

Solihull

Domestic Abuse Strategy

2022–2025

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Foreword

In the 12 months to March 2020, an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in (1.6 million women and 757,000 men).

Domestic abuse can have wide-reaching impacts on the physical and mental health of survivors, their financial state and housing. It also affects the health, wellbeing and educational attainment of children who are victims of domestic abuse. Physical and emotional harms resulting from domestic abuse are estimated to have cost £47 billion in England and Wales in 2017, with an overall cost to society of £66 billion. [Home Office, (2019), The economic and social costs of domestic abuse]

Domestic abuse is a priority in Solihull and there are a wide range of services, both statutory and voluntary, who work to support families and individuals affected by domestic abuse. The Solihull Domestic Abuse Partnership Board will play a key part in strengthening and coordinating the local response to domestic abuse.

This Strategy builds on the work already completed in the Borough. It is the aim of the Partnership Board to ensure that those at risk of, or experiencing domestic abuse in Solihull, have the long-term support and services that they require.

The aim of this 3 year Strategy is to enable the Partnership to work together to prevent domestic abuse; identify and protect those at risk of domestic abuse; strengthen resilience of victims and communities; support victims in their recovery; and pursue those who perpetrate domestic abuse and bring them to justice.

The Strategy identifies 4 key priorities in order to meet the aim:

- 1. Early Intervention and Prevention
- 2. Protection
- 3. Strengthening Accountability
- 4. Partnership

Councillor Karen Grinsell

Deputy Leader of the Council and Lead Member for Partnerships and Wellbeing



Ruth Tennant

Director of Public Health and Chair of the Solihull Domestic Abuse Partnership Board



Introduction

The Domestic Abuse Act 2021, for the first time, created a cross-governmental statutory definition of domestic abuse.

Behaviour is classed as "domestic abuse" if:

- Both individuals are over 16 years of age.
- Both individuals are personally connected to each other, and the behaviour is abusive.

Children are classed as victims of domestic abuse, if they:

 See or hear, or experience the effects of, the abuse, and are related to the victim or perpetrator.

Domestic abuse can be any of the following behaviours:

- Physical or sexual abuse
- Violent or threatening behaviour
- Controlling or coercive behaviour
- Economic abuse
- Psychological, emotional or other abuse

The Solihull Domestic Abuse
Partnership Board brings together
experts from children's and adult's
services, safeguarding, education, public
health, the voluntary sector, West
Midlands Police, NHS organisations, the
Probation Service, and specialist
providers.

This Strategy adopts the Government definition of domestic abuse and sets out the joint vision, priorities, and commitments of the Solihull Domestic Abuse Partnership Board (see page 7).

The overall vision is for Solihull to be a place where:

- Domestic abuse is not tolerated and everybody can live free from abuse and harm.
- Domestic abuse is everybody's business, where collaborative approaches create lasting change across our communities.
- The voice of victims is valued and central to decision making.

In responding to domestic abuse, the Partnership Board recognises the need for appropriate responses to both men and women. The Board recognises that whilst both men and women may experience domestic abuse, women are considerably more likely to experience repeated and severe forms of abuse. They are also more likely to have experienced sustained physical, psychological or emotional abuse, or violence which results in injury or death. [Women's Aid, Domestic abuse is a gendered crime].

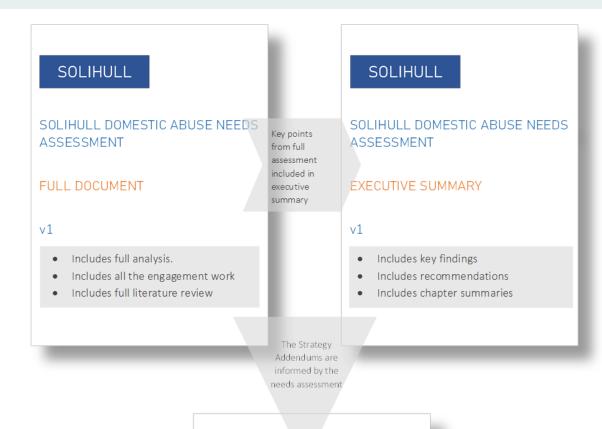
NEEDS ASSESSMENT AND ACTION PLAN

This Strategy is informed by the 2021 Needs Assessment. The Partnership Board will develop an action plan to deliver priorities.

