

Birmingham Domestic Abuse Prevention Strategy 2024-29

Consultation

1. Introduction

The Domestic Abuse Prevention Strategy 2018-2023 – Changing Attitudes Changing Lives received Cabinet approval in February 2018 and was launched in June 2018. Internally the strategy development and coordination has been led by the Adult Social Care (ASC) Directorate. However, there has been strong cross directorate collaboration and ownership which has been welcomed given the cross-cutting nature of the strategy. Externally partner agency collaboration includes the specialist agencies, safeguarding partnerships, Birmingham Children’s Trust (BCT), National Health Service (NHS), West Midlands Police (WMP), Probation and more importantly victims of domestic abuse.

The strategy adopts the Government definition of domestic abuse as:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality”.

Although domestic abuse can happen to anyone, from any background, most domestic abuse is perpetrated by men against women and their children. Domestic abuse (DA) also manifests within population groups sharing protected characteristics like age and disability. Older people, are seen as the hidden face of domestic abuse, not only facing issues of frailty and long-term health conditions years but of domestic abuse at the hands of abusers who they are also reliant on for their care.

As well as the vision, which is ambitious, the aim of the Domestic Abuse Strategy is to make tackling domestic abuse everyone’s business. Its focus has shifted towards a more proactive prevention approach, identifying domestic abuse as early as possible to limit its impact in the future. The strategy outlines a layered prevention model and focuses on three key priorities:

- **Changing attitudes**- by challenging the attitudes and behaviours that foster it.
- **Early Identification and Early Help**- intervening early to prevent harm and reduce the impact of domestic abuse on victims and families.
- **Safety and Support**- Ensure that victims of domestic abuse are protected from harm and supported to recover.

Since the introduction of the DA Act 2021, Tier One authorities, such as Birmingham were required to appoint a Domestic Abuse Local Partnership Board (DA LSP Board) to support them in undertaking local needs assessments, including developing and monitoring local strategies, and mapping activities, ensuring representation of marginalised groups and those who are underrepresented in local services.

Ahead of the Act, Birmingham reshaped the existing VAWG (Violence Against Women and Girls Board), to meet the new requirement by developing a Birmingham specific Domestic Abuse Local Strategic Partnership Board made up of members representing organisations who have a stake in this vital work.

As the current DA Prevention Strategy 2018-23 is to come to an end, partners have continuously monitored and reviewed progress against the linked action plan, with this year’s focus has been reviewing

what has been achieved, what needs to be carried forward and reflective of the changing demographics and needs of a growing city from 2024 onwards.

Utilising the Act funding, in 2022 Birmingham commissioned a local needs assessment to stock take the current service provision and pathway across the city, and to capture feedback of those services from those with lived experiences to help shape the next iteration of the strategy.

Based feedback from partner agencies, the framework for 2024-29 strategy builds on the previous strategy and its proactive **prevention model** by embedding this approach throughout, to **prevent** DA from occurring in the first place through raising awareness and understanding of it, and to also intervene earlier to **prevent** escalation of risk.

Vision: “Birmingham is a place where domestic abuse is not tolerated; where everyone can expect equality and respect in their relationships, and live free from domestic abuse. “

Values:

1. Survivor-centred and survivor-led
2. Early intervention and prevention
3. Strengths-based approach
4. Intersectionality
5. Perpetrator accountability
6. Robust partnership response

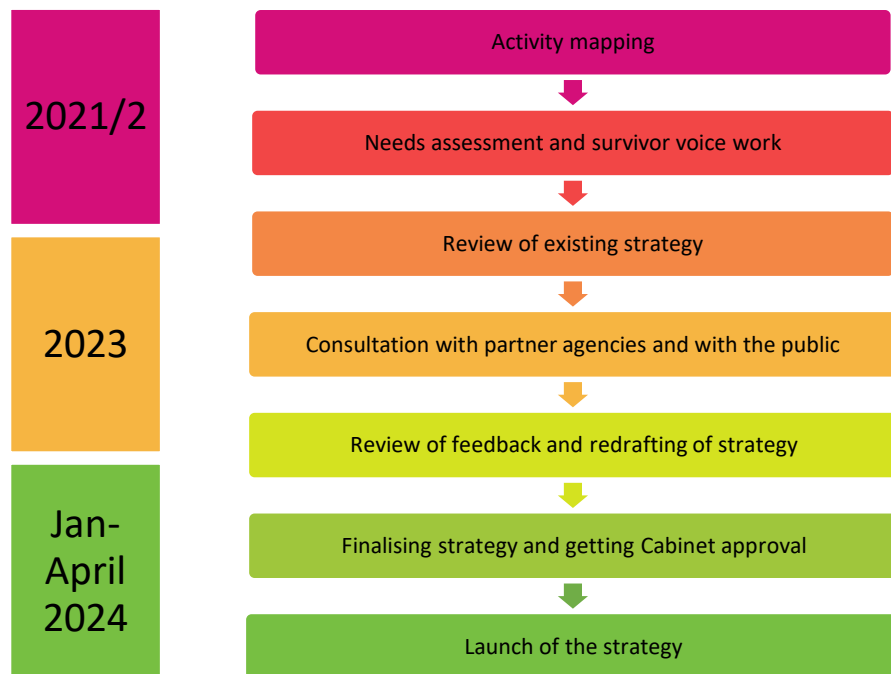
Priority 1	Whole Systems Approach. Making DA everybody's business. All partners working collectively and collaboratively as a network, to respond to and prevent DA. Recognising DA complexity and intersectionality, and integral role each partner plays in the system.
Priority 2	Prevention-Changing Attitudes and behaviours. Culture change, through awareness raising, with the aim: challenging attitudes that foster DA.
Priority 3	Prevention - Early identification and help. Focus on early identification of the signs of abuse. Strengthening confidence and first responses from all professionals to prevent escalation of risk and harm and provide tailored support to survivors. Embedding an early help offer of DA in the universal space e.g., family hubs, GP’s, etc.
Priority 4	Children and young people are protected. Raising awareness and understanding Healthy relationships. Identify and support children and young people affected by domestic abuse, including supporting young people in abusive relationships, as well as abuse from family.
Priority 5	Safety Support and Recovery. Keeping survivors and their children safe is paramount concern. Commissioning quality assured support to survivors in safe accommodation as per Part 4 DA Act duty. Developing a longer term and holistic offer to aid recovery.

Priority 6	<p>Hold perpetrators to account.</p> <p>Develop an intervention pathway that sets out a range of actions that holds perpetrators to account, at every opportunity across the system, whilst ensuring that survivors are protected from harm</p>
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2. What we did

Recognising the substantial challenge of developing and delivering a strategy fit for a continually changing and growing city, Birmingham partners have been undertaking various engagement sessions at different stages and in formats appropriate to the different stakeholder groups involved.

Outline of key strategy activity and timelines:

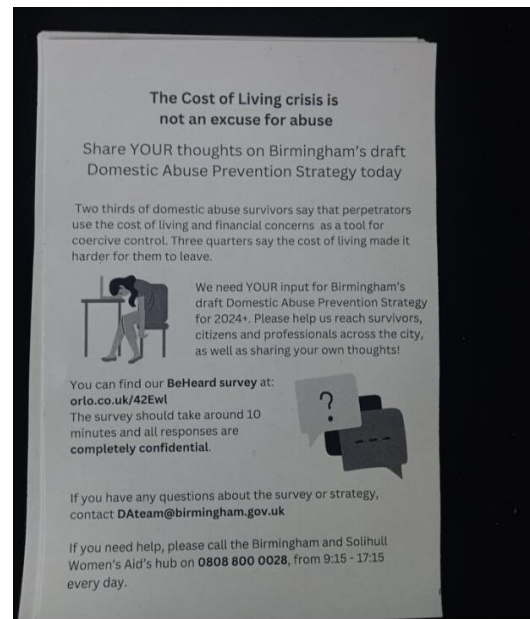


Who with?

1. Partner engagement sessions

- DA LSP Board held a dedicated working group sessions over four months reviewing the current strategy in terms of what worked well, what needs to be taken forward, re-establishing the vision, aims and objectives and core themes.
- The board has three focused subgroups (Children, Equalities and Communications); each of them providing a lens of specialism on what worked well, what the gaps were and what needs to be included in the new strategy going forward.
- Workshops were held with specialist domestic abuse providers to record staff’s feedback on the draft strategy.

