse; to include working with those who have multiple disadvantages.

Coordinated Community Response

- 23.9. The Coordinated Community Response (CCR) brings services together to ensure local systems keep survivors safe, hold abusers to account and prevent domestic abuse.
- 23.10. This multi-partnership model was created from the principle 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.
- 23.11. The CCR is a mechanism designed to prevent domestic abuse falling off the radar.
- 23.12. 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.
- 23.13. **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).

Intersectionality

- 23.14. The needs assessment enables us to have a more detailed understanding of domestic abuse in Shropshire, with data available across some but not all protected characteristics.
- 23.15. In order to improve the domestic abuse response in Shropshire, an increased understanding from professionals around how these characteristics, and other aspects of life, intersect for victims/survivors and those who harm is needed. This should be achieved through survivor and perpetrator engagement and experience, and enhanced data collection, collation, and analysis at a strategic level.

Shared Vision and Objectives

- 23.16. In 2024, The Shropshire Safeguarding Community Partnership (SSCP) released the Strategic Plan and Priorities for 2023-2026⁶⁶. The SSCP is committed to increasing the safety and resilience of people in Shropshire (including children and adults with care and

⁶⁶ [Shropshire Safeguarding Community Partnership \(2024\) Strategic Plan and Priorities 2023-2026](#)

support needs) and their communities, in order to reduce harm caused by abuse, neglect, and other crime.

23.17. As part of the vision and mission, The Domestic Abuse Local Partnership Board oversees the statutory duty of the Local Authority and the wider needs of the community in relation to domestic abuse.

23.18. The Domestic Abuse Local Partnership Boards success statements are currently set as follows:

- Referrals to specialist domestic abuse services are reduced due to the wider workforce responding earlier and more appropriately.
- Children are educated on safe and healthy relationships across Early Years, Primary, Secondary and Further Education, to include those home educated, in pupil referral units or accessing alternative education settings, to reduce the likelihood of them using abusive behaviour or becoming victims of abuse.
- All residential and domiciliary care services for adults and children, are contractually obliged to hold domestic abuse policies and implement them via procedures which include mandatory training as outlined in their policy.
- Perpetrators are actively engaged in evidence-based work that educates them to stop using abusive and harmful behaviours.
- People planning and undertaking S47 and S42 enquiries and anti-social behaviour investigations always consider domestic abuse, whether current or historic, in their decision making.
- Our Domestic abuse offer for both victims and perpetrators is accessible to all those that want and need it.

Strategic Leadership

23.19. The Needs Assessment found that there is a need for increased accountability in the partnership approach and response to domestic abuse.

23.20. In terms of representation, many services have now been invited to join an operational domestic abuse forum, so they are able to have representatives from each service to come together and directly feed into the Domestic Abuse Local Partnership Board.

Resources

23.21. This needs assessment has recognised that in terms of resources, the situation is similar. Therefore, the 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; Integrated Care Board; 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

23.22. Since the last Needs Assessment, the Domestic Abuse Strategic Lead has worked to gain the commitment of partners for resources and decisions, through supporting the Strategic Group, sharing expertise, national knowledge and good practice and information around new legislation and funding opportunities. There is an identified need for a designated data analyst to support the Partnership to help aid understanding around domestic abuse within Shropshire.

Training

23.23. Training across the Partnership since the last Needs Assessment has not been mapped, so the range of provision and providers is not yet understood. There is a need to 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.

23.24. Shropshire Council's Domestic Abuse Prevention Team has a Training Lead who is creating a suite of modules that can be delivered from a multi-agency perspective.

Data

23.25. The data needs across the Partnership and recommendations are included in the methodology section of this needs assessment.

Policies and Procedures

23.26. 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 subjected to or perpetrating domestic abuse. This needs assessment found that not all staff are aware of their service's policies and procedures. The Strategic Partnership has a role in ensuring policies and procedures across partner services are aligned, supported by training and supervision, and are regularly reviewed.

Whole Housing Approach

23.27. The Whole Housing Approach⁶⁷ is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together all the main housing tenure types, alongside the housing options and support initiatives needed to help people subjected to domestic abuse, to either maintain or access safe and stable housing.

⁶⁷ Domestic Abuse Housing Alliance (2024) [Whole Housing Approach](#)

Refuge

23.28. Provision in Shropshire is described elsewhere in the needs assessment. The principles and components must be included in service specifications highlighted by Domestic Abuse Housing Alliance refuge service model⁶⁸

23.29. Commissioners and others responsible for the provision of refuge services must have regard to the importance of specialist service delivery.

23.30. It must be ensured that there is access to:

- Information and advocacy,
- Emotional support,
- Specialist support workers (e.g. drugs/alcohol misuse, mental health, sexual abuse),
- Recovery work,
- Support for children and young people (where needed),
- Practical help, including help with moving into stable, safe housing,
- Key work and support planning (work around support needs including parenting, finances, and wellbeing),
- Safety planning,
- Counselling,
- Peer support and group work.