The Needs Assessment brings all the data and information in relation to domestic abuse together in one place and helps the Partnership Board understand what is working well in Solihull and where there are areas for development.

Bringing information together from across the Partnership Board is vital as it enables plans and service decisions to be evidence informed.

The action plan will bring together the actions which need to be completed to implement this strategy. The action plan will be overseen by the Domestic Abuse Partnership Board who have the responsibility of ensuring the progress of the action plan.



SOLIHULL

SOLIHULL DOMESTIC ABUSE

STRATEGY

Strategy sets out how Solihull plans to develop and improve our response to domestic abuse.
An action plan will be developed by the DAPB from the Strategy and Needs Assessment.

Domestic Abuse Act 2021

The prevention of abuse and the protection of victims of domestic abuse lies at the heart of the Domestic Abuse Act 2021 and the wider programme of work.

The measures in the 2021 Domestic Abuse Act seek to:

PROMOTE AWARENESS – to put abuse at the top of everyone's agenda, by introducing a statutory definition of domestic abuse and recognise children as victims in their own right.

TRANSFORM THE JUSTICE RESPONSE - including helping victims to give their evidence in the criminal courts through the use of video evidence, screens and other special measures, and ensuring that victims of abuse do not suffer further trauma in family court proceedings by being crossexamined by their abuser.

IMPROVE PERFORMANCE - to drive consistency and better performance in the response to domestic abuse.



establishing in law the office of domestic abuse commissioner, introducing a new domestic abuse protection notice and domestic abuse protection orders and placing a new duty on Tier One local authorities to provide support to victims of domestic abuse and their children in refuges and other safe accommodation.

TACKLE PERPETRATORS - extending the controlling or coercive behaviour offence to cover post-separation abuse, extending the offence of disclosing private sexual photographs and films with intent to cause distress to cover threats to disclose such material, creating a new offence of non-fatal strangulation or suffocation of another person, clarifying by restating in statute the general position that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death.

Governance

SOLIHULL DOMESTIC ABUSE PARTNERSHIP BOARD

Section 4 of the Domestic Abuse Act 2021 places a statutory duty on local authorities to convene a Local Partnership Board. Solihull's Domestic Abuse Partnership Board has been set up in order to meet these requirements.

The Board will provide strategic direction and leadership for tackling domestic abuse in Solihull, ensuring the needs of all victims are met and ensuring those who perpetrate domestic abuse are held to account.

The Board will strengthen the accountability of Solihull's response to domestic abuse and seek to drive continuous improvement in our local response to domestic abuse.

The Board will support delivery the of West Midlands Violence Reduction Unit & Office of the Police and Crime Commissioner Domestic Abuse Board objectives, considering the objectives of the wider exploitation and abuse agenda, where applicable.

The Board will promote and support regional and national domestic abuse evidence based best practice.

PARTNERS

- Solihull Metropolitan Borough Council
 - Public Health
 - Children Social Care
 - Adult Social Care
 - Education
 - Housing
- Children Safeguarding Partnership
- Safeguarding Adults Board
- West Midlands Police Public Protection Unit and Local Policing Unit
- Birmingham and Solihull CCG
- South Warwickshire NHS Foundation Trust
- Birmingham & Solihull Mental Health NHS Foundation Trust
- Birmingham & Solihull Women's Aid
- Panahghar
- The Probation Service
- Solihull Integrated Addiction Services
- Solihull Community Housing
- St Basils
- Victim Support



KEY RESPONSIBILITIES OF THE DOMESTIC ABUSE PARTNERSHIP BOARD

- **Assess the need and demand** for accommodation-based support for all victims and their children, including those who require cross-border support.
- **Develop and publish a strategy** for the provision of support to cover the locality and diverse groups of victims.
- Give effect to the strategy by making commissioning / de-commissioning decisions
- Meet the support needs of victims and their children
- Monitor and evaluate local delivery
- Report back to central Government