- Specialised domestic abuse providers were asked to engage with service users on the draft strategy e.g., Sikh Women’s Aid, Birmingham and Solihull Women’s Aid, Handsworth Association of Schools, etc.
- Formal responses were received from organisations such as Healthwatch Birmingham, Public Health Birmingham, and Black Country Housing Association.
- Partners undertook sessions within their own organisation to collect feedback, as well as raising the consultation at partnership meetings and events such as Birmingham Safeguarding Children Partnership (BSCP) Conference and BSCP Safeguarding Leaders Assembly.
- Engaged at partner events and part of a national awareness campaign - the 16 Days of Activism against Gender-Based Violence - raising the profile of domestic abuse services within Birmingham, and an opportunity to consult on the strategy.



2. Public participation sessions

- The draft strategy was taken to our Prevention First Citizen Panel, who provided comments.
- Two online sessions were hosted by Birmingham City Council Citizen Engagement Team with nine individuals taking part in in-depth discussions and providing almost 40 unique pieces of feedback.
- Emails from citizens were received through a dedicated email address.
- A separate video call was also held with a professional who reached out to offer their further feedback drawn from their personal experiences.

3. Be Heard consultation.

From 25th October until 6th December 2023, a citywide public consultation was held via the Be Heard online consultation platform, which looked to gathering feedback on whether the vision, values and priorities previously identified were right for the city.

We believe this approach, makes for a stronger and clearer contribution into the developing strategy and citizens of Birmingham, whether they live and/or work in the city feel heard and have ownership of the strategy.

Communication channels

Initially, core audiences were identified, through both internal and external routes and broken down into specific targeted groups that were tasked to share key information regarding the consultation and directing individuals to take part in the online Be Heard survey, or hold workshops or focus groups within their own, teams or organisations. See **Appendix A** for an outline of organisations contacted.

3. Feedback

Feedback from partners and providers

We had a strong response from partners and providers across the city, with several key themes emerging from their feedback. These were:

- Strong and widespread support for the vision, values, priorities, and focuses.
- Varying views about best way to acknowledge the gendered aspect of domestic abuse and the best way to intervene with perpetrators.
- Comments highlighting the importance of housing, finance and immigration status in accessing support and recovery.
- A need to increase support for victims to stay in their own home where suitable.
- The importance of reflecting the range of domestic abuse experiences, and not only intimate partner abuse.
- The importance of engaging the private sector, especially employers and banks.
- The role of coproduction and the need to embed coproduction in the strategy.
- The importance of communication and education in early intervention and prevention of domestic abuse.
- A need for stronger training and toolkits.
- A need for strong metrics to measure progress and impact of the strategy.

Feedback from citizens

There was broad agreement with the six priorities, and many participants expressed that we are on the right track. Some citizens found the language of the draft strategy – particularly terms such as ‘intersectionality’ and ‘early intervention’- difficult to understand and told us further efforts are needed to use plain language or provide clear explanations of terms.

Several themes emerged around the priority areas:

- Priorities 2 and 4 – Respondents were clear about the need to raise more awareness of healthy behaviour and specially target children and young people.
- Priority 5 - There was a focus on the need for long-term support, e.g., counselling years later. The issue of ensuring safety where an abuser is in a particular position of power (e.g., a police officer or councillor) was raised multiple times.
- Priority 6 - There was great interest in what perpetrator accountability means, and people felt we are right to make this a focus.

One participant asked:

“How will you keep survivors safe if their abuser is in a position of power?”

There was also strong interest in the specific actions underlying the priorities and how progress would be measured. One participant asked,

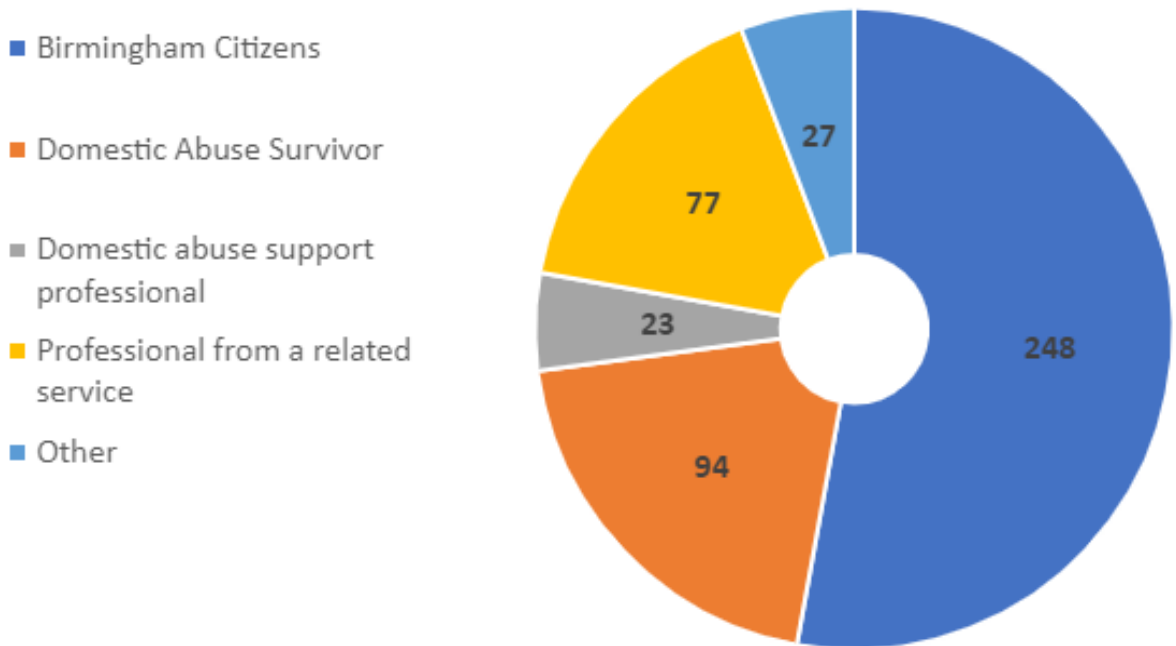
“How do we measure trauma and recovery?”

Online survey responses

Respondents were asked to indicate which of the following roles were relevant to them, they could choose more than one option.

A total of 349 response were collected, 248 (71.06%) were Birmingham Citizens, 94 (26.93%) indicated they were a domestic abuse survivor. Twenty-three people (6.59%) indicated they were a domestic abuse support professional, 77 (22.06%) of respondents were a professional from a related service, and 27 (7.74%) were classed as other.

About the respondent

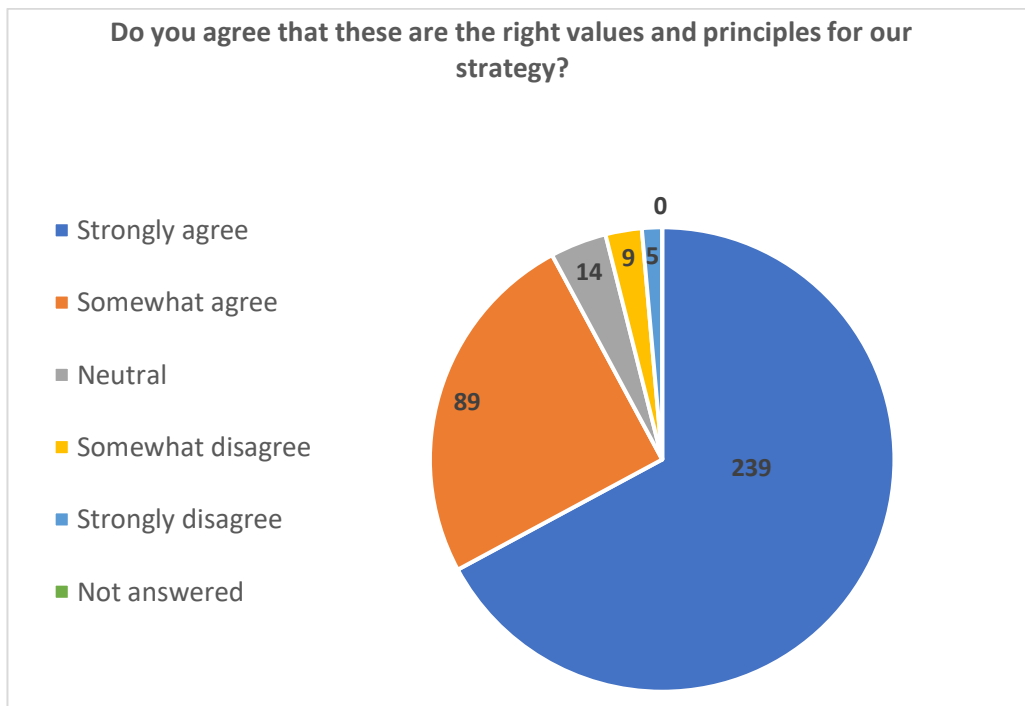


On further analysis, we identified that:

- 65 (18.6%) respondents were Birmingham Citizen and DA Survivor
- 3 (0.6%) respondents were Birmingham Citizen/DA Survivor/DA support professional
- 2 (0.6%) respondents were Birmingham Citizen/DA Survivor/DA support professional/Professional from a related service

We asked: do you agree that these are the right values and principles for our strategy?