23.31. Refuge services need three main components of funding in order to deliver this package of therapeutic and practical support: support staff; activity costs (such as costs to meet accessibility needs or travel); and core costs (such as finance, management, and premises).

Registered Providers

23.32. Registered Social Landlords (RSLs) provide all social housing in Shropshire. The Needs Assessment reached out to all 33 providers currently known to Shropshire Council (see 7.36). Responses were received can be shown below:

Registered social landlord	No. Shropshire properties	Domestic Abuse Housing Accredited?	DA policy?	DA training?	DA information for residents
Homes Plus	6023	No	Yes: due to be reviewed do not have procedure but will be creating	Yes, staff attend external training if available	Yes, on website
Connexus	4980	In progress	Yes	Yes	Yes

⁶⁸ https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

Wrekin Housing Group	988	In progress	Yes	Yes (external)	Yes
Shropshire Rural Housing	297	No	Yes	Yes (planned)	Yes (in progress)
Star Housing	4089	No	Yes	Ad hoc	Yes, on website

23.33. Feedback received was around the need for greater partnership approaches in dealing with domestic abuse and more involvement in the Strategic Partnership arrangements. One RSL shared that landlords are being consulted more than previous years.

23.34. Feedback was also shared around the need for more emergency accommodation for perpetrators of domestic abuse.

23.35. **Recommendation:** To explore and rectify the lack of domestic abuse strategic meetings with RSL partners.

23.36. **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, and are supported by training and information for residents. Ensure RSLs are appropriately involved in the Partnership structure.

Private Rental Sector

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

Privately Owned Sector

23.38. This refers to anyone who owns their own home, whether they have a mortgage or own the property outright.

Supported and Sheltered Housing⁶⁹

23.39. Defined as accommodation usually purpose-built with staff onsite, provided for people who have varying support needs.

Domestic Abuse Mobile or Co-located Advocacy⁷⁰

23.40. This is community-based domestic abuse advocacy that focuses on victim/survivors' self-identified needs. Shropshire Domestic Abuse Service (SDAS) Outreach service offers this by supporting 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

⁶⁹ https://www.dahalliance.org.uk/media/10654/8_-wba-supported-housing-homelessness-services.pdf

⁷⁰ https://www.dahalliance.org.uk/media/10656/10_-wba-co-located-housing-advocacy.pdf

disadvantages.

23.41. In July 2024, Shropshire Council started a trial to co-locate an SDAS outreach support officer into the Housing Support Team, to provide specialist support to those in temporary accommodation. Victims/survivors in contact with Housing Options are not consistently referred to SDAS and despite there being a Domestic Abuse Lead Housing Options Officer there is more work to be done. The data shows that there are still high numbers of victims/survivors and their children placed in hotels and B&Bs, despite the Domestic Abuse Act 2021 outlining that this is not appropriate.

23.42. **Recommendation:** To explore further co-located DA specialists within the housing teams.

Flexible Funding⁷¹

23.43. There are limited funding options available for victims/survivors in Shropshire, through the Housing Options Team and SDAS, but none fit the definition of flexible funding.

Managed Reciprocals

23.44. There are no formal arrangements in place between Registered Social Landlords in Shropshire, and this needs to be developed.

Perpetrator Management

23.45. Recently, Shropshire has seen the introduction of two domestic abuse perpetrator programmes delivered by Cranstoun, as mentioned previously. There is work required around understanding the housing related needs of perpetrators and the action that can be taken against them.

23.46. **Recommendation:** The Domestic Abuse Prevention Team to work in partnership with Cranstoun and engage with perpetrator programme attendees to understand the needs of perpetrators and include this in all training provided.

24. Report Recommendations:

24.1. This section brings together the recommendations for Shropshire on improving services overall that have been included through the report.

24.2. Areas of unmet need are addressed separately, as follows, with the priorities highlighted in the Commissioning Priorities, section 4.

- Safe accommodation unmet need: section 16.

⁷¹ https://www.dahalliance.org.uk/media/10657/11_-_wha-flexible-funding.pdf

- Non-accommodation based unmet need: section 22.

Needs Assessment Recommendations

- 24.3. 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.
- 24.4. The Domestic Abuse Partnership must develop a communications strategy and action plan to raise awareness across all communities around the types of domestic abuse, including financial/economic abuse. It must challenge the prevailing stereotypes and myths outlined in this report and provide information on the support available.

Survivor Involvement Recommendations

- 24.5. Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes.
- 24.6. To enhance the involvement of those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 24.7. To ensure diversity of survivor involvement, Shropshire Council's Lived Experience Project Officer needs to be supported by professionals to 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.

