

BIRMINGHAM DOMESTIC ABUSE NEEDS ASSESSMENT

Research and reporting undertaken by BVSC for Birmingham City Council

V1.7 • Final

1st August 2022

ACKNOWLEDGEMENTS

BVSC thanks the following people:

Sharne Maher – led the research team. Sharne has worked in supported housing, domestic abuse, and complex needs for 22 years and previously managed the Safehouse domestic violence project at Midland Heart. Until recently she was the Head of Multiple Complex Needs at BVSC, managing the Birmingham Changing Futures Together programme. She is qualified to deliver the Freedom Programme and the Dash Risk Assessment master class and has a Postgraduate Certificate in the Dynamics of Domestic Abuse. She is also a chartered member of the Chartered Institute of Housing.

Clare Walker – a domestic abuse consultant with a 360-degree insight into domestic abuse has worked with the Department of Health, the Social Care Institute for Excellence and the Parental Mental Health & Child Welfare Network. Clare is a founding partner of VOICE (Victims of Intimate Coercive Experience), a psych-educational programme exploring intersectional domestic abuse. Clare is a member of the International Research Hub and the British Sociological Association's learning and development network, working with government departments, academics, lawyers, and campaign groups regarding justice for victims and survivors of domestic abuse. Clare is a Domestic Homicide Review Chair and has received awards for her work and regularly presents at public events. Her expertise and opinion have been sought in the House of Lords, BBC News and Radio 4 Women's Hour. Clare's work includes training delivery, lecturing, expert witness, and campaigning.

Katie Bielec – a consultant who has worked in the field for over eleven years, in services including refuge, outreach and perpetrator courses. Previous to this she was a frontline police officer with the Metropolitan Police. Katie is an accredited Domestic Homicide Review Chair and author, a trained MARAC Chair and was the lead in setting up the Stalking Service and Clinic in Dorset. Katie is also an associate trainer and delivers training up and down the country on behalf of a number of key programmes and organisations. Katie has recently assisted Lewisham Council and Isle of Wight Council with domestic abuse strategy reviews.

Stephanie Bloxham, BVSC, who researched and created the mapping; **Zoe Wright**, Public Health Birmingham, who assisted with data analysis; and **Helen Juffs, Junara Bibi** and **Colette Simpson**.

We also thank all of the individuals and organisations that contributed by providing information or generously giving time to participate in interviews and feedback sessions.

We particularly want to offer our sincere thanks to all of the survivors who contributed their stories, answered surveys and attended meetings. Their bravery enabled us to ensure that the voices of survivors of domestic abuse are centre-stage in this review.

CONTENTS

	Acknowledgements	2
	Glossary of Acronyms	7
E1	EXECUTIVE SUMMARY	9
	FULL REPORT	
1.0	INTRODUCTION	26
1.1	Aims	26
1.2	Consultation & Assessment: Methods and Process	26
2.0	CONTEXT	28
2.1	The Domestic Abuse Act 2021	28
2.1.2	Responsibilities of Local Authorities (Part 4 of the Act)	30
2.2	The Birmingham Context	31
2.2.1	Birmingham's Domestic Abuse Prevention Strategy	32
2.3	Domestic Abuse as a Gendered Issue	34
2.4	The Impact of COVID-19 on Levels of Domestic Abuse	34
2.4.1	The Impact of COVID-19 on Services	35
2.4.2	The Impact of COVID-19 on Birmingham & Solihull Women's Aid Services	36
3.0	SURVIVORS' SURVEY	38
3.1	Scope & Purpose of Survivors' Survey	38
3.2	Key Findings from Survivors' Survey	38
3.2.1	Gaps Identified by Survivors	39
3.3	Recommendations – Survivors' Survey	40
4.0	EQUALITY, DIVERSITY & INCLUSION	41
4.1	Context	41
4.2	Reconsidering 'Protected Characteristics'	41
	<i>(a) Sex & Gender</i>	41
	Recommendations – Sex & Gender	44
	<i>(b) Gender Reassignment</i>	44
	<i>(c) Sexual Orientation</i>	45
	Recommendations – Sexual Orientation	46
	<i>(d) Race & Religion</i>	46
	Recommendations – Race & Religion	48
	<i>(e) By and For Domestic Abuse Provision</i>	48
	Recommendations – By and For Organisation	48
	<i>(f) Disability</i>	49
	Recommendations – Disability	51
	<i>(g) Age</i>	53

4.3	So-Called Honour Based Violence (HBV)	55
4.3.1	Barriers and Challenges – HBV Organisations	57
4.3.2	Recommendations – HBV Organisations	57
4.4	DWP – Access to Benefits	57
4.5	Employment Support	58
5.0	STATUTORY DUTY	59
5.1	Part 4 of the Domestic Abuse Act 2021	59
5.2	Quality Standards – Safe Accommodation	60
6.0	DOMESTIC ABUSE SERVICE PROVISION IN BIRMINGHAM	61
6.1	Commissioned Domestic Abuse Provision in Birmingham (Prior to the Part 4 Duty)	61
	<i>(a) Refuge Emergency Provision</i>	61
	<i>(b) Commissioned Refuge Provision in Birmingham</i>	62
	<i>(c) Dispersed Accommodation</i>	64
	<i>(d) Lead Worker</i>	65
	<i>(e) Birmingham & Solihull Women’s Aid (BSWA)</i>	65
6.2	Referral Routes & Pathways	66
6.2.1	Refuge Referral Routes – Survey Results	67
6.3	Commissioned Domestic Abuse Provision Under Part 4 of the Act – New Burdens Funding	67
6.4	Challenges – Commissioned Services	70
6.5	Commissioned Services – Analysis of Contractual Information	71
6.6	Other Domestic Abuse Provision	72
6.7	Non-Commissioned Domestic Abuse Provision	72
6.8	Recommendations – Part 4 of the Act	74
6.9	Recommendations – Wider Commissioning	75
7.0	CRIMINAL JUSTICE	77
7.1	Prevalence of Domestic Abuse	77
	<i>(a) Birmingham</i>	77
	<i>(b) West Midlands</i>	78
	<i>(c) England & Wales</i>	78
7.2	West Midlands Police – Birmingham Data	78
7.2.1	Domestic Abuse Recorded Crime (Nov 2020 to Oct 2021)	79
	<i>(a) Domestic Abuse Recorded Crime</i>	79
	<i>(b) Assault Without Injury</i>	80
	<i>(c) Sending Letters with Intent</i>	80
	<i>(d) Top 10 Offences</i>	81
	<i>(e) Demographic Breakdown of Domestic Abuse Recorded Crime</i>	82
7.2.2	Domestic Abuse Non-Crime Data	84
7.3	Police Tools for Monitoring Domestic Abuse & Best Practice	85
7.4	Challenges – Victims and the Criminal Justice System	85

7.5	Opportunities to Address Barriers	86
7.6	Recommendations – Police	86
7.7	Crown Prosecution Service West Midlands	87
7.7.1	Recommendations – Crown Prosecution Service	88
7.8	Police, Crime, Sentencing & Courts Bill	88
8.0	SAFEGUARDING & RISK MANAGEMENT	89
8.1	Introduction	89
8.2	MARAC	89
8.2.1	MARAC: Regional Context	89
8.2.2	MARAC: Birmingham Context	90
8.2.3	MARAC: Operation in Birmingham	91
8.2.4	MARAC: Birmingham Figures 2020	92
8.2.5	Capacity of MARAC	92
8.2.6	MARAC: Referral Trends in Birmingham	93
8.2.7	Challenges – MARAC	93
8.2.8	Gaps in MARAC Data	94
8.3	Independent Domestic Violence Advisors – IDVA Data	94
8.3.1	Gaps & Challenges – IDVAs	95
8.3.2	Recommendations – IDVAs	95
8.4	Birmingham Safeguarding Adults Board (BSAB)	95
8.5	Rape & Sexual Abuse Data	96
8.6	Adult Social Care	96
8.6.1	Adult Social Care Data	97
8.6.2	Training for Social Workers	97
8.6.3	Barriers & Challenges – Safeguarding	98
8.6.4	Recommendations – Adult Social Care	100
8.7	Domestic Abuse, Homicide & Domestic Homicide Reviews	101
8.7.1	Domestic Homicide reviews (DHRs) and Counting Dead Women	103
8.8	Health	106
8.8.1	Health Data – Mental Health	104
8.8.2	Barriers & Challenges – Health	105
8.8.3	Recommendations – Health	106
8.9	Perpetrator Programmes	106
8.9.1	Barriers & Challenges – Perpetrator Programmes	108
8.9.2	Recommendations – Perpetrator Programmes	109
9.0	HOUSING	110
9.1	Local Authority Housing	110
9.2	Housing & Homelessness	110
9.3	Additional Plans for BCC Housing to Address Domestic Abuse Need	113
9.3.1	Whole Housing Approach	113

9.4	Domestic Abuse Out of Area Need	115
9.5	Exempt Housing Domestic Abuse Support	116
9.6	Gaps & Challenges – Housing	116
9.7	Recommendations – Housing	117
10.0	CHILDREN & YOUNG PEOPLE	119
10.1	Introduction	119
10.2	Birmingham Safeguarding Children Partnership	119
10.3	Prevention & Early Help	120
10.3.1	Pathways & Referral	121
10.3.2	Strengths & Assets of Early Help	121
10.3.3	Challenges & Barriers – CASS	122
10.3.4	Recommendations – CASS	123
10.4	Birmingham Children’s Trust	123
10.4.1	The Trust – Approach to Domestic Abuse	124
10.4.2	Referrals to The Trust	124
10.4.3	Key Strengths of The Trust	126
10.4.4	Services Offered by The Trust	127
10.4.5	The Trust – Domestic Abuse Programmes Offered	128
10.4.6	Barriers & Challenges – The Trust	130
10.4.7	Recommendations – The Trust	131
10.5	Children As Victims – Operation Encompass	131
10.5.1	Barriers or Concerns – Operation Encompass	132
10.5.2	Recommendations – Education	134
11.0	KEY CONCLUSIONS & RECOMMENDATIONS	136
11.1	Key Conclusions	136
11.2	Key Recommendations	138
	<i>(a) Whole system recommendations</i>	139
	<i>(b) Strategic recommendations</i>	140
	<i>(c) Operational recommendations</i>	141

GLOSSARY OF ACRONYMS USED IN THIS REPORT

ASC	Adult Social Care
BBR	Building Better Relationships
BCC	Birmingham City Council
B&SWA	Birmingham and Solihull Women's Aid
BSAP	Birmingham Safeguarding Adults Board
BVSC	Birmingham Voluntary Service Council
CASS	Children's Advice and Support Service
CCB	Controlling and Coercive Behaviour
CJS	Criminal Justice System
DA	Domestic Abuse
DAHA	Domestic Abuse Housing Alliance
DALSPB	Domestic Abuse Local Strategic Partnership Board
DAP	Domestic Abuse Partnership
DAPP	Domestic Abuse Perpetrator Programme
DAPPO	Domestic Abuse Prevention Orders
DARA	Domestic Abuse Risk Assessment tool
DASH	Domestic Abuse, Stalking, Harassment and Honour based violence Assessment Tool
DLUHC	Department of Levelling Up, Housing and Communities
DV	Domestic Violence
FDAC	Family Drug & Alcohol Court
HBV	Honour Based Violence
IDVA	Independent Domestic Violence Advisor
IRIS	Identification and Referral to Improve Safety
LD	Learning Disability
LGBT	Lesbian, Gay, Bisexual, Transgender
MARAC	Multi-Agency Risk Assessment Conference
MHCLG	Ministry of Housing, Communities and Local Government

NICE	National Institute for Health and Care Excellence
ONS	Office for National Statistics
OPCC	Office of the Police and Crime Commissioner (West Midlands)
TA	Temporary Accommodation
The Trust	Birmingham Children's Trust
VAWG	Violence Against Women and Girls
VCFSE	Voluntary, Community, Faith and Social Enterprise Sector
VRU	Violence Reduction Unit (West Midlands)
WHA	Whole Housing Approach
WMCA	West Midlands Combined Authority
WMP	West Midlands Police

EXECUTIVE SUMMARY

E1.0 INTRODUCTION

The Domestic Abuse Act 2021 places a statutory duty on Tier One local authorities to:

- Deliver support to victims of domestic abuse (DA) and their children living within refuge and other safe accommodation.
- Assess the need for accommodation-based domestic abuse support in their area for all victims or their children, including those who require specialist support and those who come from outside the area (sometimes referred to as cross border support); and
- Set up a local domestic abuse partnership board. Birmingham has already done this, setting up a shadow Domestic Abuse Local Strategic Partnership Board (DALSPB)

E1.1 Scope of this Review

In June 2021, BVSC was commissioned by Birmingham City Council (BCC) to conduct a domestic abuse needs assessment for Birmingham. This consisted of a mapping exercise exploring service provision for those affected by domestic abuse, a review of Birmingham City Council's Domestic Abuse Prevention Strategy and the creation of an Implementation plan. Ensuring that the Domestic Abuse Act and its provisions were considered in all aspects of the work and woven into the Strategy review and Implementation plan.

BCC furthermore requested that the needs assessment go beyond the new duty set out by the MHCLG (now the Department for Levelling Up, Housing and Communities) which only represents the needs of those who require support in domestic abuse safe accommodation. The assessment range was to be much wider and span the continuum of domestic abuse, capturing need at prevention, support and crisis stages.

E1.2 Consultation and Assessment Methods

This report was developed between June and November 2021 using a mixture of surveys, qualitative and quantitative data from partners and stakeholders, meetings and the sharing of information and reports. The available data was interrogated and any gaps assessed.

Two surveys were undertaken during August 2021: one aimed at professionals working either in domestic abuse or a related sector who may be involved in referring to or supporting people to access domestic abuse services; the second aimed at victims and survivors of domestic abuse in Birmingham. We received 94 responses to the professionals' survey and 106 responses to the survivor survey. A standardised MHCLG (now DLUHC)-developed survey was sent to selected statutory and voluntary

sector partners (including Housing, Health, the Police and providers of safe accommodation) to further support data analysis and assessment of need.

We are grateful for the access provided by WE:ARE, WAITS and Trident Reach and many other organisations that enabled us to meet with survivor groups and ensure that their voices were prominently heard in the review. All of these groups were women's groups. It is worth noting that organisations working with men were contacted and asked if they could arrange for us to meet with an individual or group as part of the research, this did not prove possible. Of our survey respondents, 4% stated that they were male, 95% were female and 1% preferred not to declare their gender.

Throughout August 2021 we conducted three online workshops with professionals working in services across Birmingham. 120 professionals attended these workshops, and attendees included representatives from Registered Housing Providers, Birmingham & Solihull Women's Aid, Exempt Housing Providers offering support to DA victims, Health and Education and BCC Housing Directorate and Adult Social Care.

E1.3 Approach

The approach taken in developing the needs assessment has been to focus on key areas of Birmingham's strategic approach and service offer. These are set out in the thematic sections of this report:

- Context.
- Statutory Duty.
- Provision.
- Criminal Justice.
- Safeguarding.
- Housing.
- Children and Young People.
- Protected Characteristics and intersectionality.

E2.0 KEY FINDINGS

E2.1 What the Data tells us – Key Findings

Birmingham is working at, and sometimes beyond, maximum capacity with many responses occurring at crisis point. There is a desire to define and implement effective early intervention. The survey of practitioners undertaken as part of the research recognised that:

- There is a lack of well evaluated early intervention.
- There is frustration regarding low prosecution rates for domestic abuse.

- Some statutory services are considered to display a lack of empathy with victims/survivors.

The analysis of available data has provided insight into key areas of the system:

- Reports of domestic abuse (DA) in Birmingham have increased.** Recorded domestic abuse crime in Birmingham has shown a steadily climbing trajectory. Domestic abuse crime in October 2021 was 17% higher than October 2020, and October 2020 was already 42% higher compared with the same period in 2019. This has placed increasing pressure across public sector services.
- Lack of resources and capacity are a major issue for domestic abuse support** and are the main reasons for unsuccessful referrals. Quite simply, demand has outstripped supply.
- Reported domestic abuse has increased during the COVID-19 pandemic.** A significant increase in reporting with 85,714 incidents reported to police with 55,820 being recorded as crimes compared to 40,160 the previous year.
- 96% of victims are of traditional working age** between 16-64, however the largest age groups are those in their 20s and 30s.
- There has been a steady increase in reporting trends.** West Midlands Police data for Birmingham (for the period between November 2018 and October 2021) indicated that of the reports received, 5.27% classed as having a positive outcome (recorded as crimes). An additional 38,039 reports being recorded as Domestic Abuse non crimes.
- Attitudes, training, and police understanding had an impact on how people rated their experiences.** A survey of 106 survivors suggested that increased training is a need for officers. Survivors said they wanted officers that could recognise abuse, show empathy, and deal effectively with the situation presented to them.
- There are 29 MARAC IDVAs in Birmingham.** Most are with Birmingham & Solihull Women's Aid; two specialist LGBT IDVAs are with Birmingham LGBT centre and there are two specialist Hospital IDVAs (covering UHB NHS Foundation Trust hospitals, Birmingham Children's Hospital and Birmingham and Solihull Mental Health Trust).
- There is a need to increase the numbers of IDVAs.** It is estimated that 1,140,500 people were living in Birmingham mid-2020.¹ Based on the expected level of 40 cases per 10,000 of the adult female population, the 16+ population of

¹ https://www.birmingham.gov.uk/info/20057/about_birmingham/1294/population_and_census/2

449,614 would require 45 IDVAs, whereas the 18+ population of 435,554 would require 43 IDVAs.

- i) **The MARAC referral rate in Birmingham has increased over the last three years.** From April to June 2021 there was a 59.8% increase in referrals in Birmingham. In 2020, there were 2,943 referrals. A number significantly above the expected rate. If sustained – and the consensus is that this level of referrals is unlikely to fall – this would need between 43 and 45 full-time MARAC IDVAs in post. (This information derives from work carried out by SafeLives,² combined with police reporting rates and what is known about the likelihood of high-risk victims of domestic abuse reporting to the police).
- j) **For households needing domestic abuse support, there was an average of 2.6 moves per household in various forms of temporary accommodation (TA).** BCC states that there were over 3500 people in temporary accommodation in April 2021.

E2.2 The Birmingham DA Offer – Key Strengths and Assets

Birmingham's current approach includes both strengths-based approaches and assets and is integrated and managed across services, thus ensuring that agencies work effectively to tackle domestic abuse. Strengths include:

- a) **Domestic Abuse Housing Alliance (DAHA):** Birmingham City Council and leading Registered Providers of Housing in the area have signed up to DAHA accreditation.
- b) **Existence of sophisticated networks.** Including: helplines, refuges, and provision of commissioned outreach/lead worker.
- c) **A multi-agency partnership approach** is providing triage at the point of access.
- d) **The Trust works within a trauma informed, relationship-based practice model.** Specialist DA services within the commissioned 'Think Family Offer' consist of specialists from Birmingham & Solihull Women's Aid and Richmond Fellowship. Both organisations work closely to support the Early Help locality offer as well as social workers.
- e) **The Domestic Abuse Local Strategic Partnership Board (DALSPB) for Birmingham** has been established. Comprising of senior leaders from statutory and voluntary and community sector (VCS) providers.
- f) **Prior to the Act, IRIS** (Identification and Referral to Improve Safety) was established. This programme trains and supports GPs to spot DA and refer for

² <https://safelives.org.uk/node/521>

support. Eight staff support IRIS referrals, delivering training and information to GPs.

- g) **A strong 'specialist sector'** exists, including Roshni and Women Acting in Today's Society (WAITS), offering refuge, advocacy, and therapeutic services (though mostly not currently commissioned by BCC).
- h) **Increased numbers of Independent Domestic Violence Advocates (IDVAs).** Including at least 29 MARAC IDVAs; two specialist LGBT IDVAs, and two Hospital IDVAs. (There are additional workers called IDVAs, but they do not have SafeLives IDVA qualification, so this figure could be higher.)
- i) **The first specialist Domestic Abuse Hub in the country**, which offers safe bespoke support to women and children.
- j) **The ambition for a trauma-informed region**, supported by WMCA.
- k) **Several commissioning sources**, including Birmingham City Council; the Police and Crime Commissioner, who commission IDVAs and fund the MARAC, and WMCA who are leading work on a trauma informed region.
- l) Birmingham City Council **currently commission 148 refuge beds** in the city with plans in place to increase this by 28, to include a young women's refuge.
- m) **Commissioned (by BCC) services for male victims**, which include dispersed refuge and lead worker services.
- n) **Specialist commissioned Hubs** including the Youth Hub run by St Basil's and The Trust; the Offender Hub run by Spring Housing; the Rough Sleeper Hub run by SIFA Fireside and the Domestic Abuse Hub run by Birmingham & Solihull Women's Aid (BSWA).
- o) **The Pure Project** assisting survivors of domestic abuse into the workplace.
- p) **The Purple Project** (a Birmingham & Solihull Women's Aid project) that offers support to women over 55 experiencing Domestic Abuse.
- q) **A Nightingale Court**, held in Birmingham, accommodating both civil and family cases, as well as criminal, to try to address the backlog of cases created in part by the pandemic.

E2.3 Best Practice & Promising Practice

Birmingham has well-established domestic abuse partnerships and services that offer provision to meet the needs of a broad range of victims of domestic abuse. Some of Birmingham's leading agencies play a role locally, regionally and nationally in informing best practice in supporting domestic abuse survivors, challenging systems, and promoting the rights of all who are affected by domestic abuse. Key examples include:

- a) Women's Aid and Refuge are at the centre of co-ordinating responses to domestic abuse nationally. As well as offering refuges, a hub and helpline locally in Birmingham, BSWA are a training provider for tackling and preventing domestic abuse, as well as campaigning for change. The CEO is the vice chair of the DALSPB.
- b) SafeLives³ resources and tools are an essential resource for all professionals working with victims of domestic abuse and their families and are widely used.
- c) The Trust has commissioned the Safe & Together Institute⁴ to support their development as a domestic abuse informed organisation.
- d) GPs: IRIS provides training and support, as well as a referral system for domestic abuse victims who are accessing GPs. It has been active in Birmingham with GPs attending training and referral sessions.
- e) RESPECT Phone line: provides services for perpetrators. It also provides guidance and support for frontline workers, including clear pathways into perpetrator interventions. Our research has found the service is widely used by frontline staff in Birmingham. The charity is calling for a national perpetrator strategy.
- f) Campaigns to raise awareness across different sectors have the aim of promoting public and political understanding of the lives of women and girls facing multiple disadvantages. In turn they are helping initiate change across systems and services.
- g) Ask and Take Action:⁵ Why public services must ask about domestic abuse. A campaign by AGENDA in 2019 focussed on Health and Social Services.

E2.4 Approaches to Quality

Birmingham has a long-standing commitment to ensuring the provision of community-based support for victims of domestic abuse, with a focus on providing quality services that aim to keep victims and their children safe while helping them maintain links to their communities as a means of supporting victims to rebuild their lives. Key approaches to quality and the monitoring and evaluation of services include:

- All Birmingham safe accommodation should be accredited using the Women's Aid National Quality standards (National standards 2019, edited 2021) as recommended under Part 4 guidance.⁶ The Local Authority and registered

³ <https://safelives.org.uk/>

⁴ <https://safeandtogetherinstitute.com/>

⁵ <https://weareagenda.org/askandtakeaction/>

⁶ See: <https://www.womensaid.org.uk/wp-content/uploads/2021/06/National-standards-2019-edited-2021.pdf>.

providers, who are going through DAHA accreditation, could adopt a 'Whole Housing Approach.'

- Commissioners to move to commission only accredited providers. All services delivering male DA services to be RESPECT Accredited. (But it is recognised that consideration may also need to be given to providers who are working towards accreditation and to smaller more specialist providers that may find accreditation resource intensive/costly.)
- DAHA Accreditation⁷ and 'Whole Housing Approach'⁸ supports housing providers and Local Authorities through a thorough process over an 18-month to two-year period. This will ensure they have policies, procedures and processes that are both victim-centred and effective. DAHA accreditation is the UK benchmark for how housing providers should respond to domestic abuse in the UK.
- The Imkaan Accredited Quality Standards⁹ (IAQS) for working with women from Asian, Black and marginalised ethnic groups. This provides a quality framework that captures the expertise and on-going development of specialist support for women from Asian, Black and marginalised ethnic groups and includes violence against women and girls (VAWG) organisations. The focus is on specific forms of violence that disproportionately affect women and girls from Asian, Black and marginalised ethnic groups – sometimes referred to as 'harmful practices,' including specifically forced marriage, female genital mutilation and 'honour based' violence. The standards are also applicable to all forms of violence experienced by women and girls from Asian, Black and marginalised ethnic groups.
- The Women's Aid National Quality Standards¹⁰ developed to demonstrate the unique quality of dedicated specialist services for women and child survivors.
- RESPECT Accreditation for providers of male victim services. RESPECT is the leading organisation supporting male victims and has developed a set of ten standards for the work. All providers offering a male DA service should be compliant with these standards and ideally hold RESPECT accreditation. No organisation should provide male victims services without full regard of these principles and standards, and without sufficient resources to ensure compliance.

⁷ <https://www.dahalliance.org.uk/what-we-do/accreditation-for-housing-providers/>

⁸ <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/what-is-the-whole-housing-approach/>

⁹ https://1q7dqy2unor827bqjis0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2015/12/4_-_Successful_Commissioning_Imkaan_Standards_Summary.pdf

¹⁰ <https://www.womensaid.org.uk/what-we-do/national-quality-standards/>

E2.5 Inconsistencies in Data Collection

Gaps in data can affect the ability to provide appropriate and timely services and support to domestic abuse victims. The DLUHC standardised survey form is not currently typical of data routinely collected and stored. For example, questions such as household income or educational attainment are not routinely asked across all services.

Data is not collected consistently across all services. While there are reasonable and valid reasons for this it will be helpful to agree the data requirements across statutory and third sector VCFSE services.

Part of the analysis has been based on historic data. It is recognised that there are potentially some data quality issues, especially regarding some demographic and socio-economic characteristics which were not previously or routinely documented.

The review identified data gaps in key areas including:

- a) **Demographics** (household income, disability, sexuality, housing tenure or type, household income, employment status, immigration status).
- b) **Needs Identification** (type of abuse; risk level; additional support needs and language and the need for a translator).
- c) **Service Information** – for example, not all services were aware if there was involvement through Children’s Services or how to access ‘Move On’ housing options.
- d) **Cross border demand** – Currently not readily available and which needs collection in an accessible way for government reporting.
- e) **Difficulty accessing some adult social care data** – with some information being recorded as part of case notes making specific report writing challenging.
- f) **Annual strategy reviews** – though completed, had very limited information due to COVID-19 demands on capacity.
- g) **Evaluation of ‘Perpetrator Programme’** – not available yet.
- h) **BCC Exempt pilot** – does not currently have a list of exempt accommodation delivering refuge or services to DA victims.
- i) **Only 37% of Police records have ethnicity recorded** (based on an examination of three years of data collection shared with the assessment team). The majority of those with a recorded ethnicity were White British. This represents a large data gap and limits any meaningful analysis of who is or is not reporting domestic abuse.

E2.6 Other Useful Guidance

Government departments have issued a range of guidance for the Domestic Abuse Act. Two helpful resources include: statutory guidance on the delivery of support to victims of abuse in Domestic Abuse Safe Accommodation Services¹¹ and the Domestic Abuse Overarching factsheet.¹²

Professional bodies have introduced information and guidelines to achieve best practice such as Section 47 NICE (2017).¹³ These include:

- **Domestic violence and abuse: multi-agency working – Public Health guideline.**¹⁴ This guidance recommends local strategic multi-agency partnerships and covers planning and delivering of multi-agency services for domestic violence and abuse. It aims to help identify, prevent, and reduce domestic violence and abuse among women and men in heterosexual or same-sex relationships, and among young people.
- **Public Health England (2020) – interventions to prevent intimate partner and sexual violence.**¹⁵
- **HM Government: ANI Domestic Abuse Codeword Scheme: Guidance for Pharmacies Using the UK SAYS NO MORE Safe Spaces scheme.**¹⁶
- **RESPECT guidelines** which should apply to all male victim programmes¹⁷ and perpetrator programmes.¹⁸
- **Preventing serious violence: a multi-agency approach.**¹⁹
- **A domestic abuse perpetrator strategy** for England and Wales.²⁰

¹¹ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

¹² <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/domestic-abuse-bill-2020-overarching-factsheet>

¹³ <https://www.nice.org.uk/guidance/ng76/evidence/full-guideline-pdf-4607478261>

¹⁴ <https://www.nice.org.uk/guidance/ph50>

¹⁵ <https://www.gov.uk/government/publications/interventions-to-prevent-intimate-partner-and-sexual-violence>

¹⁶ <https://www.gov.uk/government/publications/ask-for-ani-and-safe-spaces-schemes-training-toolkit>

¹⁷ <https://www.respect.uk.net/pages/43-work-with-male-victims>

¹⁸ <https://www.respect.uk.net/resources/76-respect-guidance-for-domestic-abuse-perpetrator-programmes-covid-19-challenges>

¹⁹ <https://www.gov.uk/government/publications/preventing-serious-violence-a-multi-agency-approach>

²⁰ <http://driveproject.org.uk/wp-content/uploads/2020/01/Call-to-Action-Final.pdf>

E2.7 Resources to Improve Outcomes for Victims, including Children

Research highlighted several ways services could be further developed to help improve outcomes. These include:

- Additional access to counselling and trauma informed support.
- Specialist children's workers within refuge settings or access to specialist workers in the case of dispersed refuge provision.
- Increased levels of support in safe accommodation that meets the Part 4 standards.
- Investment in alternatives to using hotels or B&Bs to accommodate families fleeing domestic abuse.

E3.0 RECOMMENDATIONS

E3.1 Overview

There is a clear understanding of the prevalence and impact of domestic abuse locally and the strategic response ensures a focus on all areas of the domestic abuse agenda including:

- Prevention and early identification.
- Provision of service.
- Partnership working.
- Perpetrator responses.

Birmingham is well placed to respond to the requirements of the Domestic Abuse Act 2021 and ensure the ongoing implementation of a shared vision and collective aims and objectives to continue the development of the local approach to addressing domestic abuse.

There are key areas for further development that have been identified by this needs assessment.

In consultation with commissioners and constituent organisations represented on the Domestic Abuse Partnership Board, recommendations have been made which will in turn require prioritisation. These recommendations are made under three headings: Whole System; Strategic; and Operational.

E3.2 Recommendations – Whole System

Many individuals with complex needs require more intensive support, which requires greater capacity across the whole system. Provision should be designed to provide intensive support to those with complex needs to support their access to safe accommodation, sustain this accommodation and access wider services to meet their needs.

This report makes the following specific recommendations:

- 1) The assessment team found that organisations have (and use) differing interpretations of the concept of *prevention*. It is important that the strategy review for Birmingham sets out clear definitions on what prevention is and how it should be measured.
- 2) Domestic Abuse, Sexual Abuse and Violence should be regarded as serious violence and be added to the remit of the VRU.
- 3) That a standard approach to record keeping is adopted across statutory and commissioned services and encouraged in those that are non-commissioned. This should be agreed through the DALSPB as it is a complex area which requires a consistent approach. There should be enhanced data collection to incorporate gaps identified. This would include the recording of so-called honour-based violence and a greater breakdown of demographic information avoiding the catch all term of BAME as a means of referring to Asian, Black and marginalised ethnic groups.
- 4) All services, both statutory and non-statutory, need to start or increase the work of understanding and working in a trauma-informed way. Some services already work in this way, e.g. Birmingham & Solihull Women's Aid, St Basils, and Birmingham Children's Trust. While many agencies have incorporated aspects such as training, this needs to be backed with reflective practice and a culture of healthy challenge and mutual respect from agency to agency, as well as to the survivor and perpetrator. An audit tool for organisations to use to check out how trauma informed they are, would be useful to assess the needs across the city. Closer collaboration between the regional trauma informed coalition and BCC officers would be useful to share knowledge and information across services.
- 5) A commitment to training and culture change on domestic abuse within the police is required to increase its general prioritisation to that of serious crime. In line with knife crime, gangs, and county lines.
- 6) A commitment is needed to training staff and implementing culture change within Adult Social Care (not commissioning) to understand, record and respond to domestic abuse appropriately. It is vital that any such training take into account the fear, coercive control and risk experienced by victims and survivors of DA.

- 7) A commitment to training and culture change across the system, especially within statutory services, to increase understanding of the impact of trauma on the survivor. Commitment is also required to work more closely with voluntary services to support the non-abusive parent to recover and support their children's recovery.
- 8) Birmingham needs to create a culture where survivor voice is heard in all spaces and influences practice. All Statutory and Voluntary sector care/support providers should work with victims and survivors in a solutions-focused way.
- 9) All services delivering male DA services should be RESPECT Accredited.