Out of a total of 349 respondents, over 93.98% agreed that the proposed values and principles were right for the strategy, with 239 (68.48%) strongly agreeing and 89 (25.50%) somewhat agreeing. Fourteen (4.01%) respondents did not agree, and nine (2.58%) somewhat disagreeing, and five (1.43%) strongly disagreeing. And 14 (4.01%) remained neutral.



If not, what should be the focus be? There were 258 (73.93%) responses to this part of the question.

4 of the 5 respondents who chose ‘Strongly disagree’ commented that they disagreed with the gendered approach. The other disagreed with providing support to victims. 4 of these 5 respondents were male, while the other preferred not to say their gender. Some of those who ‘somewhat’ disagreed highlighted the need to ensure the strategy, and our support, is explicitly anti-racist. On the other hand, other respondents commented that the strategy should provide more context on domestic abuse as a part of wider violence against women and girls. Overall, there was consistent support for the values set out.

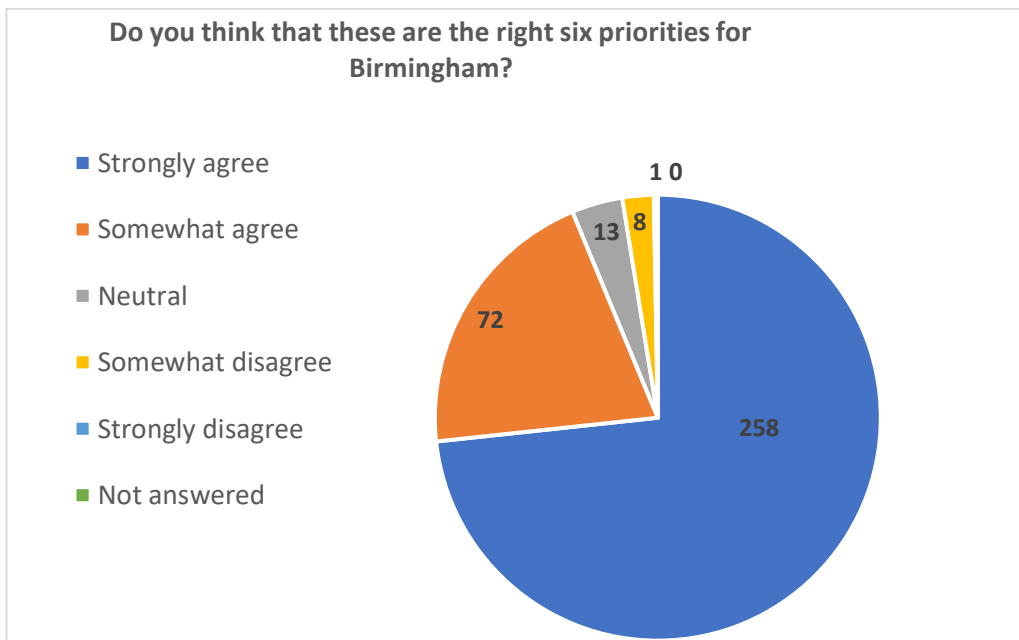
Respondents were asked “Are there any gaps in the values and principles?”

There were 217 (62.18%) responses to this part of the question. Key themes were:

- Housing provision and support for victim survivors to stay in their own home.
- Perpetrator programmes.
- Monitoring of impact.
- Interactions of poverty and domestic abuse.

We asked: do you think that these are the right six priorities for Birmingham?

Out of a total of 349 respondents, over 94.56% agreed that these are the right six priorities for Birmingham, with 258 (73.93%) strongly agreeing and 72 (20.63%) somewhat agreeing. Nine (2.58%) respondents did not agree, and eight (2.29%) somewhat disagreeing, and one (0.29%) strongly disagreeing. And 13 (3.72%) remained neutral.



Respondents were asked ‘Tell us a bit more about why you think this’.

There were 225 (64.47%) responses to this part of the question.

Respondents were asked “Are there any gaps in the strategic priorities?”

There were 168 (48.14%) responses to this part of the question.

Key themes on the overall priorities were:

- Preventing homelessness.

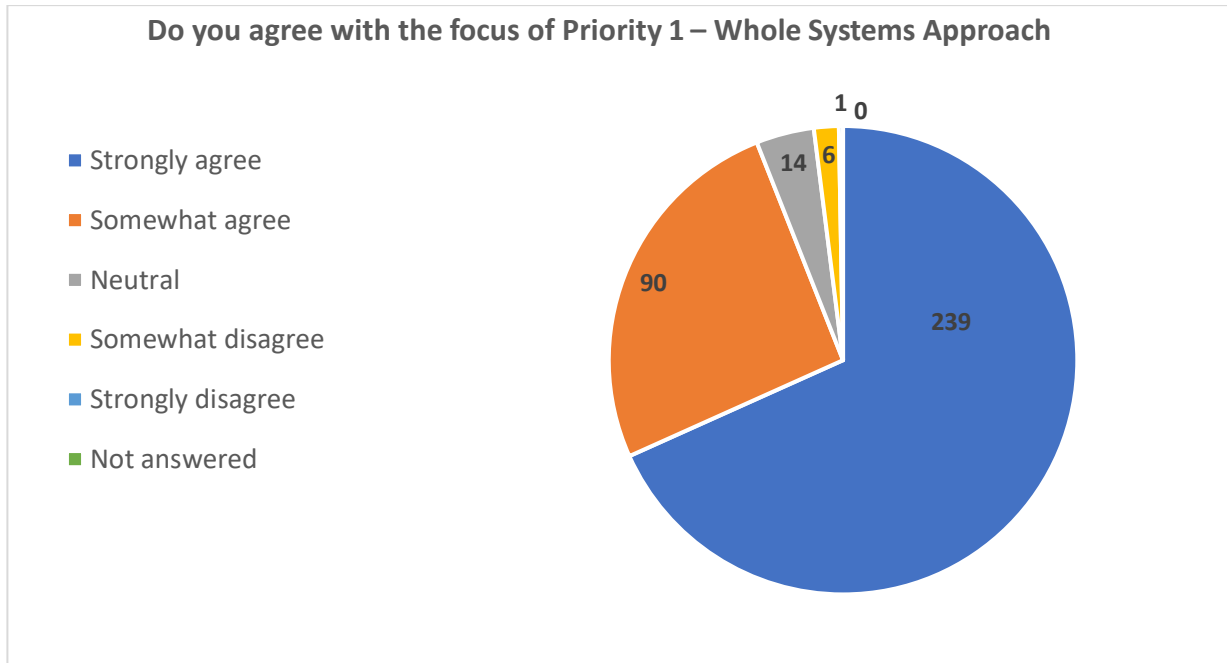
One respondent called for *“a commitment that no one should be made homeless as a result of domestic abuse.”*

- Ongoing support addressing the long-term needs of survivors and children.
- Perpetrator accountability: some respondents commented that there should be more focus on reforming behaviour, while others felt stronger measures are needed to limit perpetrators’ behaviour.
- Funding: many respondents commented that there is not sufficient funding domestic violence prevention.

“It addresses every part of the journey. The only gap I can see is funding.”

We asked: do you agree with the focus of Priority 1 – Whole Systems Approach

Out of a total of 349 respondents, over 94.27% agreed that the focus for Priority 1 (Whole System Approach) was right, with 239 (68.48%) strongly agreeing and 90 (25.79%) somewhat agreeing. Seven (2.01%) respondents did not agree, and six (1.72%) somewhat disagreeing, and one (0.29%) strongly disagreeing. And 14 (4.01%) remained neutral.



If not, what should be the focus be? There were 87 (24.93%) responses to this part of the question.