Coordinated Community Response Recommendations

- 24.8. **Data:** Use the data collection templates, developed through this needs assessment, to guide the improvement 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. Also ensure services collect data across the full range of demographic information, and this is collated and analysed by the Partnership to identify gaps
- 24.9. **Communication:** The Domestic Abuse Partnership must develop a communications strategy and action plan, to raise awareness across Shropshire around the current domestic abuse response; to include each organisation/service and what support they provide in relation to domestic abuse. There should also be a review of the domestic abuse pathway to ensure all professionals are provided with the available options of support to share with their clients.
- 24.10. **Shared Vision and Objectives:** For all domestic abuse lead professionals across the Partnership to work collaboratively to embed a coordinated, consistent, and structured

approach to holding perpetrators to account and supporting victims.

- 24.11. **Structure and Governance:** To ensure that the newly established Operational Domestic Abuse Forum details are circulated to ensure any practitioner can be involved in the Partnership.
- 24.12. **Resources:** 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. 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.
- 24.13. **Coordination:** A Data Analyst role is needed to support the Partnership
- 24.14. **Training:** Training must continue to be developed around domestic abuse; all training delivered across the Partnership should be mapped. 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

General recommendations for all services/organisations

- 24.15. Below are a series of general recommendations for all services/organisations
- For all services to be involved in guiding the development of enhanced data collection around domestic abuse in Shropshire.
 - For all services, as well as police, to look at how they record domestic abuse, to ensure that demographics such as gender of victim/survivors and gender of suspects can be reported on.
 - For domestic abuse services to assess the reasons for repeat referrals into their service.
 - All services to collect victim/survivors' gender in order to help better understand domestic abuse in Shropshire and assess unmet need.
 - To continue to map the pathway for access to mental health support, to better understand the need for mental health support in Shropshire for domestic abuse survivors
 - For all services to consider revising how they record disability to include a breakdown of the nature of disability.
 - To raise awareness to businesses within Shropshire, around the importance of having a domestic abuse policy in place to help to ensure that victim/survivors of domestic

abuse, who are employed are supported by their employer.

- To continue to raise awareness to professionals on what is available locally for domestic abuse perpetrators and to include the information in the domestic abuse pathway for professionals.
- For each service/organisation to circulate the child to parent abuse policy to all professionals.
- 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).
- To understand the scope of honour-based abuse and female genital mutilation in Shropshire.
- For all services to record where appropriate the type of domestic abuse their clients are being subjected to.
- To explore potential barriers which may be preventing LGBT+ survivors from accessing domestic abuse support within Shropshire.
- To review the Domestic Abuse Pathway with a view to include specific routes for professionals working with individuals with complex needs.
- To embed in their procedure the idea of a '360 approach'. Consider creating mechanisms in place between agencies, to ensure that the referrer is aware when and if there has been an action completed from their referral.
- Training around how to improve the response to those subjected to and perpetrating domestic abuse; to include working with those who have multiple disadvantages.

Service/organisations recommendations

24.16. Shropshire Domestic Abuse Service

- To explore the reason why a high proportion of clients decline support after being referred into refuge service.
- Acorns Service has been launched, so there is a need to fully explore why there are still individuals being unsuccessful/denied refuge provision due to service being unable to meet support needs around drug and alcohol.
- To explore the less common reasons for referrals to refuge being denied.
- wider understanding of their IDVA service and what that provides for them to look at their delivery model to manage the increase in referral rates
- Shropshire Domestic Abuse Service to consider the recommendation in the 2022 Shropshire Domestic Abuse Needs Assessment around developing a plan for a new refuge whilst working with commissioners to identify the type of safe accommodation required. Partners may need to explore further the gaps in unmet need that have yet

to be identified before making a final decision on this.

24.17. **Sanctuary Scheme**

- For Shropshire Sanctuary Scheme Coordinators to work with West Mercia Police, to gather data in relation to clients receiving assessments in Shropshire to create a comprehensive picture on the delivery of the Scheme
- Sanctuary Scheme Co-ordinators to record the date of birth of clients referred into the service consistently, to provide the demographic data.
- Domestic Abuse Prevention Team to promote the Shropshire Sanctuary Scheme to various professionals to ensure they are aware of how to refer into the scheme, the criteria, and the process, to ensure that the scheme is being utilised.

24.18. **Shropshire Council Housing Service**

- For the Shropshire Council Housing Service to review their domestic abuse pages available to the public to ensure that it is easily accessible and includes all necessary information.
- For a domestic abuse training plan to be put together that all Shropshire Council Housing Teams must complete. Part of the plan will be to undertake regular refresher training once all modules have been completed.
- When focussing on development, ensure that all forms of housing, including sheltered and supported accommodation, are safe and appropriate.
- Training and referral pathways: Providing an appropriate level of training for staff according to their role
- Raising awareness of the Domestic Abuse Directory of services accessed via Shropshire Council Well Being pages on the internal intranet.
- Updating the external internet Housing pages so victim/survivors know how and where to access support. External internet pages must also include information for perpetrators of domestic abuse, to ensure they are aware of how they can access support to change their behaviour.
- Shropshire Council should progress with the Whole Housing Approach (WHA) including gaining Domestic Abuse Housing Alliance (DAHA) Accreditation.
- For all teams in the housing service, to consider their domestic abuse response by creating a set of policies and procedures.
- To explore further co-located DA specialists within the housing teams.
- When a victim/survivor (and any accompanying children) is placed in temporary accommodation, an appropriately trained Housing Support Officer is assigned to provide support within 48 hours. The support should be focused on reducing isolation, access to food, improving awareness of local amenities, and should be delivered in a trauma informed way.
- Before placing a victim/survivor in temporary accommodation, the local authority must carry out necessary checks to assure itself of the suitability and safety of the building and its surrounding environment.
- When placing perpetrators of domestic abuse in temporary accommodation, there must be careful consideration to ensure the safety and well-being of all involved. In order to do so, best practices around managing perpetrators of domestic abuse in temporary accommodation must be explored and followed.