The Partnership Board will:

- Drive a co-ordinated multi agency approach to domestic abuse that spans across service areas in the statutory, voluntary and community sectors and addresses prevention, support and protection.
- Set strategic and operational priorities based on consultation and issues identified in strategic assessments and recommendations and leaning that emerges from Domestic Homicide, Serious Case and Serious Adult Reviews, trends and best practice models.
- Adequately consider and factor in the voice of victims and service users when making local decisions. Ensuring that the voice of victims with protected characteristics are heard.
- Lead on the effective monitoring and scrutiny of local performance, sharing information with relevant local, regional and national boards/groups where applicable.
- Maintain oversight of Solihull MARAC, and other multi-agency related information and risk sharing platforms, ensuring they are effective. The Board will address issues of concern that may emerge.
- Support the national objective to 'Transform the Response' to domestic abuse and reference the National Statement of Expectation framework, when planning service responses.
- Co-operate and support West Midlands Office of Police and Crime Commissioner (OPCC) and West Midlands Violence Reduction Unit (VRU) in their work to tackle domestic abuse.

RELATIONSHIP TO OTHER AREAS/STRATEGIES

This Strategy has regard to the work being completed in Solihull in the following areas:

- Violence against women and girls
- Modern slavery
- Community safety (including the police)
- Victims of crime
- Housing and homelessness reduction
- Safeguarding
- Supporting families
- Drugs and alcohol
- Sexual abuse and assault
- Early Years Strategy
- Health Inequalities Strategy

National Picture

DOMESTIC ABUSE INCIDENTS (NATIONAL ESTIMATE)

The Crime Survey for England and Wales showed that an estimated 2.3 million adults aged 16 to 74 years experienced domestic abuse in the 12 months to March 2020.

2,300,000 ESTIMATED ADULT VICTIMS

Home Office data of actual domestic abuse related crimes shows that in the 12 months to March 2021, 73.1% of adult victims were women.



COVID-19 IMPACTED USE OF SERVICES NATIONALLY

Demand on domestic abuse helplines increased in the year ending March 2021 with a 22% increase in people supported by the National Domestic Abuse Helpline in England; this is not necessarily indicative of an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms.

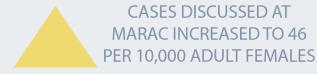


22% INCREASE IN THOSE SUPPORTED BY DA HELPLINE

For the third successive year, the CPS charging rate for domestic abuse-related crimes in England and Wales decreased. The rate was 70% in the year ending March 2021, down from 76% in the year ending March 2018.



CPS CHARGING RATE DECREASED TO 70% The number of cases discussed per 10,000 adult females at multi-agency risk assessment conferences (MARACs) rose to 46 compared with 43 in the previous year (12 months to March 2021).



The period from 23 March to 31 May 2020 saw a 40.6% reduction in the number of refuge vacancies in England, compared to the same period in 2019. The most common reasons were a lack of suitable move—on accommodation (67% of those with reduced availability) and concerns over managing the spread of COVID-19 in communal accommodation (61% of those with reduced availability).



MARCH TO MAY 2020 SAW A 40.6% REDUCTIN IN REFUGE VACANCIES IN ENGLAND

Overview of Services

Solihull is committed to tackling domestic abuse and invests in community and accommodation provision.

This diagram shows the current domestic abuse provision in Solihull.