E3.3 Recommendations – Strategic

While Birmingham has made progress in developing a comprehensive approach to tackling Domestic Abuse, recommendations are made that will help ensure the delivery of strategic intentions and vision:

- 1) There needs to be a strong focus on early intervention to support families who want to remain in their properties.
- 2) All Birmingham safe accommodation should be accredited either by the Women's Aid National Quality standards or Imkaan. The Local Authority is in the process of going through DAHA accreditation and should adopt the 'Whole Housing Approach.' Commissioners should move to commissioning only accredited providers.
- 3) Actively encourage schools to take-up appropriate DA training, so that every school has an offer of support for children affected by domestic abuse. This should also be helpful in responding to 'Operation Encompass.'
- 4) The Trust seeks to proactively hold perpetrators to account, in terms of liaising with Police regarding charging, supporting orders and not closing cases before completion of perpetrator programmes. But perpetrators need to be held to account by all agencies, especially those involved within the criminal justice system, and there needs to be a whole system responsibility for this. Some respondents to our survivors' survey told us that they feel that an unreasonable level of responsibility to protect their children is placed on them while other services are failing to do so.
- 5) It would be helpful if the Trust could start recording demographic information on parents in addition to children, in order to ensure that the learning disabilities (LD) status of parents is captured. It is recognised, however, that the Trust is often dependent on the information that other agencies share with it, especially those working with adults, and identification of a successful means of consistently capturing such data will require further consideration. Additional

training and support from specialist agencies may also be necessary as learning disabilities are frequently undiagnosed.

- 6) Survivor survey results found that understanding of the police had an impact on how people rated their experience. They suggested that increased training was needed for officers in recognising abuse and its complexities including trauma, showing empathy, dealing effectively with the situation presented, and cultural competency.
- 7) Offender Managers, officers, and call handlers should be trained in domestic abuse.
- 8) Manage the most prolific DA offenders using researched methods as cited in the Crest report, aligning the algorithm used for DA offender management with intelligence from MARAC.
- 9) Actively work to increase prosecution rates when a victim is supporting a prosecution. Work to understand why 70% do not support a prosecution, endeavouring to remove barriers such as lack of communication and confidence in police process.
- 10) Applicants who are homeless due to domestic abuse should be placed on the highest banding to improve the speed and efficiency of finding them a home and to reduce the impact on children by reducing the number of moves.
- 11) The 'Vision for Housing' should have clearly defined and expressed goals and targets for addressing the needs of Domestic Abuse victims. This should include reviewing policy to ensure DA victims can access housing as a priority.
- 12) Direct Lets, which enables landlords to let directly to tenants, should be used more often. This was made possible for 'Housing First' and was trialled by Birmingham & Solihull Women's Aid with some success. This model could support 'move-on' from refuge for men, women, and children, who are ready and have had support through the refuge system.
- 13) Adopt a 'Whole Housing Approach' as set out by DAHA; this would require a robust response for all citizens.
- 14) Enhanced training and raising awareness around DA especially for housing support teams is recommended.

E3.4 Recommendations – Operational

The operation of services is critical to the success of the city's approach to tackling domestic abuse and driving partnership activity that fulfils the local strategy. Existing best and promising practice can be further developed as they provide the foundation of future service. The research team has identified the following as recommendations:

- 1) Increase (SafeLives-trained) MARAC IDVA numbers to the recommended level of 45.
- 2) In addition to any existing audit of cases there should be an independent mechanism for reviewing the effectiveness of the MARAC in Birmingham. Consideration should also be given to better explaining what a MARAC is and standardising this for IDVAs.
- 3) Ensure that the victim's voice is heard in developing risk management processes including MARAC.
- 4) Increased publicity is required to raise awareness of the pathway that exists for male victims of DA and how to access this.
- 5) If there is a need for specialist domestic abuse refuge/safe accommodation for gay men, commissioners should monitor demand to ensure that provision can be made to accommodate this. The IDVA service at Birmingham LGBT can identify gaps in need and provision. The OPCC and Birmingham City Council should effectively share data on this issue.
- 6) Careful consideration needs to be given to providing the right support to women who face multiple disadvantages due to the complex level of their needs. Groups with multiple needs who are excluded from provision may also need a specific and well-resourced housing offer with choices, which could be in the form of a women's DA Housing First offer. Ideally the system needs to respond to this need by having a number of suitable safe options. Currently, excluded women are pushed into less safe forms of exempt non-commissioned housing. As a result, unsafe mixing can become a huge barrier to recovery, healing, and safety. WMCA has commissioned some women-only rough sleeper accommodation.
- 7) Providers' websites should have separate pages explaining their offer for women and their offer for men and how these services can be contacted.
- 8) The gender-based emphasis expressed in the previous Domestic Abuse Strategy for Birmingham should remain, while ensuring that all provision is clearly mapped, with pathways that are understood and clear.
- 9) Where possible support should be given for women with learning disabilities for keeping their children with them. While Birmingham Children's Trust and Adult Social Care share some lead responsibilities in this regard a whole system response is required as other statutory and non-statutory agencies also play a key role in enabling better support for parents with learning disabilities. It may also be necessary to work more closely with specialist services to better understand the dynamics of the situation and the risks victims may face.
- 10) It would be valuable if the Trust could review a sample of cases where children have been removed from a mother with LD and where there has been DA. While children who end up subject to care proceedings do so as a result of multi-

agency practice and such cases are in any case highly scrutinised by the court, nonetheless if undertaking a review could help reduce the number of removals – thought by the Trust to be numerically small – then this would be an important outcome.

- 11) Those within the Criminal Justice System should work with specialist services for those with disabilities to reduce the perception and culture of them not being seen as a credible witness.
- 12) All adults with an LD are required to have an annual health check. However, there is a reluctance to attend these. Health Departments should ensure that failed attendance at health checks should be followed up with face-to-face appointments offered away from partners and/or carers. All health agencies should also be encouraged to work more closely with LD service providers across the city.
- 13) There is room to improve multi-agency working between statutory services and specialist domestic abuse and learning disability services (including raising awareness of services and sharing of knowledge and resources). Particular efforts should be made to ensure that specialist services are included in all domestic abuse cases where a parent has a learning disability. is limited and should be addressed.
- 14) In the 2014 Care Act, there is a clear framework requiring local authorities to safeguard vulnerable adults. The ASC has been recommended to review cases referred for vulnerable adults, who may sit outside the Care Act or Mental Capacity Act. The impact of DA and CCB may have made those already vulnerable even more so. This recommendation has been made due to the lack of shared information and the barriers and challenges identified
- 15) Part of the DA strategy states that it ensures equality in its response to Domestic Abuse. However, the information shared by agencies and the limited data suggests that there is a disproportionate response by adult and child social care to those with a disability. This mirrors the research by SafeLives with the national response to those with a learning disability.
- 16) BCC to collect data of Birmingham residents with learning disabilities and those who are experiencing domestic abuse to enable suitable commissioning and specialist service provision. Utilise the 10 recommendations from SafeLives' 10 Key Practice Points for Supporting Clients with Learning Disabilities to improve the commissioning of services and to raise awareness amongst service providers.
- 17) Raise awareness within the community, family, friends, and those with a disability about the intricacies of domestic abuse and the forms it can take.

- 18) Involve disabled people in the prevention of domestic abuse in Birmingham, by ensuring their inclusion in steering groups and victim focus groups
- 19) 21 units of refuge accommodation suitable for people with disabilities are available across Birmingham (BSWA, Green Square Accord, Salvation Army, Birmingham Crisis). BSWA, the Salvation Army and Birmingham Crisis provide a combined 5 units while Accord's 16 units are DDA compliant with wheelchair access. The Salvation Army, Birmingham Crisis and Green Square Accord also accept referrals for women and children with learning disabilities and provide additional tailored support to meet their needs as required. The demand for refuge accommodation and support amongst both groups, however – those with physical disabilities and those with learning disabilities – is low and the reasons for this require further investigation. It may indicate that disabled victims of domestic abuse are not being referred specifically to disability-compliant provision or do not know how to access DA services.
- 20) The commissioning of safe accommodation should include ensuring that this provision is suitable for those with a disability and has specialist workers available.
- 21) Public Health should further explore how transgender people in Birmingham experience support services and identify any gaps, needs and recommendations.
- 22) All 'by and for' organisations to be brought into the DA strategic forums/boards in order to ensure that important networking, influencing, and funding opportunities are not missed. There may be further work needed to fully explain who the organisation's client group is, to ensure appropriate referrals and options for victims.

FULL REPORT

1.0 INTRODUCTION

1.1 Aims

The Domestic Abuse Act 2021 places a statutory duty on Tier One local authorities to deliver support to victims of domestic abuse and their children living within refuge and other safe accommodation. Local Authorities are required to assess the need for accommodation-based domestic abuse support in their area for all victims and their children. This includes those who require specialist support and those who come from outside the area (referred to as cross border support).

In June 2021, BVSC was commissioned by Birmingham City Council to conduct a domestic abuse needs assessment for Birmingham. BCC furthermore requested that the needs assessment go beyond the new duty and span the continuum of domestic abuse, capturing need at prevention, support, and crisis stages. The aims of the assessment were to:

1. Map provision across Birmingham to include commissioned and non-commissioned (exempt), accommodation and support services and prevention approaches.
2. Review the local Domestic Abuse Prevention Strategy ensuring that it is overlaid with the new Domestic Abuse Act 2021 duties.
3. Produce an Implementation plan to guide the city as to where there are gaps and how these could be addressed. Identifying what the challenges are and how to ensure compliance with the DA Act.

1.2 Consultation and Assessment: Methods & Process

The content of this report was developed between June and November 2021 incorporating statistics and data provided by partners across the whole system up to the end of January 2022. Two online surveys were undertaken during August 2021 – one aimed at professionals working either in domestic abuse or a related sector, the other aimed at victims and survivors of domestic abuse in Birmingham. A standardised survey was sent to statutory and voluntary sector partners (including Housing, Health, the Police, and providers of safe accommodation) to further support data analysis and assessment of need.

There was a consultation across the domestic abuse sector with meetings held with strategic, statutory, and voluntary sector stakeholders. The research team gave regular presentations and updates to various city Boards and Forums to promote the work and provide opportunity for feedback and questions. The project lead regularly updated the DALSPB and its sub-groups.

The research team conducted three online workshops with professionals working in services across Birmingham. Attendees included representatives from Registered Housing Providers, Birmingham & Solihull Women's Aid, Exempt Housing Providers offering support to DA victims, Health and Education and BCC Housing Directorate and Adult Social Care. An integral element of the approach were meetings held with survivor groups (in person) to hear their views and listened to their experiences.

The consultation had the following reach:

- Number of workshop attendees (professionals) – 120.
- Number of responses to online Survivor survey – 106. Of our survey respondents 4% stated that they were male, 95% were female and 1% preferred not to declare their gender.
- Number of responses to online professional survey – 94.

2.0 CONTEXT

2.1 The Domestic Abuse Act 2021

The Domestic Abuse Act 2021 introduced a new definition of domestic abuse, defining it as follows:²¹

Behaviour of a person ('A') towards another person ('B') is 'domestic abuse' if—
(a) A and B are each aged 16 or over and are personally connected to each other, and (b) the behaviour is abusive.

Behaviour is 'abusive' if it consists of any of the following:

- a) physical or sexual abuse;
- b) violent or threatening behaviour;
- c) controlling or coercive behaviour;
- d) economic abuse (any behaviour that has a substantial adverse effect on B's ability to— (a) acquire, use or maintain money or other property, or (b) obtain goods or services)
- e) psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct.

Definition of 'Personally Connected': two people are 'personally connected' to each other if any of the following applies:

- they are, or have been, married to each other;
- they are, or have been, civil partners of each other;
- they have agreed to marry one another (whether or not the agreement has been terminated);
- they have entered into a civil partnership agreement (whether or not the agreement has been terminated);
- they 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;
- they are relatives;
- A is a carer for B who is a disabled person.

Children (anyone under the age of 18) as victims of domestic abuse is defined as:

A child who (a) sees or hears, or experiences the effects of, the abuse, and (b) is related to A or B (as per the above definition of DA).

²¹ <https://www.legislation.gov.uk/ukpga/2021/17/section/1/enacted>

A child is related to a person if – (a) the person is a parent of, or has parental responsibility for, the child, or (b) the child and the person are relatives.

This will help to ensure that locally commissioned services consider and address the needs of children affected by domestic abuse.²²

The Act broadens the definition of ‘personally connected’ in the Serious Crime Act 2015²³ (Section 76, ‘Controlling or coercive behaviour in an intimate or family relationship’); it also includes abusive behaviour when perpetrator and victim no longer live together. It inserts an offence of strangulation or suffocation into the Serious Crime Act 2015 and amends the Criminal Justice and Courts Act 2015²⁴ by including ‘threatening to disclose’ intimate images with the intention to cause distress.

Other measures in the Act include:

- Establishing in law the office of Domestic Abuse Commissioner and setting out the Commissioner’s functions and powers.
- A requirement to ensure that all eligible homeless victims of DA automatically have ‘priority need’ for homelessness assistance.
- Placing the guidance supporting the Domestic Violence Disclosure Scheme (‘Clare’s law’)²⁵ on a statutory footing.
- Gives further powers for dealing with domestic abuse
- Provides further protection for victims in legal proceedings (such as prohibition of cross-examination in person)
- Sets out the responsibilities of local authorities
- Strengthens existing legislation on domestic abuse. The definition of domestic abuse provided in the Act goes beyond the ‘physical harm’ covered in the ‘Domestic Violence, Crime and Victims Act 2004’²⁶
- Brings in changes which aim to support the prosecution of perpetrators and the recognition of all types of abuse including coercive control
- Prioritisation of support services for survivors including accommodation in Part 4 of the Act
- explicitly recognises children as victims in their own right

²² <https://www.gov.uk/government/publications/domestic-abuse-bill-2020-factsheets/statutory-definition-of-domestic-abuse-factsheet>

²³ <https://www.legislation.gov.uk/ukpga/2015/9/section/76/enacted>

²⁴ <https://www.legislation.gov.uk/ukpga/2015/2/contents/enacted>

²⁵ <https://west-midlands.police.uk/your-options/clares-law-domestic-violence-disclosure-scheme>

²⁶ <https://www.legislation.gov.uk/ukpga/2004/28/contents>

2.1.2 Responsibilities of Local Authorities (Part 4 of the Act)

The Domestic Abuse Act 2021 places a statutory duty on Tier 1 Local Authorities to provide support to victims of domestic abuse and their children in domestic abuse safe accommodation. This also includes the requirement to conduct a local needs assessment that specifically explores the level of local need for support services within safe accommodation for victims of domestic abuse. The expectation is that this will support decision making around commissioning and the development of a newly required three-year domestic abuse local strategy. Whilst the statutory requirement for a local needs assessment is solely focused on accommodation-based support services, local areas have been given the option of widening the scope to take a more holistic view.

The Act requires local authorities to:

- Appoint a **DA local partnership board**. Birmingham created a board well ahead of time and established a Local Partnership Shadow Board.
- Conduct a **comprehensive needs analysis** of the prevalence of DA and support and accommodation needs of adults and children suffering DA– this includes understanding cross border demand.
- **Prepare and publish a strategy** for the provision of such support in its area and monitor and evaluate the effectiveness of the strategy. This strategy is based on the needs analysis and aims to meet the identified support and accommodation needs of both adults and children.

The Act also includes some non-statutory duties affecting local authorities. These include:

- New regulations and statutory guidance on Relationship Education, Relationship and Sex Education, and Health Education.
- Investment in domestic abuse training for responding agencies and professionals and improve awareness and understanding of the coercive control offence and review effectiveness of offence.
- Continuing to develop means to collect, report and track domestic abuse data.²⁷

²⁷ <https://homeofficemedia.blog.gov.uk/2021/04/29/domesticabuseactfactsheet/>

2.2 The Birmingham Context

The West Midlands Domestic Violence and Abuse Standards²⁸ set out the expected standard for both statutory and specialist third sector organisations. These reflect the commitment to tackling domestic abuse across the West Midlands region and provide a framework to develop professional practice, improve services, shape commissioning of future services and deliver the right response across all settings and sectors.

Birmingham City Council state that domestic abuse touches the lives, directly or indirectly, of most people in Birmingham. The sheer scale of it causes untold harm to individuals, children, families, and communities and damages the social fabric of the city. Growing up in an abusive environment and living in a constant state of control, abuse and terror has profound consequences on a family's well-being, continuing long into the future. Although domestic abuse can happen to anyone, from any background, most domestic abuse is perpetrated by men against women and their children.

Birmingham has a young population, 25% of its residents being under 16 with many young people living in low-income families. Forty-seven per cent of Birmingham's population identified as non-White British in the 2011 census. The research has incorporated a diverse range of voices and experiences to help ensure the report and its findings are relevant across communities.

Several important reports have helped inform the local strategic approaches and practice:

- Places of Safety, Thea Raisbeck, University of Birmingham, HCRG, examining Birmingham & Solihull Women's Aid Home Options Hub pilot.²⁹
- Violence Under Quiet Conditions: Initial Enquiry into Women and 'Rough Sleeping' within Birmingham, Thea Raisbeck, University of Birmingham, HCRG).³⁰
- Dr Elizabeth Yardley's Regional Domestic Abuse service mapping exercise (April 2021).
- Joining the dots: domestic abuse, civil and criminal justice and technology, Crest Advisory/CGI.³¹
- West Midlands VRU Strategic Needs Assessment Birmingham.³²

²⁸ <https://bswaid.org/wp-content/uploads/2021/07/WM-DV-standards.pdf>

²⁹ <https://springhousing.org.uk/wp-content/uploads/2021/06/Women-and-Rough-Sleeping-Research-May-2021.pdf>

³⁰ https://www.birmingham.ac.uk/documents/college-social-sciences/social-policy/hcrn/violence-under-quiet-conditions.pdf?utm_medium=&utm_source=&utm_content=columns-2-002%20-%20all%20-%20View%20profile&utm_campaign=

³¹ https://static.wixstatic.com/ugd/b9cf6c_2f5ceee552014216b2464a303b977820.pdf

³² <https://westmidlands-vru.org/app/uploads/2021/07/Strategic-Needs-Assessment-Birmingham-WM-VRU.pdf>

- The West Midlands Police and Crime Plan 2021-2025.³³

More recently published research such as the Crest report, *Joining the Dots*, points to a lack of robustly evaluated early intervention and prevention provision, this being reflected in the findings of the local research undertaken.

2.2.1 Birmingham’s Domestic Abuse Prevention Strategy

Birmingham City Council’s Domestic Abuse Prevention Strategy 2018-2023³⁴ sits alongside its strategies for Vulnerable Adults Housing and Wellbeing and Homelessness Prevention. Together, these three strategies call for an approach that embeds early and personalised support with a focus on prevention and early intervention.

There are three broad types of approach to the prevention of domestic violence and abuse: primary prevention; secondary prevention (early intervention); and tertiary intervention. These terms are explained below.

Primary prevention

Primary prevention is undoubtedly critical for long-term reduction of Domestic Abuse. However, the process of changing deep-rooted societal beliefs is never fast, and the current need for secondary and tertiary interventions to address domestic abuse is acute.³⁵

- Universal services (called primary prevention in a public health context) can seek to address violence before it has occurred, often administered to teenagers and children through school based or educational campaigns.
- Early Intervention (secondary prevention) involves identifying and intervening with those who are at particular risk of domestic violence and abuse, with a specific focus on populations among whom there is a high prevalence, for example young pregnant women or families with children at risk.
- Late prevention (tertiary or remedial prevention) involves intervening after violence has been clearly identified and is causing harm. Examples of tertiary prevention include treatment services for victims or perpetrators of domestic violence and abuse.³⁶

³³ https://www.birmingham.gov.uk/downloads/file/20692/west_midlands_police_and_crime_plan_-_2021-2025

³⁴ https://www.birmingham.gov.uk/downloads/file/10086/domestic_abuse_prevention_strategy_2018_-_2023

³⁵ <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-017-4502-6>

³⁶ <http://wiki.preventconnect.org/primary-secondary-tertiary-prevention/>

The Domestic Abuse Act 2021 introduces compulsory Relationship Education aimed at primary school pupils and Relationship and Sex Education for all secondary pupils in England. This is key to long-term attitudinal and behaviour change. As one survey respondent put it:

‘We should teach children to be aware of what’s DA and what behaviours are not normal. As a teacher [I know] we never talk about these things in school. Maybe if people were made more aware of this, we wouldn’t see that many people staying thinking this is normal, their fault or that things will get better.’

Secondary prevention (early intervention)

Early intervention strategies can involve health services, drug and alcohol services, housing services, social services, and job centres. They can include but are not limited to:

- The new responsibility on Tier 1 Authorities to ensure that they have a Domestic Abuse Board made up of statutory partners, third sector partners, ‘By and For’ organisations with a clear emphasis on the voice of the victim (adult) and of the child.
- Ask for Ani,³⁷ a code word scheme to enable victims of domestic abuse to access immediate help from the police or other support services, in the safety of their local pharmacy (and other locations).
- The Public Health England approach advocated in ‘A whole-system multi-agency approach to serious violence prevention: A resource for local system leaders in England’.³⁸
- Commissioned crisis services such as refuges, helplines, and outreach.

Tertiary intervention

This approach includes commissioned crisis services such as refuges, helplines, and outreach. Perpetrator programmes aim to reduce repeated episodes of domestic abuse. The Domestic Abuse Act facilitates the ordering of positive (behaviour change) interventions by judges. It introduces new Domestic Abuse Prevention Orders (DAPOs) to impose both prohibitions and positive requirements on perpetrators, providing new pathways to interventions. However, suitable and quality-assured interventions are far from universally available. There are some groups, such as LGBTQ+ perpetrators, for whom there are almost no suitable interventions available.³⁹

³⁷ <https://planetradio.co.uk/free/local/news/west-midlands-domestic-abuse-survivors-welcome-ask-for-ani-scheme/>

³⁸ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/862794/multi-agency_approach_to_serious_violence_prevention.pdf

³⁹ [National Perpetrator Strategy | Respect](#)

2.3 Domestic Abuse as a Gendered Issue

Public Health England guidance, 'Bystander Interventions to prevent intimate partner and sexual violence', states that: 'Violence and abuse against women and girls is a human rights issue, recognised in national and international treaties and conventions, a criminal justice issue, and a public health issue. The prevention of violence against women is a priority for:⁴⁰

- The United Nations (UN), through the 'Convention on the Elimination of All Forms of Discrimination against Women'.⁴¹
- The EU through the 'Istanbul Convention'.⁴²
- The UK government through the 'Strategy to End Violence Against Women and Girls 2016-2020'.⁴³

It is important to recognise that the impact of domestic abuse falls disproportionately on women and girls. However, it is also important to recognise that men experience domestic abuse and that this has a personal and societal impact too. During the pandemic 76% of the victims reporting abuse crimes were women and 24% were men.

RESPECT is the leading organisation supporting male victims and has developed a set of ten standards for the work. All providers offering a male DA service should be compliant with these standards and ideally hold Respect accreditation. No organisation should provide male victims services without full regard of these principles and standards, and without sufficient resources to ensure compliance.⁴⁴

The Strategy for Birmingham should maintain its position that domestic abuse is a gendered crime which affects women disproportionately to men.

2.4 Impact of COVID-19 on Levels of Domestic Abuse

COVID-19 has had a significant impact with reported levels of domestic abuse increasing. Levels of high-risk cases increased with nearly 3,000 MARAC referrals. The lockdown was a contributing factor which intensified the amount of time that families spent together, removing options for respite (not officially but in practical terms) which

⁴⁰

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/941380/Bystander_interventions_report.pdf

⁴¹ <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>

⁴² <https://www.coe.int/en/web/istanbul-convention/home?>

⁴³ <https://www.gov.uk/government/publications/strategy-to-end-violence-against-women-and-girls-2016-to-2020>

⁴⁴ https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/31/Respect-Male-Victims-Standard-2019.pdf

victims would have ordinarily used. It also saw an increase other social factors which can exacerbate domestic abuse. These include increases in mental health need, substance misuse need, an increase in unemployment and periods away from education for children.

Against a backdrop of growing demand, commissioned services worked tirelessly to ensure that refuge continued to be available. Providing advice through different mediums, languages, and forums. However, analysis of referral data has found that more than half of those seeking help from commissioned providers did not receive the support requested (BCC data for refuge and lead worker referral requests).

Across the West Midlands, 58,412 reports were made to the Police between the first day of lockdown on the 23rd of March 2020 and the 30th of March 2021 – the day after restrictions eased. The most recent Freedom of Information figures revealed that 76% of the victims reporting abuse crimes were women and 24% were men. Police were called to an average of 160 domestic violence incidents per day. Fewer than 5% (2,665) led to action – varying from a charge or summons to a caution or community resolution.⁴⁵

2.4.1 Impact of COVID-19 on Services

Repeated lockdowns combined with pressures on housing have seen a slowing down of throughput in refuge accommodation with families waiting for longer periods to access settled housing. This has a knock-on effect in that for those requesting refuge space there is less likely to be one available when needed.

During COVID-19 most domestic abuse services adapted and continued to operate. BSWA stated that they did the following:

- Reviewed the DA Pathway to ensure accessibility.
- Doors remained open throughout for Home Options and Refuge.
- Set up Home Options Triage.
- Extended helpline opening hours to 7 days a week.
- Set up Web-chat.

The Statutory services reported that changes to service access and delivery had a negative impact on victims. Commissioned services couldn't move people on from refuge; all support within refuge became virtual (or phone); and some support was not available due to restrictions on movement and quarantine requirements. In addition, perpetrator programmes were unable to run during lockdowns due to a decision not to provide the intervention virtually. It is difficult to quantify the impact of these changes,

⁴⁵<https://www.thefreelibrary.com/160+domestic+violence+calls+a+day+in+lockdown%3B+58%2C412+reports+to...-a0661289926>

but the level on increased demand for refuge and helpline services during lockdown is evident in the data reported by services.

West Midlands Police drew up a plan for Policing during COVID-19 that included its approach to Domestic Abuse. It stated that DA is a priority for WMP, with all officers and staff committed to delivering the highest possible service to victims. WMP has specialist teams who investigate DA, with the most serious offences being dealt with by detectives in Complex Adult Abuse Investigation teams. Specialist DA Safeguarding teams, who lead safeguarding on all high-risk victims and lead the multi-agency safeguarding response are part of the PPU led by a Detective Chief Superintendent. Investigation and Safeguarding teams operate from five sites across the Force including Perry Barr in Birmingham.⁴⁶

January 2020 saw the highest recorded number of incidents of Domestic Violence on record with just over 4,000 recorded crimes. MARAC meetings overseen by the Public Protection unit were able to move to remote working to facilitate the lockdown and agile working.

West Midlands Police worked with partners on a publicity campaign to raise awareness that all services were still available to victims and that they had a right to support and safety and could leave their home for reasons of safety, respite or domestic abuse. The Violence Reduction Unit released a Domestic Abuse briefing in April 2020 in response to COVID-19, this was shared by the Birmingham Safeguarding Board.⁴⁷ Key messages were that services were still open; police are available with a business-as-usual response; that business can support employees through policy and signposting; and that victims are not alone and help is available.

2.4.2 Impact of COVID-19 on BSWA Services

COVID-19 did have an impact on service delivery and on the numbers of women coming forward for support with numbers escalating between March and May 2020. See table over:

⁴⁶ <https://www.westmidlands-pcc.gov.uk/wp-content/uploads/2020/04/20.04.21-SPCB-Report-1-COVID-19.pdf?x56534>

⁴⁷ <https://www.bsab.org/news/article/10/domestic-violence-and-abuse-professional-briefing-in-response-to-covid-19>

W/C	30/03/2020	06/04/2020	13/04/2020	20/04/2020	27/04/2020	04/05/2020
Number of helpline calls	75	63	92	94	138	147
Number of refuge requests	14	21	17	18	24	51
Number of webchats	n/a	n/a	n/a	n/a	10	3
No of Hub triage calls	62	53	55	47	59	67
Appointments on the day through triage	11	13	10	11	11	16
Pre-booked appointments completed	9	8	8	5	5	4
No. of women physically attending the Hub	1	2	0	3	3	3
Total	172	160	182	178	250	291

In early 2022, BSWA reported receiving 2,500 calls to its helpline every month – around 100 a day (fewer calls are received at the weekend). 550 triage calls are answered each month. After a tender process, two additional staff were recruited to the helpline, to give a staff total of 3.5 to manage the calls.

3.0 SURVIVORS' SURVEY

3.1 Scope & Purpose of Survey

BVSC conducted a domestic abuse survey during August-October 2021 aimed at **survivors** of domestic abuse. This asked people about their experiences of domestic abuse and of relevant support services. The survey was widely publicised online and through domestic abuse service providers and statutory partners. **106 people** responded. 95% of respondents were female, 4% were male, and 1% preferred not to say.

Below is a summary of key findings, gaps and recommendations from the survivor survey. Further comments from the survey have been integrated into the relevant sections of the report.

3.2 Key Findings from Survivors' Survey

- 1) BSWA, WE:ARE, the NHS, and the NDA helpline were frequently mentioned in terms of service usage.
- 2) **Helplines:** Just over half of respondents (54%) have used Birmingham and Solihull Women's Aid (BSWA), followed by their GP/NHS (29%), and the NDA Helpline (24%). Of those who answered 'Other', over half mentioned WE:ARE, formerly the Birmingham Freedom Project.
- 3) **Other Services:** The result is split in terms of whether respondents have used any other services. 42 people commented, with most people mentioning numerous different third sector organisations. This included nearly half of all respondents (19) mentioning WE:ARE.
- 4) **Refuge:** Over half did not use any of the refuges provided. It is unclear whether this means they used an unnamed refuge service or did not use one at all. For those who did reference specific refuges, it was through BSWA (38.7%), followed by the NHS, Roshni, and the NDA Helpline.
- 5) **Police:** The police had the most negative comments by far (18 comments). The majority commented they wouldn't use the police because of previous negative experiences with them.
- 6) **Housing:** Respondents were split almost equally on whether they had ever needed housing. Just over 50% said they did need housing. Of the 26 respondents who commented, all but one had had to leave their home because of domestic abuse. Others were made homeless. Seven people said their needs weren't met by local authorities/charities, and some had to find their own way to support themselves. Four people felt they did get the right support to get safe housing.

- 7) **DA Policy:** Only 22% said that they were aware of their workplace having a DA policy/procedure. 40% of respondents said they had not accessed a workplace DA policy; only 13% said yes, they had. Of these, half did not find it useful. The results suggest that there is major room for improvement, with workplaces generally either lacking a DA policy/procedure, or failing to raise employee awareness of the policy, or failing to implement it effectively.
- 8) **Children:** There were 78 people who answered this question, with a third (32%) saying their children were supported, but 42% saying they weren't. Having a children's support worker was regarded as key by 6 commenters.

3.2.1 Gaps Identified by Survivors

80 respondents answered this question about gaps in support, with 52 making additional comments.

- 1) The majority of respondents (69%) said there were gaps in support.
- 2) The most frequent comments concerned the lack of understanding of domestic abuse issues in society and in services (25%), including a generally poor understanding of the problems that DA victims face, and the different aspects of DA. There were also comments regarding services failing to recognise the signs of DA, not being able to identify how best to help victims and being unable to identify the support victims needed.
- 3) Comments included: 'The social services, police and officials often don't have a good understanding for what the survivor has experienced and then continue to traumatise without realising. A combination of experts in the field working with services officially, could bridge these gaps.' And: 'The first gap is the lack of education and understanding by the front-line services. I have had awful experiences with the police and social services who weren't even interested in hearing or asking about anything to do with the DV I was experiencing. I only managed to find WE:ARE because of a chance conversation with a woman at a playgroup.'
- 4) This was often interlinked with the stigma that DA victims face when trying to escape the situation, with hostility or disbelief from society and services standing in the way of them being taken seriously and getting the help they need. In a couple of cases, victims felt that the perpetrator got more help or sympathy than they did. One respondent said: '...Social Services not believing the situation and treating myself and my sister like criminals.'
- 5) Another major theme (21%) was lack of multi-agency support, as well as inter-agency collaboration and communication to identify a holistic approach to supporting victims of DA. Victims will often need help in more than one area – housing, legal, counselling – and the lack of collaboration between services is a

barrier. Services were not always able to signpost victims to appropriate support services.

- 6) Other issues include victims feeling there was not enough support generally; a lack of resources/funding for services; feeling left alone to support themselves throughout the whole experience; gaps in housing and legal support; and being blocked from support because of not being poor or unemployed.
- 7) 53% of respondents said there are gaps in children's support services. The main theme was that children's mental health and the trauma they faced because of DA was not being recognised, and that there was little or no follow-up care.

3.3 Recommendations – Survivors' Survey

- 1) **97%** of respondents believe there should be more public awareness information regarding DA. 30% think it is important to raise awareness of the signs of abuse, including non-physical aspects of abuse, such as coercive control.
- 2) Some said that schoolchildren, from early ages through to teenagers, should be taught about DA in school.
- 3) Other comments mentioned specific ideas for raising awareness, including DA-specific courses for adults, using awareness-raising to combat stigma against DA victims, and putting a greater emphasis on perpetrators and holding perpetrators to account.
- 4) Making sure there is more help available for abuse victims and their families in their time of need, including helping them move forward in their lives and deal with the trauma.
- 5) Services having the ability to deal with complex needs alongside DA.

4.0 EQUALITY, DIVERSITY AND INCLUSION

4.1 Context

Birmingham is an incredibly diverse city, and as such equalities, diversity and inclusion must be considered in all activity.

The Equality Act 2010 recognises nine 'protected characteristics' which are afforded protection under the law. This makes it illegal to discriminate against someone because of:

- Age.
- Disability.
- Gender reassignment.
- Marriage and civil partnership.
- Pregnancy and maternity.
- Race.
- Religion or belief.
- Sex and sexual orientation.

Victims with protected characteristics face additional barriers to support, due to being marginalised by society.

The following analysis examines these 'protected characteristics' not as separate isolated categories, but as converging factors that reflect the complexity of intersecting narratives and intersectional needs.