Ensure that survivors of domestic abuse, are signposted where necessary to furniture and clothing access which include but are not limited to local furniture schemes, little stars for children's clothing, baby stop and the Welfare Support Team.

24.19. **West Mercia Women's Aid**

- To explore the repeat referrals to WMWA Hospital IDVA service, to better understand the reason for multiple repeats.

24.20. **MARAC**

- To explore options of multiple meetings a month to lessen the length of time per meeting.
- Complete a review of MARAC and the whole system approach.
- Safe Lives provides toolkits for MARAC representatives, as well as a guide to the MARAC process, MARAC representatives should circulate this, to their service.
- More training and information sharing in relation to what MARAC is, how to refer into MARAC as a professional.

24.21. **Operation Encompass**

- regular full reviews of the operation Encompass protocol and PITSTOP meetings.

24.22. **Shropshire Community Health Trust**

- For domestic abuse to become a part of mandatory training for all staff in the Community Health Trust, relevant to their role.

24.23. **Robert Jones Agnus Hunt**

- RJAH to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

24.24. **Shrewsbury and Telford Hospital (SATH)**

- For SATH to look at and understand their assault related injury (ARID) data and explore how the links to domestic abuse
- For a Shrewsbury and Telford Hospital representative to attend the Domestic Abuse Local Partnership Board

24.25. **Midlands Partnership Foundation Trust**

- MPFT to work with statutory partners to ensure that messages delivered via training are consistent across the Partnership.

24.26. **Resolve@**

- For Resolve@ information to be shared with professionals in Shropshire Council to increase referrals.

24.27. **West Mercia Police**

- For West Mercia police to increase awareness raising around domestic abuse in terms of how to report and how to spot the signs of abuse.

- West Mercia Police to be specific on how domestic abuse is recorded on their system, to improve data recording and data collection.
- To be able to spot patterns and trends in relation to the impact/causation factors of domestic abuse, those completing crime report must consider using the same key words, so there can be a direct comparison of causation/impact factors.
- To consider how the influencing factors of domestic abuse are identified by West Mercia Police through risk assessments.
- For West Mercia Police to increase the use of DVPN/DVPOs in appropriate cases.
- To consider how West Mercia Police record children as victims of domestic abuse in their own right and explore where this data is collected, how it is reported on, the frequency of the reporting and who receives the report.

24.28. **The Ark**

- For The Ark to receive training around domestic abuse and perpetrator intervention.

24.29. **Shropshire Council**

- For Shropshire Council to update the domestic abuse pathway for professionals
- To include the requirement for the Local Authority, Shropshire Council to refresh the domestic abuse needs assessment annually, in future action plans.
- If surveys are used for the next Shropshire Domestic Abuse Needs assessment, ensure the survey collects information around participants socio-economic status.
- To consider how we can improve our engagement with victims of domestic abuse who are street homeless/sofa surfing for future needs assessment work, to ensure we are gaining their feedback to help shape and inform the needs assessment.
- To explore if children and adult's services are referring into domestic abuse support services within Shropshire. Where referral rates are low, teams to be directed to the internal Shropshire Council Wellbeing Pages to access the Domestic Abuse directory which includes local and national domestic abuse support services information.

24.30. **Shropshire Council Children's Services**

- Specialist domestic abuse training for those working with children and families should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.
- Multi-agency review of the whole family's journey through Children's Services, to include targeted Early Help. The review must include responses to those who use harmful behaviours, perpetrators of abuse, victims/survivors of abuse and the children and young people connected to them.
- Review working practices, policies, and procedures around domestic abuse, to ensure they align with both the Domestic Abuse Act 2021 and Working Together To Safeguard Children 2023.

24.31. **PITSTOP**

- To revise when PIT STOP information gets released to attendees, this often comes in the day before PITSTOP, however some professionals would benefit from having the

information earlier in the day to have more time to prepare for the meeting.

24.32. Shropshire Council Public Health

- To review if Public Health can collect data, from the delivery of their Public Health programmes, on domestic abuse need.