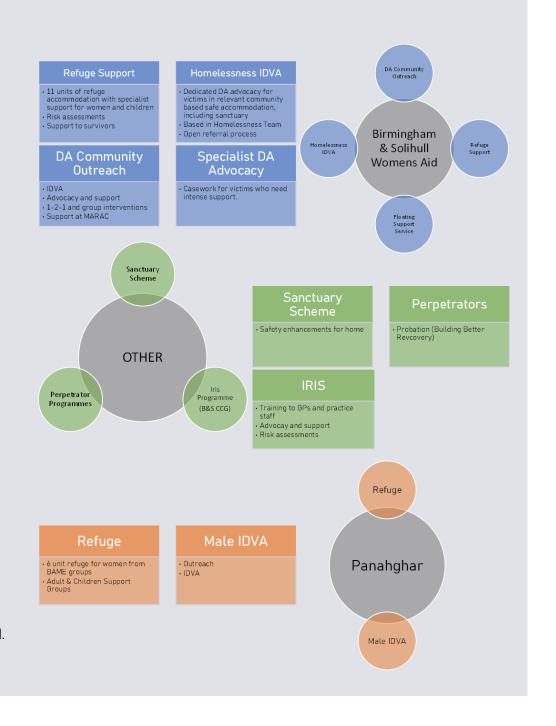
Work is currently underway to commission a community based domestic abuse service for children and young people and to strengthen support for those who need to leave their home due to domestic abuse.

The current offer includes:

- Community based advice
- Information and support to female and male victims
- Dedicated refuge provision
- IRIS a programme that works directly between GP's and a specialist service
- Adult and child safeguarding training
- Local MARAC.

Services were enhanced during 2021:

- Refuge provision expanded
- Support to male victims expanded
- A Sanctuary scheme was introduced.
- A dedicated DA training programme to housing specialists was introduced.



Picture in Solihull

DOMESTIC ABUSE INCIDENTS (ACTUAL/EXPECTED)

Using existing prevalence rates and police data for the number of domestic abuse incidents (reported crimes and non crimes) it is estimated that approximately

43%

of victims do not report to the police.

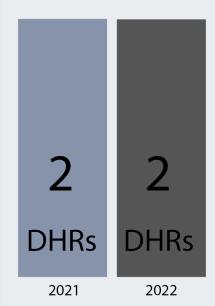
4485

Estimated unreported incidents

4350

Domestic abuse incidents reported to the police.

DOMESTIC HOMICIDE REVIEWS



In Solihull, there were 2 Domestic Homicide Reviews in 2021.

There are another 2 Reviews due to be released in 2022.

COVID-19 IMPACT ON REPORTED CRIMES



There were higher numbers of reported domestic abuse crimes during 2020 compared to the previous 3 years.

DOMESTIC ABUSE IS A GENDERED CRIME



In Solihull, approximately three quarters of the victims of crimes reported to the police were female.

The following pages show the findings from the Solihull Domestic Abuse Needs Assessment completed in 2021. The information is broken down into key areas.

CRIMINAL JUSTICE SYSTEM

- The Women's Aid Survivor Survey highlighted that there is an onus on survivors to navigate and understand the complexities of court processes, and the risks to themselves and their children while engaging with the Civil and Criminal Justice System.
- There are a number of studies that provide insight into how perpetrators use Criminal Justice and child protection settings to continue domestic abuse post-separation.
- Responses from the Solihull practitioner survey indicated that there was a knowledge gap amongst practitioners relating to the Criminal Justice Service response and available specialist support.

MULTI-AGENCY RISK ASSESSMENT CONFERENCE (MARAC)

- Referrals from the police has historically accounted for a high percentage of the total MARAC referrals, however recent years have seen a wider range of referral sources.
- For the 12 months to June 2021, there were the same number of referrals from Children's Social Care as there were from Independent Domestic Violence Advocates (IDVAs).

PERPETRATORS

- In Solihull, there are no non-statutory perpetrator programmes.
- Probation deliver a Building Better
 Relationships Project for perpetrators from
 Solihull. Perpetrator programmes were
 impacted by COVID-19. Delivery was moved
 to video links and in some cases stopped
 completely.
- Those who could potentially benefit from interventions were not accessing services.
- Appropriate interventions are dependent on:
 - Context
 - Severity
 - Willingness to engage
- Professionals working with perpetrators or referring perpetrators to services may need awareness training.