Key themes on this priority were:

- Broad agreement with the focus for Priority 1

“I think the above paragraph is spot on.”

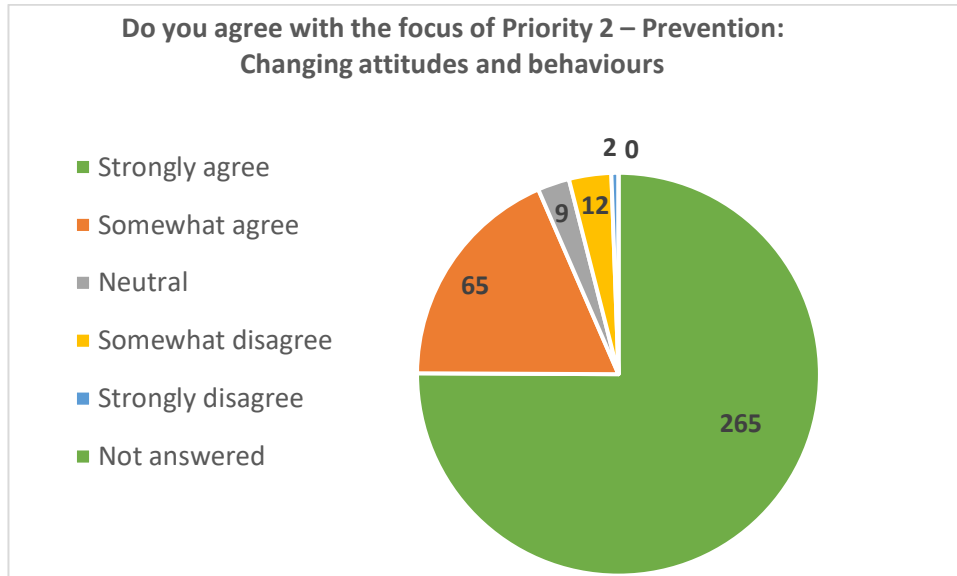
- The need for a one door approach, where survivors don’t have to repeat their stories to different services.
- A focus on a preventative approach

“A whole system approach is also about getting upstream of issues at a foundational level much earlier than early intervention.”

- The need to demonstrate learning from work in other cities and at national level.
- The importance of safe and sensitive information-sharing
- Publicising successes in order to raise awareness and encourage hope.

We asked: do you agree with the focus of Priority 2 – Prevention: Changing attitudes and behaviours?

Out of a total of 349 respondents, over 94.55% agreed that focus for Priority 2 (Prevention: Changing attitudes and behaviours) was right, with 265 (75.93%) strongly agreeing and 65 (18.62%) somewhat agreeing. Fourteen (4.01 %) respondents did not agree, and 12 (3.44%) somewhat disagreeing, and two (0.57%) strongly disagreeing. And nine (0.03%) remained neutral.



If not, what should be the focus be? There were 96 (27.51%) responses to this part of the question. The themes were:

- Broad agreement with focus on good practice from employers and need for education and training.

“Ensure employers understand that recovery can take time, and not always in a specific time frame that suits the organisation. Survivors already have significant pressures and want to achieve normality.”

- Mentions of reaching faith settings and bystander training
- A lot of focus on the attitudes and approaches that victims have encountered when reaching out for help.

“This could not be any more needed. The victim blaming and gatekeeping of access to services I've heard over the years is abhorrent.”

“I think there also needs to be a focus on the language professionals use when supporting survivors of domestic abuse. Language matters and can have a devastating impact.”

Staff themselves are not confident in how to avoid this negative impact for victims. One officer from Housing commented,

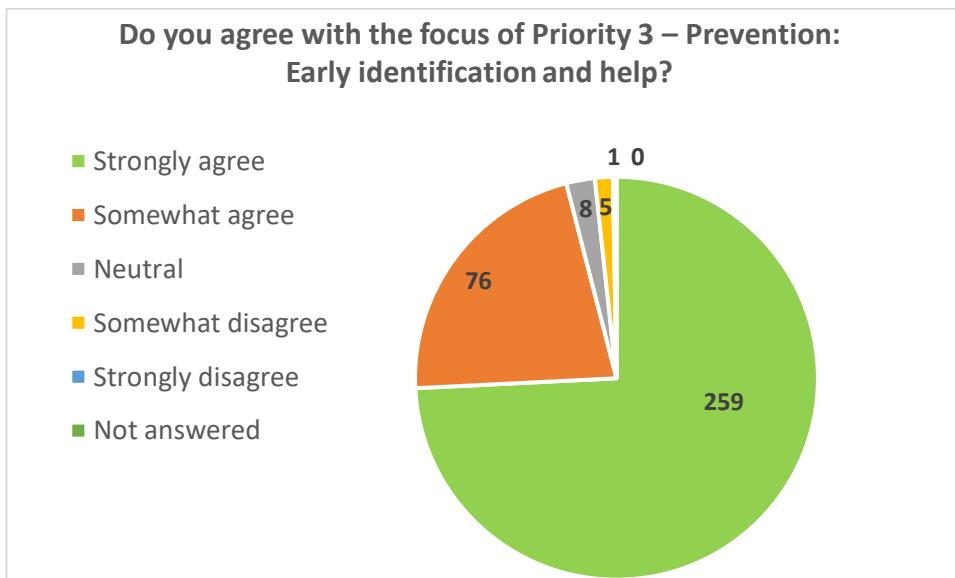
“There seems to be an assumption that staff/agencies victim blame if they question what a victim has told them. This is not the case, but if the information provided has gaps or is inconsistent then surely, we should be allowed to try and clarify without being accused of victim blame or not believing.”

- Multiple mentions of the need for consideration and investment of resource into measuring changing attitudes, through ongoing surveys and shared definitions and metrics.
- Concern about resource for preventative work

“There should also be an emphasis on increasing funding for preventative services. Putting it all on the current services will only increase the pressure staff are already under and will lead to the failure of these very valid and reasonable objectives.”

We asked: do you agree with the focus of Priority 3 – Prevention: Early identification and help?

Out of a total of 349 respondents, over 95.99% agreed that the focus for Priority 3 (Prevention: Early identification and help) was right, with 259 (74.21%) strongly agreeing and 76 (21.78%) somewhat agreeing. Six (1.72%) respondents did not agree, and five (1.43%) somewhat disagreeing, and one (0.29%) strongly disagreeing. And eight (2.29%) remained neutral.



If not, what should be the focus be? Out of 349 respondents, there were 77 (22.06%) responses to this part of the question. The themes were:

- Long-term access to support

“Support for professionals to know how to support even after specialist services stop their support. For instance, an OT going into a home knowing what else they can expect from professional services.”

“We need to focus on post abuse too and what victims can access. It took me 5 years after leaving my ex to understand the different types of abuse I suffered, and I hated myself for years for it. I buried myself in work for years and then I had a breakdown but there was no support because I was in a good job and the abuse had happened years ago. I subsequently lost nearly half a year of work to deal with my emotions and understand what they were.”

- Concern about domestic abuse provision being underfunded and unable to manage demand.

“These services are overloaded and underfunded already.”

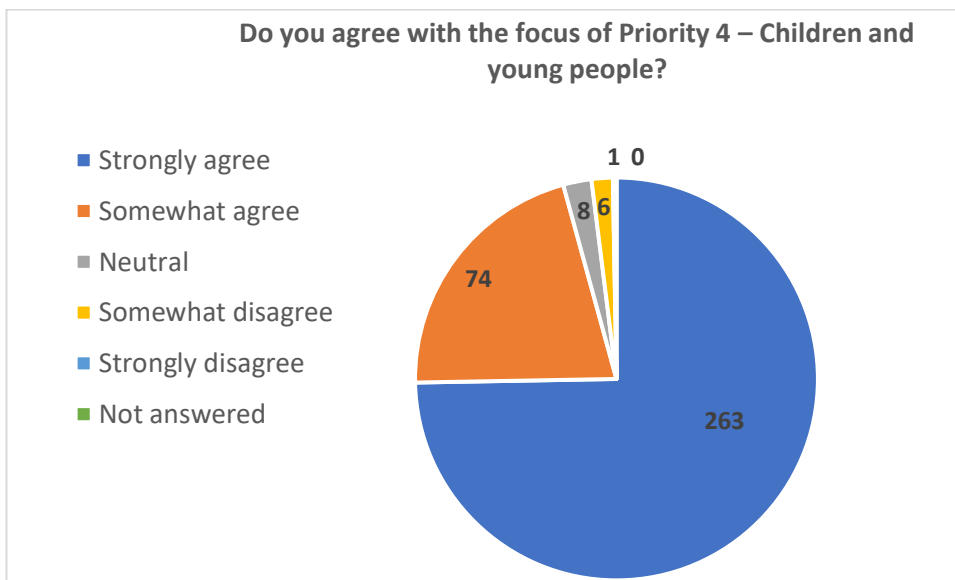
“Recognising is crucial, but if there are no resources to support it seems a bit pointless. Specialist services need proper funding, if staff are going to be expected to refer into them.”