24.33. Shropshire Council Adult Social Care

- For a representative from adult services to consistently attend MARAC meetings.
- Specialist domestic abuse training for those working with adults with care and support needs should be implemented, with attendance mandatory and monitored; refresher training should be planned. Domestic abuse training should be part of induction training for all new staff.

24.34. Domestic Abuse Prevention Team

- To carry out an options appraisal on the team in its current form, exploring future options, examining up the benefits of the team, as well as the impact on removing it.
- The Domestic Abuse Prevention Team to work in partnership with Cranstoun and engage with perpetrator programme attendees to understand the needs of perpetrators and include this in all training provided.
- Involve those with lived experience in the design, evaluation, and review of specialist service provision and processes
- Involve those with lived experience in the development of responses, processes, and training for non-domestic abuse specialist professionals.
- 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, people with disabilities e.g., A4U, SAND, the Gypsy, Roma Traveller Team, and others.

24.35. Domestic Abuse Local Partnership Board

- For the Domestic Abuse Local Partnership Board to extend its reach to be a Violence Against Women and Girls Board.
- Recommendation: As a partnership, explore how to reach all age groups in regard to domestic abuse support services.
- A need to review intervention methods of domestic abuse within Shropshire, to reduce the number of repeat victims and suspects.
- Consider commissioning services to support victims of stalking/harassment

24.36. The below are recommendations left from the previous Domestic Abuse Needs Assessment and it is recommended that the Domestic Abuse Partnership review them and decide if they are still appropriate to be carried over.

24.37. Crown Prosecution Service and Her Majesty's Courts and Tribunals Service

- 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.

24.38. **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 provided.

24.39. **Youth Justice**

- Map the practitioners in Shropshire who received this training and identify where the programme could be run.

24.40. **Ask for ANI (Action Needed Immediately):**

- 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.

24.41. **Registered Social Landlords:**

- 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

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25. Appendix

Appendix 1: Contributors to the Needs Assessment 2024

Meetings/Discussions held		
Name	Role	Organisation
Sue Coleman	Chief Executive	West Mercia Women's Aid
Rabinder Dhani	Prevention officer	Shropshire Fire and rescue service
Emma Blakemore	Managing director	Innovate
Claire Nelson	Director of Services	Innovate
Kerry Robertson	Lead Therapist	Innovate
Lynne Kemp	Service Manager	SDAS
Heather	Senior Support Officer- Outreach	SDAS
Kate Annison	Children and Young person's service manager	West Mercia Women's Aid
Sue Gorbing	Director	LGBT sand
Sharon McDougall	Wellbeing Officer	Shropshire Council
Michelle John	Director	PEGS
Claire Hughes	Nurse specialist safeguarding adults	Shropshire Community Health NHS Trust
Gillian Corp	IDVA - inclusion	West Mercia Women's Aid
Laura Roche	ISVA manager	Axis Counselling
Sirian Bartlett	Senior Adult ISVA	Axis Counselling
Nicki Williamson	ISVA manager	Axis Counselling
Paula Farley	Manager	Victim advice Line - West Mercia Police
Melissa McGuire	IDVA	West Mercia Women's Aid
Natalie Arrowsmith	Detective inspector, vulnerability, and safeguarding team	West Mercia Police
Carolyn Ball	Commissioning Officer	PCC Office
Helen Harris	RAJH	RAJH
Alison Alexander	Specialist Services Manager	Citizens Advice
Phillip Heywood	Neighbourhood manager	Wrekin Housing
Teresa Tanner	Lead Nurse for safeguarding children and young people Lead nurse for domestic abuse and sexual violence	The Shrewsbury and Telford Hospital NHS Trust
Lorna Tilley	Head of Service	West Mercia Youth Justice Service

Ruth Edwards	District Crown prosecutor	Crown Prosecution Service
Sally Burns	Lead Midwife Safeguarding/Lead Midwife FGM	The Shrewsbury and Telford hospital Trust
Louise Norton	Ludlow MLU manager	The Shrewsbury and Telford hospital trust
Paul Cooper	Adult safeguarding Lead	NHS Shropshire, Telford, and Wrekin Clinical Commissioning Group
Elena Lloyd	Child safeguarding lead	NHS Shropshire, Telford, and Wrekin Clinical Commissioning group
Jane Parsons	Education Access and Safeguarding Officer	Shropshire Council
Elaine Palmer	Service manager	Bromford
Andrea Williams	Service Manager	Cranstoun Men and Masculinities
Heather Osborne	Chief Officer	AgeUK
Kate Fejfer	Shropshire Europe	
Heather Ireland	CEO	Shropshire Mental Health Service
Karen Flynn	Domestic Abuse Education Coordinator	Shropshire Council
Amanda Pyke	Younger persons service	Connexus
Joanne Delahay	Detective Inspector	West Mercia Police
Rose Greenslade	Day centre manager	The Shrewsbury Ark
Ethan Green	Support Worker	The Shrewsbury Ark
Hannah Griffiths	Young People's IDVA	West Mercia Women's Aid
Gabrielle Ernest	Operations Manager- Emotional Wellbeing and Mental Health	The Childrens Society
Hayley Thomas Brown	Rough Sleeper Co-Ordinator	Shropshire Council
Julie Meijuerio	Domestic abuse engagement lead-early help	Shropshire Council
Sam Brookfield	RESET	We are With You
Amanda Atherton	MPFT	Midlands Partnership Foundation Trust