IRIS GP PROGRAMME

- IRIS is a specialist domestic violence and abuse training, support and referral programme for General Practices.
- In Solihull, there are 41 GPs. 36 are partly or fully trained in the IRIS programme.
- In 2020–21, 88 referrals of those identified with a domestic abuse need were made by Solihull based GPs.
- There were 2 Solihull wards with no GP surgeries signed up to the IRIS programme.
- There is likely to be unmet need in the areas with no or low referrals.
- GP's may require ongoing training and liaison with IRIS practitioners to maintain engagement.
- There is no service that mirrors the IRIS approach for males.

MATERNITY

- Feedback from maternity practitioners was that Solihull patients tend to use Heartlands Hospital for maternity services.
- There are processes in place to ensure that all pregnant women are asked at least three times during and after their pregnancy about domestic abuse. Additionally, Health Visitors complete screens with women during their home visits.
- A Specialist Domestic Abuse Midwife role has been in place since 2010 in UHB hospitals.
- There used to be a clinic run in Heartlands
 Hospital attended by a midwife and an IDVA.
 This clinic stopped in March 2021 due to the
 IDVA funding ceasing.
- There is an IDVA based in the maternity team in Queen Elizabeth Hospital, however, this service does not cover the Good Hope Hospital.

REFUGE

- Birmingham and Solihull Women's Aid manage an 11 unit refuge in Solihull.
- Panahghar manage a 6 unit refuge. The refuge opened in July 2021
- The recommended number of refuge spaces for Solihull (using the Council of Europe formula) is 21 with the actual number commissioned less than this by 4 spaces.
- There is a low proportion of refuge residents who are from Solihull.
- In 2020/21, women were staying in the refuge for longer periods of time compared to previous years.

SUICIDE

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

HOUSING

- 62 Households were placed in temporary accommodation due to domestic abuse between April 2021 and August 2021.
- 101 children were part of these households.
- As a snapshot, 48 households were in temporary accommodation due to domestic abuse on the 11th August, 2021.
- Local authorities will have to change their use of temporary accommodation to ensure that they are in line with the Domestic Abuse Act 2021.
- There are two Housing IDVAs provided in partnership between Solihull Community Housing and BSWA.



SUPPORT IN SAFE ACCOMMODATION

- There is a high prevalence of trauma and anxiety in survivors of domestic abuse, particularly at points of crisis such as while being accommodated in refuges. This need adds to the complexities of navigating through complex systems and processes such as the CJS. Analysis of local refuge data aligns with national research regarding the support needs required within refuges.
- Residents had support needs relating to emotional support, finances, housing, and safety planning.
- Finding 'move-on' accommodation for families leaving the refuge can be a lengthy process causing residents to stay in the refuge for longer periods of time.
- Refuge staff provide tailored support to all adult and children resident throughout their stay

CHILDREN AND YOUNG PEOPLE

- Nationally, young people aged 13-17
 experience the highest rate of domestic
 abuse of any age group. In one study, 6.6% of
 men and 12.6% of women aged 16-19 had
 experienced domestic abuse in the past year.
 95% of young people experiencing intimate
 partner violence are female.
- Young people have additional vulnerabilities due to their age: they may respond differently to abuse and make different decisions, and may not be equipped to deal with practical problems such as moving home or finances. The abuse that they experience may look different, too: they are more likely to be subject to online abuse. Young people subject to domestic abuse may also be causing harm to those closest to them or self-harming.
- The identification of young people experiencing domestic abuse and the referral to specialist services is a responsibility of the Local Authority Children's Services, who have a duty to investigate if the child is suspected to be coming to harm.



View from others

As part of the Domestic Abuse Needs Assessment that was completed in 2021, an engagement exercise was completed with survivors and practitioners. Below shows some of the responses.