4.2 Reconsidering 'Protected Characteristics'

(a) Sex & Gender

Birmingham has commissioned services which include refuge accommodation for both female and male victims of domestic abuse. The uptake of male victim services is low in comparison to that of female services.

There are also commissioned services available for victims identifying as LGBT. This does not include specialist refuge, although many organisations actively welcome LGBT referrals. The size of Birmingham and scale of diversity across the city has led to a commissioning approach that requires a level of cultural competence across all services. This ensures flexibility in the accommodation offer rather than a silo approach where services deliver to specific groups.

There are, however, concerns where intersectionality meets needs in relation to gender. For example where gay male victims access services delivered by organisations which do not routinely support this group.

The World Health Organisation distinguishes between sex and gender in the following way:

Sex refers to - the different biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.’

Gender refers to - the socially constructed characteristics of women and men – such as norms, roles, and relationships of and between groups of women and men. It varies from society to society and can be changed.

The concept of gender includes five important elements: relational, hierarchical, historical, contextual, and institutional. While most people are born either male or female, they are taught appropriate norms and behaviours, including how they should interact with others of the same or opposite sex within households, communities, and workplaces. When individuals or groups do not ‘fit’ established gender norms, they often face stigma, discriminatory practices, or social exclusion, all of which adversely affect health.⁴⁸

Domestic abuse should continue to be recognised as a gender-based issue. There is a myriad of evidence to support this. It is known that men also experience domestic abuse. However, it is imperative that services are distributed fairly, based on the best evidence of what men and women say they need to support them when they are in crisis and earlier. But it is inappropriate to offer identical services for a problem that manifests itself differently in terms of scale and impact.

The Executive Summary of the draft guidance for the DA Act⁴⁹ states, ‘Women are disproportionately the victims of domestic abuse.’ Specialist providers have emphasised the need to understand and acknowledge the use of power and control in domestic abuse. This should also include the importance of all the agencies involved understanding the dynamics of domestic abuse. The Crime Survey for England and Wales (CSEW), for the year ending March 2020, estimated that 1.6 million females and 757,000 males aged 16 to 74 years experienced domestic abuse in that year. Women, however, are far more likely than men to experience repeat victimisation, be physically injured or killed as a result of domestic abuse, and experience non-physical abuse, including emotional and financial abuse.

The data returns from all of the commissioned providers in Birmingham shows a very low proportion of male victims (2.88%) accessing services. In Birmingham there is

⁴⁸ See ‘Sex and Gender’, Council of Europe: <https://www.coe.int/en/web/gender-matters/sex-and-gender>

⁴⁹ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1007814/draft-da-statutory-guidance-2021-final.pdf

dispersed refuge provision accessible to men and the lead worker (floating support) However, research indicated a widespread lack of awareness of this. There was previously refuge provision in Birmingham specifically for men, but decommissioned due to low demand.

The commissioned services within Birmingham have an extremely wide demographic make-up of staff. Many have access to multiple community language speakers and some offer language-line provision. All these factors mean that provision is reflective of the city's super-diversity. Evidence from the feedback and surveys received, indicate that organisations (including BSWA and WE:ARE and Birmingham LGBT Centre) can cater to the intersectional needs of a complex demographic. Women who chose to go to a 'By and for' organisation appreciated having the choice and, in some cases, used a range of services.

According to the Crime Survey for England and Wales (CSEW)⁵⁰ for the year ending March 2020, around one in four women aged 16 to 74 (27.6%) had been a victim of domestic abuse in their lifetime. 274 women were killed in domestic homicides between April 2016 and March 2019. In 263 cases (96%) the suspect was male. According to the CSEW for the year ending March 2020, around one in seven men aged 16 to 74 (13.8%) had been a victim of domestic abuse in their lifetime. 83 men were killed in domestic homicides between April 2016 and March 2019. In 44 cases (53%) the suspected perpetrator of these homicides was male. Repetition is gendered. Female victims are more likely to suffer repeated attacks from the same person than men. Walby and Towers (2017) found that three-quarters (76%) of victims experiencing repeat domestic violent crime were female, and 83% of high-frequency victims of domestic violent crime (10 or more crimes in a year) in England & Wales were female.

This review found that there is much greater awareness of what is available for women than there is of what is available for male victims. Birmingham's response to male victims has been to commission services that offer support in the community, alongside a flexible dispersed refuge model, comprising individual houses or flats within the community where floating support is delivered. These are commissioned exempt properties that can meet the needs of male victims who need a temporary housing solution/refuge. Previously, when a male refuge *did* operate in Birmingham referrals were very low and it was operating with an excessive number of voids; it was eventually decommissioned in favour of an adaptable model of dispersed accommodation.

It is very important to stress that domestic abuse does happen to men too and there needs to be a robust response which is tailored to the differing needs of men – for example, men's risk de-escalates at the time of leaving the abusive relationship whereas women's increases. However, it is important to note this is not the same for gay men who are fleeing a male partner.⁵¹

⁵⁰ <https://www.ons.gov.uk/releases/crimeinenglandandwalesyearendingmarch2020>

⁵¹ See Free to be Safe, SafeLives (Sept 2018): <https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>

Recommendations – Sex & Gender

- 1) Increased publicity is needed to ensure that there is knowledge of the pathway that exists for male victims and how to access this. There needs to be a clear distinction. A service aimed at women that tags on at the end that it also supports men, is not enough. There should be the ability to search independently – e.g., providers’ websites should have separate pages, explaining their offer for women and their offer for men and how these services can be contacted.
- 2) The gender-based emphasis expressed in the previous Domestic Abuse Strategy for Birmingham should remain while ensuring that all provision is clearly mapped, with pathways that are understood and clear.
- 3) Providers’ websites should have separate pages explaining their offer for women and their offer for men and how these services can be contacted.

(b) Gender Reassignment

The table below shows that only a relatively small number of people who identify as trans use Birmingham City Council-commissioned domestic abuse services across the city. The term used in the aggregated data made available to the review team was ‘transsexual’: we have chosen to use the more currently acceptable term transgender.

In addition to the physical abuse that any victim of domestic abuse can experience, trans victims may also experience trans-specific abuse such as being made to feel ashamed, guilty, or wrong about their trans background or identity. Their abuse can include being stopped from taking medication; having the treatment needed to express their gender identity; (e.g. hormones, surgery), prevented from wearing preferred clothes or using the wrong pronouns. The bare statistics below cannot hope to reflect this nuance of experience.

Similarly, the ‘not entered/not known’ data category is open to wide interpretation. It may indicate a significant group that is yet to find a description category they feel comfortable with. Equally, this may reflect staff not asking the question, or a victim simply not wishing to disclose, as the environment did not feel safe for them to do so.

Gender	Number	Percentage
Female	643	88.20%
Male	21	2.88%
Transgender	33	4.53%
Not entered/not known	32	4.39%
Totals	729	100.00%

(c) Sexual Orientation

Commissioned provider data shows very low uptake of services by lesbian women and gay men. There are signs that this is improving, with the charity Cranstoun in particular reporting that about 50% of its referrals for men are for gay men. See table below.

All clients entering the service during quarter for QTRs 1 to 4 and clients remaining in service at start of

Year for QTR 4 Year 1

NOTES	Q4 Y1	QTR 1	QTR 2	QTR 3	QTR 4	Total
Orientation	No'	No'	No'	No'	No'	No'
Bisexual	0	1	3	3		7
Does not want to disclose	21	3	18	9		30
Gay man	0	0	0	1		1
Heterosexual	174	155	160	149		464
Lesbian	4	1	2	4		7
Other	0	1	0	1		2
Total no' clients	199	161	183	167	0	511

Source: Commissioned provider data across Birmingham for Year 1: 1st December 2019 to 30th November 2020

Birmingham has an LGBT Centre offering specialist Independent Domestic Violence Advocate (IDVA) provision. The service provides support to LGBT people in Birmingham who are experiencing abuse from partners, ex-partners, and family members. It also supports LGBT people who are experiencing or are at risk of honour-based violence or forced marriage.

Birmingham LGBT has also launched the Rainbow Project. This programme is for lesbian, bisexual and trans (LBT) women who are experiencing or have experienced domestic abuse. This is an eight-week programme and specific to the needs of LBT women.

Birmingham LGBT is represented on the DALSPB and the DA Equalities sub-group. However, there is much work to be done to ensure that expertise is shared and that all services are welcoming, informed and understanding and can address the intersectional needs of individuals. Joint commissioning and partnership working seems the best way to achieve these aims.

MARACs and domestic abuse services should expect to see more than 2.5% of referrals for LGBT+ people. The limited available research also suggests that some LGBT+ people experience domestic abuse at a higher rate than non-LGBT+ people. This particularly is the case for bisexual women and those who identify as trans or non-

binary. It is likely that many LGBT+ victims and survivors remain 'hidden' from services.⁵²

Recommendations – Sexual Orientation

- 1) That Public Health should 'deep dive' further to explore this area and how people who are transgender, experience support services in the city to identify any gaps, needs and recommendations.
- 2) Commissioners should monitor demand, to ensure that if there is a need for specialist domestic abuse refuge/safe accommodation for gay men, that provision can be made to accommodate this. The IDVA service at Birmingham LGBT can identify gaps in need and provision. As IDVAs report to the OPCC, the OPCC and Birmingham City Council should work together to share data on this.

(d) Race & Religion

The data below shows that the diverse population of Birmingham is accessing commissioned services. There are some areas of apparent under-representation, however. These may arise from low incidence of usage amongst certain groups or may be gaps in data collection. This is explored after the table (over-page).

⁵² See: See Free to be Safe, SafeLives (Sept 2018), *ibid* and LGBT+ Domestic Abuse Service Provision Mapping Study, Donovan, Prof. Catherine, Durham University: <https://domesticabusecommissioner.uk/wp-content/uploads/2021/11/Galop-LGBT-Domestic-Abuse-Service-Provision-Mapping-Study-Final.pdf>

All clients entering commissioned DA services during QTRs 1-4 and clients remaining in service at QTR 4 Year 1

	Q4 Y1	QTR 1	QTR 2	QTR 3	QTR 4	Total
Ethnic group	No	No	No	No	No	No
Asian Bangladeshi	10	9	4	7		20
Asian Chinese		0	1	1		2
Asian Indian	13	3	4	6		13
Asian Pakistani	56	33	41	41		115
Asian other	5	11	2	3		16
Black African	21	16	19	19		54
Black Caribbean	13	9	12	12		33
Black British	1	1	3	3		7
Black other	5	1	2	1		4
Gypsy/Romany/Traveller		2	0	0		2
Mixed White Asian	3	1	2	1		4
Mixed White Black	7	9	3	4		16
Mixed other	4	1	3	1		5
Not entered/not known		0	1	0		1
Other ethnic group	11	10	7	8		25
Does not wish to disclose	1	2	3	2		7
White British	43	46	71	52		169
White Irish		3	2	2		7
White other	6	4	3	4		11
Total no. clients	199	161	183	167	0	511

There is no representation from Asian Chinese on the data (commissioned aggregated returns). This is a group that we were told anecdotally is not accessing services, although WAITS runs a successful group for Chinese women which does not currently form part of commissioned services.

Gypsies, Roma and Travellers (GRT) also appear to be under-represented. The 2011 Census recorded 149 households in Birmingham that identified as Gypsy or Irish Traveller. This number is very low and therefore the low numbers seen in IDVA referrals and commissioned services may be accurate. However, as many Travellers are transient, they may move from other areas to seek help in Birmingham.

Travelling and staying in different locations can mean that it becomes more difficult to access even basic services, especially in those instances where an address is needed. Birmingham City Council has published *A guide to useful services for Gypsy, Roma and Traveller Communities* which highlights services provided by the authority and other agencies.⁵³ BSWA is listed at the back.

⁵³ See:

https://www.birmingham.gov.uk/downloads/file/2929/a_guide_to_useful_services_for_gypsy_roma_and_traveller_communities

Recommendations – Race & Religion

Mapping should be undertaken with a trusted provider that receives the majority of referrals for those from the Traveller community in order to better understand the needs of these groups, the barriers they face and the degree to which services are meeting need appropriately.

(e) By and For Domestic Abuse Provision

In Birmingham there is ‘by and for’ provision based on gender (BSWA); sexuality (LGBT IDVA service); and race and religion. This is available with many combinations of intersecting needs amongst these categories. Below is a snapshot of services. Within the mapping, there is a more comprehensive list of all domestic abuse services available in Birmingham.

Part 4 guidance explains the meaning of ‘by and for’ and describes it as services where victims can see themselves reflected in the staffing, management and governance structures. ‘By and for’ services are designed and led by those that share the same protected characteristic(s) as the victims they aim to serve. For example, a specialist domestic abuse organisation that is led by Black and minoritised women and children, for Black and minoritised women and children.

To carry out this needs assessment, the research team met with a number of ‘by and for’ organisations in Birmingham. Most are not commissioned by BCC; some are or have previously been commissioned by the OPCC. These services have tended to be from small funding pots. Our surveys and discussion with victims have attested to the value of these services and the need to bring them into forums and conversations to ensure that they have a strong ‘seat at the table’. This could be done through grants or competitive tendering processes.

Recommendations – ‘By and For’ Organisations

- 1) All ‘by and for’ organisations to be brought into the DA strategic forums/boards in order to ensure that important networking, influencing, and funding opportunities are not missed. There may be further work needed to fully explain who the organisation’s client group is, to ensure appropriate referrals and options for victims.
- 2) Connections with housing providers may allow a refuge to be developed to accommodate the client group with children. The New Burdens money, which is being held back for small grants, may present an opportunity for funding some of the activity. Closer connections need to be formed with BCC Commissioning to ensure that grassroots organisations have sight of these opportunities. Open honest conversations need to take place to find out what the barriers are to referral.

(f) Disability

Adult Social Care was unable to provide figures for people with a learning disability experiencing domestic abuse. Children's services were unable to provide figures for parents with a learning disability who had their children removed. Both gaps were due to the way the data is collected – in case-note format. It would be very useful, when quantifying the needs of disabled people, to be able to access this information.

All clients entering the service during quarter for QTRs 1 to 4 and clients remaining in service at start of year for QTR 4 Year 1

NOTES	Q4 Y1	QTR 1	QTR 2	QTR 3	QTR 4	Total
Disability	No'	No'	No'	No'	No'	No'
No	131	93	76	78		247
Yes - please state	33	28	29	22		79
Mobility	9	7	6	5		18
Visual impairment	4	3	0	1		4
Hearing impairment	0	1	0	2		3
Progressive/chronic illness	4	5	6	12		23
Mental health	36	49	51	43		143
Learning disability	7	2	3	4		9
Autistic spectrum condition		2	0	0		2
Other	2	2	4	2		8
Does not wish to disclose	21	0	17	9		26

Source: Commissioned provider data across Birmingham for Year 1: 1st December 2019 to 30th November 2020

BSWA runs the Domestic Abuse Hub for the city and works with all victims alongside Trident, Cranstoun, Gilgal and all of the commissioned providers. However, there are no specialist workers for those who have learning disabilities. During the course of this needs assessment being carried out there has been some welcome progress in closer working with LD specialist organisations, including longer-term plans for commissioning and more partnership working. Mencap has been instrumental in supporting this.

Learning disabilities

The majority of research into domestic abuse is with women within the general population. There is very little research into women with learning disabilities who experience domestic abuse. Dr Michelle McCarthy, from the University of Kent and Tizard Trust, conducted research and found that although women with learning disabilities experience sexual, physical and emotional abuse similar to 'general' women, they also experience very high levels of coercive control. The abusive men who they were in relationships with, were very controlling about where the women could go; what they could do; what they could wear and who they could see. Some women had experienced very severe physical violence including some potentially life-threatening

injuries. Domestic violence in pregnancy was common. In fact, all the women who had been pregnant had experienced domestic violence while pregnant.⁵⁴

SafeLives research found that disabled women are twice as likely to experience domestic abuse than non-disabled women. They experience the abuse for a longer period before accessing support. Yet SafeLives' MARAC data nationally shows only 3.9% of referrals were for disabled victims. This is 12% below the recommendations.

Research by Mencap, which was mirrored by West Midlands Mencap, indicates there is a strong relationship with abuse/grooming and mate/hate crime. There is clear exploitation of victims with learning difficulties who, due to their disabilities, are vulnerable to exploitation by perpetrators. Birmingham Mencap shared: that grooming is present in all domestic abuse cases Mencap has worked with. Adults with learning disabilities, tend to be seeking love and are inherently lonely as many report only having one friend. Mencap observed the speed of the overarching control and moving in can be very quick. Violence is also a significant factor. The perpetrator takes control of material items and isolation becomes even greater.

Mencap informed the team that in all cases of domestic abuse, where they had provided support, no perpetrator had learning difficulties, and most of the relationships started either through 'friends or family.' This meant the perpetrator had information of the victim and knew their vulnerabilities. During the pandemic, Mencap saw an increase in sexual exploitation and online grooming. Many of the women with a disability, working with Mencap, found it difficult to leave an abusive relationship due to coercive and controlling behaviour, isolation, and not knowing who or how to seek help and support.

Although the correlation of a perpetrator identifying someone who may have a vulnerability with a learning disability (LD) and *without* LD is identical, the vulnerabilities are greater with an LD victim. Male victims tend to be at more risk of online abuse and there has been an increase of sexual abuse/exploitation since COVID-19.

Of those people in Birmingham with learning difficulties who are experiencing domestic abuse, none had identified the behaviours as abuse. Rather, the abuse tended to be identified either by support services or family members. And even when the abuse had been identified as such by a professional, the victim continued to struggle to understand the abusive behaviours. There are many possible reasons for this: the perpetrator may be the victim's carer (intimate partner or family member); continued isolation when in an abusive relationship and out of it; pressure to remain in the relationship from family members; lack of information for those with additional needs and no specialist support services available to work with them.

Research by the University of Kent has found that those with a learning disability are less likely to know or understand what they are experiencing. They may also be unable to recognise that the behaviour is not acceptable and that they shouldn't be expected to put up with it. This is a significant barrier to people with learning difficulties being able to

⁵⁴<https://research.kent.ac.uk/tizard/domestic-violence/>

see that life could be better and raise aspirations for a better life. It also raises concerns of the perpetrator providing care for the victim using lack of capacity to make certain decisions and therefore having control over the victim's life. Comments made by Mencap during interviews support these findings.

Mencap also raised concerns that although a person may 'in theory' have capacity, they may be due to coercion and fear be unable to make safe and informed choices, which further increases the risks they face. It was felt this was not taken into consideration when safeguarding concerns were raised and support plans created. As with other victims, those with a learning disability, who left the abusive relationship, went on to experience harassment. Perpetrators continued the abuse via the family, who were also manipulated by the abuser, which in turn influences the decisions made by the victim and increased the risk.

Mencap had not supported any clients into or who had accessed refuge. It was unclear if refuge had been discussed with the victim or alternative options provided. There are currently no known specialist services within the current provision to work with those who have learning disabilities or who have the additional needs required for those fleeing domestic abuse. This is not uncommon. Dr Michelle McCarthy states very few of the women, in the recent study, know what refuges were and the information wasn't there for them.⁵⁵ This may be due to a lack of awareness of services; difficulty to find services on-line or lack of specialist support services.

A significant concern raised throughout the assessment was that most cases, where the mother had a learning disability, resulted in children being removed. This would constitute a disproportionate response. The Children's Trust was asked for its data on this but was unable to provide it because data is collected on the child rather than the parent. The information would appear in case notes.

Recommendations – Disabilities

Support is needed for women with learning disabilities in keeping their children with them. Children's Trust and Adult Social Care need to work closely with specialist services to understand the dynamics of the situation and risks the victim faces.

- 1) It would be valuable if the Trust could review a sample of cases where children have been removed from a mother with LD and where there has been DA. While children who end up subject to care proceedings do so as a result of multi-agency practice and such cases are in any case highly scrutinised by the court, nonetheless if undertaking a review could help reduce the number of removals – thought by the Trust to be numerically small – then this would be an important outcome. While the Trust always includes specialist agencies when working with parents with LD, if there are any areas or contexts in which this practice can be extended and/or improved this too would be beneficial.

⁵⁵ <https://research.kent.ac.uk/tizard/domestic-violence/>

- 2) Those within the Criminal Justice System to work with specialist services for those with disabilities to reduce the perception and culture of them not being seen as a credible witness.
- 3) All adults with an LD are required to have an annual health check. However, there is a reluctance to attend these. Health Departments should ensure that failed attendance at health checks should be followed up with face-to-face appointments offered away from partners and/or carers. All health agencies should also be encouraged to work more closely with LD service providers across the city.
- 4) In the 2014 Care Act there is a clear framework requiring local authorities to safeguard vulnerable adults. Due to the lack of information shared, the barriers and challenges identified it is recommended ASC to review cases referred for vulnerable adults who may sit outside the Care Act or Mental Capacity Act but where the impact of DA and CCB made those already vulnerable even more so with interfamilial abuse and those with a disability.
- 5) The DA strategy states it 'Ensures Equality in the Response to Domestic Abuse.' However, when considering the information shared by agencies and the limited data, there is a disproportionate response to those with a disability by adult and children social care. This mirrors the research by SafeLives with the national response to those with a learning disability.
- 6) BCC to collect data of Birmingham residents with learning disabilities and those who are experiencing domestic abuse to enable suitable commissioning and specialist service provision. Utilise the 10 recommendations from SafeLives' 10 Key Practice Points for Supporting Clients with Learning Disabilities to improve the commissioning of services and to raise awareness amongst service providers.
- 7) Raise awareness within the community, family, friends, and those with a disability about the intricacies of domestic abuse and the forms it can take.
- 8) Involve disabled people in the prevention of domestic abuse in Birmingham by ensuring their inclusion in steering groups and victim focus groups.
- 9) 21 units of refuge accommodation suitable for people with disabilities are available across Birmingham (BSWA, Green Square Accord, Salvation Army, Birmingham Crisis). BSWA, the Salvation Army and Birmingham Crisis provide a combined 5 units while Accord's 16 units are DDA compliant with wheelchair access. The Salvation Army, Birmingham Crisis and Green Square Accord also accept referrals for women and children with learning disabilities and provide additional tailored support to meet their needs as required. The demand for refuge accommodation and support amongst both groups, however – those with physical disabilities and those with learning disabilities – is low and the reasons for this require further investigation. It may indicate that disabled victims of domestic abuse are not being referred specifically to disability-compliant provision or do not know how to access DA services.

(g) Age

Age is a protected characteristic that can have a significant impact on a person's decision to leave an abusive relationship. BSWA's Purple Project for women over 55 reports that much longer and more intensive work can be required to support older women. As with many women, leaving is not always the preferred option and ingrained ideas and societal barriers can mean that there are few choices for women in the older age group.

Additional barriers may include poor awareness of the help available and how to access it; not identifying circumstances as domestic abuse; not being accustomed to disclosing information outside of the family; or having additional feelings of shame and embarrassment. Older women and men may face additional barriers to seeking help. Homicide reviews, which have examined cases of victims killed by partners, have found that many were also in a carer relationship. This is considered to increase the risk, and many had not had a carer assessment carried out.⁵⁶

Young People

SafeLives has highlighted the risks for young people living in abusive homes:

- Around 30% of children in households supported by an IDVA **were not known to children's services.**
- At the time they start school, at least **one child in every classroom** will have been living with domestic abuse **since they were born.**
- Young victims are exposed to other risks – 29% to child sexual exploitation and 15% to gang violence.⁵⁷

Children Adolescent Mental Health Service (CAMHS) – Support for Young People & Children

In Birmingham CAMHS offers training to professionals regarding trauma and children, especially Adverse Childhood Experiences (ACEs). This is as well as working with the Children's Trust delivering ACEs Recovery Toolkit. The service also works very closely and regularly refers to RSVP and Barnardo's and WE:ARE.

Over several years there has been a programme called NVR (Non-Violent Resistance). This course is where a child is being violent towards a parent and supports them in coping strategies. This is run across the city and referrals come through The Trust and STICK. There have been positive results from these groups. (No statistical data has been received.) The Trust (NHS) have placed a trained worker with the Children's Trust to support staff when there are concerns for a child's mental health. There is now a new

⁵⁶ https://safelives.org.uk/practice_blog/what-domestic-homicide-reviews-tell-us-about-abuse-older-people

⁵⁷ <https://safelives.org.uk/public-health-approach>

Educational Psychology Team, which supports education where there are concerns for a child's mental health.

BSWA supported 1,697 young women aged between 18 and 25 in one year, with an additional 15 young women aged between 16 and 17.

Forward Thinking Birmingham – Mental Health Support for Younger People

Forward Thinking Birmingham (FTB) offers care pathways of mental health assessment and treatment for young people from 0–25-years old. Partners work with children, young people and young adults who are struggling with their mental health, aiming to involve families/guardians/carers in their care and treatment wherever possible. FTB works as a partnership, bringing together the expertise and commitment of Birmingham Women's and Children's NHS Foundation Trust (the lead provider) and the Priory Group, providing in-patient beds. The Children's Society provides a 'Drop in' service called Pause.

The team works closely with a range of other NHS organisations across the region and with partners in the voluntary sector who come with a mixture of different skills and ways of working. This helps ensure that the partnership is diverse, inclusive, and personalised.

Referrals can be made through the FTB website or by a dedicated phone line if a crisis referral. Referrals can come directly from the young person/family or GPs. The website for FTB explains the service and how to access help. The Referral Management Centre will then speak to the school, GP, young person, family etc to ensure the right support is identified. Referrals that come into FTB tend to be for other behaviours rather than domestic abuse. There is a screening tool which staff use to consider different causes to the behaviours being displayed. Staff are trained to ask open questions, around their feelings of safety within the home etc.

PAUSE – Children's Society is an early intervention service. It states: 'If you are under 25 and registered with a GP in Birmingham, you can receive support from Pause. We also provide support for parents and carers who are concerned about their child or young person's wellbeing.' PAUSE can recommend strategies and techniques, give practical suggestions and advice, as well as provide a 'listening ear.' The aim is to help boost resilience as well as develop coping skills for when life presents challenges

St Basils runs the Youth Hub for 16–25-year-olds. It is a single point of access for homeless young people. Children's services, DWP, Housing & D&A are co-located in the Hub. St Basil's also sits in the Children's Trust & youth offending services. Birmingham has the youngest population of any city in UK and has lowest numbers of street homelessness.⁵⁸

⁵⁸ St Basils: <https://stbasils.org.uk/>

Last year, 3,800 young people accessed the service and 1,500 were accommodated. St Basils offer crisis & complex needs housing, but for more enduring issues, there is a psychological pathway model. This also works up stream to prevent the homelessness occurring. St Basils reported that previous funding levels of £52 million is now down to almost half, at £24 million. This is to provide services across all 8 areas (across the West Midlands). St Basils is a commissioned-exempt provider of accommodation. St Basils works in partnership with BSWA. Due to funding cuts, they no longer offer mother and baby unit provision. St Basils felt that young people, with no recourse to public funds, present an issue. The charity often ends up paying for provision to house the young person, whilst trying to sort out benefits or immigration issues.

Birmingham commissioners have shared the commissioning plans for the additional government funding. This will hugely broaden support for young people across the range of commissioned services. This will include the recruitment of specialist children's workers to ensure that the DA Act recognition of children and young people as victims in their own right needing support is met.

Pregnancy

Birmingham Women's and Children's NHS Foundation Trust has a part-time IDVA Midwife at Birmingham Women's Hospital, who provides training and support to patients as well as assisting with reviews of policies within the organisation. All midwives follow NICE guidelines and have had DA training. A Band 7 nurse provides MARAC research and attends when there are cases known to the Trust. The Safeguarding nurse attends the Domestic Abuse board.

4.3 So-Called 'Honour-based Violence'

There are a number of services in Birmingham for HBV.

Roshni

Roshni offers a helpline and refuge space but is not currently commissioned by BCC but is commissioned, at a low level, by the PCC. Roshni is a member of a forced marriage and honour-based abuse consortium in the West Midlands (the West Midlands Black Asian Minority Ethnic Forced Marriage & Honour Abuse Consortium) providing a free 24-hour helpline with language support. Delivery is a partnership between Roshni, Panahghar and S.W.A.N. Roshni also offers access to outreach, floating support, refuge and counselling and are a 'By and For' organisation.

Roshni states that it offers:

- Access to a fully experienced team, who can provide confidential, empathetic, and non-judgmental person-centred emotional support to Black, Asian, and Minority Ethnic victims of domestic abuse.

- Support to access information to help a victim understand their rights and make informed decisions. Support to access solicitors who can help with court orders including Non-Molestation Orders, Restraining Orders, Child Protection Orders and Forced Marriage Protection Orders.
- Staff with relevant experience and expertise who can help victims identify risks, develop safety planning and advise on money, job opportunities and welfare benefits.
- Access to specialist counselling services and support for children. Help to understand rights and options.

Sharan

Sharan is a national charity, with Birmingham being the second highest referral area outside London. Sharan supports all women, who have experienced domestic abuse, but specialises in supporting women from Asian, Black and marginalised ethnic groups.

The project addresses harmful practice; so called honour-based violence; in-law abuse; possessions; and faith abuse. As it is a grassroots charity, partnership working has been vital in how clients are supported. Sharan has excellent links with the West Midlands Police and its Forced Marriage Unit. It previously worked with the OPCC around opportunities for victims of crime and DA.

Referrals to Sharan can come from anywhere. However, the majority are self-referrals from British South Asian women aged between 18-35 years. The majority of the advertising of the service is through social media and campaigning. Both in Birmingham and London, there is a clear link between women, who are experiencing forced marriage, and HBV, with victims moving between the two cities. This can make it difficult to provide continuous support to a victim and this is where Sharan can help.

Sharan also runs the Employers Domestic Abuse Covenant (EDAC). This is a pledge scheme by businesses to help women affected by abuse to enter or re-enter the workplace. Employers are invited to sign the covenant and identify opportunities within their businesses for women seeking work. EDAC works with private business; the public and voluntary sectors; and statutory agencies to secure these opportunities. Many of the clients come through the job centre into EDAC. The course isn't just about employment. It also aims to increase confidence and self-esteem and help women from different backgrounds develop improved communication styles with those they may previously have had little contact with.

Previously, Sharan was successful in obtaining funding through Comic Relief for its Our Girl Campaign, a coalition of five organisations in Birmingham. The campaign was to raise awareness and prevention of forced marriage and reached 11,000 young girls in school, aged 7-24 (2018). There were also programmes going into mosques, communities, and theatre companies.

Sharan has been welcomed into schools including religious schools. It created the Schools' Charter⁵⁹ enabling schools to download resources and guidance around a zero-tolerance approach to harmful practices. This learning was encouraged as part of PHSE lessons and assisted schools in meeting the requirements of Ofsted inspections. 2020 Education guidelines advised that FGM and HBV should be recognised. The Charter sits alongside these guidelines.

4.3.1 Barriers & Challenges – HBV Organisations

Although Sharan is a nationwide charity, it is not funded through any commissioning process. A spokesperson felt that statutory agencies were using small grassroots organisations such as Sharan and others to provide interventions where there are gaps in provision.

Although BSWA provides the biggest domestic abuse service within Birmingham, there are many specialist domestic abuse services who are struggling for funding but have referrals seeking support. Over the pandemic, Sharan reported a large increase of high-risk cases and higher numbers of young people being removed from their homes due to HBV in Birmingham.

Sharan Project does not attend the BCC Strategic Board and operates on the periphery of other services, which may have an impact on partnership work.

4.3.2 Recommendations

There are no recommendations in relation to HBV.

4.4 DWP – Access to Benefits

Access to benefits can have an enormous impact on the choices that victims make. Having a speedy and understanding response when navigating finances and domestic abuse is important. One of the recommendations in The Economics of Abuse⁶⁰ (2019) was to improve access to debt management support for survivors of domestic abuse. Survivors need to have consistent access to specialist debt management advice, such as that provided by Domestic and Economic Abuse Project (DEAP), from advisers trained in both debt advice and domestic abuse. Survivors who receive an advance payment of universal credit should be exempt from repaying an advance, when escaping to, or moving on from, a refuge.⁶¹

⁵⁹ See <https://sharan.org.uk/2020/11/30/schools-charter-united-to-safeguard-children-against-harmful-practices/>

⁶⁰ The Economics of Abuse: The Domestic Abuse Report 2019, Women's Aid Federation of England (2019): <https://www.womensaid.org.uk/wp-content/uploads/2019/03/Economics-of-Abuse-Report-Summary-2019.pdf>

⁶¹ [Economics-of-Abuse-Report-Summary-2019.pdf \(womensaid.org.uk\)](https://www.womensaid.org.uk/wp-content/uploads/2019/03/Economics-of-Abuse-Report-Summary-2019.pdf)

4.5 Employment Support

PURE is a project in Birmingham part funded by the European Social Fund (ESF). It is managed by Birmingham City Council in partnership with BSWA and is working to support citizens of Birmingham who are the most vulnerable and furthest from the labour market.

The main goal of the project is to provide intensive wrap-around support to unemployed citizens who face multiple disadvantage due to complex needs, such as mental health; learning & physical disabilities; homelessness; domestic abuse; risk of re-offenders and other health needs such as those with a visual or hearing impairment. The goal is to support them into employment, education, or training opportunities.

To be eligible for the programme's support, citizens must be over 25, unemployed/inactive, seeking employment and a Birmingham resident; have the legal right to live and work in the UK for the duration of the project's support and not be in receipt of support from any other ESF funded project/programme.