Provided with information/data/feedback via email		
Name	Role	Organisation
Mike Jenkins	MARAC co- Ordinator	MARAC
Emma Harris	DRIVE	Cranstoun
Phillip Heywood	Neighbourhood manager	Wrekin Housing
Christopher Hodgson	Data and reporting analyst	Shropshire Council
Val Hamilton	Area Manager	Victim Support
Julie Harvey	Community Safety Manager	Homesplus
Sarah Browne	Specialist Nurse for safeguarding children and Lead Nurse for Child Exploitation	Shrewsbury and Telford Hospitals NHS Trust
Laura Davies	Senior Housing Manager	Connexus
Admin PEGS	Admin Manager- Chloe	PEGS
Andrea Williams	Service Manager for Telford and Wrekin Domestic abuse Service	Cranstoun

Laura Roche	Head of operations	Axis Counselling
Tracy Haigh	Senior EMS Support Co-Ordinator	Shropshire Council
Tim Compton	Senior Performance and Insight Analyst Information, Intelligence, and Insight	Shropshire Council
Katie Harris	Safeguarding Practitioner	MPFT
John Green	Chief executive	Shropshire Rural Housing Association
Mitch Allan	Assistant director of housing	Star Housing
Sue Adams	Quality and Administration manager	Connexus
Sue Coleman	Chief executive	West Mercia Women's aid
Alison Alexander	Specialist Services Manager	Citizens Advice Shropshire
Richard Law	Senior Data and Reporting Analyst	Adult social Care Shropshire Council
George Branch	Head of probation	HM prison and probation service
Julia Stiff	Senior Crime Intelligence Analyst	West Mercia Police
Julia Rogers	Partnership analyst	West Mercia Police
Sally Burns	Lead Midwife Safeguarding Maternity	The Shrewsbury and Telford Hospital Trust
Chris Beesly	Data officer	Shropshire Recover Partnership
Sarah Home	Director of Care	Willowdene Rehabilitation Ltd
Fiona Whitaker- Stranks	Senior Housing Options Officer	Shropshire Council
Ella Baines	Named GP for safeguarding adults and children	NHS Shropshire, Telford, and Wrekin
Val Hamilton	Area manager	Victim Support
Steve Compton	Service manager- early years	Shropshire Council
Elena Lloyd	Designated nurse for safeguarding children	ICB
Amanda Atherton	Deputy head of safeguarding and domestic abuse lead	MPFT
Gordon Kochane	Public Health consultant	Shropshire Council
Charlene Parris	Senior Housing Options Officer	Shropshire Council
Laura Fisher	Head of housing, resettlement and independent living homes and communities	Shropshire Council
Harriet Mcinnes	Domestic Abuse Training Lead	Shropshire Council
Kate Connor	Lived Experience Project Officer	Shropshire Council
Wendy Bulman	Domestic Abuse Strategic Lead	Shropshire Council
Charlotte Howell	Domestic Abuse Project Officer	Shropshire Council

Attempted to involve
Organisation
Brightstar boxing
Shropshire Supports refugees
Shropshire Disability Network
YSS Enhance project
Shropshire Council: Armed forces outreach support and Leisure, Armed forces covenant lead

Appendix 2 Blank template of data request

Data request	2022/23	2023/24
Total referrals received		
Total referrals accepted		
Total referrals that are repeat referrals		
Reasons for referrals not being accepted (with numbers):		
Referral sources (list with numbers):		
Anonymous		
Education – Other		
Education – School		
Health - A&E		
Health - community adult health services		
Health - community children's health services		
Health – GP		
Health - NHS 111		
Health - other hospital		
Health - Other primary		
Health - West Midlands Ambulance Service		
IDVA (West Mercia Women's Aid)		
Local Authority Adult Social Care		
Local Authority Children's Services - Early Help		
Local Authority Children's Services - Social Care		
Local Authority Housing & Homelessness		
Mental Health - Midlands Partnership Foundation Trust		
Mental Health - Other		
National Domestic Abuse Helpline		
Self		
Shropshire Domestic Abuse Service (SDAS)		
West Mercia Police		
Other (name)		
Other (name)		
Other (name)		
Total referrals that came from out of area		
List the top five places they came from, and how many:		
1		
2		