SUPPORT SERVICES	Area for Development "Social housing and refuge space for disabled women." [Refuge Support Worker]	"I often found my abuser and my experience was worse in the evenings – and there is limited support available." [Survivor, 45–54]
PROTECTED CHARACTER- ISTICS	Area for Development "Services suited to stereotypical domestic abuse victims but none for male or LGBTQ which is becoming more prominent." [Women's Justice Worker] "Raising awareness RE: LGBT relationships/abuse/stigma" [Health Practitioner]	"I was trying to escape abuse but was told I couldn't be helped with accommodation because I have a no recourse to public funds clause in my Visa. I am still in the abuse. They have been very helpful with listening when I need someone to talk to." [Survivor, 25–34]
COMPLEX NEEDS	"The referral element of referring a client to a mental health professional is good but finding the right counselling service or counsellor that can relate and support the individual is more difficult." [Women's' Justice Worker]	What could be improved "Time waiting for help. Child and Adolescent Mental Health Service have a 12 month waiting list". [Survivor 35-44] "I think it is the post traumatic side – things surface once you're out, forgotten horrible memories and you have to deal with the awful
CIVIL AND CRIMINAL JUSTICE SYSTEM	"DV victims who are in refuge have limited funds. Having law firms who take on Legal Aid would be helpful. There is no support for DV victims in refuge to have professional support at court" [Refuge Project Worker]	"After my separation when I reported my ex for harassment again, the police were excellent. They took me seriously. I felt protected and I felt like I mattered." [Survivor, 45–54] "I think victims shouldn't have to attend court themselves" [Survivor, 25–34]
HOUSING	Working Well "Homelessness Support IDVA" [Housing Officer, SCH]	"Solihull council need to invest in more temporary accommodation for domestic violence victims." [Survivor, 35-44]
СҮР	Area for Development "More emphasis has been given to the effect on children but not enough funding for specialist support as CAMHS is oversubscribed and children's services are often not able to offer the level of support needed." [Housing Options Worker]	"There is information but there aren't many specialist services for children other than the NSPCC. My kids were older and they would have benefited from more specialist support. Its very complex for children, they love their father and their mother but they know what their dad does to their mum is wrong. They can't articulate it but they can also see those

behaviours displayed to them but in a lesser

form." [Survivor, 45-54]

Key Priority 1 – Prevention and Early Intervention

This priority aims to increase the focus on early intervention and prevention.

In Solihull, early intervention by the voluntary sector and statutory agencies working together can help to protect adult and child victims from further harm, as well as preventing the escalation and recurrence of a range of abuses which can form part of domestic abuse, such as stalking, harassment, and sexual violence.

We will aim for local organisations and agencies to have in place effective ways to identify the emerging problems and potential unmet needs of individual children and families experiencing domestic abuse.

Through the Partnership Board we will aim to work with organisations and agencies to develop joined-up early help services based on a clear understanding of local needs, as detailed in the Domestic Abuse Needs Assessment. This will include supporting initiatives which increase the likelihood of individuals and communities spotting the early risk factors and warning signs of abuse.

This will require all practitioners, including those in universal services and those providing services to adults with children, to understand their role in identifying emerging problems and to share information with other practitioners to support early identification and assessment.

To achieve the aims of this priority all front line practitioners must display professional curiosity when engaging with individuals. Often, victims will make contact with a range of services before disclosing their abuse. These contacts represent opportunities for early intervention, so it is crucial that all staff are trained to recognise domestic abuse and ask the right questions.

Through working with residents of Solihull, we will build evidence relating to how abuse can be prevented from happening in the first place. We will listen to the voices of those with lived experience of domestic abuse and ensure that these voices shape our response. We will listen to and share the voices of young people, to build our understanding of how to challenge and deconstruct stereotypical gender roles.

At a wider level, we will influence public conversations about domestic abuse so that responsibility and the requirement to change are directed where they belong - at the person being abusive.

COMMITMENT 1

We will work jointly to identify and support individuals and families at risk of domestic abuse, including where there has been historic abuse or where other risk factors are present. We will deliver preventative and early intervention services linked to understanding vulnerabilities and risk.

COMMITMENT 2

We will ensure that a robust offer on **domestic** abuse awareness and healthy relationships is available to all schools and educational settings. We will work with schools to challenge gender inequality, sexual stereotyping, and domestic abuse normalisation where it exists.

COMMITMENT 3

All partners will work jointly to lessen the impact of domestic abuse on children and young people through early intervention by supporting activities and services to develop and improve their emotional wellbeing. Partners will support appropriate training and resources.