- Perpetrator interventions: there were several comments around a need to do more to work with perpetrators to prevent further abuse.
- Willingness in our culture to intervene.

“There is less of a community spirit than there used to be as people don't want to become involved, but we need to be in a positive but structured way.”

We asked: do you agree with the focus of Priority 4 – Children and young people are protected?

Out of a total of 349 respondents, over 96.56% agreed that the focus for Priority 4 (children and young people are protected) was right, with 263 (75.36%) strongly agreeing and 74 (20.20%) somewhat agreeing. Seven (2.01%) respondents did not agree, and six (1.72%) somewhat disagreeing, and one (0.29%) strongly disagreeing. And eight (2.29%) remained neutral.



If not, what should be the focus be? There were 87 (24.93%) responses to this part of the question. The themes were:

- The idea that both parents may be abusive; several responses also indicated confusion around the separation of definitions of domestic abuse and child abuse.
- The need for therapeutic support, including for children outside of refuge.
- The importance of recognising that a non-abusive parent is not responsible for the actions of an abusive partner, and that an abusive partner cannot be a good parent.

“This message needs to be heard... Even a survivor will sometimes call her partner "a good dad" which goes to show how manipulative a perpetrator is.”

- Perpetrators using their access to children to continue the abuse and insufficient protection through court orders.
- A lack of funding and capacity for this in CAMHS (Child and Adolescent Mental Health Services) and schools; many respondents felt change can only be realised with new funding.

- One comment highlighted a need for:

“More support in schools, ensuring children can stay at their school (to promote stability and consistency), and helping with transportation or accommodation or safety when arranging childcare or education for children.”

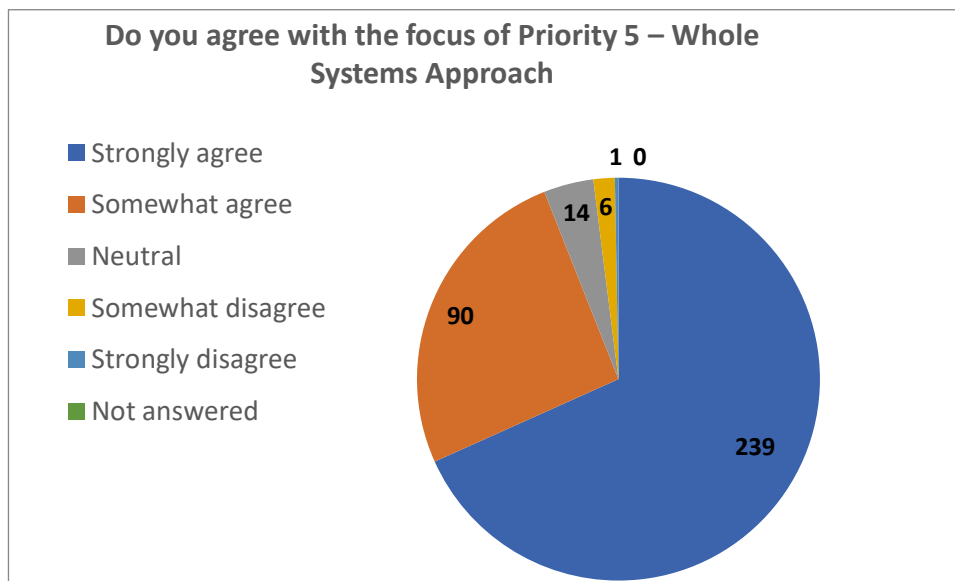
- Some comments disagreed with the use of the term ‘perpetrator’.

“If we continue to name the abuser as the perpetrator, then we will put less effort into supporting them to make the changes.”

“Total demonisation isn't always helpful - the aim must be to prevent further harm and stop abusive behaviours and as such we need to persuade abusers to recognise their behaviour as harmful and to want to stop. People will only put-up defences/barriers/excuses/minimise effects etc as no-one wants to see themselves as unreasonable.”

We asked: do you agree with the focus of Priority 5 – Safety, support, and recovery?

Out of a total of 349 respondents, over 95.99% agreed that the focus for Priority 5 (Safety, support, and recovery) was right, with 239 (68.48%) strongly agreeing and 90 (25.79%) somewhat agreeing. Seven (2.01%) respondents did not agree, and six (1.72%) somewhat disagreeing, and one (0.29%) strongly disagreeing. And 14 (4.01%) remained neutral.



If not, what should be the focus be? There were 71 (20.34%) responses to this part of the question. The themes were:

- Housing: lots of comments raised the need for increased capacity of suitable housing
- Staying in your own home where suitable

“Evicting the perpetrators where appropriate. Survivors should not have to leave their homes unless absolutely necessary.”

“You move the abused out of their areas saying it’s a new start... the moves after such trauma brings more, the kids suffer losing family contact and friends schools etc. why punish the abused and family after what they have endured.”

- Financial support: many comments raised the issue of lack of financial support for victims to rebuild their independence, especially when they do not qualify for legal aid.

“ALL women, whether they have money, are entitled to benefits, etc. should be entitled to refuge housing and psychological support. Money doesn't solve trauma.”

“I lost EVERYTHING. My clothes. shoes, personal belongings, and furniture. I had no access to finances.”

- Post-separation abuse
- Community and identity

“I think community groups, and building our own identity outside of the abuse experienced is paramount. For families who have been displaced as a result of abuse, living away from their support networks... community centres and building support is essential.”

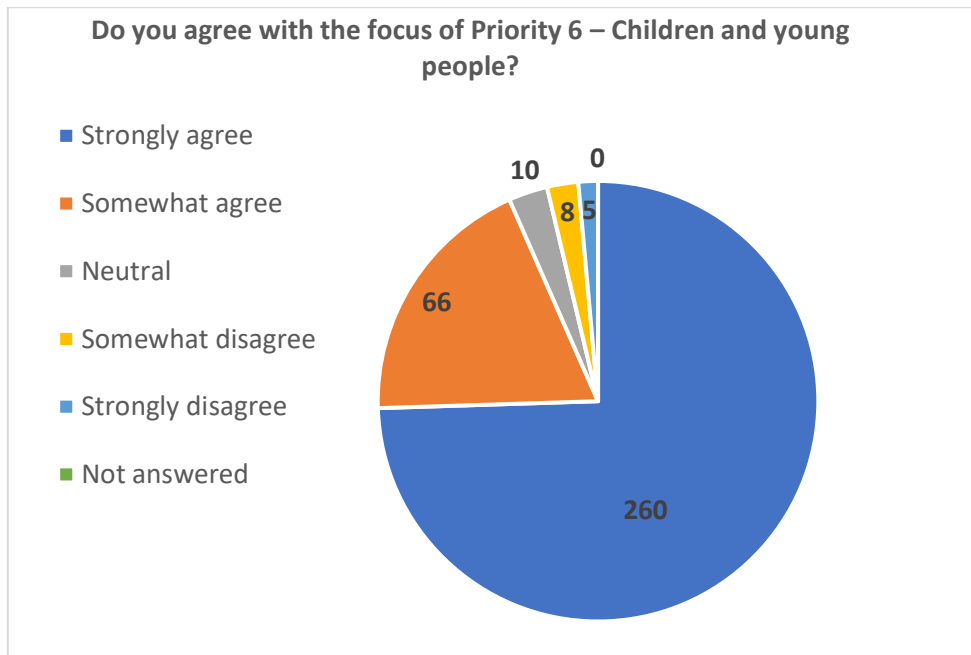
- Enforcement of court orders
- Long-term support

“...recovery can take years if not a lifetime. So, it's important help is always available for a survivor even if this is something she has experienced years ago as there will be triggers.”

- Funding: again, many comments questioned whether there will be sufficient funding to keep survivors and children safe
- Measuring impact

We asked: do you agree with the focus of Priority 6 – Perpetrators are held to account?