3		
4		
5		
Records broken down by (for adult V/S disclosed DA):	2022/23	2023/24
Age		
16-18		
19-24		
25-34		
35-44		
45-54		
55-64		
65-74		
75-84		
85+		
Gender identity		
Cis woman		
Cis man		
Non-Binary		
Transgender man		
Transgender woman		
Other		
Unknown		
Marital status		
Married / civil partnered		
Cohabiting		
Single		
Separated		
Divorced/legally dissolved		
Widowed		
Sexual orientation		
Heterosexual/straight		
Gay/lesbian		
Bisexual		
Other		
Unknown		
Disability		
Disability		
No disability		
Unknown		
National identity / ethnic group		
White		
Asian / Asian British		
Black / Black British		
Mixed		

Gypsy / Roma / Traveller		
Other		
Immigration status		
Family Visa (e.g. partner or parent visa)		
Work/Student/Visit Visa		
Asylum Seeker (public funds not accessible but asylum support available)		
Refugee (public funds accessible)		
No Immigration Leave or Expired Leave		
Other/Unknown/Prefer Not to Say		
Language		
Translator / interpreter needed		
Low literacy		
Housing type		
Private/Owner Occupier		
Private Renter		
Social Housing - single tenancy (secure)		
Social Housing - single tenancy (other)		
Social Housing - joint tenancy (secure)		
Social Housing - joint tenancy (other)		
Temporary Accommodation		
Temporary Accommodation: Supported Housing		
Supporting Housing		
Sheltered Housing		
Homeless - rough sleeping		
Other Supported Housing (list, with numbers)		
Household structure		
Single adult with child(ren)		
Partners with child(ren)		
Single adult with no children		
Partners with no children		
Single adult with children that have been removed		
Partners with children that have been removed		
Occupation		
Employed PT / FT		
Unemployed		
Student		
Looking after family / home		
Retired		
Economically Inactive/Long or Short Term Ill/Other Inactive		
Household income		
Less than £10,400 p/a		

£10,400 to less than £20,800 p/a		
£20,800 to less than £31,200 p/a		
£31,200 to less than £41,600 p/a		
£41,600 to less than £52,000 p/a		
£52,000 or more p/a		
No income stated or not enough information provided		
Education		
Degree / diploma		
A / AS Levels / Apprenticeship		
GCSEs / O Levels		
Other		
None		
Unknown		
Disability/Health		
Physical Disability/Mobility Impairment (inc. Wheelchair Access Required)		
Sensory Impairment		
Deaf/Hearing Impairment (including Sign Language User or Interpretation Required)		
Visual Impairment (including Braille or Other Visual Support Required)		
Speech Impairment or Communication Difficulties		
Learning Difficulty		
Mental Health Issues		
Autism, Asperger's, or Other Neuro-Diverse Condition		
Personal Care Requirements		
Other Long-Term Health Condition		
Children with Health Condition/s		
Disability/health showing as a barrier to services in your area		
Additional support needs		
Care Leaver		
Service Personnel/Armed Forces		
Offending History		
Homeless		
Rough Sleeper		
Alcohol Misuse		
Drug Misuse		
Sex Work		
Legal Support		
Financial Support		
Other		
VAWG experiences		
Honour Based Violence		
Forced Marriage		

Female Genital Mutilation		
Non-DA sexual violence		
Other VAWG		
DA experiences		
Financial abuse		
Sexual abuse		
Physical abuse		
Verbal abuse		
Emotional / psychological abuse		
Controlling and coercive behaviours		

Appendix 3 Survey Shropshire Domestic Abuse Needs Assessment Survey

Introduction: Shropshire Council are conducting the Shropshire Domestic Abuse Needs Assessment. The purpose of this survey is to gather the voices of those with lived experience in terms of their experience of seeking support for domestic abuse in Shropshire.

We would like to invite you to share your views around the support you received as well as your experiences of the services you accessed, including safe accommodation. This survey should take between 10-15 minutes to complete.

Before you begin the survey, please read the Participant Information Sheet

1. Please confirm:

You are 16 years old or over

You have read and understood the **Participant Information Sheet**.

You have had the opportunity to consider the information and ask question that you have not understood satisfactorily.

You understand that participation is voluntary and that you are free to not to participate without giving reason and without being penalised or disadvantaged.

You understand that the information given is anonymous and will be securely stored. You understand that you will not be able to withdraw consent for your survey responses to be used in this research once you have completed the survey because your response will not be identifiable.

You consent to Shropshire Council storing this information as part of the Shropshire Council Domestic Abuse Needs Assessment.