COMMITMENT 4

We will use our **safeguarding functions** to support the **early identification** of abuse of adults including those with **additional needs.** This includes recognising instances of the abuse of older people, and working in accordance with safeguarding policies and protocols.

COMMITMENT 5

In order to improve the prevention of domestic abuse, we will **influence public conversations** about domestic abuse. We wish to engage with people across the **whole population** of Solihull, including diverse and minoritised groups and communities, to understand how to better prevent and respond to domestic abuse.

COMMITMENT 6

To aid the identification of domestic abuse at the earliest possible opportunity, we will build evidence relating to how abuse can be prevented from happening. All relevant staff and volunteers will have a strong understanding of the appropriate responses and pathways including referrals and interventions.

Key Priority 2 – Protection

This priority focuses on the provision of responsive and effective services for adult and child victims and groups at risk of, or subject to domestic abuse.

There are a variety of factors which may increase the risk of domestic abuse and as such a range of solutions which may be provided to those affected by it. Services include victim support, perpetrator programmes, child-specific services, couple and whole family interventions and criminal justice interventions.

A multi-agency response will be key to providing responsive, flexible services, which respond as early as possible. The ability to recognise the signs and symptoms of domestic abuse and the confidence to do something about it should be in place across all statutory and voluntary services. The wider community should also be better informed about domestic abuse and be assured that there are appropriate services available for those who need them.

Commissioning and service planning will be underpinned by principles which ensure that services meet the required quality standards and meet the diverse needs of those who require them. When services are working with survivors, they will address the holistic needs of the survivor, including mental health and emotional well being needs.

The Partnership Board will work together to provide the full range of 'relevant accommodation' (as described in the DA Act 2021) and ensure that there is appropriate provision to meet the needs as detailed in the needs assessment.

COMMITMENT 1

Commissioners will base their **commissioning and decommissioning** decisions on a robust **evidence base**.

A **joint commissioning approach** will be developed that follows best practice guidelines.

COMMITMENT 2

All partners will **work together** to ensure staff and volunteers **understand** the available **domestic abuse provision**, using and referring to services effectively.

COMMITMENT 3

We will seek to use **trauma-informed approaches** to support adults, children, and families who have experienced abuse in order to improve outcomes. We will use learning and research on **Adverse Childhood Experiences** to further understand the impact of domestic abuse, and how to **minimise harm**.

COMMITMENT 5

The commissioning and provision of services will be informed by the views of those with lived experience or who are at significant risk of domestic abuse.

COMMITMENT 7

We will develop and maintain up to date information on service pathways to show a clear picture of available services. This will ensure that the development of provision meets changing needs within the community and that we are able to quickly identify any gaps in support linking with the Needs Assessment.

COMMITMENT 4

We will work across the partnership to meet the diverse and emerging needs of the whole population, and ensure there is clear signposting and referral mechanisms, particularly for addressing the needs of minoritised groups and communities, those with complex needs and those with multiple vulnerabilities.

COMMITMENT 6

We will ensure all relevant front line staff are trained in identifying and working with those experiencing all forms of domestic abuse, to help them recognise risks and include these in safety plans where appropriate for both survivors and perpetrators.

COMMITMENT 8

We will support any **employee** who is **experiencing domestic abuse**, and ensure our processes work to assist and **support any staff member** who discloses domestic abuse. We will **work with businesses** to ensure that they have access to information on how to support staff members who may disclose abuse.



Key Priority 3 Strengthening Accountability

This priority focuses on increasing perpetrator convictions and other positive outcomes through the Criminal Justice Service and partners using their powers to reduce the impact of domestic abuse and reduce the likelihood of further incidents.

Reducing the impact of domestic abuse can be achieved through a number of routes including: prosecuting perpetrators through the criminal justice system, via civil outcomes, through working with perpetrators to change behaviour, or through rehabilitation (within prison or the community). Reducing the impact of domestic abuse requires continuous improvement of the protections and justice available and lobbying for an effective use of sentencing.