Out of a total of 349 respondents, over 93.41% agreed that the focus for Priority 6 (Perpetrators are held to account) was right, with 260 (74.50%) strongly agreeing and 66 (18.91%) somewhat agreeing. 13 (3.72%) respondents did not agree, and eight (2.29%) somewhat disagreeing, and five (1.43%) strongly disagreeing. And ten (2.87%) remained neutral.



If not, what should be the focus be? There were 94 (26.93%) responses to this part of the question.

Themes

- Enforcement: enforcement of court orders was raised repeatedly, with survivors stating that having orders in place was not sufficient to feel safe and feeling that further powers are needed for the police and courts
- Financial support
- Accountability of agencies
- Avoiding colluding with perpetrators

“...that includes not colluding with him that he is not a perpetrator because it upsets him. This is him grooming professionals.”

“I would also add the importance of ensuring that staff who collude with abuse are held accountable - and the reasons behind this are explored... Staff also need to develop safe practices, that do not resemble tactics employed by abusers (e.g., victim blaming, imposing impossible goals and reprimanding when those are not met, interrupting the service user when they speak)”

- Several also supported the concept of perpetrator programmes to attempt to change behaviour, including views suggesting confusion about whether perpetrators understand what they are doing and why perpetrators abuse.

“Perpetrators are not created in a vacuum.”

“...work needs to be done with perpetrators to recognise and change their abusive behaviours, otherwise they are in a cycle of multiple relationships where DV is prevalent.”

- However, other comments emphasised prioritising survivors and children.

“Perpetrator intervention is not an ethical use of the current limited resources given the high failure rate, high cost and high risk involved. We know this and have to keep reiterating as it’s always raised as if it is the missing link no one has thought of before. We are socialised to privilege men and prioritise their care and needs. This is why some of them feel entitled to perpetrate domestic violence and why everyone rushes to support them above children and women in a climate of scarce resources.”

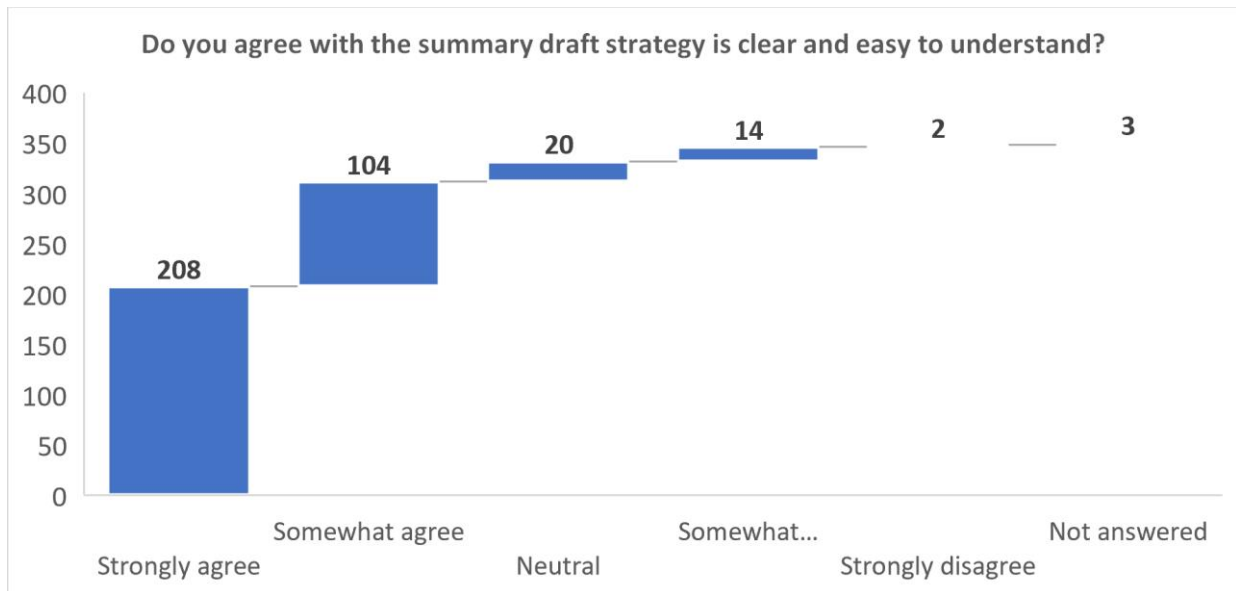
- Several comments were made on the need for acknowledging and reducing the workload put on to survivors.

“Significant pressure is put on the one parent to jump through hoops to do everything right to protect the children, and the Perpetrators gets left, and nobody challenges them.”

- Some comments disagreed with gendered wording as they felt it was exclusionary towards male and non-binary victims.
- One comment requested that we engage with Professor Jane Monckton Smith, a criminologist who researches and advises on stalking, coercive control, and homicide prevention.

We asked: do you agree with the summary draft strategy is clear and easy to understand?

Out of a total of 349 respondents, over 89.4% agreed that the summary draft strategy is clear and easy to understand, with 208 (59.60%) strongly agreeing and 104 (29.80%) somewhat agreeing. 16 (4.58%) respondents did not agree, and 14 (4.01%) somewhat disagreeing, and two (0.57%) strongly disagreeing. And 20 (5.73%) remained neutral and three (0.86%) didn’t not respond.



Anything else that should be included, there were 145 (41.55%) responses to this part of the question.

- Easy read version
- Translations
- Operational plan for delivery
- Details of how delivery will be funded and resourced

- Child’s voice
- Best practice guidance

“...the value lies in how this is translated into operational tactics where resources are protected and developed.”

“The message you are trying to put out there needs to be LOUD!!!”

We asked: if there anything else you would like to say about the draft strategy?

There were 133 (38.11%) responses to this question, there was a lot of support for the strategy and hopes that it can be well-supported and implemented quickly. Respondents asked that we:

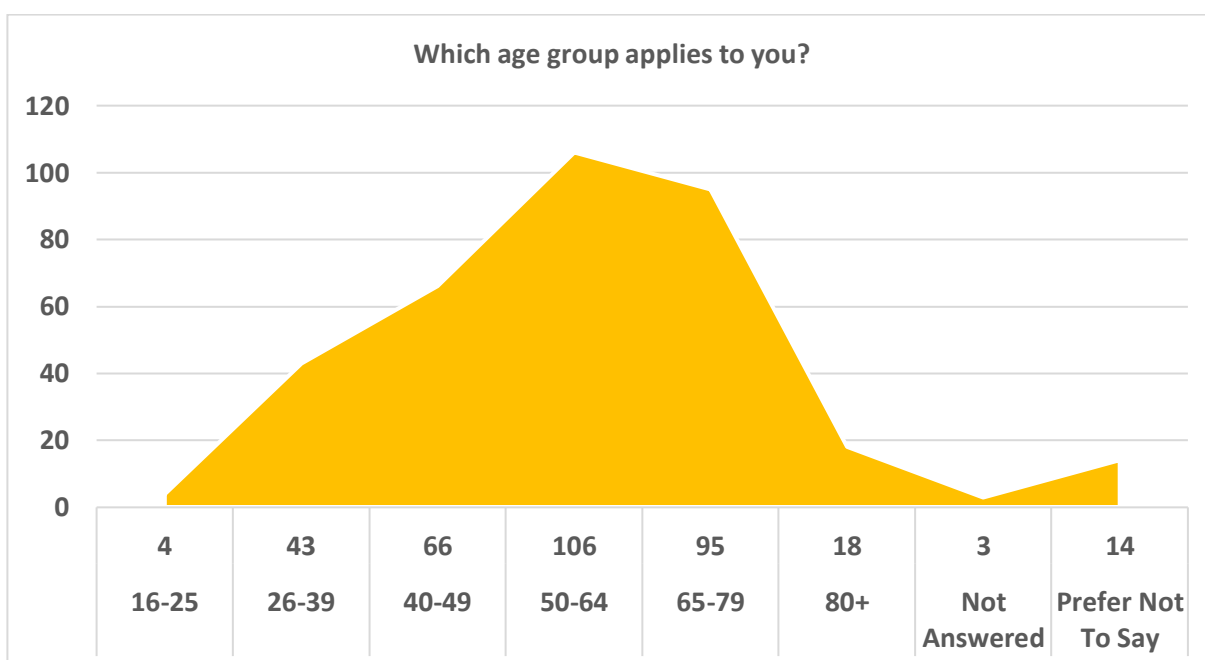
- Include intersections with poverty
- Include links with other forms of violence against women and girls, including so called honour-based abuse and Female Genital Mutilation
- Advertise the strategy on public transport and through businesses

“It is so important and done well it has the potential to change thousands of lives.”