I confirm and would like to continue

Section 2: The following questions are asked to help us to provide an overview of our participants

Please select your age *

- 16
- 17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 85+

- Prefer not to say

Please select your gender *

- Female
- Male
- Non-binary
- Prefer not to say
- Other

Please select your national identity/ethnic group *

- White
- Asian/Asian British
- Black/Black British
- Mixed
- Gypsy/Roma/Traveller
- Other
- Prefer not to say

Please select your sexual orientation *

- Heterosexual/straight
- Gay/Lesbian
- Bisexual
- Other
- Prefer not to say

Please select your marital status *

- Married/civil partnership
- With Partner
- Single
- Separated
- Divorced/legally dissolved
- Widowed
- Prefer not to say

Do you have a disability? *

- Yes
- No
- Prefer not to say

Do you have access to public funds? *

- Yes
- No
- Don't know

Do you have children? *

- Yes
- No
- Prefer not to say

If yes, what are the ages of your children? *

- Pregnant
- 0-4 years

- 5-10 years
- 11-14 years
- 15-17 years
- Adults
- Prefer not to say

Section 3

The following questions are designed to gather the voices of those with lived experience in terms of safe accommodation and/or seeking community support for domestic abuse

Did you need to leave your home? *

- Yes
- No

Where were you living at the point of fleeing or seeking domestic abuse support? *

- Co-Homeowner with abusive partner
- Lived with abusive partner who was the homeowner
- Homeowner (alone, not with abusive partner)
- Private Rental Tenant
- Living with family
- Council Tenant
- Housing Association Tenant
- Street Homeless/sofa surfing
- Prefer not to say
- Other

Have you been supported by any of the following? *

- Shropshire Council Housing Service
- Shropshire Sanctuary Scheme
- None of the above

Please identify which service you used *

- HomePoint
- Housing options
- Temporary accommodation
- Housing support
- Floating support
- Other

What could house teams do better when responding to domestic abuse? *

Section 4

These questions are designed to better understand your experience with the domestic abuse support services in Shropshire

Which domestic abuse service did you access for support? *

- West Mercia Women's Aid
- Shropshire Domestic Abuse Service
- Parental Educational Growth Support
- Axis Counselling
- Other

Please identify what type of support you received from West Mercia Women's Aid

- IDVA (Independent Domestic Violence Advisor)
- Hospital IDVA
- Children and young people
- 24-hour Helpline
- Partner support (partner/ex-partner accessing perpetrator programme)
- Other

Please identify what type of support you received from Shropshire Domestic Abuse Service *

- Refuge
- Outreach support
- Dispersed accommodation
- Groups
- Other

What support did you receive from PEGS? Parental Growth Support *

- Virtual drop-ins
- Peer support group
- Empowering Parents in Crisis (EPIC) sessions
- One to one Support
- Workshops
- Other

What support did you receive from PEGS? Parental Growth Support *

- Virtual drop-ins
- Peer support group
- Empowering Parents in Crisis (EPIC) sessions
- One to one Support
- Workshops
- Other

What support did you receive from Axis Counselling? *

- Pre-Trial Counselling
- LINK Counselling
- Trauma Focused Counselling
- Fast Track Counselling
- HEAR4YOU listening service
- Groups and workshops
- Online self-help programme- TORWA
- Other

Please select all that apply in regard to refuge *

- You were placed in temporary accommodation before entering refuge
- Currently supported in refuge
- Left refuge - If you left refuge before securing settled housing, could you tell us why?

Please select any other domestic abuse service you accessed for support *

- Shropshire Domestic Abuse Service
- West Mercia Women's Aid
- Parental Educational Growth Support
- Axis Counselling
- Not applicable

- Other

Are you currently being supported by these services? *

- Yes
- No
- Prefer not to say

Section 5: These questions are to provide an opportunity to feedback around the Shropshire Domestic Abuse Needs Assessment

- How easy was it to get help from the agencies you are/have previously been supported by? *
- Do you feel your support plan and ongoing reviews of your support plan, met your needs? *
- How is the support you are receiving/have previously received made a positive difference to your life? *
- Has any of the support you have received, had a negative impact on your life? *
- How can we improve the domestic abuse response in Shropshire? *
- Shropshire Council’s Domestic Abuse Prevention Team (DAPT) is inviting people who’ve been subjected to domestic abuse to join us and help shape the services that are there to support them.

Appendix 4- a table created from the 2021, Office National Statistics Census data to show Shropshire residents data:

Age band	Shropshire			
	Female	Male	Total	%
0 – 4	7,020	7,403	14,423	4.5%
5-9	7,883	8,366	16,249	5.0%
10-14	8,406	8,841	17,247	5.3%
15 – 19	8,063	8,856	16,919	5.2%
20 – 24	7,007	8,119	15,126	4.7%
25 – 29	8,120	8,752	16,872	5.2%
30 – 34	8,976	8,977	17,953	5.5%
35 – 39	8,677	8,588	17,265	5.3%
40 – 44	8,450	8,234	16,684	5.2%
45 – 49	10,226	9,752	19,978	6.2%
50 – 54	12,516	11,794	24,310	7.5%
55 – 59	12,958	12,580	25,538	7.9%
60 – 64	11,678	11,286	22,964	7.1%
65 – 69	10,631	10,186	20,817	6.4%
70 – 74	11,361	10,587	21,948	6.8%
75 – 79	8,973	8,039	17,012	5.3%
80 – 84	6,327	5,161	11,488	3.5%
85 – 89	3,917	2,886	6,803	2.1%
90 and over	2,738	1,285	4,023	1.2%
Total	163,927	159,692	323,619	100%