5.0 STATUTORY DUTY

5.1 Part 4 of the Domestic Abuse Act

The Act sets out the requirements of local authorities in providing support to victims, developing domestic abuse local partnership, and the production of annual reports. It places a statutory duty on local authorities in England to provide support to victims of domestic abuse and their children in refuges and other domestic abuse safe accommodation.

The statutory guidance from the Department for Levelling Up, Housing and Communities (DLUHC) is for local authorities in England regarding Part 4 of the 2021 Domestic Abuse Act. Local Authorities must have regard to this guidance when exercising their functions under the duty. The duty came into force on 1 October 2021.

Local Authorities are asked to consider the duty alongside the following related guidance:

- Improving access to social housing for victims of domestic abuse.⁶²
- Social housing allocations guidance (statutory guidance).⁶³
- The Homelessness Code of Guidance.⁶⁴
- Keeping Children Safe in Education: Statutory guidance for schools and colleges.⁶⁵
- Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children.⁶⁶
- Violence against women and girls: national statement of expectations.⁶⁷

Part 4 guidance sets out clear definitions of what is considered safe accommodation, it also requires that there is no local restriction placed on commissioned DA accommodation services. Sections 57-61 of the DA Act 2021 explain new requirements on local authorities and more accountability in the local delivery of domestic abuse

⁶² <https://www.gov.uk/government/publications/improving-access-to-social-housing-for-victims-of-domestic-abuse>

⁶³ See: <https://www.gov.uk/government/collections/social-housing-allocations-guidance>

⁶⁴ <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities>

⁶⁵ See: <https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

⁶⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf

⁶⁷ See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF and <https://www.gov.uk/government/publications/violence-against-women-and-girls-newsletter-spring-2019/violence-against-women-and-girls-vawg-newsletter-spring-2019-accessible-version>

support in relevant safe accommodation. More detail on Part 4 is contained in the refreshed Domestic Abuse Strategy.

The government recognises a variety of forms of relevant safe accommodation. It is important to note that privately owned temporary accommodation with shared facilities (kitchens and bathrooms) and B&Bs are expressly excluded. They should not be commissioned as safe accommodation for people seeking domestic abuse support. It further advises that duties owed by Housing departments under Part 7 of the Housing Act 1996⁶⁸ should be in relevant safe accommodation.

The definition of safe or relevant safe accommodation is:

- **Refuge accommodation** – a refuge offers accommodation and intensive support which is tied to that accommodation. Victims, including their children, have to be refuge residents to access expert emotional and practical support.
- **Specialist safe accommodation**– safe accommodation which provides dedicated specialist support to victims with relevant protected characteristics and/or complex needs (also known as ‘by and for’), such as specialist refuges for Asian, Black and marginalised ethnic groups, LGBT, and disabled victims and their children [not limited to – see section B5].⁶⁹

5.2 Quality Standards – Safe Accommodation

Quality Standards for Safe Accommodation providers as set out in Part 4 Guidance include the following key indicators:

- Safety, Security and Dignity.
- Rights and Access.
- Health and Wellbeing.
- Stability, resilience, and autonomy.
- Children and young people.
- Prevention.

Women’s Aid or Imkaan standards are recommended for providers of safe accommodation to demonstrate that they are delivering the level of service expected.⁷⁰ Imkaan focuses on specialist By and For provision.

⁶⁸ https://england.shelter.org.uk/professional_resources/legal/homelessness_applications/local_authority_homelessness_duties/local_authority_main_housing_duty

⁶⁹ <https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services>

⁷⁰ See: Women’s Aid: National Quality Standards: <https://www.womensaid.org.uk/what-we-do/national-quality-standards/>; and Summary: Imkaan Accredited Quality Standards for services working with black and minority ethnic women and girls and harmful practices: forced marriage, female genital mutilation and ‘honour- based’ violence:

6.0 DOMESTIC ABUSE SERVICE PROVISION IN BIRMINGHAM

6.1 Commissioned Domestic Abuse Provision in Birmingham (Prior to Part 4 Duty)

A new round of commissioning commenced in 2019. A range of domestic abuse support was commissioned including:

- Refuge (women/women and children).
- Dispersed accommodation (women and men).
- A Domestic Abuse Hub to allow a safe space for assessment (women and children).
- Lead workers (women and men).

(a) Refuge Emergency Provision

The Domestic Abuse Housing Alliance (DAHA) highlight that the Council of Europe recommends that at a minimum one family place in a refuge should be provided per 10,000 head of population. While this is only an estimate it is a recognised benchmark for measuring adequate levels of supply.

Latest ONS projections for Birmingham population suggest that the population is approximately 1,152,800. Based on these figures Birmingham needs 115 refuge family spaces. The current city provision is higher than this estimated figure however this must be placed within a context of high levels of deprivation, violent crime and other indicators of increased risk associated with complex needs. There are additional factors such as housing shortages, out of area Temporary Accommodation placements, Private rented sector growth with Local Housing Allowance rates that are not adequate coupled with a booming non-commissioned Exempt sector which has grown extensively in Birmingham over the last five years.

The exempt sector has several facets which may exacerbate risk. Insufficient safety planning and re-traumatisation being two factors reported by women who have experienced accommodation in the exempt sector.

Commissioned Refuge provision currently consists of 148 units of accommodation across the city. This is set to increase to 176 in 2022 with the addition of a 20-bed refuge and the existing young women's refuge (which is eight units) becoming part of commissioned services. Both projects have been developed by BSWA in response to demand.

https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2015/12/4_-_Successful_Commissioning_Imkaan_Standards_Summary.pdf

In response to the government's consultation on accommodation based domestic abuse services, Refuge (the charity) stated that specialist refuges are so much more than a bed for a night. They are a highly specialised, national network of safety and support services for women and children who are victims of domestic violence and other forms of gender-based violence.

BCC's service description states that refuge will: '...provide a safe place of shelter for immediate same night occupation and enable rapid assessment of need, delivery of support and engagement of specialist agencies in order to start the process of healing and recovery. Providers will be expected to have appropriate risk assessments and risk management frameworks in place to ensure the health and safety of all.'

Commissioned support provision in Birmingham is expected to work towards building recovery, healing and resilience for women (and men, in some services) and their children to rebuild their lives. Living independently within communities without fear of harm. This includes the use of strengths-based approaches and use of trauma awareness principles by support staff. Support should help to improve health and well-being outcomes and prepare people for independent living and facilitate, as appropriate, a move to independent tenancies. Providers are expected to provide advice and guidance regarding achievable housing goals and to engage with partner agencies to identify and facilitate moves into longer term accommodation. They should provide links and robust handovers to resettlement support for individuals who move into longer-term accommodation. This may be via referrals to the Lead Worker Service or other accommodation providers.

(b) Commissioned Refuge Provision in Birmingham

Refuge provision currently consists of 148 units of accommodation across the city. This is set to increase to 176 because BSWA is working alongside Longhurst (which will supply a building) to open a 20-bed refuge, in addition their existing Young Women's refuge which can take eight young women. The current commissioned refuge provision consists of:

Green Square Accord

16 units citywide (DDA site, no reference to specific unit. 16 victims and 40 children including male children up to the age of 16).

GSA describe their range of services from secure, comfortable refuges (including one of the largest in the country), to short-term floating support for women, who have settled into new tenancies in Birmingham.

Birmingham Crisis Centre

24 bed-sit units in one location (one fully accessible, women with up to five children, and male children up to the age of 16 years).

Birmingham Crisis Centre, a local charity, describes its service as a safe haven for female victims of domestic abuse and their children. It provides purpose-built bedsits for up to twenty-four women and their children. Support workers understand the needs and vulnerabilities of women, who have suffered abuse, and support them from the moment they enter the refuge through to starting a new life in a new home. The service also offers a counselling service for residents and regular coffee mornings with guest speakers to support women with building confidence and accessing useful information, such as money advice.

Birmingham & Solihull Women's Aid (BSWA)

44 units citywide across five refuges (two fully accessible, male children up to 14). BSWA is a charity that provides practical and emotional support to women and children who are experiencing violence and abuse from someone intimately connected to them. They provide safe, emergency refuge accommodation and offer family support to mothers and children to rebuild their lives. It runs five refuges in Birmingham and has a number of different projects, such as a helpline, a webchat and MARAC IDVAs. In addition, BSWA runs a young women's refuge.

Gilgal

14 units (one location).

Gilgal, a refuge offering emergency accommodation and support to women and their children, provides a safe house, made up of 14 units of accommodation. Gilgal offers 24/7 support within its accommodation. Spaces are allocated on a first come, first served basis, with a more comprehensive admission and risk assessment process completed on arrival.

Support is offered to empower women based on individual needs. Support Workers provide encouragement and advocacy, working with women to provide the support that they need. In addition, they provide support with 'Moving On' including support throughout the move process, e.g. with housing applications and supporting women and children to settle into their new community. Gilgal reported supporting 37 women in the 12 months leading up to December 2021.

The Salvation Army

20 units of accommodation for females and up to 60 dependent children, including male children up to the age of 16.

They offer safety and on-going support to women and their children. They also support single women who have experienced domestic abuse.

As with all refuge accommodation, the location is confidential and is within the community setting in fully furnished accommodation. Tailor-made programmes are offered to provide women and their children with the skills and tools to move on to a life of independence and freedom.

Total refuge places

Birmingham has 148 commissioned refuge spaces which meets the Council of Europe minimum requirement. The level of demand and number of high-risk cases indicates that the city would benefit from an increased number of refuge spaces. There is currently a significant level of unmet need.

(c) Dispersed Accommodation

In order to avoid crisis, there may need to be targeted interventions that provide accommodation-based support. Long-term dispersed refuge accommodation provides an alternative to traditional refuge-based settings. This is operated by Trident in the city and there are 30 properties accessible to men and women victims of DA and their children.

The service, which provides an alternative to the traditional refuge setting, offers safe, secure, self-contained accommodation across Birmingham to individuals aged over 18, irrespective of gender, disability, race, religion, belief or sexual orientation. As well as to households with or without children, including underrepresented groups such as: older people; LGBT+ communities; male victims of domestic abuse; larger families and families with complex needs.

The service consists of individual tenancies within the community with the relevant safety and security features.

Commissioners' expectation of long-term support provision is that it will:

- Work to build recovery; healing for victims to rebuild their lives and live independently within communities without fear of harm.
- This includes: the use of strengths-based approaches and use of trauma awareness principles by support staff.

- Improve health and well-being outcomes and prepare people for independent living. To facilitate, as appropriate, a move to independent tenancies.
- Engage, provide advice and guidance regarding achievable housing goals.
- Will assess any further support requirements at the point of move on and engage the relevant agencies. This may be via referral to the Lead Worker Service.

(d) Lead Worker

In order to offer one-to-one support for up to six months to both male and female victims, BCC commissioned BSWA and Cranstoun to run a lead worker/floating support service. Eligibility criteria are purposely broad so that as many victims as possible can access this support.

(e) Birmingham & Solihull Women's Aid (BSWA) Home Options Hub

Jointly funded by BCC and BSWA, Birmingham & Solihull Women's Aid Home Options Hub was started as a pilot on the 4th of February 2019. The Home Options Hub was the first of its kind in the country and provides a dedicated, specialist pathway for women and children in Birmingham who are experiencing domestic abuse and are at risk of homelessness.

The Hub is a centrally located building, which has a safe, child friendly environment, for women and children only. It also has dedicated phone lines and offers appointments for women to discuss their options and safety planning. The service was conceived and commissioned because of a number of factors including:

- The Homelessness Reduction Act 2017 – the fact that domestic abuse was, and still is, a consistently leading cause of statutory homelessness in the city of Birmingham as well as nationally.
- The need for a separate approach and pathway which had a specialist understanding of the traumatic nature of domestic abuse, and the additional trauma that can come with inappropriate responses and the escalated risk for women and children at the point of leaving an abusive home.
- A comprehensive research and evaluation exercise carried out with the hub over an eleven-month period resulting in the publication of 'Places of Safety' by Thea Raisbeck, (University of Birmingham/HCRG).⁷¹ This produced an evidence base for how the city can help to relieve and prevent homelessness due to domestic abuse and offered extensive story telling in the form of case studies to further

⁷¹ <https://www.birmingham.ac.uk/schools/social-policy/departments/social-policy-sociology-criminology/research/projects/2019/places-of-safety.aspx>

ensure that the voices of women and children, going through the system, are heard and can influence future commissioning.

The Hub was commissioned to achieve the following:

- To ensure a positive pathway for women and children across Birmingham by giving them housing option support, integrated with specialist DA knowledge, training and background.
- To provide a single access point for drop-ins and an appointment and phone service giving a specialist entry point to women and their children. This gives access to a safe and welcoming space into both BSWA internal commissioned services and to external pathways of support and Housing.
- To provide individual bespoke support to women at risk of homelessness, giving options; support and advice; and information on how they can manage safety and wellbeing.

6.2 Referral Routes and Pathways

Year 1 and Year 2 data had some differing categories and so are not completely comparable. However, it is evident that through both years the top referral route has been the BSWA Housing & Wellbeing Hub (24%), followed by referrals by voluntary organisations (21%), self-referral/direct application (16%), Social Services (12%), Other (11%), police service (4%) and local authority Housing Department (3%). Hostels, other accommodation providers and internal transfer all accounted for 2% of referral routes each. The most mentioned domestic abuse service in the city from our survivor survey results was BSWA.

Reasons for entering the service

Years 1 & 2 are not directly comparable because of differences in data collection and the fact that at the time the research was undertaken only partial data for Year 2 was available; however, analysis shows that across both years the single most common pathway stage was Crisis. And the proportion of clients seeking crisis support/prevention appears to be increasing: in Year 1 'crisis prevention' and 'in crisis' accounted for 29% of all support; in Year 2 (the period from December 2020 to August 2021) 'crisis' accounted for 55%.

Exiting the service – pathway stage

In regard to Leaving Service Pathway Stage, data was only available for Year 1. This revealed that:

- The most cited reason was completed programme of support at 52%.
- Followed by not ready for support (11%), successful move on (8%) and staying with relatives (7%).
- All other pathway stages – returned home; obtained new accommodation; abandoned failed to return; sustainable housing; positive closure; discharged; crisis prevention and relief – scored only between 3%-1%.

6.2.1 Refuge Referral Routes – Survey Results

The respondents to the survey of professionals (96) were asked where they refer to for refuge.

The highest scoring referral routes were: Birmingham and Solihull Women’s Aid (70%), Birmingham City Council (38%), and Roshni (24%), currently a non-commissioned provider. Twelve different referral routes were given, with 18% stating they did not make referrals. The full breakdown was as follows:

Birmingham & Solihull Women’s Aid Hub/Helpline	70%
Housing/Council	38%
Roshni	24%
Routes to Support	17%
Trident Reach Female Services	17%
Do not make referrals in my role	17%
Other	14%
Birmingham Crisis	14%
Gilgal	13%
WAITS	11%
Trident Reach Male Services	8%
Bharosa	8%
Green Square Accord	5%
Mankind	3%
None of the above	2%

6.3 Commissioned Domestic Abuse Provision Under Part 4 of the Act – New Burdens Funding

In April 2021 £3.2m was awarded to Birmingham City Council to discharge the new duty to provide support in safe accommodation. This is for one year and subject to a spending review. The approach was taken to relieve existing pressures by:

- Enhancing support in commissioned DA safe accommodation.
- Enhancing internal delivery in Housing and The Trust.

Over 20 bids were received, assessed by panel and moderated by a Head of service. The table below sets out the additional commissioning that New Burdens funding enabled in Birmingham. The focus of funding addresses some key gaps such as Children's support and additional IDVA capacity.

SERVICE	BRIEF DESCRIPTION
Therapy Inspired for C&Y MH workers x 2	Support designed specifically for children and young people with complex and mental health needs. This will include play therapy and child advocacy. Counselling for both children and adults.
Therapeutic Support x 1 Counsellor	This will offer trauma informed specialist counselling to victims, ensuring they receive person centred service and supported in decision making processes associated with safety planning, self-determination and individual outcomes.
H&W Activity Provision 624 x 1.5hr sessions	The project will provide well-being and activity group or 1:2:1 coaching across three refugees or dispersed units dependent on the client's needs.
IDVA x 1 and Complex Needs worker x 1	The IDVA will provide support dealing with the Police, legal advocacy, court/CPS and Sexual Assault and access to children in the event of estrangement. The Complex Needs Worker will support women with complex needs (e.g. mental health, drug and alcohol) including signposting and ensuring they are ready to move on.
Specialist Casework IDVAs: Complex needs; Children at Risk x 8	Specialist Casework IDVAs will have a focus on supporting women with complex needs and supporting women with children at risk.
Lead Worker x 1	Lead worker to support victims in the BCC housing sanctuary scheme
GR5 Resource at the DA Hub	To provide a BCT senior practitioner as additional capacity and support to children and families presenting at the DA Hub and help developing pathways of support into The Trust.
Male Support Worker x 1	A pilot role which will work with Cranstoun (commissioned DA Lead Worker service which also supports male victims), the commissioned homeless services which may be housing male victims within their provision and some partners who sit on the Domestic Abuse Equalities Sub-group.
Helpline Resource x 2	Expand access to our internal domestic abuse helpline by employing 2x Administrators, covering

	evenings and weekends with a potential increase in calls from male victims.
Children's Support Workers x 2	CSW will offer a holistic support package; including individual/family support, play sessions, use of ACE's toolkit and links to partners for specialist support as needed.
Young Person DA Workers x 2	2 workers (DA hub & St Basil's office) to provide housing related support, advice on safe independent living, how to recognise signs of abusive relationships. Support also will be given to those with complex needs (e.g. mental health, drug and alcohol) including signpost to ensure they are ready to move on.
Young People Support x 6	Children and Young People workers will meet needs of the children and provide activities to suit their personalities while addressing any negativity or destructive patterns which may have come from their individual experiences of DA. Emotionally 'heavy' topics will be addressed using creative therapeutic activities, to ensure they are not weighed down.
Children & Families Support x 1 SW + x 1 SSW	The programme will offer intensive support to victims of DA, including their children, to access specialist emotional and practical support.
Family Support Workers x 2	The family support project will provide support to victims and their families whilst in refuge, providing prevention advice and work the family towards recovery and resettlement.
Family Support Workers x 5	These will advocate on behalf of the family, and coordinate a joined-up agency response – Housing, Social Workers, Health Professionals, Schools, Nurses, CAMHS.
Family Support Workers x 2	Whole family approach' to the individuals, families and children that access our commissioned services, this will enable work with both the family unit and children affected by DA (individually and in groups), support during pregnancy, an early help focus, healthy relationship work, links to local schools, Children's Trust, CAFCASS etc.
Refuge Workers x 5 for newly acquired x 20 units	Newly acquired accommodation in south Birmingham will house women and up to 4 children. ETA towards the end of the year.

Refuge Workers x 3 for newly acquired 8 bed spaces

Provide intensive support packages delivered in refuge by expert domestic abuse support workers, which will address women's needs holistically and practically through an individualised support plan that directly focuses on the many complex issues she faces.

Refuge Project Workers x 3

Ongoing provision of 8 spaces for young women aged 16-25 with communal space and funding is required from September 2021. Housing Benefit in place.

The second stage is to develop a grant/prospectus to create opportunities for specialist non-commissioned domestic abuse organisations to bid for pots of money to provide support in safe accommodation. Such specialist providers are often smaller organisations that are unable to meet the Council's procurement thresholds for contracted work but provide vital support to victims, often who have protected characteristics. The grant prospectus will set out a clear and transparent process and eligibility criteria that will require, amongst other requirements, compliance with the DLUHC, Women's Aid and Imkaan quality standards. This may include additional local quality assurance as required.

The aim of the grant prospectus will be to ensure that the needs of all victims of domestic abuse are addressed with quality support provision across all settings, regardless of whether victims seek support in commissioned or previously non-commissioned safe accommodation.

6.4 Challenges – Commissioned Services

For the dispersed refuge service (Trident) supporting males, there were no men who used the service during a five-quarter period (the fourth quarter of Year 1 plus all of Year 2). This indicates either a lack of demand or a lack of awareness about the service and how to access it. It could also be an indication of a different type of support required to meet the needs of men. Some issues with confidence in the service provision for men came up during meetings with stakeholders.

The main challenge is that the demand for services vastly outstrips the supply of support.

The figures below relate to the numbers of women supported across BSWA services versus the number of referrals over a three-year period. There is a reduction in the number of refuge numbers accommodated. This is attributed to move-on from refuge into housing becoming very difficult, and the process being prolonged by a lack of suitable housing. This resulted in some women staying much longer than was needed

as well as to negative knock-on effects for both mothers and children’s well-being. There was a huge increase in referral numbers from 390 in 2018/19 to 1083 in 2020/21.

Women Supported	April 2018- March 2019	April 2019- March 2020	April 2020- March 2021
Over 55s	127	178	184
Refuge	140	123	121
Young Women’s Refuge	28	36	40
Referrals to above Projects	390	1469	1083

6.5 Commissioned Services – Analysis of Contractual Information

The review team was given access to data returns from the commissioned Domestic Abuse Provision which were analysed for trends. The data refers to all the commissioned services (hub, lead worker, refuge, and long-term accommodation). A new round of commissioning commenced in 2019. For reference, the start dates refer to the commencement of the vulnerable adults commissioned services which began as follows:

Year 1	01/12/2019 to 30/11/2020
Year 2	01/12/2020 to 30/11/2021
Year 3	01/12/2021 to 30/11/2022

Total Referrals

Referral Type	Yr. 1 (Dec 2019 - Nov 2020)		Yr. 2* (Dec 2020 - Q3 2021)		Total (Dec 2019 - Q3 2021)	
	Number	% Total	Number	% Total	Number	% Total
Total number of referrals	1349	-	1379	-	2728	-
Total number of people successful in receiving support	586	43%	543	38%	1129	40%
Total number of referrals waiting a decision	45	3%	66	5%	111	4%
Total number unsuccessful referrals	727	54%	822	57%	1549	56%

*Correct at time of writing

Unsuccessful referrals

It can be seen from the above that in Year 1 almost 54% of referrals into commissioned services were unable to access the support requested; this continued in Year 2 with 57% of referrals unsuccessful.

While the reasons for this cannot be tracked definitively over the entire period due to inconsistencies in data classifications it is clear that the most frequently cited reasons by far are lack of space and/or lack of capacity, with these two classifications accounting for over 40% of unsuccessful referrals. Other reasons – such as client refused (8% Year 1; 13% Year 2), or inability to manage the risks faced by the client (5% Year 1; 9% Year 2) – are involved but these trail significantly behind lack of space/capacity.

6.6 Other Domestic Abuse Provision

Bharosa

A domestic abuse service for ethnic minority women (particularly those from a South Asian background) living in Birmingham, provided by Birmingham City Council. It provides a free service, which is confidential and unbiased for women and young girls over the age of 16, who are experiencing any form of domestic abuse.

Sanctuary Scheme

A Sanctuary Scheme is a survivor-centred initiative which aims to make it possible for victims of domestic abuse to remain in their own homes, where it is safe for them to do so, where it is their choice, and where the perpetrator does not live in the accommodation, and they are no longer together. This is done by providing additional security to the victim's property or perimeter - for example, reinforcing the doors so it is harder for them to be broken down. The Sanctuary Scheme does not include CCTV.

Birmingham City Council works in partnership with the police to provide the Sanctuary scheme, and any organisation can refer a victim who fits the eligibility criteria to the scheme.

6.7 Non-Commissioned Domestic Abuse Provision

The Research team identified a range of non-commissioned services. Three examples provided below.

Roshni-refuge for 13 families with communal facilities

Roshni offers a helpline and refuge space. It is not currently commissioned by BCC but is commissioned at a low level by the PCC. Roshni is part of a forced marriage and honour-based abuse consortium in the West Midlands that offers a free 24-hour helpline with multiple language support available. This is delivered by the West Midlands Black Asian Minority Ethnic Forced Marriage & Honour Abuse Consortium, which is a partnership between Roshni, Panahghar and S.W.A.N. Roshni also offer access to outreach, floating support, refuge and counselling and are a 'By and For' organisation.

In 2019/2020 Roshni supported 219 women. In 2020/2021 it supported 1050 women. This represents a 400% increase on the organisation's targets.

Sikh Women's Aid

The newly formed organisation conducted a survey over the summer of 2021. Alarming high rates of domestic violence and abuse in the Sikh/Panjabi community were revealed, with 70% of respondents stating that they had suffered domestic abuse.⁷² Nearly half (47%) of all respondents who experienced domestic abuse had more than one perpetrator. Respondents who said 'yes' to experiencing domestic violence and abuse identified the perpetrator/s as follows:

- 47% stated it was a Partner.
- 24% stated it was their Own Parents.
- 19% stated it was their Mother-in-law.

Despite 97% of respondents identifying themselves as having an awareness of domestic violence and abuse, only 34% of respondents informed anyone or accessed support services. Over one-third of all respondents (35%) have experienced Child Sexual Abuse/Exploitation. Females are disproportionately affected (87%) but some males (13%) are also affected. 1 in 7 respondents that said 'yes' to having experienced Child Sexual Abuse/Exploitation, had more than one perpetrator.

When asked about where the Child Sexual Abuse/Exploitation took place, the top three locations were:

- 5% In their home.
- 27% In a relative's home.
- 17% In other people's homes.

WAITS – Women Acting in Today's Society – four dispersed refuge flats

WAITS offers services to all women but has specialisms regarding the needs of Black, Asian and minority ethnic women. Historically, this was its primary target group and remains its main focus.

WAITS took part in the workshops, completed the survey and facilitated a meeting with a group of women survivors. It has a group that does regular consultation, feeding into consultations, supporting women's empowerment, and raising domestic abuse awareness. The group contributes annually to the Committee on the Elimination of

⁷² From Her, Kings Are Born: Impact and prevalence of domestic and sexual violence in the Sikh/Panjabi community (Nov 2021): https://www.sikhwomensaid.org.uk/files/Sikh_Womens_Aid_From_Her_Kings_Are_Born.pdf

Discrimination Against Women (CEDAW) and the panel of independent experts from around the world, convened by the Office of the UN High Commissioner for Human Rights.

WAITS currently has a small staff team of about five and is not funded by BCC. It operates four refuges on a dispersed exempt model which are for single women. These can accommodate 12 women in total and take women with low to medium needs who are offered floating support and can access the programmes and groups offered for additional support. The organisation has applied for Exempt Quality Standards Accreditation (BVSC non-commissioned Exempt Quality standard). It is currently one of the few organisations offering domestic abuse and empowerment that has good levels of engagement with the Chinese community.

6.8 Recommendations – Part 4 of the Act

- 1) That the Housing Directorate and Adult Commissioning at BCC work closely to jointly commission services, ensuring that accommodation used for Domestic Abuse victims is safe, relevant accommodation as defined in the Act and does not have a local restriction.
- 2) Careful consideration needs to be given to providing the right support to women who face multiple disadvantages due to the complex level of their needs; groups that are multiply excluded from provision also need a specific and well-resourced supported housing offer with choices. This could be in the form of a women's DA Housing First offer. The system needs to respond to this need by having a number of suitable safe options as currently multiply excluded women are pushed into less safe forms of Exempt non-commissioned housing where unsafe mixes become a huge barrier to recovery, healing, and safety. WMCA has been commissioning within this space with some women-only rough sleeper accommodation.
- 3) 21 units of refuge accommodation suitable for people with disabilities are available across Birmingham. But demand for refuge accommodation and support amongst those with physical disabilities and those with learning disabilities is low and the reasons for this require further investigation. It may indicate that disabled victims of domestic abuse are not being referred specifically to disability-compliant provision or do not know how to access DA services.. It is recommended that the commissioning of services ensures safe accommodation is suitable for those with a disability and has specialist workers available.
- 4) Provision of 'By and For' services - The New Burdens money, which is being held back for small grants, may present an opportunity for funding some of the activity. Closer connections need to be formed with BCC Commissioning to ensure that grassroots organisations have sight of these opportunities. Open

honest conversations need to take place to find out what the barriers are to referral.

6.9 Recommendations – Wider Commissioning

- 1) Increased publicity is needed to ensure that there is knowledge of the pathway that exists for male victims and how to access this. There needs to be a clear distinction. A service aimed at women that tags on at the end that it also supports men, is not enough.
- 2) There should be the ability to search independently. Providers' websites should have separate pages explaining their offer for women and their offer for men and how these services can be contacted.
- 3) Many individuals with complex needs require more intensive support, which requires greater capacity across the whole system. Provision should be designed to provide intensive support to those with complex needs to support their access to safe accommodation, sustain this accommodation and access wider services to meet their needs.
- 4) It is recommended that, the commissioning of services, ensures safe accommodation is suitable for those with a disability and has specialist workers available.
- 5) All 'By and For' organisations to be brought into the DA strategic forums/boards in order to ensure that important networking, influencing, and funding opportunities are not missed. There may be further work needed to fully explain who the organisations client group is, to ensure appropriate referrals and options for victims.
- 6) Additional funded refuge space is needed within the city. There are gaps in commissioning of by and for provision as well as provision for people with complex needs who need refuge. Due to the very high levels of deprivation and additional support needs in Birmingham the Council of Europe estimate of minimum refuge space provision – 1 family refuge space for every 10,000 head of population – may not be enough. This provision is propped up by non-commissioned refuge such as Roshni and detrimentally impacts By and For organisations. Recent Birmingham city population estimates indicate that the population has grown to approx. 1.2 million. 56% of referrals into commissioned services across the city are unsuccessful. An increase of between 30% and 40% in refuge space would seem to be warranted.
- 7) BCC to collect data of Birmingham residents with learning disabilities and those who are experiencing domestic abuse to enable suitable commissioning and specialist service provision. Utilise the 10 recommendations from SafeLives' 10 Key Practice Points for Supporting Clients with Learning Disabilities' to improve

the commissioning of services and to raise awareness amongst service providers.

- 8) Commissioners should monitor demand, to ensure that if there is a need for specialist domestic abuse refuge/safe accommodation for gay men, that provision can be made to accommodate this. The IDVA service at Birmingham LGBT can identify gaps in need and provision. As IDVAs report to the OPCC, the OPCC and Birmingham City Council should work together to share data on this.
- 9) Mapping with a trusted provider, who receives the majority of referrals for those from the Traveller community to help understand their needs; the barriers they face and if they are being met by services.

7.0 CRIMINAL JUSTICE

7.1 Prevalence of Domestic Abuse

Domestic abuse is a frequently unreported crime due to stigma, shame, fear, and other issues. These could include a lack of faith that it will result in the victim being safer. Domestic abuse is often hidden and therefore difficult to quantify accurately.

Women consulted through the research who came from Asian, Black and marginalised ethnic groups (and particularly Black women), told us that there is a fear about calling the Police. They expressed mistrust in how they and their partner/ex-partner would be dealt with by the Police. The potential effect being that a perceived fear of racism may prevent the reporting of domestic abuse to the Police in some communities.

Women's Aid Federation of England said that for the year ending March 2020, an estimated 1.6 million women aged 16 to 74 years experienced domestic abuse (ONS, 2020). This data does not consider important information about the context and impact of abuse. It does not provide information on whether the violence caused fear, who the repeat victims were and who experienced violence in a context of power and control. When these factors are considered the gendered nature of domestic abuse becomes much more apparent.⁷³

(a) Birmingham

Referrals to MARAC, which manages high risk cases through a multi-agency conference approach, – have increased from 2020 to 2021 and for one quarter from April to June 2021 there was a 59.8% increase in referrals in Birmingham. The service is under increasing pressure with unprecedented levels of demand.

Currently, there is no localised prevalence numbers on ONS. However, based on proportionate national data from March 2020, Birmingham would have approximately 45,000 people aged between 16-74 who have experienced some type of abuse in the last twelve months.

The wards with prevalence of domestic abuse (according to Police reports) are Stockland Green, Glebe Farm & Tile Cross, Soho & Jewellery Quarter wards. The lowest five wards are all in Sutton Coldfield.

The Crest report states that in the West Midlands, Birmingham and Coventry have higher rates of children exposed to domestic abuse compared to the national average. All other local authorities in the West Midlands are below the national average, and all local authorities in the West Midlands are below Manchester (as a comparable area to Birmingham). However, looking at the rate of children in households with an adult suffering from severe mental ill health, domestic abuse and drug and alcohol dependency, six of the seven areas of the West Midlands were above average. This

⁷³<https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/how-common-is-domestic-abuse/>

highlights that the West Midlands is an area of high need and demand. Services are stretched and prevention is key to reducing some of these crisis points.

Only 37% of Police records have a recorded ethnicity. The majority of those with a recorded ethnicity were White British. This represents a large data gap and makes analysis of who is or is not reporting domestic abuse limited in its scope.

(b) West Midlands

Across the West Midlands Domestic abuse-related crime has increased from 10% to 15% in terms of Police demand over the five years to 2020.

Reported domestic abuse has increased: in the five-year period from 2015 to 2020, the volume of Police recorded incidents and crimes in the West Midlands rose from 52,042 in 2015 to 67,998 in 2020 (Crest report).

(c) England & Wales

The Crime Survey England and Wales estimated that 5.5% of adults aged 16-74 experienced DA in the last year.⁷⁴ This represented a 7% increase nationally in the total number of domestic abuse-related offences recorded by the police in the year ending December 2020 compared to the previous year. This is likely to be an underestimate of the true figure as domestic abuse is widely understood to be under reported.⁷⁵

The Crime Survey for England and Wales (CSEW) estimated that 2.3 million adults aged 16 to 74 years had experienced domestic abuse in the year ending March 2020. Over 40% of victims of partner abuse have at least one child under the age of 16 years old living in the household.