4. Demographics of survey

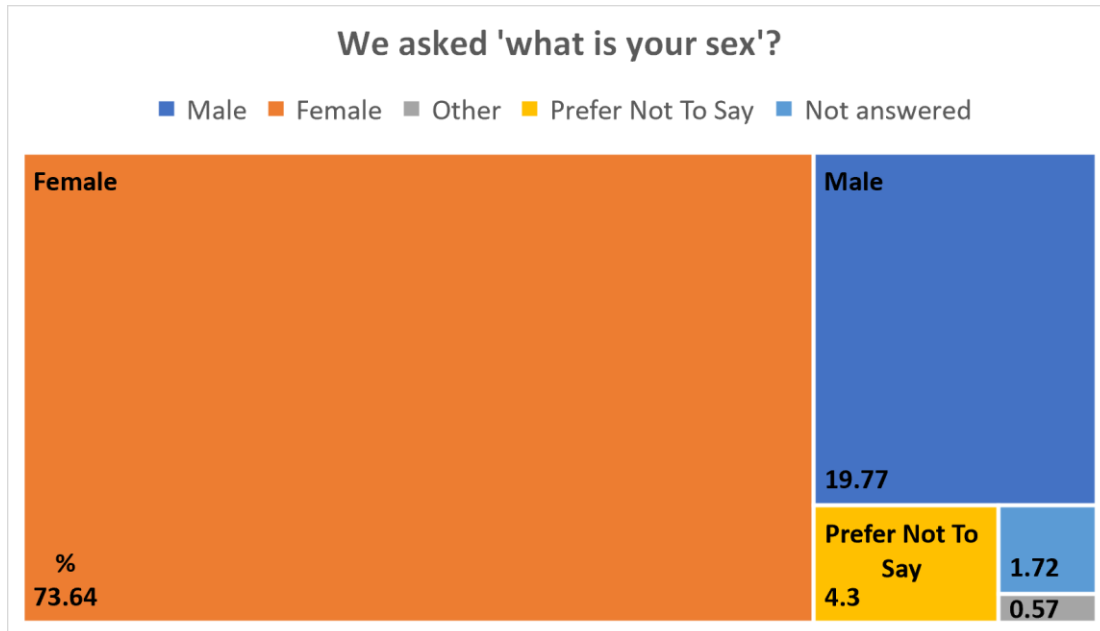
We asked respondents to indicate: what age group applies to you?

Out of a total of 349 respondents, 333 (95.42%) respondents indicated their age group. The age group with the highest number of responses was 50-64 with 106 (30.37%), second highest 65-79 (27.22%), third highest group 40-49 (18.91%), fourth highest 26-29 (12.32%), in fifth place was those 80+ (5.16%). And 4.01% preferred not to say, and 0.86% did not answer. We were able to reach all age groups but had the lowest response from 16- to 25-year-olds.



We asked respondents to indicate: what is your sex?

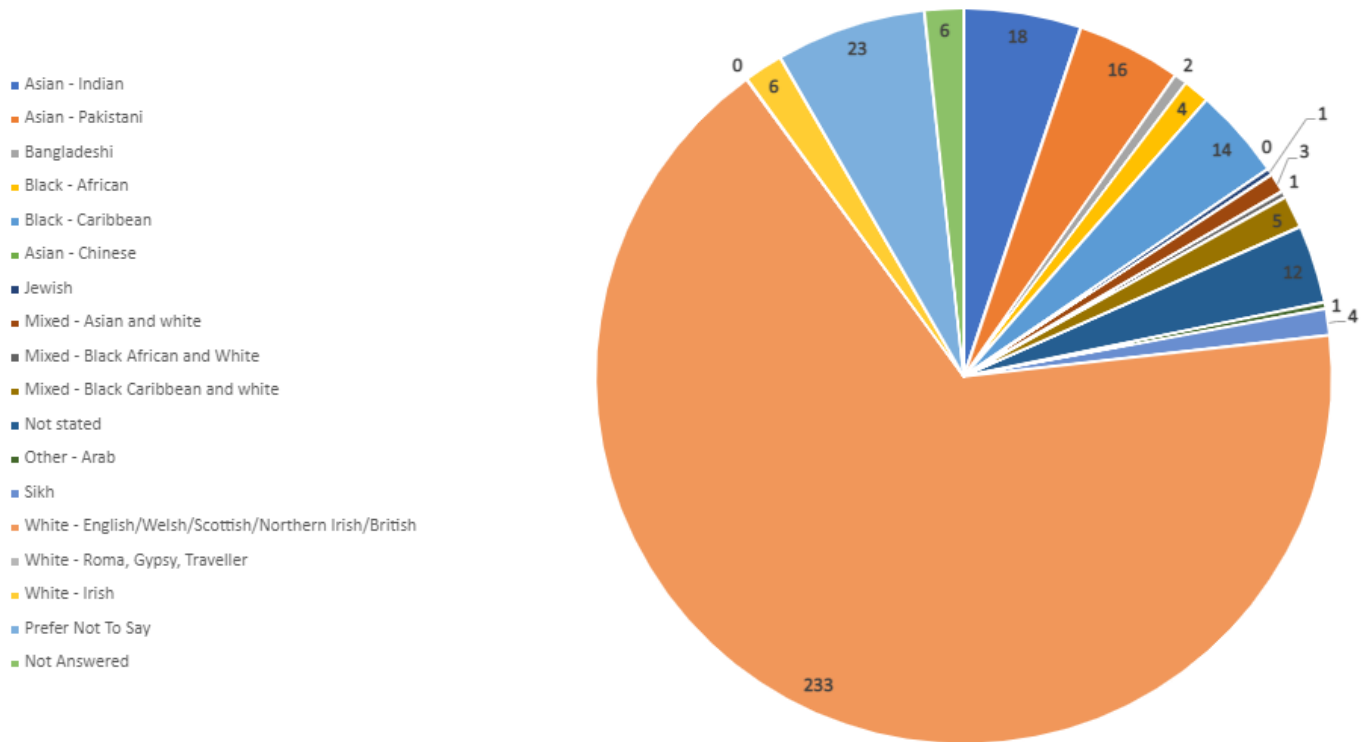
Out of a total of 349 respondents, all respondents provided an answer. The highest number of responses were female with 257 (73.64%), second highest were males with 69 (19.77%), third highest group were 'Prefer Not To Say' with 15 (4.3%), fourth highest 'Not answered' six (1.71%), and finally 'Other' had only two (0.57%) responses.



We asked respondents to indicate: what is your Ethnicity?

Out of a total of 349 respondents, all respondents provided an answer. The top three highest number of responses were: 1) White British (English/Welsh/Scottish/Northern Irish/British) with 233 (66.75%), 2) were 'Prefer Not To Say' with 23 (6.59%), 3) were Asian – Indian with 18 (5.16%). No responses were received from Asian – Chinese and White - Gypsy or Irish travellers.

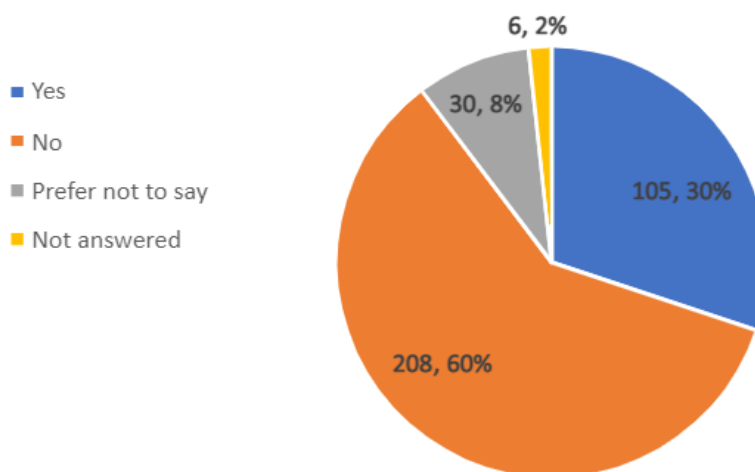
Respondents' Ethnicity



We asked respondents to indicate: do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Out of a total of 349 respondents, 343 (98.2%) respondents provided an answer. The highest response answered 'no' were 208 (60%), those that responded 'yes' with 105 (30%), those who responded 'Prefer not to say' were 30 (8%) and those 'Not answered' were six (2%). No responses were received from the Chinese and Gypsy, Roma, and Traveller communities.