All partners should be aware that the violent and harmful behaviour of perpetrators needs to be addressed. Individuals may be continuing to be impacted by abusive behaviour as their case moves through justice processes.

Supporting interventions that lead to sustainable behaviour change in perpetrators themselves should drive a reduction in the prevalence of domestic abuse and reduce the rates of re-offending.

COMMITMENT 1

Focused protection, support and information will be available for all survivors throughout the Criminal Justice System process. All agencies should ensure that the survivor's voice is heard throughout these processes and used to improve and enhance service provision.

COMMITMENT 2

All relevant agencies will jointly ensure that there is a **robust approach** to **perpetrators**. We will have a focus on increasing the challenge to those who perpetrate abuse and making those who perpetrate abuse more accountable for their actions.

We will respond robustly to harmful and violent behaviour, and provide greater focus on changing the behaviour of the perpetrator.

COMMITMENT 3

We will support individuals and families through their criminal justice journey from arrest through to prosecution and beyond in order to ensure the timely, meaningful delivery of justice. We will work to reduce further harm through re-traumatisation and provide sustainable outcomes.

COMMITMENT 4

Ensure **staff and volunteers** understand the **legal tools and support available,** and how they can be put **in place in a timely manner**.



Key Priority 4 -Partnership

This priority is about ensuring a collaborative response to domestic abuse in order to improve the response in Solihull.

A partnership approach encourages the broadest possible response to domestic abuse, addressing prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety.

Best practice in relation to partnership working states that no single agency or individual can see the complete picture of the life of a family or individual within that family, but all may have insights and can provide interventions that are crucial to their safety and wellbeing.

A true partnership approach moves the responsibility for safety away from individual survivors to the community and services existing to support them.

COMMITMENT 1

All agencies commit to working together to provide the broadest possible response to domestic abuse. This will cover co-leadership, pooling of resources, actively engaging to achieve our shared objectives, and a more strategic and effective response to domestic abuse. This will address prevention, early intervention, dealing with crisis, risk fluctuation, and long-term recovery and safety.

COMMITMENT 2

Partners will work collectively to bring together comparable, accurate and consistent data on areas such as commissioning, provision and gap analysis in a Needs Assessment. Information-sharing will work to inform our response to under-reporting and ensure we draw out the right narratives from the evidence. Where possible we will commission research where gaps in knowledge exist.

COMMITMENT 3

All agencies will participate in the Domestic Homicide Review process, and learning from this and other reviews will be proactively shared with the wider workforce.

COMMITMENT 4

We will work together to access external funding opportunities, working collectively to identify the areas that would benefit the most from additional funding.

COMMITMENT 5

We will work together as **peers** and use our specialist knowledge within our individual service areas to provide a **holistic partnership response** to domestic abuse.



Achieving our Objectives

This strategy is intended to be an overarching document setting out a common understanding and commitment from key partners to address domestic abuse across Solihull. Accountability for this strategy sits with the Domestic Abuse Partnership Board. This strategy will be supported by a joint action plan agreed to and championed by each partner within the Solihull Domestic Abuse Partnership Board.

Actions developed will be directly linked to our identified outcomes and commitments. Below this each partner will choose whether to develop bespoke or adopt existing individual action plans to capture the actions that they, as an organisation will have responsibility for.

Each agency will ensure that they have effective inspection mechanisms in place. Feedback from those who use interventions and services will form a vital part of service development, our commissioning and our monitoring procedures. We will work to ensure that the voice of survivors, of families affected by domestic abuse and of perpetrators who have interacted with our services informs and continually improves our provision.

The Domestic Abuse Partnership Board will provide annual monitoring reports to Central Government, setting out progress against our vision and identified outcomes. The strategy and joint action plan will be regularly reviewed by the Domestic Abuse Partnership Board.

Implementation of the priorities will require sustained commitment from all partners if we are to continue to make a significant difference to the lives of survivors of domestic abuse and their families. We are focused on delivering real change, strengthening the coordination of services, learning from the latest research and continuing to develop and respond to the needs of our community.