Over the last few years estimated domestic abuse prevalence has been calculated for England and Wales and has formed part of the ONS Annual Crime Survey amongst police forces across both countries. The prevalence estimate is made up of several types of abuse and is very difficult to use as an example of just one type of abuse because the victim may appear several times.

7.2 West Midlands Police – Birmingham Data

The West Midlands Police force covers Birmingham and also operates across a much larger jurisdiction and reports figures for the whole area. The Police shared three years of raw data analysed to produce results which show demographic and area breakdown for domestic abuse crime and non-crime figures for Birmingham. Data gaps where the Police could not provide information were as follows:

⁷⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/datasets/domesticabuseprevalenceandvictimcharacteristicsappendixtables>

⁷⁵ <https://www.lancaster.ac.uk/fass/resources/sociology-online-papers/papers/walby-improvingstatisticsUN.pdf>

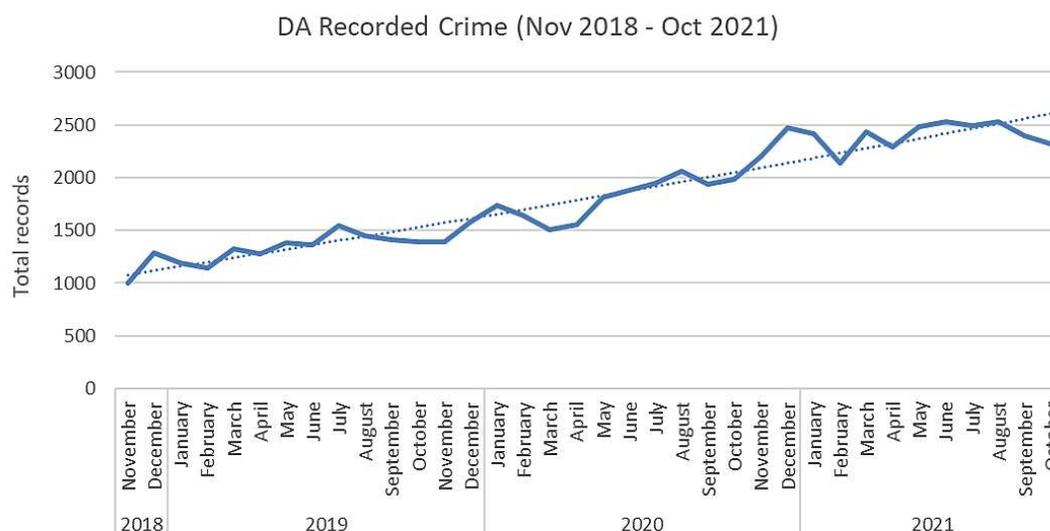
- Marital Status
- Sexual Identity
- Disability
- Socio-economic characteristics
- Ethnicity was only recorded in just over one third of cases shared

The figures below which show a steadily climbing trajectory of domestic abuse. The figures only show domestic abuse that has been recorded as a crime. It is important to note that some reports are not recorded as a crime and are instead recorded as a domestic abuse non-crime. A senior officer gave an example of how this can happen where a longstanding victim has defended themselves and the perpetrator has called the Police. Discretion may be used in not charging the victim in a case like this.

The graph below shows that recorded domestic abuse has risen steadily in the period 2018 to October 2021. Increased rates of reporting are considered a positive by the Police who have encouraged the public to report especially during the pandemic. ONS considers that 'Some of this increase may be, in part, driven by police improvements in offence-recording practices, as well as an increase in domestic abuse-related crimes coming to the attention of the police. The increase could also indicate an increased willingness of victims to come forward to report domestic abuse.'⁷⁶

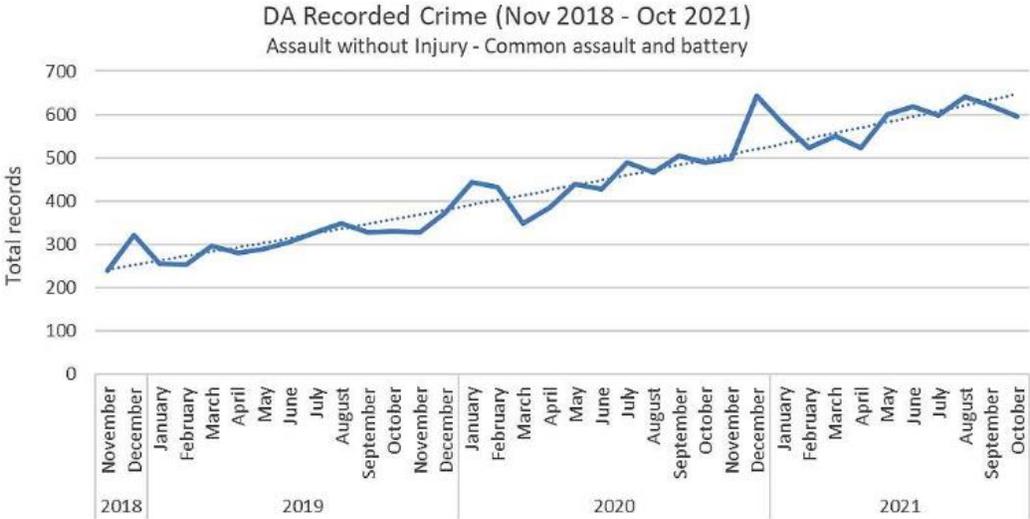
7.2.1 Domestic Abuse Recorded Crime – Nov 2018 to Oct 2021

(a) DA Recorded Crime



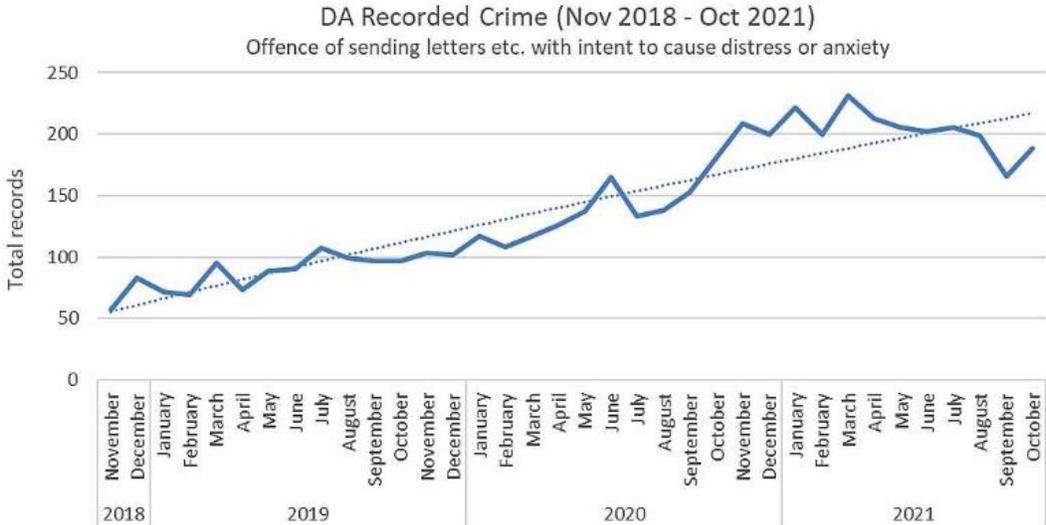
⁷⁶ Domestic abuse during the coronavirus (COVID-19) pandemic, England and Wales: November 2020, ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseduringthecoronavirus/covid19pandemicenglandandwales/november2020>

(b) Assault Without Injury



The most frequently recorded offence in the data is **assault without injury**. As with the overall data, there has been a general increase in this offence. Also, while previous years showed a trend for increases during the winter, there was a particular spike in Winter 2020/21, corresponding with the winter lockdown. See table over-page.

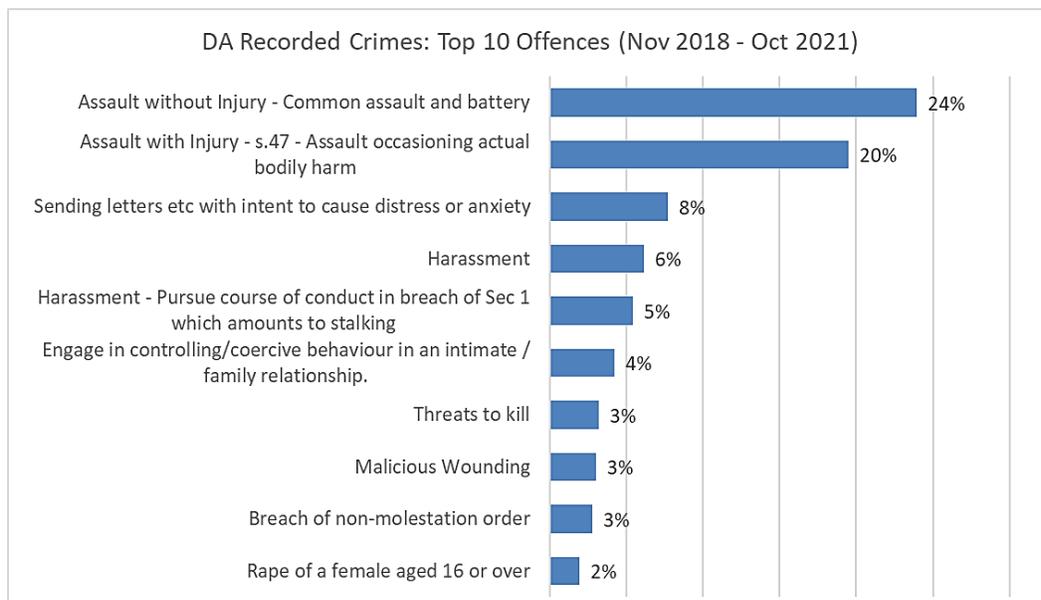
(c) Sending Letters with Intent



This category includes letters and any form of electronic communication, such as emails, texts, direct messages. As with other DA offences, there has been a general increase over time but a marked increase during the pandemic. As lockdown restrictions increased, so did the number of offences in this category; and as lockdown restrictions were reduced, so did the number of reported offences decline – although still exceeding 2018 and 2019 figures. This suggests that for some offenders the opportunities for face-to-face abuse were limited by lockdown restrictions and they turned to alternative

methods of contact. This is in line with analysis that found online harassment and abuse increased during the pandemic.⁷⁷

(d) Top 10 Offences

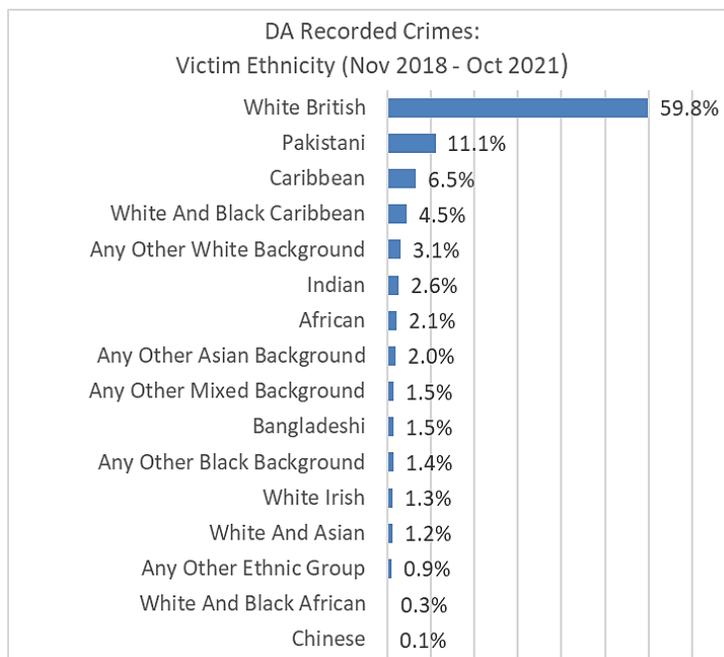


Common assault and battery, and assault with actual bodily harm, were the most frequent offences for recorded DA crime in this time period. Malicious communication was also a frequent offence through forms of communication such as letters, texts, and emails, meant to cause distress or anxiety. This was followed by harassment and stalking.

Of 60,261 records, **92%** did not have a positive outcome.

⁷⁷ <https://committees.parliament.uk/writtenevidence/6398/pdf/>

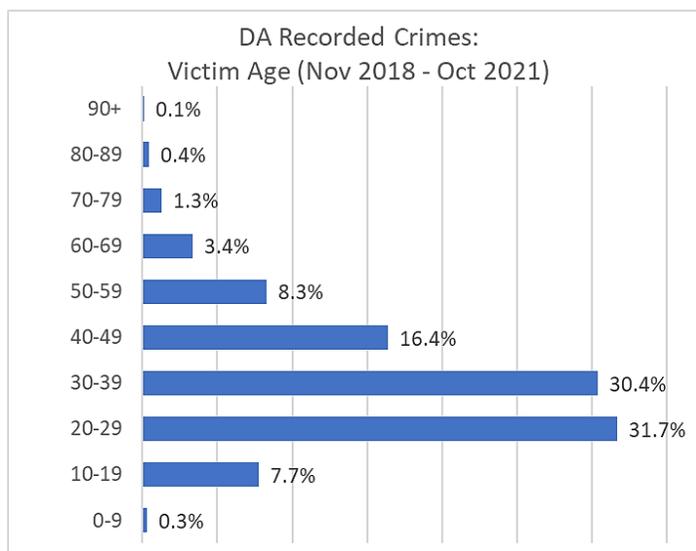
(e) Demographic Breakdown of DA Recorded Crime



The data available to us covered the period November 2018 to November 2021. Note that in terms of **victim ethnicity** only 37% of records had this recorded and so results must be treated with caution. In view of this, analysis here is deliberately kept brief to save space.

The largest single ethnic group was White British (almost 60%), followed by Pakistani (11.1%), Caribbean (6.5%), White & Black Caribbean (4.5%), Any Other White Background (3.1%), Indian (2.6%) and African (2.1%).

Age

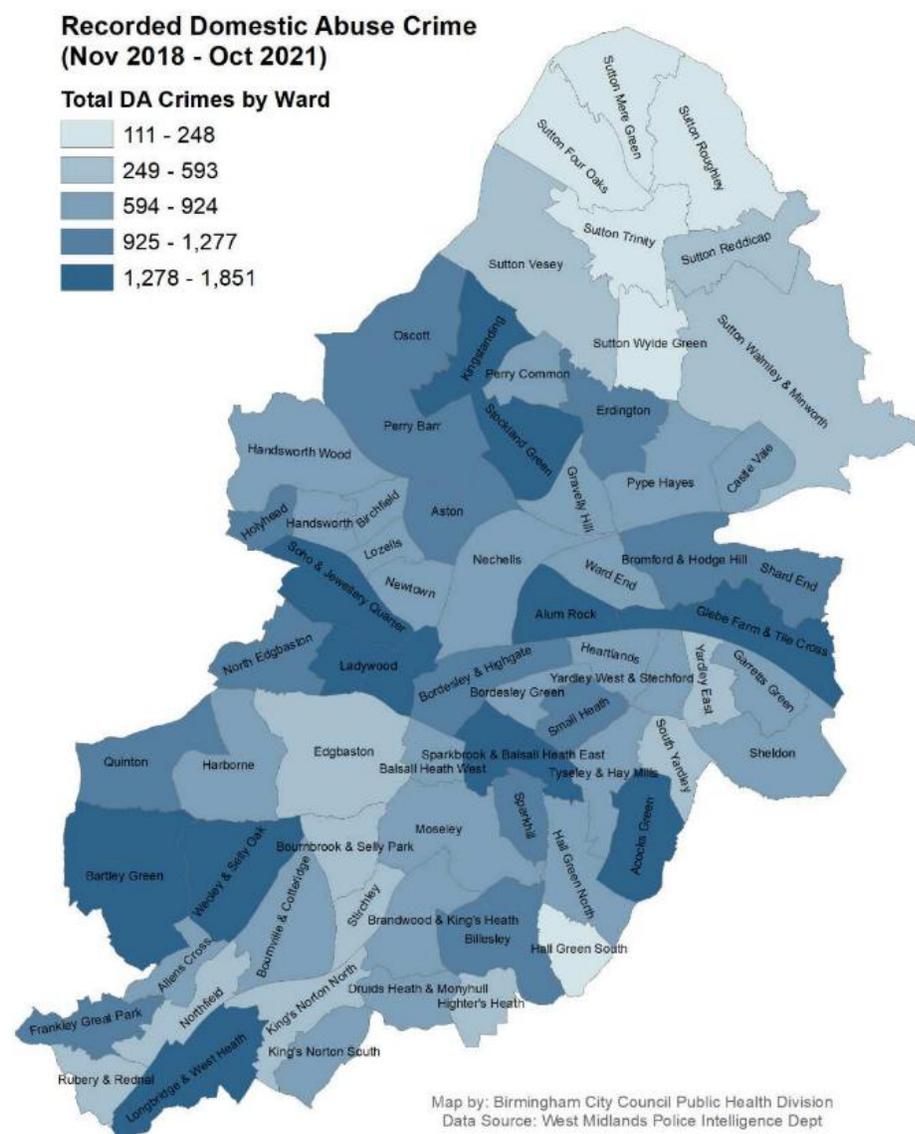


The majority of victim records with a recorded age are in their 20s and 30s. The majority of records in the 10-19-year-old group were those aged 16 and over.

Most records involve victims of working age, with 0.9% under 16 and 3% aged 65 and over. This was calculated using single year of age data as the 'age group' column data did not always reflect recorded age (e.g. there were 40- and 50-year-olds recorded in the 15-19 age group).

Location

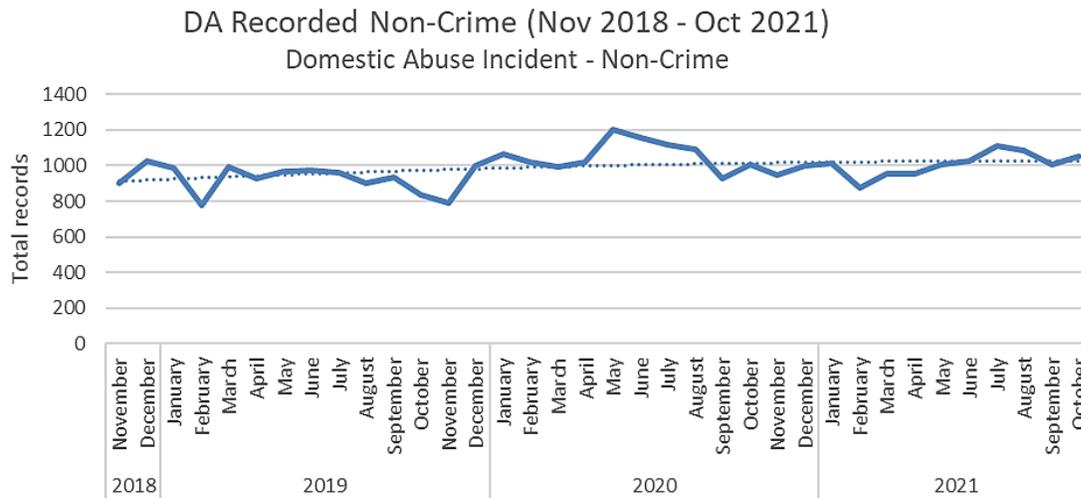
91% of the records could be mapped. The top wards for records: Stockland Green, Glebe Farm & Tile Cross, Soho & Jewellery Quarter, and Ladywood. The lowest five wards are in Sutton Coldfield. DA Crime is found across the city, with a minimum of over 100 records in every ward. See over.



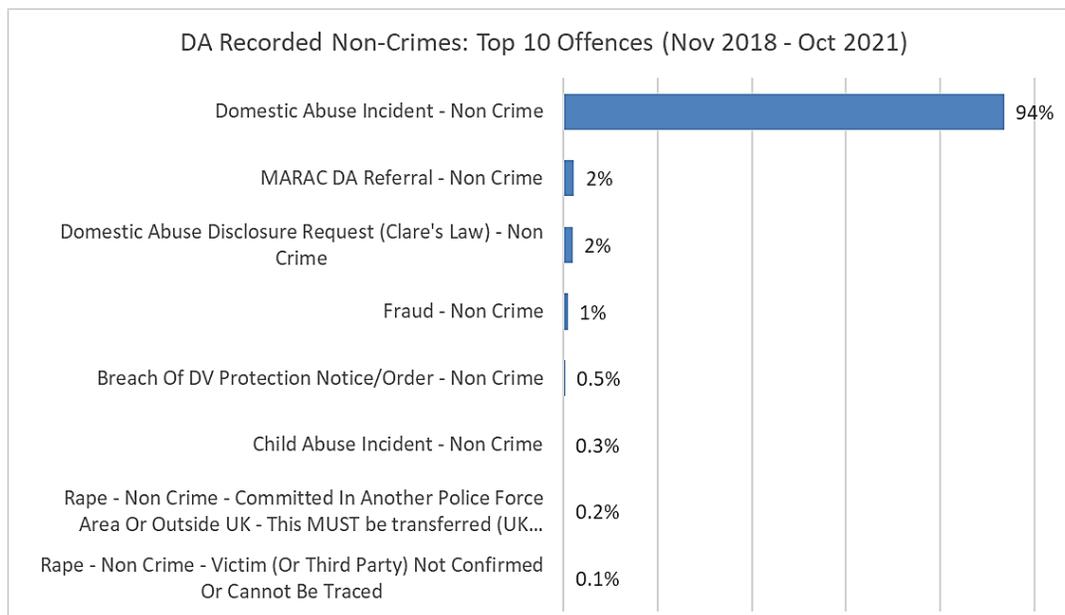
*Mapped using the Grid Reference data to get counts by ward.

7.2.2 Domestic Abuse Non-Crime Data

Between 2019 and 2020, recorded non-crime increased by 20% overall. Records were at their highest between May–June 2020. 2020 currently has higher figures overall than 2021 (for the January–October 2021 period), though this may change once 2021 is complete.



Most of these offences are domestic abuse incidents though there are a range of other concerning non-crimes recorded, as shown below:



In feedback from survivors and professionals, both in the surveys we carried out and in the discussion groups, the police service was the single most criticised statutory service. While this indicates a level of dissatisfaction with the police response, it almost certainly also reflects wider dissatisfaction regarding the low action/charge rates for

Domestic Abuse and the experiences of some survivors of domestic abuse who have found police attitudes, understanding and helpfulness wanting.

Please note that an analysis of ethnicity, age and location in recorded non-crime domestic abuse reports is available separately if required: it is omitted here to save space.

7.3 Police Tools for Monitoring Domestic Abuse & Best Practice

The recently published Crest report outlines the following tools that the Police have at their disposal:

- College of Policing (CoP) new tool (2018):⁷⁸ An evaluation of a new risk assessment tool, developed by the CoP, found that it was more likely to be reliable than assessments made using DASH and was more likely to capture coercive or controlling behaviour. Police in Birmingham do use the DARA assessment tool, and this has replaced the DASH locally. This was introduced after a pilot⁷⁹ in 2017 and one of the objectives of this approach is to try to uncover coercive control which has a very high risks attached to it.
- ‘Whole systems’ approach: Trialled in Northumbria, it incorporates identification of serial perpetrators through an RFG (Recency, Frequency & Gravity) algorithm and management through a multi-agency tasking and co-ordination (MATAC) process. It was shown to reduce DA crimes committed by offenders managed through MATAC by over 60%.⁸⁰
- Priority Perpetrator Identification Tool (PPIT): Implemented across 3 police forces in England & Wales since 2015.⁸¹ A recent process evaluation study suggests that the three PPIT pilots offers some preliminary evidence on the potential of this method to identify a number of priority domestic abuse perpetrators who were previously ‘under the radar of agencies’ and prioritise them for targeted intervention.

7.4 Challenges – Victims and the Criminal Justice System

The time limit to charge common assault – including instances of domestic violence – is six months. Over a five-year period almost 13,000 cases were dropped in England and Wales after hitting that limit. Campaigners say women are being denied justice and the police and prosecutors should be given more time. The new figures relate to common assault cases – which includes things like a push, threatening words or being spat at – and which are normally dealt with at magistrate’s court.

⁷⁸ https://whatworks.college.police.uk/research/documents/da_risk_assessment_pilot.pdf

⁷⁹ https://whatworks.college.police.uk/research/documents/da_risk_assessment_pilot.pdf

⁸⁰ <https://www.cordisbright.co.uk/admin/resources/dawsa-evaluation-overall-programme-reportfinal.pdf>

⁸¹ <https://journals.sagepub.com/doi/abs/10.1177/1748895820914380>

75% of all domestic abuse cases – including sexual assaults – are closed early without the suspect being charged, according to a report by Her Majesty’s Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).⁸²

Only 1.6% of rape allegations in England and Wales result in someone being charged – a fact that the government has said it is ‘deeply ashamed about’.⁸³

It is important to note that by the time a victim calls the Police they are likely to have experienced multiple episodes of abusive behaviour. In findings from Women’s Aid annual survey, 46.2% of women in refuges had spent between two and ten years in the abusive relationship, with 17% of women enduring a violent relationship for more than ten years. 40.9% of women using community-based domestic abuse services had spent between two and ten years in the abusive relationship, with 24.1% enduring a violent relationship for more than ten years.⁸⁴ Therefore trust in Police and a positive response is an important tool in preventing re-victimisation.

Figures from On Track’s national data set show that 13% of service users had experienced abuse for 20 years or more. (Women’s Aid, 2017 – Out of 1,217 female survivors supported by 25 domestic abuse services between 1st April 2016 and 31st March 2017.)⁸⁵

7.5 Opportunities to Address Barriers

If, as part of an early intervention and prevention agenda, victims were offered additional support at the point of first calling Police this may increase engagement and the number of prosecutions. The Police reported that that many people do not want a prosecution but do want referral to other services for appropriate support.

In Birmingham, Police use the DARA risk assessment for all Domestic Abuse cases. Currently, not all referrals made to third parties for support are captured on Police systems. For example, where there are additional needs (e.g. substance abuse). However, the Police aim to improve data capture and mapping by adding information such as deprivation and mental health to demographic data set. This will help identify gaps and assist with targeted prevention and support.

7.6 Recommendations – Police

- 1) Survey results from 106 survivors found that attitudes, training and understanding of Police had an impact on how people rated their experience. They suggested that increased training was needed for officers in recognising

⁸² See BBC News online, 17/09/21: <https://www.bbc.co.uk/news/uk-58591225>

⁸³ See BBC News online: <https://www.bbc.co.uk/news/uk-politics-57511425> and https://www.bbc.co.uk/news/uk-politics-58910802?mc_cid=c8574821e9&mc_eid=e091fa5415

⁸⁴ Women’s Aid Annual Survey, 2013 – responses were given for 755 women using community-based domestic abuse services during a census week.

⁸⁵ The nature and impact of abuse, Women’s Aid: <https://www.womensaid.org.uk/information-support/what-is-domestic-abuse/the-nature-and-impact-of-domestic-abuse/>

abuse, the complexities including trauma, showing empathy, and dealing effectively with the situation presented.

- 2) Manage the most prolific DA offenders using researched methods as cited in the Crest report, aligning the algorithm used for DA offender management with intelligence from MARAC.
- 3) Train Offender Managers, officers, and call handlers in Domestic Abuse.
- 4) Actively work to increase prosecution rates when a victim is supporting a prosecution. Work to understand why 70% do not support a prosecution endeavouring to remove barriers such as lack of communication and confidence in Police process.
- 5) A commitment to training and culture change on domestic abuse within the police is required to increase its general prioritisation to that of serious crime. In line with knife crime, gangs, and county lines.
- 6) Those within the Criminal Justice System to work with specialist services for those with disabilities to reduce the perception and culture of them not being seen as a credible witness.

7.7 The Crown Prosecution Service West Midlands

The area that the West Midlands CPS covers incorporates West Mercia, Warwickshire, Staffordshire; it also holds the portfolio for the British Transport Police. The data below is specific to the West Midlands Police Force area and is for Quarter 2 of the reporting year to October 2021.

- The CPS has a conviction rate of 81.2% for domestic abuse cases compared to the national average of 75.0%.
- Of those cases submitted to the CPS by West Midlands Police for a charging decision, 42.8% of cases are charged.
- 6.35% are for no further action.
- 46.58% of cases are referred back to the police for further material or evidence in order for the Code for Crown Prosecutors to be applied to determine whether there is sufficient evidence for a realistic prospect of conviction and whether a prosecution is in the public interest.

The CPS reported that it builds evidence-led prosecutions from the outset, where there is sufficient evidence to enable them to do so. This is even in the case of a supportive and willing complainant from the outset so that there is always a strategy in place to proceed in the event of a later withdrawal or retraction. The service says that it works closely with West Midlands Police in this regard.

7.7.1 Recommendations – CPS

- 1) Domestic Abuse, Sexual Abuse and Violence should be regarded as serious violence locally and be added to the remit of the VRU.
- 2) The Domestic Abuse Commissioner is supporting an amendment to the Bill which would, for the purpose of the new duty, explicitly include domestic abuse, domestic homicide, and sexual violence in the definition of serious violence.

7.8 Police, Crime, Sentencing and Courts Bill⁸⁶

The Police, Crime, Sentencing and Courts (PCSC) Bill is currently going through the House of Lords. The PCSC Bill contains a proposed new Serious Violence Prevention Duty, which will require a range of public bodies including the Police, Health, and Probation to work together to prevent and tackle serious violence. The local VRU could provide additional support across early intervention and adopt a public health approach to tackling serious violent crime, which should include domestic abuse and sexual violence. This would mean increased funding for targeted prevention in a similar way to other serious violence like knife crime.

Almost every stakeholder interviewed expressed the need for early intervention and prevention while recognising that many had no choice but to work in crisis provision due to levels of demand and local capacity to meet this.

⁸⁶ <https://www.gov.uk/government/publications/police-crime-sentencing-and-courts-bill-2021-factsheets/police-crime-sentencing-and-courts-bill-2021-protest-powers-factsheet>

8.0 SAFEGUARDING & RISK MANAGEMENT

8.1 Introduction

The Domestic Abuse Act sets out the future approach to domestic abuse, with a clear statutory guidance framework in place. This guidance framework sets out the responsibilities for all statutory based services as well as employers, financial services; and for voluntary, community, and faith sector organisations. The aim of this guidance is to provide clear information on identifying and responding to domestic abuse, setting out the clear responsibilities for safeguarding and supporting victims.

The guidance sets out clear duties for agencies to work together, ensure a focus on domestic abuse and ensure effective commissioning of services. The framework will be a key component of future activity and planning in Birmingham helping to ensure local arrangements are in keeping with the statutory duties and ethos of the Domestic Abuse Act.

The research team considered the elements of current safeguarding arrangements, structures and practice and analysed available data. This section looks specifically at:

- MARAC
- IDVA
- Birmingham Adult Safeguarding Board
- VAWG & Domestic Homicide Reviews
- Perpetrator Programmes

8.2 MARAC

8.2.1 MARAC: Regional Context

A MARAC, or multi-agency risk assessment conference, is a meeting where information is shared on the highest-risk domestic abuse cases between representatives of local police, probation, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs) and other specialists from the statutory and voluntary sectors. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken to increase public safety.

West Midlands MARAC has been operating as a single regional model for two and a half years. The model is supported by a Regional Lead working alongside four MARAC Co-ordinators and six MARAC Administrators. WM MARAC continues to actively participate. Its most recent report describes the partnership as: 'thriving as a multiagency network, enjoying the benefits of the centralisation of this function.' However, it also cites stark issues with demand: in Year 2, from April 2020 to March 2021, for instance, it assessed 6,691 cases of domestic abuse cases the highest annual figure to date.

The overall increase in reporting of domestic abuse during this period has since been assessed by an external provider, who found that, when compared to similar forces, it more than likely represents an accurate and true level of reporting.

Within those cases, 2,931 were considered to be repeat incidents, i.e.: a further incident of domestic abuse has taken place between the same two individuals within one year of the previous MARAC date. Repeat incidents are particularly concerning due to the high-risk nature of the cases heard at MARAC in Birmingham.

7,976 children were considered as part of the safeguarding plans made. They do not collect detailed data on children. However, this is an important number when considering the impact of high-risk domestic abuse on those in the home.

8.2.2 MARAC: Birmingham Context

Birmingham Data

Period	Number of cases	Number of children	Asian, Black and marginalised ethnic groups identified	Male Victims
2018/19	1521	2079	384	54
2019/20	2015	2463	713	83
2020/21	2943	3686	986	140

The SafeLives MARAC Protocol⁸⁷ states that (where it is safe for them to do so), the following actions should take place before MARAC:

- a) State that the MARAC does not take away responsibility for immediate actions in relation to the safety of high-risk victims from agencies, particularly with regard to statutory duties (e.g. police, children’s services etc).
- b) State that there will be contact with the victim in advance of the meeting. This is normally through the IDVA service (see below).
- c) State whether there will be any specific police actions that will be completed ahead of the MARAC.
- d) State whether there will be specific target hardening actions that can be offered to all MARAC cases.
- e) Explain how, or identify the protocol through which, children or vulnerable adults are identified within MARAC cases (this should also refer to individual agencies ‘policies’).

⁸⁷ [MARAC operating protocol checklist FINAL.pdf \(safelives.org.uk\)](https://safelives.org.uk/marac-operating-protocol-checklist-final.pdf)

- f) Identify how agencies can systematically flag and tag files, MARAC cases and state which agencies should be doing this.
- g) State whether agencies are expected to use a common research form, with the information contained within them shared verbally at the MARAC meeting, where relevant and proportionate.

From April 2020 to March 2021, (which represents Year 2) Birmingham represented 49% of the total regional demand for MARAC with Wolverhampton at 11%, Walsall 8%, Sandwell 9%, Dudley 12%, Solihull 4%, and Coventry 7%.

8.2.3 MARAC Operation in Birmingham

Birmingham's MARAC operates to support and manage those considered to be at risk from ongoing domestic violence and abuse through case conferencing. Birmingham's four-year increase is 120%. Thresholds are significantly higher in Birmingham, with only the top 5% of women with high-harm perpetrators on MARAC. This has resulted in significant risk and highly complex cases compared to the rest of the region. West Midlands Police estimate 2021-22 could see a 20% increase.

Individuals referred to a MARAC, are victims of domestic abuse who are at high risk of harm from their perpetrator. The West Midlands Police website states that victims can expect ongoing support and safeguarding for themselves and their children. This can include housing support, counselling, help with finances, child contact support, and emotional support.⁸⁸

Birmingham has daily MARAC meetings, which escalated during the pandemic, with up to 15 cases being heard per day, each day. It is not possible to allocate a worker to all referrals, so service duration has been shortened. Therefore, a victim of very high-risk abuse – a woman in the vast majority of cases – may experience the most serious levels of risk and harm in the country. They may not receive the amount of support needed to ensure that their risk level falls and that they and their children are protected.

It is vital, when planning spend and commissioning services, that the picture of who is doing what to whom, in real terms of serious harm, is fully understood and appreciated.

⁸⁸ <https://west-midlands.police.uk/services/marac/referred-individuals>

8.2.4 MARAC: Birmingham Figures 2020

A breakdown of Birmingham cases heard at MARAC during 2020 is as follows:

No. of cases	2123
Female victims	1989
Female offenders	121
Male victims	130
Male offenders	2002
Transgender victims	4
Transgender offenders	0
Victims from Asian, Black and marginalised ethnic groups	857

It is important to note that the number of female *offenders* was 121 and the number of male offenders 2002. West Midlands Police reported an alarming rise in the use of weapons against women and children during the pandemic.

8.2.5 Capacity of MARAC

In Birmingham, there are actively chairing representatives from the Police, BSWA, the CCG, The Richmond Fellowship, Mental Health and Birmingham Children's Trust. There are also additional MARAC chairs in training from: In Training, Housing, Birmingham Children's Trust, BSWA and the Police.

Both Adult Safeguarding & Change Grow Live have committed to provide a chair. This has now become an urgent need due to the level of demand for MARAC in Birmingham. However, when Adult Safeguarding were asked if they are still committed to this, no response was received.

The September 2021 DALSPB acknowledged that demand for MARAC in Birmingham has increased massively. MARAC sessions are now being held daily in order to meet demand, but resources are stretched. Birmingham has consistently had 50% of the regional demand for over a year. Cases in Birmingham are more complex than in other areas. Consequently, the effort, time and resources required to safeguard people are greater. The Birmingham MARAC governance group has decided that the situation in Birmingham now needs to be escalated as a critical concern. Daily MARAC meetings hear 12 cases a day (slightly fewer than the 15 a day at the height of the pandemic), but the service is already dangerously close to building up a backlog.

The recent CREST report states that the current demand is the correct demand. It was stressed that currently MARAC is stable and running, but the concern is what will happen if there is an increase in referrals.

8.2.6 MARAC Referral Trends in Birmingham

A breakdown of reasons for referral is as follows:

High-scoring DASH risk assessment	86
High-scoring DARA Police Risk Assessment	285
Professional judgement	258
Other (inc MARAC transfer)	44

Referral features:

Referrals whereby a DASH had been completed	620
Referrals whereby an IDVA had been made before being sent to us*	204
Referrals for LGBT relationships	20
Referrals including a BAME victim/perpetrator	147
Referrals for victims 1617**	5
Referrals for victims 1824	338
Referrals for victims 2554	527
Referrals for victims 55+	40

Notes

* The MARAC team refers every victim to an IDVA regardless of the response to this question on the form.

** This data doesn't include information, only ages.

As can be seen, a high scoring DARA and repeat incidents were the most frequently given reasons. The high level of referral from the Police is very positive and to be expected as the PPU manages MARAC. The repeat incident numbers are much more concerning as they point to a question over whether any of the interventions applied through MARAC have been effective in reducing risk. In order to reach MARAC in Birmingham, there is already a very high threshold of risk, so those returning could present a significant risk profile.

8.2.7 Challenges – MARAC

- a) The (unintended) impact of MARAC is to move everything to crisis, moving focus and resources from women who seek early help.
- b) Another concern raised regarding the MARAC process, was that safeguarding victims within Birmingham sometimes comes too late. Safeguarding should start when someone asks for help.
- c) A senior domestic abuse professional observed that sometimes responses are inappropriate, and victims are expected to protect themselves.
- d) Perpetrator programmes can deliver very poor results and outcomes. A senior professional said that in Birmingham, out of 500 perpetrator referrals, only 11 men completed the programme and two of them were still referred to MARAC because they were high-risk perpetrators.

8.2.8 Gaps in MARAC Data

- a) Further breakdown of figures for Asian, Black and marginalised ethnic groups would be useful to help establish and understand gaps.
- b) HBV referrals could be recorded to ensure that there is sufficient support.
- c) Survivors need more information about what it means to be referred to MARAC.

Several women in one survivors' group we visited said their cases had been heard at MARAC. All had been contacted by the IDVA after the meeting. There had been no explanation of the purpose of the MARAC and they did not understand why they could not be present. They were aware of an action plan being created, but many had not seen any improvement in their safety and questioned 'what is the point?'

8.2.9 Recommendations – MARAC

- 1) Consider how to explain what a MARAC is and standardise this for IDVAs to ensure that the victim's voice is heard in developing risk management processes including MARAC.
- 2) Ensure actions agreed at MARAC are followed up on, and that everything is clearly communicated to the survivor.
- 3) Enhance data collection to include HBV and a greater breakdown of demographic information. Avoiding the catch all term of BAME to refer to Asian, Black and marginalised ethnic groups and giving a greater level of breakdown within the figures to highlight where communities need additional support.

8.3 Independent Domestic Violence Advisors – IDVA Data

According to SafeLives the main purpose of independent domestic violence advisors (IDVA) is to address the safety of victims at high risk of harm from intimate partners, ex-partners or family member. As well as to secure their safety and the safety of their children.

Domestic abuse and violence against women and girls (VAWG) are cited as one of the Office of the Police and Crime Commissioners (OPCC) top priorities. It recognises that it has a statutory duty to commission victims' services. It also recognises that, all too often, the onus tends to be on the victim making the necessary change, rather than on the perpetrator being held responsible for their behaviour and accountable for their offences.

Currently the OPCC commissions BSWA Independent Domestic Violence Advisors (IDVAs) and has increased capacity to 19 in BCC with a further two LGBTQ+ IDVAs. BSWA have 29 IDVAs working with MARAC, the Courts and Health and Hospitals.

8.3.1 Gaps & Challenges – IDVAs

Analysis of the data shows low levels of representation from the Gypsy and Traveller community and the Chinese community.

8.3.2 Recommendations – IDVAs

- 1) Mapping by a trusted provider to improve understanding of needs, barriers faced, and the extent to which they are being met by services.
- 2) Increase (SafeLives trained) MARAC IDVA numbers to the recommended level.
- 3) To work with other LAs cross-border services to support these groups

8.4 Birmingham Safeguarding Adults Board (BSAB)

The BSAB priorities include working with partner organisations to develop effective preventative and early intervention strategies that minimise the occurrence of the risk of abuse and neglect. They are working to establish safer communities for people with care and support needs as well as citizens who are vulnerable.

The three Core duties of the adult safeguarding board are to:

- Develop and publish a Strategic Plan setting out how it will meet the Board's objectives and how its member and partner agencies will contribute.⁸⁹
- publish an Annual Report detailing how effective its work has been.⁹⁰
- commission Safeguarding Adults Reviews (SARs) for any cases which meet the criteria for these.⁹¹

Cherie Dale, the independent chair of the BSAB, met with the review team. Key points of discussion and suggestions for improvement were as follows:

- a) An increase in support for adults who have learning and physical disabilities is needed. There is limited support for those in the blind and deaf community. The BSAB shared a short video by the Anne Craft Trust on the needs of young disabled people experiencing domestic abuse⁹²
- b) There have been improvements in how Adult Social Care is working and engaging with older people. GPs are now seeing more people over the age of 55, who are making disclosures and who are being referred to the IRIS programme.

⁸⁹ See BSAB Strategic Plan 2021-24: <https://www.bsab.org/downloads/download/43/birmingham-safeguarding-adults-board-strategic-plan>.

⁹⁰ See: <https://www.bsab.org/info/1/us/24/bsab-annual-report>.

⁹¹ See: <https://www.bsab.org/info/2/information-professionals/37/safeguarding-adults-reviews>.

⁹² <https://www.bsab.org/news/article/65/short-film-bout-the-the-needs-of-disabled-young-people-facing-domestic-abuse>

- c) There are concerns that there are currently no perpetrator courses running and therefore no intervention for perpetrators other than Building Better Relationships (BBR) and Project Cara.
- d) Male victims are reported to be using national helplines rather than local provision. There is a lack of knowledge about services available to men in Birmingham.
- e) The triage for adult social care does not understand the complexities of domestic abuse victims and the vulnerabilities this causes. There is currently little involvement between the specialist services for DA victims and other services for adults who are vulnerable.
- f) A 'whole system and whole family approach' including Inspiring Families for those in a relationship and 'lower level' perpetrators.

8.5 Rape & Sexual Abuse Data

Domestic abuse and rape sexual abuse are often found to have a significant level of crossover.

It is often found that there is a significant level of crossover between domestic abuse with rape and sexual abuse. Therefore, it is important to include figures from RSVP in Birmingham. RSVP have said that it '*identifies domestic abuse through an initial triage and personalised assessment.*' This is then reviewed and updated every 12 weeks. All DA is discussed within its regular safeguarding meetings. Staff attend MARAC daily – RSVP currently has 10 MARAC representatives across the service and all staff are provided with regular domestic abuse training. The services provided are described as empathic services, to support and inspire children and adults of all genders, who have been subjected to sexual violence and abuse.

Nationally, sexual offences recorded by the police increased in the latest year, with April-June 2021 being the highest ever quarterly figure. Rape offences were also the highest recorded in a 12-month period, with 61,158 offences recorded in the latest year.⁹³

8.6 Adult Social Care

It is evident that Birmingham Adult Social Care is currently facing increased referrals and is experiencing difficulties retaining and recruiting staff. A representative explained that Adult Social Care is committed to working directly with those for whom it has a statutory responsibility. However, they will provide information and signpost people to partner agencies and third sector organisations, who can support those who are experiencing domestic abuse, but who do not have care and support needs.

⁹³ See: Crime in England and Wales: year ending June 2021, ONS: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendin gjune2021> and <https://twitter.com/ONS/status/1456193617442361348>

Prior to September 2020, safeguarding was the responsibility of social workers based within the 10 constituencies. They provided information, advice, and guidance. Since September 2020 there is now one central point of contact for any safeguarding concerns. The aim of this team is to triage cases for appropriate support, working in line with the Care Act 2014, as well as providing information, advice and working with support services.

8.6.1 Adult Social Care Data

Between 1st February 2021 and 31st January 2022, there were 930 Safeguarding Concerns raised which involved allegations of Domestic Abuse. This was 7.6% of the total Concerns raised (12,212).

13.3% of those relating to domestic abuse were recorded as reaching the Safeguarding Enquiry stage (124 of the 930).

Of all completed Enquiries which involved allegations of domestic abuse (91% of cases), the person was asked to express their desired outcomes. In 85% of cases, one or more outcomes were expressed

Of those who expressed an outcome, 86% fully or partially achieved them.

8.6.2 Training for Social Workers

Not all social workers study domestic abuse as part of their initial training. Therefore the question was put to ASC as to what level of training is given to social workers on domestic abuse. The current training options are:

- **Domestic Abuse Awareness E-Learning – 30 minutes.** This course will help you to recognise domestic abuse and help you to understand your responsibilities in safeguarding people.
- **Domestic Abuse Awareness half-day Training.** Three hours (Virtual) to provide Adult Care staff with Domestic Abuse awareness sessions.

Some of the key learning objectives include:

- Being able to define domestic abuse.
- Review Birmingham Commitment to tackling domestic abuse.
- Review four types of domestic abuse.
- Review Birmingham layered prevention model.
- An overview of Domestic Abuse and Legislation.

The assessment team also asked if the training included: an understanding of coercion and control; impact on victims; trauma and how to complete a DASH. The half-day session includes coercion and control, and impact on victims and trauma. It does not include how to complete a DASH. However, ASC have recently shared communications

on behalf of West Midlands Police MARAC/DASH Coordinator for sessions in this area of work.

ASC reported that not all of the training has been made mandatory. However, the take-up has been extremely high, with the programme accessed as part of 'working in partnership with colleagues' from the Birmingham Safeguarding Adults Board.

8.6.3 Barriers and Challenges – Safeguarding

- 1) All safeguarding concerns are RAG rated when received by the City-wide Safeguarding Team. The Team's remit is defined by Section 42 of the Care Act. Where a referral is received on someone experiencing domestic abuse, who has care and support needs. The team will support the person by following the safeguarding process. Where it is evident that the person referred does not have care and support needs, the Safeguarding Team will signpost to other services who can provide assistance. ASC has agreed funding to bolster the support provided at the initial referral stage. Recruitment to the additional posts is currently underway.
- 2) Research from the University of Central Lancashire⁹⁴ found that the above response to domestic abuse was inherent within Adult Social Care. It states: '*The Care Act 2014 makes specific mention of domestic abuse, recognising it as a category of abuse.*' However, the safeguarding duty only applies to an adult who is already eligible for services. Many victims of domestic abuse are therefore unlikely to qualify for statutory support, simply on the basis of the experience of domestic abuse. This adds to the perception that domestic abuse falls outside of the remit of statutory social work unless the adult is deemed to be an 'at risk.' And where there are additional complicating factors, such as mental health issues, substances misuse or a lack of capacity.
- 3) The Local Government Association (LGA) and Association of Directors of Adult Social Services ADASS report⁹⁵ noted that: 'making connections between safeguarding and domestic abuse is a key area of development to be addressed within the Adult Social Care sector.'
- 4) The challenge Adult Social Care faces is that adults have choice and protection from the Equalities and Human Rights Act. They have a right to life and a right to live how they chose. If fear is present, we must ask; 'how can a person make safe choices?' This along with any additional complexities can make it difficult for adults to be able to make informed choices. Cohen (2001, p194) calls this way of working 'the dynamics of knowing and not knowing' which becomes the 'essence of denial and by standing'

⁹⁴ See: Is Domestic Abuse an Adult Social Care Issue? Robbins, R et al, University of Central Lancashire; <http://clock.uclan.ac.uk/13917/1/Non%20Anon%20-%20Revisions%202%20%28002%29.pdf>

⁹⁵ <https://www.local.gov.uk/about/news/lga-responds-adass-snap-survey-state-adult-social-care>

- 5) Recording of domestic abuse cases has been identified as an area of development. Previously some cases were being recorded as neglect, physical harm, financial abuse. Therefore, missing the fact that it was Domestic abuse. An Improvement Officer has supported improvement by sampling case records and identifying where domestic abuse may not have been categorised as such.
- 6) Another area identified by the social worker senior team, where improvements could be made, was in A&E at hospitals. Whilst there are social workers within the hospitals, referrals to ASC were sometimes poor with very little information. A&E is an important opportunity for intervention, as patients can be seen quickly by on-site social care staff. However, the opportunity for intervention and engagement may be lost before victims return to the home.
- 7) Overall engagement by Adult Social Care with DA victims is low. It is unclear why this is, but several issues can be considered. This may be due to social workers having a training need around how to engage with clients who are at risk of domestic abuse; being able to safely contact the victims; the perpetrator being a carer and therefore taking control of the situation; and a victim being in fear of consequences when engaging with social care – to name but a few.
- 8) Historically, the team have referred to MARAC when the referral was made. The case would be closed as it was seen as the 'safety' option for the client. This no longer happens and social workers understand they must work with cases if they are being heard at MARAC.
- 9) ASC have two senior social workers who attend MARAC. ASC have committed putting forward a chair for MARAC training but are yet to put anyone on the training or move ahead with this. A suggestion was put forward to train one of the senior social workers who attend MARAC to '*chair*' but there was some concern expressed about the impact on pay and scales and whether this was appropriate at this time.
- 10) Referrals from ASC into MARAC are one of the lowest within the city. However, when analysing data of MARAC, ASC have the most open cases with outstanding actions. These 2 contrasting figures are concerning and need further investigation to understand where exactly the pressures are and how these can be addressed.
- 11) ASC explained that support to MARAC has been a challenge because MARAC in Birmingham moved to daily meetings during the pandemic and the numbers of referrals increased. Attendance at daily meeting proving logistically challenging. ASC, working with Community Safety Partnerships, is currently developing a MARAC Officer role. Since January, ASC has been represented throughout the daily meetings. The Improvement Officers have continued to support MARAC by doing the required checks on referrals and providing information for the meetings. ASC managers hope that the new arrangements will lead to fewer and more appropriate actions for ASC. There should be consistency in how the

identified actions are followed through by the responsible workers. ASC has yet to provide a Chair for the MARAC meetings. There is currently a reorganisation of management portfolios. This impacts on the safeguarding function. Any further commitment to MARAC will have to await this reorganisation. This should be completed by April.

- 12) ASC rely on the specialist support services to provide the support to domestic abuse victims. Although they work within the Care Act, they told us that any support is from additional services. It highlights the need for social workers to support and to help keep vulnerable adults safe, who are at risk and experiencing domestic abuse. There is an urgent recruitment issue within the city which has implications for the response to the community.
- 13) There is a process to review domestic abuse cases within the team. This did not seem to be fully developed. It pointed to a need for senior support at a much earlier stage to ensure that domestic abuse cases are supported to a high standard to minimise risk. Cases heard at MARAC are reviewed after the meeting but there does not appear clear support for staff, who have domestic abuse cases, but who do not meet this threshold.

8.6.4 Recommendations – Adult Social Care

- 1) Recruitment and retention to be addressed as a priority.
- 2) Domestic Abuse Champions have worked well within West Midlands Police and the Children’s Trust and should be considered within Adult Social Care. This would require support from management, volunteers from staff and bespoke training.
- 3) A clear process for staff, where there are concerns of possible domestic abuse. How this is recorded accurately and consideration about whether the person has ‘capacity’ to make safe choices. Is fear present? What are the consequences of decisions being made by the vulnerable adult? All these factors need to be taken into consideration.
- 4) Specialist training from frontline workers to senior managers to be provided to enable them to understand the complexities of domestic abuse with adults and how to support them.
- 5) Work with a multi-agency approach where Adult Social Care is part of the action plan. Working with specialist services rather than relying upon them for support.
- 6) A review of MARAC cases where Adult Social Care had involvement or actions to identify areas of learning and development. (Dorset Council recently held a Vulnerable Adult Audit to review responses of Domestic Abuse/MARAC and ASC.)

- 7) A Family Safeguarding Model (Hertfordshire/Somerset/Bracknell) – Could this model be introduced within the Adult Social Care team where independent advocates sit within ASC to be part of the response to DA.
- 8) Create a rota for MARAC to reduce the impact on 2 specific social workers or to recruit a specialist worker to represent ASC at MARAC. Carry out research and prioritise MARAC actions.
- 9) Improve recording of domestic abuse cases. Those who meet S42 are recorded - all others are not. This is not giving a true picture of the referrals coming into the service where there has been DA and have not been accepted by the service.
- 10) A commitment is needed to training staff and implementing culture change within Adult Social Care (not commissioning) to understand, record and respond to domestic abuse appropriately. This must take account of client fear, coercive control, and risk even when the client has capacity (not section 42).
- 11) In the 2014 Care Act there is a clear framework requiring local authorities to safeguard vulnerable adults. Due to the lack of information shared, the barriers and challenges identified it is recommended ASC to review cases referred for vulnerable adults who may sit outside the Care Act or Mental Capacity Act but where the impact of DA and CCB made those already vulnerable even more so with interfamilial abuse and those with a disability.

8.7 Domestic Abuse, Homicides and Domestic Homicide Reviews

Birmingham has had 42 DHR cases since 2011. There are currently 13 cases being proceed.

- 12 cases have been published. The remaining four were not published due to sensitive details.
- Three cases are currently with the Home Office to be considered by the quality assurance panel.
- Six cases haven't met DHR criteria.

To date Birmingham has had eight male victims and 34 female victims. There have been a number of learning events, due to the outcome of the DHRs. The focus during 2020 was on Coercive Control.

In a 2019 article the BBC reported that domestic violence killings had reached a five-year high of 173, with many of these murders knife related.⁹⁶ The government chose to focus on serious youth violence, knife violence (to the exclusion of DA) and County Lines. Though these are all particularly important criminal focuses, the question of

⁹⁶ <https://www.bbc.co.uk/news/uk-49459674>

whether this has diverted attention too far away from domestic abuse as a serious crime, is a very important one.

A Domestic Homicide Review from 2017 recommended the following:

- Recommendation 1: **Safe Therapeutic Work:** Birmingham Community Safety Partnership should seek assurance from its partner agencies. This is in keeping with West Midlands Domestic Violence and Abuse Standards. They should not engage in, or commission, unsafe work with couples where there is domestic abuse. This requires agencies having robust mechanisms for screening and identifying domestic abuse, enabling safe disclosure, and finding safe ways to work with the individuals concerned.
- Recommendation 2: **The Workplace:** Birmingham Community Safety Partnership should set the standard. Ensure that all agencies in the city have up-to-date, robust workplace domestic abuse policies that enable employers and colleagues to both support victims and deal with perpetrators of domestic abuse in their workforce.
- Recommendation 3: **Public Awareness:** Birmingham Community Safety Partnership defines the extent of the activities needed in the city to effectively change attitudes to violence against women and girls and the extent to which the Partnership is able to deliver them. The Home Office should provide guidance for employers on workplace domestic abuse policies that enable employers and colleagues to both support victims and deal with perpetrators of domestic abuse in their workforce (as recommended by the Home Office Quality Assurance Panel).

A recent Safeguarding Adult Review involving Domestic abuse contained the following recommendations:

- Awareness raising should take place across Birmingham around 'carer stress' and the pathways to refer to Adult Social Care for a Carer's assessment. This includes the complexities and the risks of intention or unintentional abuse should carers remain unsupported and the steps to support prevention.
- Learning from this review should be shared with the Birmingham Domestic Abuse Shadow Board, so they consider raising awareness of the barriers that older people, who are experiencing domestic abuse, face and provide guidance on how to mitigate those barriers.
- The Birmingham Safeguarding Adults Board to raise awareness that the Risk Enablement Guidance can be used for domestic abuse and that risk assessments should be considered within that context.

Commissioners of MARAC Independent Domestic Violence Advisors should ensure that there is enough capacity within the service to be able to respond both flexibly and effectively to high-risk domestic abuse victims with care and support needs.

8.7.1 DHRs and Counting Dead Women

Karen Ingala Smith has been working to raise awareness about femicide in a campaign started in 2012 called Counting Dead Women. Karen is co-creator of The Femicide Census with Women's Aid (England), supported by Freshfields Bruckhaus Deringer LLP and Deloitte LLP. The census is a ground-breaking project. It is enabling the monitoring and analysis of men's fatal violence against women; providing valuable data with the aim of contributing to the reduction of the number of women killed by men. The Femicide Census launched its first report, 'Redefining an Isolated Incident',⁹⁷ in December 2016.

Because of the Femicide Census, it is known that in the UK, 92% of women who are killed by men are killed by someone they know. One in 12 (or 8%) is a woman who is killed by her son. That's the same proportion – 8% – of women in the UK who are killed by a stranger. 62% of women killed by men are killed by a current or former partner. More than 40% of these had already left or were taking steps to leave him. More than a third of these were killed in the first month post separation – almost three quarters within the first year.⁹⁸

These statistics, though shocking, are not necessarily what society perceives to be true. However, over the past two years there has been a surge in public awareness of the enormity and impact of male violence. The killings of Sabina Nessa and Sarah Everard have caused a tide of outrage amongst both women and men, who consider it unacceptable that so many women are neither safe in their homes, or in public spaces. It is because of the Femicide Census, that we know that Sarah Everard was the sixteenth UK woman to be killed by a serving or former police officer since 2009.⁹⁹

It is really important that all agencies understand the highest risk time and that women are the best judges of their own level of risk. The point of leaving an abusive relationship remains the most dangerous time for a woman.

The figures below represent cases of femicide. Femicide Census analysis reveals that:

89% (338) of women killed	Were women who had separated or made attempts to separate and were killed within the first year
38% (142) of women killed	Were women killed within the first month of separation
5% of women killed	Were women killed three or more years after separation

⁹⁷ See: <https://www.femicidecensus.org/wp-content/uploads/2020/02/Femicide-Census-Redefining-an-Isolated-Incident.pdf>

⁹⁸ See Femicide Census: UK Femicides 2009-2018: <https://www.femicidecensus.org/wp-content/uploads/2020/11/Femicide-Census-10-year-report.pdf>

⁹⁹ See <https://www.femicidecensus.org/at-least-16-serving-or-former-police-officers-have-killed-women-why-does-this-matter/>

Stalking and harassment are sometimes a factor in the ongoing abuse of women by an ex-partner and are high-risk indicators on the DASH risk assessment.

8.8 Health

Both University Hospitals NHS Foundation Trust and Birmingham Community Healthcare NHS Foundation Trust are key safeguarding partners of BSAB.

Acute hospitals, especially A&E, are in a unique place as they see patients after an incident and are able to provide safe and confidential space for victims to make disclosures. The pressures on the health services, especially since the pandemic, have been significant and, as with partnership working agencies, must work together to alleviate some of these pressures.

DA training is mandatory for Levels 1, 2 and 3. Dependent on the role of the employee, when required, the hospital has been able to bring in bespoke training to respond to need.

There is a part-time IDVA Midwife at Birmingham Women's Hospital who provides training and support to patients. They support reviews of policies within the organisation. All midwives follow NICE guidelines and have had DA training. A Band 7 nurse provides MARAC research and attends when there are cases known to the trust. The Safeguarding nurse attends the Domestic Abuse board.

In addition, there is an Under-5 Clinical Psychologist working within the Trust, who works alongside health visitors, looking at the impact of trauma on children, intergenerational health concerns and the baby brain. This post is being funded by Public Health (no end date given).

8.8.1 Health Data – Mental Health

Domestic Abuse impacts mental as well as physical health. Accessing services for support with mental health can be a challenge with long waiting lists to access counselling and a hugely increased demand on services. The pandemic added demand to an already strained service.

Birmingham and Solihull Mental Health NHS Foundation Trust safeguarding team made the following data available:

Q1 2021/22

Total number of inquiries/calls received = 255

Inquiry categorisation: Safeguarding Adult – Domestic Abuse

- 53 calls out of 255
- 1st most inquired out of 26 categories
- Represents 20.78% of total calls for that quarter

Inquiry categorisation: Safeguarding Child – Domestic Abuse

- 15 calls out of 255
- 6th most inquired out of 26 categories
- Represents 5.88% of total calls for that quarter

Q2 2021/22

Total number of inquiries/calls received = 286

Inquiry categorisation: Safeguarding Adult – Domestic Abuse

- 69 out of 286 calls
- 1st most inquired out of 28 categories
- Represents 24.12% of total calls

Inquiry categorisation: Safeguarding Child – Domestic Abuse

- 3 out of 286 calls
- 18th most inquired out of 28 categories
- Represents 1.04% of total calls

8.8.2 Barriers and Challenges – Health

- a) Due to pilot/limited funding, it is very difficult to build long-lasting partnerships with smaller organisations that are doing some excellent work and are highly skilled in their area.
- b) Previously, there was an IDVA attached to the hospitals. This was funded by the Violence Reduction Unit but has now ended. When operational, the IDVA offered bespoke specialist training in domestic abuse and supported staff; carried out routine enquiries; supported victims and their families; found safe accommodation when needed; worked closely with the law society for injunctions and had a close relationship with the police.
- c) Staff felt that having a specialist who was independent of the hospital, was seen as a huge asset and the loss of this position has had a big impact. Health IDVAs in other areas of the country have proven extremely successful, with increased referrals to MARAC and earlier identification and intervention. (e.g. Somerset, Dorset, Hampshire and IOW have successful Health Advocate Projects).
- d) The health IDVA supported the acute hospital staff in becoming confident in their identification; safety planning; safeguarding and referrals into BSWA. Because this role has ended, there is an Early Help Worker, who has been seconded into A&E, for 6 months to continue this support.
- e) This role was through BSWA and therefore only supported women due to the commissioning and the ethos of the organisation. It has been identified that there is a lack of training and understanding of male victims of domestic abuse and how to support them. It was also identified that the trust has not closed the gap of understanding from serious case reviews, domestic homicide reviews and complaints where there has been a male victim.
- f) A challenge for the Trust is the volume of cases going into MARAC and the resource this requires. The impact of this is significant and has a wider impact on service delivery.

8.8.3 Recommendations – Health

- 1) The commissioning of long-term funding for a Health IDVA placed at the Women’s Hospital and a Children and Young Persons IDVA to be attached to the Children’s Hospital and/or FTB would be a fundamental addition to the trust. They would be able to provide support to staff; reduce workload; if able, offer immediate response when the victim is in the hospital; be able to offer safe visits when returning for outpatient appointments; as well as safety planning, referrals to MARAC, identifying other support needs and being an independent advocate for patients.
- 2) Many actions and recommendations from SCR, DHRs and Complaints are worked in isolation. It is recommended that all reviews are brought together to identify learning and actions. This would be for all victims of domestic abuse and would be appropriately overseen by the Safeguarding Board.
- 3) When identifying needs for funding posts, commissioners should work together to ensure they target the correct client group. Agencies can work together to provide the maximum support.
- 4) All adults with an LD are required to have an annual health check. However, there is a reluctance to attend these. Health is to ensure these are chased and face-to-face appointments offered away from partners/carers, as this may be a way in which they are being isolated.

8.9 Perpetrator Programmes

In the last couple of years, Birmingham has funded a number of perpetrator programmes. These are listed below. It remains unclear whether these interventions are cost effective. It is important that all professionals, in the sector and beyond, understand the limitations and low figures demonstrating change nationally; the need to continue to work with and safeguard victims whilst the perpetrator is on a programme and beyond. Anecdotally, there was some evidence that it was seen as an effective intervention to safeguard a family but the preliminary figures available locally do not back this up.

The Regional DVPP was independently evaluated by Cordis Bright, an independent research consultancy, and the programme has demonstrated the following outcomes between September 2017 and December 2020:

Total referrals received 1161	Attended at least 1 session 292	Dropped out 107
Individuals referred 1022	Completed the full programme 31	Assessment pending 55
Assessment conducted 636	Assessed as unsuitable 238	Cost since inception 2.5 million
Assessed as suitable 292	DNA After assessment 50	

In April 2021, following the campaigning of over 125 expert organisations through the 'Call to Action'.¹⁰⁰ The government set itself a legal requirement to publish a strategic approach to perpetrators within a year. With this in mind it will be looking at the key areas the strategy must cover and how it will sit alongside other services and strategies for victims and survivors.

'Respect' is a nationally recognised organisation which oversees quality standards around both perpetrator programmes and working with male victims. 'Respect' states that: 'We believe it's about time there was a nationwide strategy for responding to perpetrators of domestic abuse. Currently, less than 1% of perpetrators receive a specialist intervention to challenge or change their behaviour. Opportunities are being missed to stop a perpetrator abusing their current victim and prevent them from moving on to their next. This failure costs the lives of two women a week and around £66bn a year in social and economic costs. It must change.'¹⁰¹ 'Respect' believes the five key elements for a sustainable and effective perpetrator strategy are: multi-agency working; availability and awareness; quality-assured interventions; investment and leadership.

An evaluation of the Drive Project, *A Three-year Pilot to Address High-risk, High-harm Perpetrators of Domestic Abuse*, by the University of Bristol, (the largest evaluation carried out in the UK) looked at 500 perpetrators over three years. It found that the high harm perpetrators had reduced their use of abusive behaviour. It also found that the intervention produced space for the victim to look at their options and that the support of an IDVA was critical. The Drive evaluation documented the complex practice in Drive. This included the skills of case managers in using indirect and direct work with perpetrators; co-ordination with IDVAs; and the centrality of the multi-agency 'ecosystem' around Drive. The researchers felt it important to state how indirect work, where case managers do not see the perpetrator face to face but co-ordinate multi-agency action, is an important feature.¹⁰²

Perpetrator projects in Birmingham ended in November 2021. These programmes closed safely with a demobilisation plan. A review and evaluation of these programmes has been undertaken to determine their effectiveness and how the city will move forward. This review found the following:

My Time – referrals were made by Children's Social Care and the Children's Trust (CSC) in Birmingham. It was identified that the course was too long. It was therefore reduced from 30 to 24 weeks to encourage improved attendance. The course consists of a 6-week assessment to ensure referrals are appropriate, followed by 18 weeks of one-to-one work.

¹⁰⁰ <http://driveproject.org.uk/news/call-to-action-for-perpetrator-interventions-in-england-and-wales/>

¹⁰¹ See: Call to action for a national strategy on perpetrators of domestic abuse, Respect: <https://www.respect.uk.net/pages/73-national-perpetrator-strategy>

¹⁰² <http://driveproject.org.uk/wp-content/uploads/2020/01/Drive-Evaluation-Report-Final.pdf>

Richmond Fellowship along with The Children's Trust developed training to help the social worker shift their focus of accountability to the perpetrator rather than the victim. It also supports them to understand domestic abuse; work in a trauma informed way and think of the whole family. From this intervention 'My Time' saw an improvement of the quality of referrals.

DRIVE – Referrals made via Multi-Agency Risk Assessment Conference (MARAC), provided 1:1 work with high-risk perpetrators. DRIVE challenges and supports perpetrators to change and works with partner agencies, like the police and social services to disrupt abuse. Birmingham Solihull Women's Aid (BSWA) provided the support for partners and ex-partners throughout the programme.

Due to the complexities of referrals, Richmond Fellowship secured three specialist workers to support the team with Black, Asian, and Minority Ethnic referrals, Mental Health, and substance misuse. The Criminal Justice Liaison (CJL) teams found they had better interaction with the perpetrators with these specialist workers available. An excellent relationship with the Independent Domestic Violence Advisors (IDVAs) was developed, sharing relevant information enabling safety planning for victims and survivors.

As part of the project MARAC and ODOC (One Day One Conversation), governance started to work together to ensure the safety of victims and survivors, monitoring risk and reducing repeat trauma. At the time of the review being undertaken two other services were still being provided, one for perpetrators and the other for young people who use violence against parents (since decommissioned: March 2022).

The Domestic Abuse Perpetrator Programme (DAPP) is provided by Richmond Fellowship for those going through family courts via Children and Family Court Advisory and Support Service (CAFCASS). It aims to help people who have been abusive towards their partners or ex-partners to change their behaviour and develop respectful, non-abusive relationships. Groups involve 8-12 participants. Sessions are weekly, outside working time, and last for between 2 and 2.5 hours over about six months. Every DAPP has a parallel service that supports partners and ex-partners at risk from domestic abuse and this service is offered to them. There has been positive attendance with this course. This may be due to it being court ordered and via the family court. Funding will continue until 2023.

8.9.1 Barriers and challenges – Perpetrator Programmes

The largest single challenge for perpetrator work is perpetrators being able and willing to identify their behaviour as abusive and making the changes necessary to reduce risk to current and future victims. Birmingham OPCC commissioned a review of the programmes being delivered and their outcomes to determine appropriate commissioning in the future. At time of writing this report was not signed off by the Home Office and was therefore unpublished.

Reported high turnover of staff within social care can cause issues with consistency for the perpetrator and professionals. Victims reported that some cases were closed after 15 weeks by social care, which sometimes coincided with perpetrators stopping attending the course, as the incentive to engage was removed.

DRIVE model best practice is to have a Domestic Abuse Perpetrator Panel. However some agencies lacked the capacity to be part of it.

Birmingham referrals were 40% more likely to have 3 or more additional/complex needs compared to those from other areas (60% Birmingham vs 20% in other parts of the UK).

8.9.2 Recommendations – Perpetrator Programmes

- 1) Share the review commissioned by OPCC on local perpetrator courses. Evaluate outcomes to determine future commissioning. Enable victim and perpetrator services to be co-ordinated to provide a safe environment for victims. Hold perpetrators to account.
- 2) Perpetrator work to be included within the domestic abuse strategy as a key part of a 'think family' approach. It should also ensure the Birmingham DA Strategy reflects the National Perpetrator Strategy, recognising the 5 elements required with the aim of creating a multi-agency response.
- 3) Specialist training to be provided to CAFCASS and family/ civil court judges to understand domestic abuse. The complexities and the re-traumatisation of continued CCB and victim blaming and to support perpetrators accessing appropriate courses.

9.0 HOUSING

9.1 Local Authority Housing

Survivors of domestic abuse previously had to satisfy the vulnerability test if they were not in priority need for another reason, e.g. because they have dependent children or are pregnant. The Domestic Abuse Act means that considering vulnerability will no longer be required for victims of domestic abuse who are homeless under the terms of the Domestic Abuse Act.

The research team met with senior leaders in Housing including the Director of the newly formed Housing Directorate within BCC. They are currently working on a new vision for how their department will work in Birmingham, undertaking a Strategic needs assessment for Housing. A key piece of work is looking at increasing the levels of available housing, by working with the private rented sector. This will have the impact of better meeting demand with the potential for Local Authority Housing Stock to be allocated to Domestic Abuse victims. The Directorate expressed recognition for the need to respond to recommendations emanating from this report.

As part of the Birmingham Homelessness (Strategy) Review details of the re-design of services and the investment and improvements expected were shared.

9.2 Housing & Homelessness

The need in Birmingham in the year April 2020 to March 2021:

- 4,816 households had an initial assessment under the statutory duty.
- Of those 4784 were assessed as being owed a duty (99.3%) by BCC.
- 21.2% of those assessed by BCC as being owed a relief duty in the city were recorded as Domestic abuse cases amounting to 745 applicants.
- 5% (64) of those owed a prevention duty were domestic abuse cases.

In the survey of professionals that we conducted, professionals were asked: 'When someone discloses domestic abuse, and they have housing need, where do you refer them to? How do you reach that decision?'

51 people left comments on this section. Key points made included the following:

Birmingham and Solihull Women's Aid was used the most with 51% of respondents referring to that service if their client had a housing need. 39% referred to Birmingham City Council and 10% referred to Cranstoun. There were also 16% of respondents who said they use internal resources first (some respondents were from the housing service or had a specialist housing officer).

Three respondents said they used housing associations, with two people identifying 'refuges in general'. A further 13 organisations each received a single response. Registered Providers (Housing Associations) can play a significant part of relieving

some of the pressure on local Authority Housing and many across Birmingham and the West Midlands are signed up to DAHA Accreditation showing their commitment to Domestic Abuse. The most commonly stated reason why a particular housing provider was chosen was that it was the relevant service to go (41%), i.e. housing support was needed and so they went to a housing organisation. For 22%, they said that they chose a service because it had a good reputation in terms of being experts in that area/field who knew what they were doing.

The most consistent response for why people referred to BCC was that it was the most relevant service to meet the Housing need.

Housing Options has been going through a re-design process with 2020/21 being Year 3. The re-design involves investing in prevention tools, increased numbers of staff, supporting customers to move-on from temporary accommodation into sustainable tenancies. The Directorate intended to have better working relationships with stakeholders including increasing use of the private rented sector (potentially adding thousands of properties). To support this there were plans to invest into a property finding resource.

Birmingham City Council's Homeless Prevention Tools include Sanctuary Measures, Supported Accommodation Referrals, Third Sector and Statutory Sector Referrals, NCDV Referrals, Home swapper, HPF, Housing Management Referrals and Private Rented Sector Accommodation & Landlord Negotiation (such as when someone is in arrears due to financial abuse).

Tools to relieve homelessness are similar to prevention tools but may also include support to complete a new Part VI Application and Exceptional Needs to Move Request. It may also include negotiations with private landlords or Supported Housing officers for those in Housing Association/Registered provider accommodation.

Where a case is heard at MARAC and the victim resides in BCC Temporary Accommodation, the case will be picked up by Housing Management. Victims will be provided with dedicated safeguarding/ housing advice and support.

For households needing domestic abuse support there are an average of **2.6** moves per household around various forms of temporary accommodation. BCC states that there were over **3500** people in TA in April 2021 who needed a move on plan review.

The graphic below outlines the Housing Directorate's approach to supporting victims of domestic violence through the process of Housing and support.



BCC Housing reported an additional four Housing Officers and four Neighbourhood Officers dedicated to DA were recruited in March 2021 to increase the capacity of the Housing Management team. They support victims and take appropriate enforcement action against Perpetrators, meaning more civil injunctions to protect victims can be obtained.

The 24-Hour Day One Approach within Housing Management at BCC was put in place to ensure all victims are DASH assessed. With onward referral to

- sanctuary measures and repairs.
- statutory/third sector support.
- to the DA Hub/HOC for Homeless Assessments where unsafe to reside at home, and info requests are made to Police to start enforcement action against perpetrators (with an almost immediate response).

9.3 Additional Plans for BCC Housing to Address Domestic Abuse Need

- 1) All Housing Officers within Housing Management to be IDVA trained so that Birmingham City Council has its own dedicated IDVA support service with best practice approaches from the women's sector steering their support interventions.
- 2) A new Case Management system within Housing Management will provide robust data on victims, and interventions provided to enable the accurate recording of outputs and outcomes so that the team's performance can be better monitored and improved through identified training needs.
- 3) Customer Satisfaction surveys will be completed at various stages throughout the HM customer journey to drive continuous improvement. In addition, quarterly monitoring of closed cases will occur to prevent crisis situations and support victim resettlement
- 4) A new Tenancy Policy outlining BCC's intolerance of domestic abuse and commitment to act against perpetrators is being created with a wide range of supporting information on how to get help. This will be handed to all new tenants. Furthermore, HM are compiling business cases for Positive Engagement Officers who will work directly with perpetrators to address their behaviours and find alternative accommodation.
- 5) Housing Options Service Redesign will divert more resources to Prevention activities whilst developing a case management approach to allocations, voids and lettings with a single officer supporting victims with assisted bidding as well as ensuring they are tenancy ready.

9.3.1 Whole Housing Approach¹⁰³

A Whole Housing Approach (WHA) is part of a DAHA model which could be adopted by Birmingham City Council to support tackling each Housing issue. Supporting victims and perpetrators, it includes 14 components as demonstrated in the diagram below.

The green circles in the diagram show the main tenure types, the private rented sector, privately owned, social housing, supported/sheltered accommodation. Refuge Services are included in this as they offer a form of emergency accommodation accompanied by support from a specialist domestic abuse service.

The white circles represent the housing options, initiatives and domestic abuse support offered to victim/survivors across the main tenure types, including Co-Located Advocacy, Mobile Advocacy, Flexible Funding, WHA Coordination, Sanctuary Scheme, Managed Reciprocal, Move On Accommodation, Domestic Abuse Housing Alliance (DAHA) accreditation and Perpetrator Management.

¹⁰³ <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/what-is-the-whole-housing-approach/>



Where suitable and led by the wishes of the victim/survivor the option of the perpetrator being moved and rehoused is one to give serious consideration to (as opposed to the victim). This is not going to prevent the perpetrator returning to victims' property but may reduce the likelihood. If the perpetrator is moved into suitable alternative housing this can reduce the risk to the victim. A perpetrator who is homeless and will not leave the victim alone may increase the likelihood that the victim will agree to the perpetrator coming back to live in the home. This approach combined with legal orders can be more effective to create a safer environment and reduce risk (where the victim chooses to stay in their property). This is ambitious especially with the pressure on Housing stock, there is a much larger supply of one bed flats available so could prove easier (to house

the perpetrator) than housing the family in a larger new property. This approach would need careful risk assessment, a multi-agency approach and potentially legal protection orders in place.

According to Solace Women’s Aid 53% of women fleeing abuse lose their tenancy and have to start again from nothing.

9.4 Domestic Abuse Out of Area Need

Coventry, Dudley, and Sandwell shared their Domestic Abuse needs assessment. There is a duty to house residents from outside of the local area in Domestic Abuse cases. However, refuge staff reported that local connection is sometimes a barrier to accessing housing.

In Birmingham there are an average of 269 homeless presentations per week. There has been a 96% increase in corporate contact centre homeless calls compared to the same period last year (April to August 2020). On 10/02/21 there were 3565 families & singles in Temporary Accommodation. 540 of these were in B&B.

Reason for loss of last settled home Households owed a relief duty:		
Family or friends no longer willing or able to accommodate	1,515	34.0%
End of private rented tenancy - assured shorthold	396	8.9%
Domestic abuse	741	16.7%
Non-violent relationship breakdown with partner	173	3.9%
End of social rented tenancy	117	2.6%
Eviction from supported housing	289	6.5%
End of private rented tenancy - not assured shorthold	147	3.3%
Other violence or harassment	90	2.0%
Left institution with no accommodation available	71	1.6%
Required to leave accommodation provided by Home Office as asylum support	135	3.0%
Other reasons / not known ⁶	776	17.4%

Combining the relief and prevention duty figures for domestic abuse survivors means that domestic abuse accounts for almost 20% of all duties owed.

Reason for loss of last settled home Households owed a prevention duty		
Family or friends no longer willing or able to accommodate	541	26.1%
End of private rented tenancy - assured shorthold	735	35.5%
Domestic abuse	54	2.6%
Non-violent relationship breakdown with partner	39	1.9%
End of social rented tenancy	49	2.4%
Eviction from supported housing	70	3.4%
End of private rented tenancy - not assured shorthold	96	4.6%
Other violence or harassment	63	3.0%
Left institution with no accommodation available	12	0.6%
Required to leave accommodation provided by Home Office as asylum support	22	1.1%
Other reasons / not known ⁶	392	18.9%

The Local Authority was unable to supply out of area figures. This area could be explored further in the Public Health Deep Dive.

9.5 Exempt Housing DA Support

The definition of Exempt Housing is simply a term used in the Housing Benefit Regulations to describe supported accommodation provided by non-profit making organisations where some of the 'normal' HB rules do not apply – meaning that the Local Housing Allowance rates are not applied with higher rents being charged. Support should be provided; however, the type and quality are not stipulated. There has been a significant amount of work done in Birmingham which is a pilot area for MHCLG funding to work to tackle some of the quality issues that exist within Exempt Housing.

A part of the research was to look at Exempt Housing. However, the vast majority of supported Housing in this sector is classed as Exempt – e.g. all of the commissioned providers are Exempt, and most of the non-commissioned providers are also Exempt. Poor or good quality cannot be inferred from this status alone. This is why the Exempt Quality standards¹⁰⁴ and the Charter of Rights have been developed in Birmingham to provide some clarity about the level of support and quality offered. However, these are not aimed at domestic abuse services. The Exempt pilot leads at BCC did not have a list of non-commissioned Exempt DA services. However, all services that have stated they provide a Domestic Abuse service are referenced in the mapping.

9.6 Gaps and Challenges – Housing

- a) 83% of survey respondents said they considered there to be gaps in domestic abuse provision. 49 people commented. The biggest gap was **lack of provision**

¹⁰⁴ https://www.birmingham.gov.uk/info/20006/housing/2333/supported_exempt_accommodation/3

for housing (37% of respondents), whether refuge, temporary accommodation, housing for specialist needs, or long-term housing.

- b) There was a concern over **poor quality of the housing** (10%), with safety a major concern, and a feeling for some that the council didn't check up or care if the housing was suitable. For a few, they felt that this sent some of their clients back to living with the perpetrator. In this regard, comments included: 'Gap in refuge provision meaning women often have no real choice about a safe space to attend and are forced then to continue living with the abuser'; and '...terrible temporary accommodation that the council seems perfectly happy sending woman and children to- these hotels earn a fortune off the council and the council don't seem to hold them to any kind of standard'.
- c) Lack of resources and support for **specific demographics** was also identified as an issue (35%), particularly for men, and for children, young people, and families. There were also a few comments on resource issues for Asian, Black and marginalised ethnic groups, LGBTQ, older people, those with disabilities, mental health issues, etc. Comments included: 'Lack of specialist provision [for Asian, Black and marginalised ethnic groups], lack of refuge space, floating support to assist with move on when women move into permanent homes, support for medium and standard risk to prevent escalation, prevention and early intervention through education, specialist children's services'; and 'Not enough provision for male victims of abuse, we have commissioned Cranstoun but the city is seeing an increase in male presentation'. Whilst BCC does commission dispersed accommodation for males there is an awareness issue that needs to be further addressed.
- d) Some mentioned the barriers that prevent **those with no recourse to public funds**, such as EU citizens and refugees, accessing assistance.

9.7 Recommendations – Housing

- 1) Applicants who are homeless due to domestic abuse should be placed on the highest banding to improve the speed and efficiency of them finding a home and reduce the impact on children with a view to having as few moves as possible.

The 'Vision for Housing' should have clearly defined and expressed goals and targets for addressing the needs of Domestic Abuse victims. This should include reviewing policy to ensure DA victims can access housing as a priority.

- 2) Direct Lets should be used more often, this was made possible for Housing First and was trialled by Women's Aid with registered providers with some success. This model could support move-on from refuge for men, women and children who are ready and have had support through the refuge system.
- 3) Adopt a Whole Housing Approach as set out by DAHA; this would a robust response for all citizens.

- 4) Enhanced training and raising awareness around DA especially for housing support teams is recommended.
- 5) Careful consideration needs to be given to providing the right support to women who face multiple disadvantages due to the complex level of their needs. Groups with multiple needs who are excluded from provision may also need a specific and well-resourced housing offer with choices, which could be in the form of a women's DA Housing First offer. Ideally the system needs to respond to this need by having a number of suitable safe options. Currently, excluded women are pushed into less safe forms of exempt non-commissioned housing. As a result, unsafe mixing can become a huge barrier to recovery, healing, and safety. WMCA has commissioned some women-only rough sleeper accommodation.

10.0 CHILDREN & YOUNG PEOPLE

10.1 Introduction

The Domestic Abuse Act introduced a recognition of children as victims. In relationships where there is domestic abuse, children witness about three-quarters of abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families.¹⁰⁵

The survivor survey asked if respondents had received any support for children affected by domestic abuse, such as counselling or having a children's support worker:

- 32% said yes, they had received support for their children
- 42% said no, their children had received no support
- 26% said the question was not applicable to them

One survivor said 'I received support for my children. My children received a support worker who works a long with the children. Support worker set activities for the children and had play sessions.'

However, another said: 'There is no support unless you actively seek it whilst in crisis. Any support that is offered is limited and short term or there is a long waiting list to access services.'

Support for Children was regularly identified as a gap by both professionals and survivors throughout the meetings and surveys. Whilst there may be a perception that there is no support, there are pockets of good provision but awareness of this is low. Where there is awareness, there are waiting lists or capacity issues.

10.2 Birmingham Safeguarding Children Partnership

The Birmingham Safeguarding Children Partnership (BSCP) is independently chaired and consists of three key partners. In Birmingham, the Local Authority, Birmingham & Solihull CCG and West Midlands Police share equal responsibility for developing and leading the partnership arrangements. BSCP has created a business improvement plan for 2019 to 2021.¹⁰⁶ It uses the Signs of Safety and Wellbeing Practice Framework,¹⁰⁷ a strengths-based methodology to help professionals work with families. It looks at what is working well for a family, what they are worried about and what needs to happen to improve the situation.

¹⁰⁵ [Domestic violence and abuse - the impact on children and adolescents | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk)

¹⁰⁶ See: <https://www.lscpbirmingham.org.uk/ambition-principles-and-priorities>

¹⁰⁷ See: <https://www.lscpbirmingham.org.uk/early-help/signs-of-safety-and-wellbeing>

Some areas of Birmingham are among the most deprived in England and there are more children experiencing poverty than anywhere else in the country.¹⁰⁸ In December 2021, the BSCP published the refreshed Birmingham's threshold guidance, 'Right Help, Right Time'.¹⁰⁹

10.3 Prevention and Early Help

Early Help means taking action to support a child. This requires that agencies should work together as soon as a problem or need is identified to ensure that children get the right response. This should include the right services, from the right people at the right time. It can be required at any stage in a child's life from pre-birth to adulthood. It applies to any problem or need that the family cannot deal with or meet on their own. It also applies to all children and young people, with any form of need. The aim is to meet early need thus avoiding the escalation of problems.

Early Help can be provided in the most complex of circumstances as well as the simplest. Early help means responding promptly if a child is at immediate risk of harm, or has other significant or complex needs, or responding to a need which only requires advice or guidance.

Birmingham has published an Early Help Handbook which aims to explain how early help works in Birmingham. It is a guide for practitioners working with children, young people, and families across health, voluntary, faith, community, education (from early years to post 16), special educational needs (SEND), social care and youth justice. The handbook is organised into a series of questions and answers, with links that signpost the reader to further information throughout.

The Birmingham Children's Partnership have been working to improve outcomes for young people in Birmingham. The partnership is working on a range of initiatives and improvements. It aims to improve the way in which they work with children and families within the city, together with strengthening the Birmingham Early Help and safeguarding system. These include:

The **Children's Advice and Support Service (CASS)**, offering earlier partnership support, improving Early Help advice and access to MASH. For more information.¹¹⁰

The **Signs of Safety and Wellbeing Practice Framework**, a strengths-based methodology to help professionals work with families to look at what is working well for a family; what they are worried about and what needs to happen to improve the situation.¹¹¹

¹⁰⁸ <https://www.anewdirection.org.uk/asset/4116> Eric Pickles' ministerial statement on the independent review of Birmingham City Council

¹⁰⁹ <https://lscpbirmingham.org.uk/>

¹¹⁰ See: <https://lscpbirmingham.org.uk/index.php/safeguarding-concerns/cass>.

¹¹¹ See: <https://lscpbirmingham.org.uk/index.php/early-help/signs-of-safety-and-wellbeing>.

The **Early Help Assessment** and **Our Family Plan**, using the Signs of Safety and Wellbeing framework.

10.3.1 Pathways & Referral

The family connect form allows anyone to refer. There is a form for professionals and one for self-referral.¹¹² **Children's Advice and Support Service** (CASS) and the multi-agency safeguarding hub (MASH) are the virtual front door. The social worker will determine where the referral needs to go. If needs are middle to high, then it goes to family support and low needs go to Early help. Early help will now include medium and low needs which, in turn, will increase the number of cases into this team. Currently, there are changes taking place within the team and how they align across services.

'Early Help' reported that they try to make sure that they are intervening with targeted support as early as possible with a focus on preventing re-victimisation:

'Getting families at the very beginning, where it's the first instance like an argument, so we can step in with positive actions, or later stages, the aftermath. Where families are trying to rebuild their life. Or families who are in the process, family just moved, danger zone of them going back if support not put in place.'

10.3.2 Strengths and Assets of Early Help

The following were identified in discussion with members of the Early Help Team:

- a) It is possible to self-refer on their website and be referred by a professional or advocate.
- b) A large and diverse range of support is available. There are open lines of communication with police, who also refer into Early help.
- c) Schools regularly refer. Highlighting, and referring families where there are concerns.
- d) Early help Teams work with Temporary Accommodation Partnership. They have found that many families in temporary accommodation are fleeing DA. Domestic abuse is a priority in all locality steering groups.
- e) Early Help Teams aim to work in partnership. They create a plan or intervention work supported by schools. DWP work on the benefits – joint to single. Families accessing early help may have high levels of support and intervention needs. DA information sessions with other partners such as Anawim take place.
- f) Birmingham DA specialist services are referred to. Via newsletter, connections with services are made. These include good presence at schools and family

112

https://www.birmingham.gov.uk/info/50224/birmingham_children_s_partnership/2156/birmingham_children_s_partnership_-_resources

events and the school uniform swap shop. It can be difficult to get people to engage with DV services, so these events work to break down the barriers.

- g) Currently link-in with nurseries and children centres. Families are referred to the Freedom Programme. Offers for families experiencing DA include support with grants for emergency furniture or clothing.
- h) There is a police officer assisting Early Help Teams who provide advice; or go out with services. This helps address the fear of the police. Police can provide the victim with all the necessary information and details of processes.
- i) Early Help has Domestic Abuse Champions whose purpose is to address issues using a holistic approach, the toolkit, research, up-skilling and training on victim and perpetrators. Champions are DA knowledgeable and help support clients and staff with direction. The Champions attend regular sessions led by the Trust to up-skill staff. No referral is ignored is always followed through. Early Help also has the Think Family commissioned services from BSWAID and Richmond Fellowship, the same as in the Trust.
- j) There are no timescales now, which relieves the pressure and can have the focus on engagement. Early Help tries to be as creative as possible in helping the family to rebuild by not just looking at DV services but utilising other grants and services that could help the family. There are difficulties with accessing therapy work for families.
- k) There are now 10 Early Help Teams. However, CASS is sending in low-end additional support to Early Help. The volume of work going to Family Support Teams will decrease as previously they were dealing with the majority of cases while Early Help was being developed. Early Help numbers are increasing dramatically, so changing working practices from just referrals to addressing concerns and putting in interventions is needed. Partnership working is key, examples of this provided, i.e., Schools support and liaising with DWP.
- l) Early Help is beneficial for smaller services in the community. The Community Connector and Freedom Project do a lot of linking into local projects.

10.3.3 Challenges and Barriers – Early Help

The pressure and demand were reported as being challenging to staff. One staff member commented: 'A specialist can address issues in the longer term while in Early Help, the turnaround is to get the issue done quickly. There can be five cases in one day. With minimal staff resource, we're having to deal with cases quickly or we would have to put people on a waiting list.' This can have a negative knock-on impact on staff wellbeing as services become stretched.

Early help localities staff may benefit from the adoption of a trauma-informed approach with training, enhanced supervision, and reflective practice together with a package of support where needed e.g. counselling.

Travel to appointments was a particular issue for many accessing the service because many did not have access to bus fare. This is something that staff felt should be explored further to try to resolve.

Coercive control awareness and training was seen as a gap by some staff we spoke to (although there is a training offer on this from commissioned services). Nonetheless, this is an important observation as coercive control can be high risk indicator that goes undetected by services.

The lack of service to support children witnessing domestic abuse was highlighted. The team does have access to ACES training but felt there is more awareness to raise around the issue and impact on children in early stages. Some staff are also trained in Healing Together, a trauma informed programme for children experiencing DA.

Accommodation was a big challenge, both in terms of access to advice and also housing options. They encounter many people who do not want refuge but do want to leave the relationship. When referring clients to temporary accommodation, they may turn up to the hotel with nothing. Hotels may also not be suitable as there are guests with other complex needs and may lead to an unsafe mix within an accommodation. One team member said, 'Safe Accommodation is needed – not just bricks and mortar, but where people feel safe, with their children.'

The team felt that the referral form needs to change as currently it doesn't mention DA as one of the questions in the application form, creating the potential to miss DA cases.

Some staff felt that clients may find it difficult to locate them.

Some Early Help frontline staff, like many organisations consulted, were unclear where high risk male victims, heard at MARAC, received support from. They were unaware of any service that provided support for men apart from Birmingham LGBTQ. This reinforces the recommendation to promote the services that are available for men within the city. Male victims at MARAC are referred to Cranstoun which prioritises any MARAC referrals.

10.4 Birmingham Children's Trust

Domestic abuse has become an increasingly significant issue for Birmingham Children's Trust ('the Trust') and its partners. The Trust is a large organisation and part of a more complex system of services, both statutory and non-statutory, which work with vulnerable children and their families across Birmingham to keep them safe and to promote positive outcomes. The Trust's Children's Advice and Support Service (CASS) found that during the period May 2020 to May 2021, an average of 22.3% of monthly CASS contacts cited domestic abuse as the primary reason for referral.

Between 1st January 2021 and 31st December 2021:

- The Trust received 6,946 contacts from agencies about children where DA was the primary concern.

- Of this number 52.58% of children had not been previously know to the Trust before.
- The Trust accepted 2,626 referrals where DA was the primary concern for the child (50.34% of children had not previously been known to the Trust before this referral).
- The Trust completed 2,777 social work assessments where domestic abuse was a factor.
- The mean average re-referral rate for Jan-Dec 2021 was 22.82%.

Of the 700 or so referrals made to the Trust each month, around 235 meet Right Help, Right Time thresholds. Those that don't could have a number of outcomes – e.g. the referrer needs to provide further information; the referrer needs to complete an early help assessment and is referred to BSWAID or other agency; or the family may be referred to Early Help locality teams for support.

10.4.1 Birmingham Children's Trust – Approach to Domestic Abuse

The Trust states that its approach to domestic abuse is underpinned by the Trust Practice Model which promotes relationship-based support, is trauma-informed, and has restorative practice in all interactions with children and their families. In relation to domestic abuse this means:

- To support families experiencing domestic abuse with the aim of reducing the risk to the child and adult victim.
- To understand the perpetrator's pattern of coercive control; hold them to account for their abusive behaviour and to enable them to understand its adverse impact on the child.
- To understand the full spectrum of the non-abusive parents' efforts to promote the child's safety and wellbeing and to adopt a strengths-based approach.
- To keep the child and their welfare at the centre of assessment, safety planning and interventions.
- To work with the whole family, including fathers and extended family members, with the aim, wherever possible, of supporting children to remain living safely within their families.
- To understand the influence and impact of socio-economic factors such as substance misuse, mental health, and culture.

10.4.2 Referrals to Birmingham Children's Trust

24% of the contacts received by CASS have required intervention by the Trust. 96% of these require a social work assessment from the Assessment and Short-Term Intervention (ASTI) teams. It is also known that during assessment, further incidents of domestic abuse are being identified either as a secondary or hidden reason for other

presenting concerns or a historic factor that is contributing to other issues such as parental capacity, parental mental health, substance misuse and neglect.

The Trust's aim is that all of the children it is involved with are able to remain with their families and in this sense regards the bulk of its work as including family-support. The Trust reports that it is involved with around 10,000 children at any one time, and that of those around 2,000 are children in care. Thus around 80% of all children with whom the Trust is involved remain in the care of their families. The Trust also offers multiple programmes of work that include victims and children. It also has a Family Drug & Alcohol Court (FDAC) which aims to help families to stay together and for children to remain at home as an alternative to family court proceedings. The Trust agrees that safeguarding should start at the earliest stage and the 'Early Help' locality offer forms a key part of this. The Trust does believe, however, that in some cases it is not be safe for children to remain at home either in the care of their parents or the non-abusive carer. For example, due to the presenting risks – some parents might not be abusive but might not be able to meet the needs of their children for other reasons.

Some survivors spoken to as part of this needs assessment said they felt that the onus for keeping children safe was placed unfairly on them while abusive partners or ex-partners failed to complete domestic violence perpetrator programmes. The Trust notes that it is a prerequisite of referral to a perpetrator programme that the case remains open to social care during the intervention. This does not in the Trust's view indicate that all or a majority of re-referrals are necessarily indicative of continuing abuse. For instance, a re-referral that now includes domestic abuse may mean that the family was previously open to social care but for needs other than domestic abuse. In addition, West Midlands Police data indicates that 48% of domestic abuse in the region is reported to be post-separation abuse. Taken together these factors reinforce the Trust's view that analysing and addressing the issue of re-referral is more complex than simply saying that re-referral equals continuing abuse.

These complexities highlight the need for multi-agency partnership working and much of the Trust's work is carried out in a multi-agency context – for example, child protection investigations are often carried out jointly with police, while other meetings are multi-agency and will include core partner agencies specific to the needs of the family.

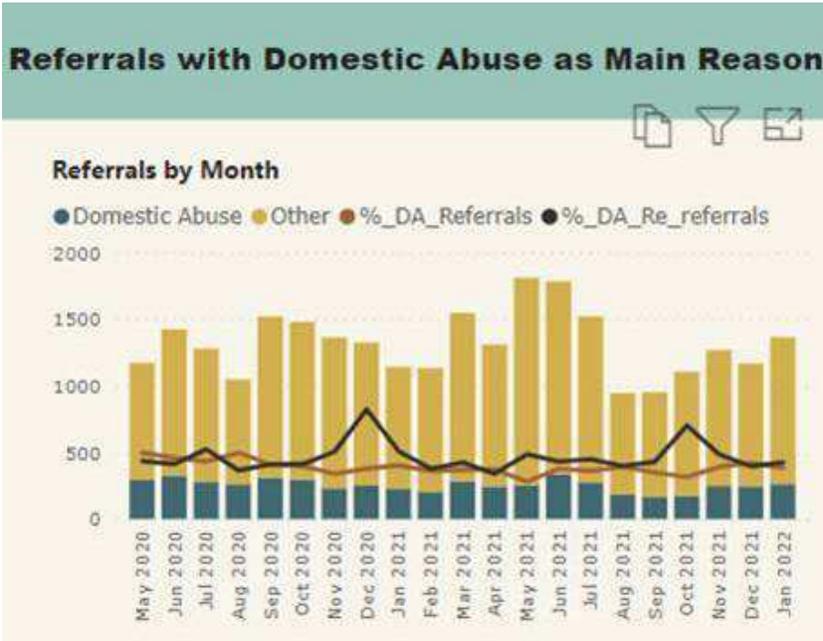
The graph over-page shows referral and re-referral rates for the past year. The Trust's re-referral rates are better than the national average. A Department of Education report found that over half of all referrals are re-referred to Children's services within 5 years.¹¹³ 'Safe & Together'¹¹⁴ indicates that DA is a factor in around 80% of child welfare/protection work but this does not necessarily mean that it is the primary reason why care proceedings are initiated. It is often the related combination of parental

113

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/630811/Analysis_of_repeated_referrals_to_childrens_services_in_England.pdf

114 <https://safeandtogetherinstitute.com/>

substance misuse and mental health or neglect that meets the threshold for cases to become subject to proceedings.



10.4.3 Key Priorities of Birmingham Children’s Trust

The Trust established a DA Steering Group in January 2020 and a work programme consisting of 4 key strategic priorities:

- To build capacity within the Trust to respond to domestic abuse.
- To strengthen practice and the Trust’s DA offer to children and families.
- To equip the Trust workforce through an enhanced learning and development offer.
- To strengthen the Trust’s contribution to partnership working in respect of domestic abuse.

Strengthening and improving practice includes the establishment in January 2021 of a Domestic Abuse Champions Network, as part of the Trust’s learning, development and support offer to staff. The Trust believes that DA Champions provide a valuable conduit to ensure that there is a two-way flow of information, namely that thematic issues arising from operational practice are considered by the Steering Group and new developments are disseminated and embedded within practice.

It has defined the purpose/expectations of the DA Champion role as follows:

- To undertake any relevant training in respect of domestic abuse to enhance skills and knowledge base and to share relevant information with colleagues and across the wider Trust as appropriate.

- To develop expertise and be able to confidently signpost practitioners to resources or practice guidance, sharing exemplars of good practice where applicable.
- To cascade information and resources to teams/areas and colleagues and promote the Trust intranet page on domestic abuse to encourage shared learning.
- To ensure that success and innovation are celebrated, and learning is shared more widely across the Trust by:
 - Attending twice-yearly city-wide meetings led by the Practice Hub to share learning, discuss relevant resources, and identify gaps and good practice in respect of domestic abuse.
 - Sharing any areas for improvement with the relevant member of the Domestic Abuse Steering Group.
- Liaising with appropriate partners to build working relationships between services disseminating information where applicable.¹¹⁵

10.4.4 Services Offered by Birmingham Children’s Trust

In March 2021, the Trust commissioned a pilot with Richmond Fellowship – since evaluated and confirmed as a Trust offer – to work with the Assessment and Short-Term Intervention (ASTI) teams. ASTI teams provide the initial assessment of families that meet significant and complex needs in ‘Right Help, Right Time’. For many families, ASTI is the first team to meet with a victim of domestic abuse and their family.

The Trust states that the model of working is different to the usual referral systems. Richmond Fellowship staff work alongside the social worker to provide specialist advice, support and intervention for families affected by domestic abuse. The social work staff have been able to arrange a case consultation with a worker and explore the history of a family; assess the risks; explore robust safety planning; joint home visits and suitable interventions for a family. The Richmond Fellowship staff, where appropriate, will offer a direct brief intervention of six sessions which assesses the level of risk a perpetrator may pose alongside any motivation to change. The social worker is able to shadow this intervention to promote the wider aspiration of up-skilling staff through modelling and coaching. As part of the service offer, the specialist staff will also provide training based on practitioner feedback and themes arising from practice.

Since December 2021, the Trust has extended commissioned services and taken other measures to improve practice and capacity including:

- Enabling BSWAID and Richmond Fellowship to offer the same model of support tested via the pilot project described above to Early Help, ASTI, Families Together (family support staff who are joint working with social work teams), Safeguarding and Disabled Children’s Teams.

¹¹⁵ See: Birmingham Children’s Trust: Domestic Abuse Champions – Role Description (Adapted from Family Support, July 2020).

- Establishing a Domestic Abuse Lead Manager position which was recruited to in January 2021. The Trust considers this role pivotal in the implementation of its work programme. The post holder is currently seconded to this role until January 2023.
- Establishing a MARAC and ODOC team manager position which was recruited to in January 2021. MARAC meetings used to be weekly but in November 2020 a decision was made to make the MARAC meetings daily due to the volume of high-risk victims requiring risk assessment and support. To ensure that the Trust was able meet this demand a permanent manager for this role was recruited.
- Securing an additional three designated staff to its Domestic Abuse Business Support Team. These staff provide administrative support for the MARAC and ODOC work which has strengthened the quality of the lateral checks.
- Reducing Parental Conflict: In June 2021, the Trust was successful in securing a Department of Work and Pensions workforce development grant and has used this resource to develop the wider workforce response around parental conflict and the impact on children. A senior learning and development officer was recruited to lead on this work and a multi-agency working group has been established. The Trust also identified that across the workforce agencies are not always able to differentiate between domestic abuse and parental conflict and an extensive training package for all agencies working with children and their families has been established.
- New Burdens Funding has enabled the Trust to establish a position of Domestic Abuse Housing Lead. The post holder works between Birmingham Children's Trust, Women's Aid Housing Hub and the Housing teams and supports Trust staff in ensuring that victims of domestic abuse and their children receive prompt help and support at the most dangerous time – leaving the perpetrator.¹¹⁶
- Developed a directory of agencies that can support all domestic abuse, placing this on the Trust Intranet and sharing it with colleagues across the Trust including Early Help.

10.4.5 Birmingham Children's Trust – Domestic Abuse Programmes Offered

Some Trust staff, predominantly in family support, are trained in a number of domestic abuse interventions and can support families to understand and in some cases recover from domestic abuse. These interventions include:

- **Freedom Programme:** This is a 12-week programme for victim-survivors of domestic abuse. The programme aims to help them develop their self-confidence, self-worth and regain control of their lives through empowering victim-survivors to become informed about domestic abuse and keep themselves

¹¹⁶ Source: Birmingham Children's Trust: Domestic Abuse Update, January 2022.

and their children safe. Some professionals and survivors expressed concerns about this being delivered in-house and extolled the benefits of doing this as a group with an independent agency or professional.

- **Inspiring Families Programme:** This is a ten-week assessment for families where domestic abuse is an identified component and the families have chosen to stay together. The programme aims to strengthen and stabilise families and provide professionals with a robust framework to assess the parent's behaviour. Including: coercive control; any disguised compliance; the level of current risk and the likelihood of future risk. The programme also assesses the potential for change and the reduction of risk within the family. It also assesses whether, the risk is too high or the potential for change too low to make working with the family a viable option.
- **Domestic Abuse Recovery Toolkit:** This is a 12-week online programme that helps participants understand the impact of having experienced domestic abuse. It explains how they were prevented from leaving an abusive relationship and the thinking patterns they developed as a way of managing the risk which can hold them back from moving forward. The individual's own strengths, resources, coping skills and resilience are reinforced, contributing to their own health and wellbeing on a long-term basis.
- **Healing Together Programme:** This programme provides support for young people (6-16 years) who are impacted by domestic abuse. This trauma-informed programme is based on 6 sessions. Each session is delivered within 60 minutes. The programme helps children learn about how their body and brain can work together to help them feel safe and calm. Children will not be asked to talk about their experiences of domestic abuse. This is a programme to help children connect and learn how to keep their brain and body feeling safe.
- Additional programmes are offered by some staff who are trained e.g.: Violent Resistance (NVR) Programme – a 10-week programme for parents teaching Non-Violent Resistance. A 10-week ACES programme to understand the impact of childhood trauma on adults. In addition there is an 8-week ACES programme available for children and young people.
- **STICK:** (Screening Training Intervention Consultation & Knowledge Team) These workers support staff in schools and at 'Early help' with regard to domestic abuse, risk assessing and support planning.

The Trust also provides the Therapeutic Emotional Support Service (TESS) for children in care and care leavers who need emotional wellbeing and therapeutic support as a result of trauma and abuse. TESS works closely with Forward Thinking Birmingham, which is part of Birmingham Women's & Children's NHS Foundation Trust.

In addition, the Trust also has plans in place to address identified training gaps in Honour Based Violence, with staff training provided from November 2021 onwards. It will also establish a multi-agency Working Group in respect of Forced Marriage and Honour Based Abuse led by the Trust and supported by a multi-agency audit as part of

the Quality, Impact and Outcomes (QIO) Sub-Group of Birmingham Safeguarding Children Board.

The Trust has also developed and carried out bespoke training over the past year to support delivery of its work plan objectives. Online delivery developed as a response to COVID actually made this training accessible to more staff. Training to date has included:

- Working with Domestic Abuse (Richmond Fellowship).
- Holding Safe Conversations (Richmond Fellowship).
- Assessing and Managing Risk (Richmond Fellowship).
- Referring to Partner Agencies (Richmond Fellowship).
- Gaslighting and Coercive Control (Richmond Fellowship).
- Victim Blaming and Terminology (Richmond Fellowship).
- Honour Based Abuse and Forced Marriage (Karma Nirvana).
- MARAC and DASH risk assessments (West Midlands Police – MARAC Coordinator).
- Young People Using Violence against Adults (YUVA) (Richmond Fellowship).

10.4.6 Barriers & Challenges – Birmingham Children’s Trust

- 1) The Case management system does not make it possible to produce data reports that can be analysed against protected characteristics. The case management system records data on the child’s file and the Trust does not have a way of accessing reports that identify the victim and perpetrator. However, this information along with the needs of the whole family is contained within case recordings and forms on the child’s file. (This will be the case for most Local Authorities.)
- 2) The Trust works with families in a multi-agency way and this includes making referrals to other agencies that can support families. The Trust checks referrals to ensure that the other organisation has picked up the referral and can support. User feedback provided by the Trust from adults and children indicates that the Trust’s services make a positive difference to many families. The comments extracted below are representative:

‘[You] helped me to understand how damaging the marriage I was in was to me and my children; helped me to feel better about myself and that I had done the right thing by not having any contact with my ex-husband; helped me with the children’s behaviour and what to do to manage them better; helped with the telephone calls and form filling and helped me to apply for DLA and also a job, spoke to me about the children’s education and how they needed to improve it. I know how to better manage the children’s behaviour and I am trying my hardest to be firm and encourage them to go to school and improve their attendance. I understand better about what domestic violence does to me and my children and

how to keep safe. I know what numbers to contact about my benefits and what I need to do about the course my son is enrolled on for September.’

‘You have been the only one that has helped.’

‘You’ve made it easier for me, I haven’t felt I was on my own unlike other workers. You have done everything you said you would and followed through. Tick all the highest boxes.’

- 3) The Needs Assessment team raised concerns about the feedback received from Mencap regarding instances where mothers with learning disabilities had had children removed in circumstances involving domestic abuse. (This can only be regarded as anecdotal because the claim is not supported by statistics.) It is difficult to analyse these cases specifically because the Case management data does not identify whether a parent has a learning disability, only the risk that children may face. However, this is a national rather than a Birmingham-specific issue and the Trust is keen to work to address it.
- 4) The Trust was made aware of two specific survivors with negative experiences, and both were followed up.

10.4.7 Recommendations – Birmingham Children’s Trust

- 1) It would be helpful if the Trust could record demographic information on parents as well as children to ensure that learning disabilities status is captured. This may require extra training and linking with specialist agencies as many people with mild learning disabilities are not diagnosed.
- 2) The Trust should review responses to parents with learning disabilities where there is domestic abuse and engage with specialist agencies that can support, such as Mencap.

10.5 Children as Victims – Operation Encompass and Education

Children who are victims of domestic abuse, who attend education, may be part of the Operation Encompass¹¹⁷ scheme within BCC. The Domestic Abuse Act 2021 explicitly recognises that the children of survivors of DA are also victims/survivors. Operation Encompass is a multi-agency operation between Birmingham City Council Education Safeguarding; West Midlands Police; schools and colleges within the city. The project will also be following the ‘Keeping Children Safe Model.’¹¹⁸

Before Operation Encompass, school settings have always played their part in identifying concerns, sharing information, and taking prompt action to initiate family plans at Early Help level, and where necessary refer to CASS/MASH. They are often

¹¹⁷https://www.birmingham.gov.uk/news/article/969/operation_encompass_launched_in_birmingham_to_improve_school_support_available_for_children_who_experience_domestic_abuse

¹¹⁸<https://www.gov.uk/government/publications/keeping-children-safe-in-education--2>

the key agency in Child in Need Plans and play a key role as Core Group members in Child Protection plans. This practice will continue with or without Operation Encompass notifications.

The Education Safeguarding offer to schools is aimed at ensuring that all Schools and Education Services in Birmingham are effectively supported to fulfil their Duty to safeguard and promote the welfare of children, in line with Keeping Children Safe in Education (KCSIE). The service works closely with the Birmingham Children Safeguarding Partnership and The Trust to develop good early help and safeguarding practice. The service also positively engages with private and voluntary sector providers to support them understand the local context and to ensure consistency, relevance, and sufficiency. In addition to fulfilling the Local Authority's statutory safeguarding duty to support schools, the service has a comprehensive traded offer of school improvement regarding safeguarding policies and practice. Education Safeguarding is open to all schools in Birmingham including faith and private schools.

Operation Encompass is only a small part of the wider safeguarding work the Designated Safeguarding Leads and their colleagues do to safeguard and promote the welfare of children and young people. The education safeguarding team considers its role within the DA prevention strategy as supportive and indirect rather than that of providing a service.

Referral pathways

Each morning, WMP shares details of all domestic incidents involving a child with members of Education Safeguarding. This information is cross-checked with a designated member of staff and is then shared on ECINS (sharing platform) accessible to schools. Operation Encompass Key Adults in each relevant school, receive a notification and co-ordinate the need in school support.

Education safeguarding

If there is a disclosure of DA the school is to follow 'Right Help, Right Time Procedure'.¹¹⁹ More than 300 schools have attended the launch and training for Operation Encompass, including all schools with children of statutory school age (Reception to Year 13). Operation Encompass was launched on 10/02/2022 and the most recent figures show that just under 75% of all BCC schools and colleges are currently signed up to the Operation Encompass scheme.

10.5.1 Barriers or Concerns

- 1) Operation Encompass is one mechanism whereby a family may come to the attention of the Police. Evidence indicates victims of domestic abuse do not seek help until experiencing at least 35 incidents – and even this may be a significant under-estimate when coercive and controlling behaviour is taken into account.

¹¹⁹ <https://www.lscpbirmingham.org.uk/delivering-effective-support>

Birmingham needs to ensure it has a robust system where professionals are trained to identify DA victims within education settings. Without this, Operation Encompass may be responding to the crisis rather than the early intervention. All intervention is vital, but as the DA Prevention Strategy notes: 'We recognise that domestic abuse can have a significant impact on a child's health, education, and well-being. Locally, domestic abuse is a major factor for 77% of children needing Local Authority support, care, or protection. This is significantly higher than the national average.' A recent report from Children's Trust said that Domestic abuse was a feature in 62% of care proceedings. This is often combined with many other factors, such as parental substance misuse, mental health, and issues of neglect so the issues are multi-faceted and complex. This shows a decrease statistically from when the Strategy was first written.

- 2) Training available to schools in regard to recognising the signs of domestic abuse and how best to support the child and victim is unclear. The review of the DA Action Plan from the DA Prevention Strategy states that: 'School staff were trained in understanding trauma during pandemic (including increase in DA) and how schools can support children returning from difficult times. Over 200 staff trained and further training via webinar offered. School staff were reported to be more aware of psychological first aid 'look, listen, link' to support children and families.' While a trauma-informed approach is very important, it is only one element of the approach to support the needs of children and families experiencing domestic abuse. All staff need to be professionally curious. Training for domestic abuse must be separate to safeguarding training, especially with the high number of children being affected by this crime. As this is recognised within the strategy, further work needs to be done. Concerns have been raised that Operation Encompass will increase the workload of those within schools. This will be regularly monitored and should not be the case.
- 3) It is unclear how many independent/private and faith schools have signed up to Operation Encompass. There is a danger that a large number of Birmingham children may be attending schools that are unaware of domestic abuse or of incidents of domestic abuse taking place that involve their pupils. This echoes other related concerns regarding schools' awareness of issues such as forced marriages, Female Genital Mutilation and so called 'honour-based violence' – especially in schools where there is little involvement with external statutory and specialist services. Although the desire of private/faith schools to respect the privacy of their families is acknowledged, there is a clear duty on all education settings to ensure the safety of children. No data has been provided to indicate the safeguarding response to domestic abuse within these schools.
- 4) Elected Home-Schooled children were not being seen regularly during COVID-19 and this was highlighted as an area of concern. The Education Safeguarding Team, who support the Home Education Team, will engage with these families where they meet the threshold. However, the barriers to seeing children and

having families engage with the service are significant. These include the legal position which presents barriers to statutory services oversight of these children. Many children within education or those who are unable to get into education are living in temporary and unsuitable accommodation, which in turn, is having a detrimental effect on their learning. When a child in refuge or temporary accommodation is in school, the Education Safeguarding Team can work with the Temporary Housing Team to identify the family's needs and identify appropriate housing. This is not the case with Elected Home-Schooled Children, especially when they were not being seen due to COVID-19 restrictions. The delays to the family being found appropriate accommodation will also disrupt and delay the child's learning.

- 5) Birmingham Children's Trust have a workstream dedicated to Housing and Education, focusing on strengthening wrap around support, including Early Help, health, and education for those families in temporary accommodation.
- 6) Birmingham Social Emotional Mental Health (SEMH) Pathfinder provide a relational model of values-led family support through schools in Birmingham.

10.5.2 Recommendations – Education

- 1) A priority action from the DA Prevention Strategy is: 'Work with Birmingham Education Partnership' and specialist services to agree a Birmingham-wide whole school approach to domestic abuse through strengthening equality and respect in line with statutory guidance. (Keeping Children Safe in Education – 2016).¹²⁰ There must be early intervention to support the victim in seeking help and with children to reduce the impact of domestic abuse.
- 2) Operation Encompass to consider working with specialist domestic abuse providers or commissioning. Children and Young People IDVAs to be attached to schools to work with children and young people when families come to notice. Reducing the impact on teachers and maintaining an independent voice for the victim. Issues around parental consent and information sharing may need to be resolved before this can happen.
- 3) Future evaluation and consideration of how a 'Whole family' approach can be developed within the wider model to assist those organisations who work with the whole family. This needs careful balance and consideration. It is so important that victims get the support they need within a safe space and that they are listened to about what they want with safety always being the primary focus.
- 4) Stronger links with specialised providers to come into the school as part of the learning for pupils. This is to raise awareness of domestic abuse, healthy/safe

¹²⁰https://consult.education.gov.uk/safeguarding-in-schools-team/keeping-children-safe-in-education/supporting_documents/Keeping%20Children%20Safe%20in%20Education%20Proposed%20Revisions.pdf

relationships and therefore providing pathways and support for children, young people, parents, and staff.

- 5) Housing and education to work together with regards to families in temporary accommodation (including refuges) and how children can be supported appropriately. There is a workstream under Birmingham Children Partnership, focusing on strengthening wrap-around support including early help, health and education to families living in TA.
- 6) Actively encourage schools to take-up training, so that every school has an offer of support for children affected by Domestic Abuse. This should also be helpful in responding to 'Operation Encompass.'

11.0 KEY CONCLUSIONS & RECOMMENDATIONS

This section sets out the key conclusions drawn by the review team and the recommendations made as a consequence. It also offers a general assessment of Birmingham City Council's current performance on domestic abuse and its potential to meet the statutory requirements of the Act.

11.1 Key Conclusions

- 1) There is a clear understanding of the prevalence and impact of domestic abuse locally and the strategic response ensures a focus on all areas of the domestic abuse agenda including:
 - Prevention and early identification.
 - Provision of service.
 - Partnership working.
 - Perpetrator responses.
- 2) Birmingham City Council and partners across the statutory and voluntary and community sectors are well placed to respond to the requirements of the Domestic Abuse Act 2021 and ensure the ongoing implementation of the shared vision and collective aims and objectives which underpin the local approach to addressing domestic abuse.
- 3) Birmingham's current approach includes both strengths-based approaches and assets and is integrated and managed across services, thus ensuring that agencies work effectively to tackle domestic abuse. The wider eco-system of support includes well-established networks of provision including helplines, refuges, and provision of commissioned outreach/lead worker. A multi-agency partnership approach is taken to triaging referrals. The Trust works within a trauma-informed, relationship-based practice model. Specialist services within the commissioned 'Think Family Offer' consist of specialists from Birmingham & Solihull Women's Aid and Richmond Fellowship with both organisations working closely to support the Early Help locality offer as well as social workers. There is a strong 'specialist sector' offering refuge, advocacy, and therapeutic services.
- 4) As required by the Act, The DALSPB for Birmingham has been established and this brings together senior leaders from the statutory and voluntary and community sector (VCS). Prior to the Act, IRIS (Identification and Referral to Improve Safety) was established to help train and support GPs to better identify domestic abuse and make appropriate referrals.
- 5) Birmingham established the first specialist Domestic Abuse Hub in the country (delivered by Birmingham & Solihull Women's Aid), offering safe bespoke support to women and children. Other specialist commissioned Hubs include the Youth Hub run by St Basil's and The Trust; the Offender Hub run by Spring Housing; the Rough Sleeper Hub run by SIFA Fireside and the Domestic Abuse Hub).

- 6) Supported by WMCA, partners share an ambition to deliver trauma-informed services right across the region.
- 7) Other innovative projects include assistance for survivors of domestic abuse seeking to re-enter the workplace (Pure Project) and support for women aged 55+ who are experiencing domestic abuse (the Purple Project).

However, this is against a backdrop of rising demand:

- 1) Reports of domestic abuse (DA) in Birmingham have increased with recorded domestic abuse crime in Birmingham showing a steadily climbing trajectory. Domestic abuse crime in October 2021 was 17% higher than October 2020, and October 2020 was already 42% higher compared with the same period in 2019. This has placed increasing pressure across public sector services.
- 2) In meeting the needs of victims and survivors of domestic abuse, Birmingham is working at, and sometimes beyond, maximum capacity with many responses occurring at crisis point. There is a lack of well-evaluated early intervention. There is frustration regarding low prosecution rates for domestic abuse and a significant proportion of victims and survivors of domestic abuse consider some statutory services to display a lack of empathy with victims/survivors.
- 3) The COVID-19 pandemic had a significant impact with reported levels of domestic abuse increasing:
 - Across the West Midlands, 58,412 reports were made to the Police between the first day of lockdown on the 23rd of March 2020 and the 30th of March 2021 – the day after restrictions eased. The most recent Freedom of Information figures revealed that 76% of the victims reporting abuse crimes were women and 24% were men. Police were called to an average of 160 domestic violence incidents per day. Fewer than 5% (2,665) led to action – varying from a charge or summons to a caution or community resolution.
 - Levels of high-risk cases increased with nearly 3,000 MARAC referrals. Successive lockdowns significantly increased the amount of time that families spent together while also curtailing and, in some cases, entirely removing the options for respite and relief that victims might ordinarily have used. Other social factors which can exacerbate domestic abuse also increased, e.g. increased need for mental health support, substance misuse need, increased unemployment, debt and employment/income insecurity, and periods away from education for children.
- 4) Against this backdrop of growing demand, commissioned services sought to ensure that refuge continued to be available. However, analysis of referral data revealed that more than half of those seeking help from commissioned providers did not receive the support requested. Lack of resources and capacity are a major issue for domestic abuse support and are the main reasons for unsuccessful referrals.

- 5) Available data indicates that commissioned DA services in Birmingham are being accessed by all of the city's diverse communities – albeit with some areas of apparent under-representation. These include Asian Chinese people and while these may arise from low incidence of usage amongst certain groups or may be gaps in data collection There is no representation in the available data of Asian Chinese people and Gypsies, and Roma and Travellers (GRT) also appear to be under-represented.
- 6) While 96% of victims are of traditional working age between 16-64, the largest age groups represented are those in their 20s and 30s.
- 7) The MARAC referral rate in Birmingham has increased over the last three years. From April to June 2021 there was a 59.8% increase in referrals in Birmingham. In 2020, there were 2,943 referrals. A number significantly above the expected rate. If sustained – and the consensus is that this level of referrals is unlikely to fall – this would need between 43 and 45 full-time MARAC IDVAs in post.
- 8) Data collection is not consistent across all services. There are valid reasons for this agreeing standardised data requirements across statutory and third sector services has the potential to improve the commissioning, delivery and outcomes of DA services in Birmingham, as well as enabling a more nuanced and granular analysis of specific DA challenges in Birmingham.
- 9) The review identified key areas where services could be further developed to help improve outcomes. These include:
 - Additional access to counselling and trauma informed support.
 - Specialist children's workers within refuge settings or access to specialist workers in the case of dispersed refuge provision.
 - Increased levels of support in safe accommodation that meets the Part 4 standards.
 - Investment in alternatives to using hotels or B&Bs to accommodate families fleeing domestic abuse.

Specific recommendations, arrived at in consultation with commissioners and constituent organisations represented on the Domestic Abuse Partnership Board, are made below.

11.2 Key Recommendations

These recommendations are broken down into three categories: whole system recommendations, strategic recommendations, and operational recommendations.

(a) Whole System Recommendations

- 1) Individuals with complex needs require more intensive support and this requires greater capacity across the whole system. Provision should be designed to provide intensive support to those with complex needs to enable their access to safe accommodation, sustain this accommodation and access wider services to meet their needs.
- 2) Organisations use differing interpretations of the concept of *prevention*. The DA strategy review for Birmingham should set out clear definitions on what prevention is and how it should be measured.
- 3) Domestic Abuse, Sexual Abuse and Violence should be regarded as serious violence and be added to the remit of the VRU.
- 4) A standardised approach to record keeping should be adopted across statutory and commissioned services and encouraged in those that are non-commissioned. This should be agreed through the DALSPB. There should be enhanced data collection to fill identified gaps.
- 5) All services, both statutory and non-statutory, need to start or increase the work of understanding and working in a trauma-informed way. Many agencies have incorporated aspects such as training, but this needs to be backed-up with a reflective practice and culture of healthy challenge and mutual respect from agency to agency, as well as to the survivor and perpetrator. An audit tool for organisations to assess how trauma informed they would be useful. Closer collaboration between the regional trauma informed coalition and BCC officers would be useful to share knowledge and information across services.
- 6) A commitment to training and culture change on domestic abuse within the police is required to increase its general prioritisation to that of serious crime, in line with knife crime, gangs, and county lines.
- 7) Further commitment to training staff and implementing culture change within Adult Social Care (not commissioning) is needed in order to ensure more effective understanding, recording and response to domestic abuse. Training and awareness-raising should take into account the fear, coercive control and risk experienced by victims and survivors of DA.
- 8) A commitment to training and culture change across the system, especially within statutory services, to root out victim blaming and increase understanding of the impact of trauma on the survivor. Commitment is also required to work more closely with voluntary services to support the non-abusive parent to recover and support their children's recovery.
- 9) Birmingham needs to create a culture where survivor voice is heard in all spaces and influences practice. All Statutory and Voluntary sector care/support providers should work with victims and survivors in a solutions-focused way.
- 10) All services delivering male DA services should be RESPECT Accredited.

(b) Strategic Recommendations

- 1) There needs to be a strong focus on early intervention to support families who want to remain in their properties.
- 2) All Birmingham safe accommodation should be accredited either by the Women's Aid National Quality standards or Imkaan. The Local Authority is in the process of going through DAHA accreditation and should adopt the 'Whole Housing Approach'. Commissioners should move to commissioning only accredited providers.
- 3) Actively encourage schools to take-up training, so that every school has an offer of support for children affected by Domestic Abuse. This should also be helpful in responding to 'Operation Encompass'.
- 4) Birmingham Children's Trust seeks to proactively hold perpetrators to account, in terms of liaising with Police regarding charging, supporting orders and not closing cases before completion of perpetrator programmes. But perpetrators need to be held to account by all agencies, especially those involved within the criminal justice system, and there needs to be a whole system responsibility for this. Some victims told us that they feel that an unreasonable level of responsibility to protect their children is placed on them – especially while other services are failing to do so.
- 5) It would be helpful if Birmingham Children's Trust could start recording demographic information on parents in addition to children, in order to ensure that the learning disabilities (LD) status of parents is captured. It is recognised, however, that the Trust is often dependent on the information that other agencies share with it, especially those working with adults and identification of a successful means of consistently capturing such data will require further consideration. Additional training and support from specialist agencies may also be necessary as learning disabilities are frequently undiagnosed.
- 6) Offender Managers, officers, and call handlers should be trained in domestic abuse.
- 7) The most prolific DA offenders should be managed using researched methods as cited in the Crest report, aligning the algorithm used for DA offender management with intelligence from MARAC.
- 8) Actively work to increase prosecution rates when a victim is supporting a prosecution. Work to understand why 70% do not support a prosecution, endeavouring to remove barriers such as lack of communication and confidence in police process.
- 9) Applicants who are homeless due to domestic abuse should be placed on the highest banding to improve the speed and efficiency of finding them a home, thus also helping to reduce the impact on children by reducing the number of moves.

- 10) The 'Vision for Housing' should have clearly defined and expressed goals and targets for addressing the needs of Domestic Abuse victims. This should include reviewing policy to ensure DA victims can access housing as a priority.
- 11) Direct Lets should be used more often. This was made possible for 'Housing First' and was trialled by Birmingham & Solihull Women's Aid with some success. This model could support 'move-on' from refuge for men, women, and children, who are ready and have had support through the refuge system.
- 12) Adopt a 'Whole Housing Approach' as set out by DAHA; this would require a robust response for all citizens.
- 13) Enhanced training and raising awareness around DA especially for housing support teams is recommended.

(c) Operational Recommendations

- 1) MARAC (SafeLives-trained) IDVA numbers should be increased to the recommended level.
- 2) The effectiveness of MARAC in Birmingham should be reviewed through an independent mechanism. Consideration should also be given to better explaining what a MARAC is and standardising this for IDVAs. Efforts should also be made to ensure that the voice of victims is heard in developing risk management processes including MARAC.
- 3) Increased publicity is required to raise awareness of the pathway that exists for male victims of DA and how to access this.
- 4) If there is a need for specialist domestic abuse refuge/safe accommodation for gay men, commissioners should monitor demand to ensure that provision can be made to accommodate this. The IDVA service at Birmingham LGBT can identify gaps in need and provision. The OPCC and Birmingham City Council should effectively share data on this issue.
- 5) Careful consideration needs to be given to providing the right support to women who face multiple disadvantages due to the complex level of their needs. Groups with multiple needs who are excluded from provision may also need a specific and well-resourced housing offer with choices, which could be in the form of a women's DA Housing First offer. Ideally the system needs to respond to this need by having a number of suitable safe options. Currently, excluded women are pushed into less safe forms of exempt non-commissioned housing.
- 6) Providers' websites should have separate pages explaining their offer for women and their offer for men and how these services can be contacted.
- 7) The gender-based emphasis expressed in the previous Domestic Abuse Strategy for Birmingham should remain, while ensuring that all provision is clearly mapped, with pathways that are understood and clear.

- 8) Where possible, support should be given for women with learning disabilities for keeping their children with them. While Birmingham Children's Trust and Adult Social Care share some lead responsibilities in this regard a whole system response is required as other statutory and non-statutory agencies also play a key role in enabling better support for parents with learning disabilities. It may also be necessary to work more closely with specialist services to better understand the dynamics of the situation and the risks victims may face.
- 9) It would be valuable if the Trust could review a sample of cases where children have been removed from a mother with LD and where there has been DA. While children who end up subject to care proceedings do so as a result of multi-agency practice and such cases are in any case highly scrutinised by the court, nonetheless if undertaking a review could help reduce the number of removals – thought by the Trust to be numerically small – then this would be an important outcome.
- 10) Those within the Criminal Justice System should work with specialist disability services to address the perception that people with disabilities are not credible witnesses.
- 11) All adults with an LD are required to have an annual health check. However, there is a reluctance to attend these. Health Departments should ensure that failed attendance at health checks should be followed up with face-to-face appointments offered away from partners and/or carers. All health agencies should also be encouraged to work more closely with LD service providers across the city.
- 12) There is little to no multi-agency working with specialist domestic abuse, learning disability and statutory services. Raising awareness of services and sharing of knowledge and resources is limited and should be addressed.
- 13) In the 2014 Care Act, there is a clear framework requiring local authorities to safeguard vulnerable adults. The ASC has been recommended to review cases referred for vulnerable adults, who may sit outside the Care Act or Mental Capacity Act. The impact of DA and CCB may have made those already vulnerable even more so. This recommendation has been made due to the lack of shared information and the barriers and challenges identified
- 14) Part of the DA strategy states that it ensures equality in its response to Domestic Abuse. However, the information shared by agencies and the limited data suggests that there is a disproportionate response by adult and child social care to those with a disability. This mirrors the research by SafeLives with the national response to those with a learning disability.
- 15) BCC to collect data of Birmingham residents with learning disabilities and those who are experiencing domestic abuse to enable suitable commissioning and specialist service provision. Utilise the 10 recommendations from SafeLives' 10 Key Practice Points for Supporting Clients with Learning Disabilities to improve the commissioning of services and to raise awareness amongst service providers.

- 16) Raise awareness within the community, family, friends, and those with a disability about the intricacies of domestic abuse and the forms it can take.
- 17) Involve disabled people in the prevention of domestic abuse in Birmingham, by ensuring their inclusion in steering groups and victim focus groups
- 18) 21 units of refuge accommodation suitable for people with disabilities are available across Birmingham. But demand for refuge accommodation and support amongst those with physical disabilities and those with learning disabilities is low and the reasons for this require further investigation. It may indicate that disabled victims of domestic abuse are not being referred specifically to disability-compliant provision or do not know how to access DA services.
- 19) The commissioning of safe accommodation should include ensuring that this provision is suitable for those with a disability and has specialist workers available.
- 20) Public Health should further explore how transgender people in Birmingham experience support services and identify any gaps, needs and recommendations.
- 21) All 'by and for' organisations to be brought into the DA strategic forums/boards in order to ensure that important networking, influencing, and funding opportunities are not missed. There may be further work needed to fully explain who the organisations client group is, to ensure appropriate referrals and options for victims.

The Research Team have found that Birmingham City Council, together with other commissioners, stakeholders and specialist providers are working within a strategic and operational partnership that has the overarching aim of improving services for survivors of domestic abuse. Working together to build a preventative approach to drive down the incidence of domestic abuse in all forms and the harm it causes. Looking forward, the level of interest and co-operation across the system provide the opportunity to drive improvements and change.

BVSC Research Team
1st August 2022
V1.7

–Ends–