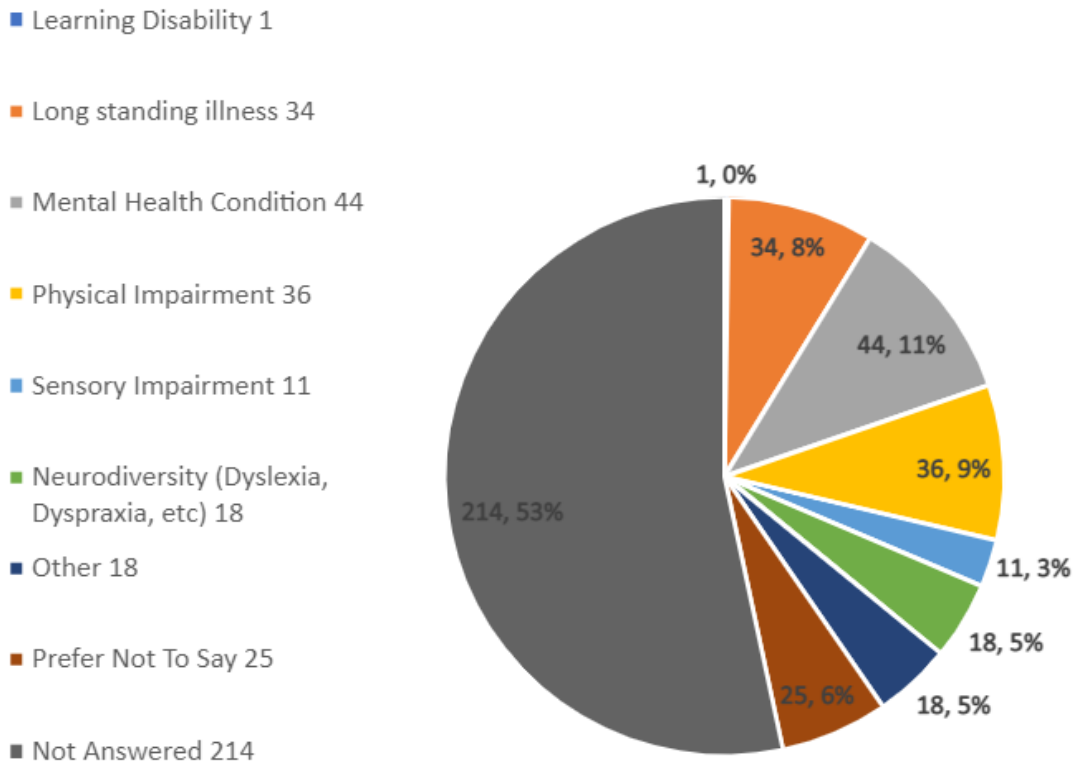
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



We asked respondents: If you have ticked Yes to the above question, please pick all that apply below?

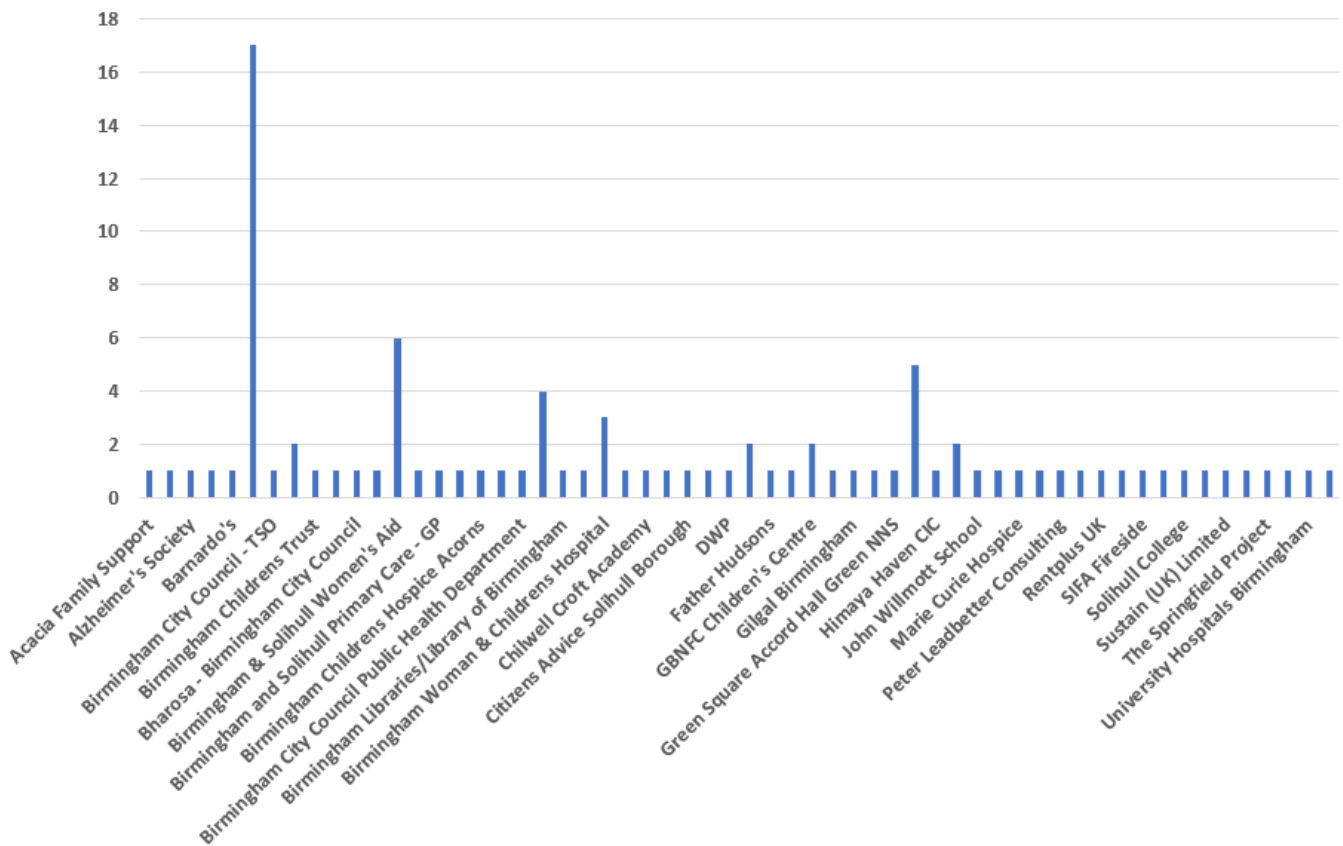
Out of a total of 105 respondents who indicated they had a medical condition, there were a total of 162 responses indicating that some individuals had multiple conditions. The top three responses were: 1) Mental Health Condition with 44 (11%) 2) Physical Impairment with 36 (9%) and 3) Long standing illness with 34 (8%). 214 (53%) respondents did not answer.

If you have answered Yes, please tick all that apply?



Out of the 349 responses, only 92 (26.36%) respondents indicated which organisation they were from. The highest number of responses were from Birmingham City Council departments (Tenancy Support, Adult Social Care, Housing, Library of Birmingham), plus a range of organisations, including schools, charities, health, places of worship, and the private sector. 257 (73.64%) of the respondents were Unknown.

No. of respondents



5. Actions

Actions for the development of the strategy:

- Include reference in the strategy and action plan around housing provision and support for victim survivors to stay in their own home
- Develop a clear approach to perpetrator programmes
- Ensure the strategy reflects experiences of domestic abuse outside of intimate partner abuse
- Indicate within the strategy how its impact will be monitored
- Explore interactions of poverty and domestic abuse
- Explore how stalking and escalation of abuse are represented
- Demonstrate learning from work in other cities and at national level
- Ensure the strategy is clear and easy to understand
- Explore options to enable online translation of the strategy
- Include best practice guidance alongside the strategy
- Develop our approach to coproduction and incorporate survivors' and children's voice

Building awareness and myth-busting:

Some responses to the consultation demonstrated the need for more awareness around domestic abuse, amongst both professionals and citizens. This includes:

- Understanding of the role of gender in domestic abuse
- Understanding of perpetrator accountability
- Confident knowledge of the options available to support victim survivors (especially for those with insecure immigration status or no recourse to public funds)

What can be learnt and gained

Before undertaking this consultation, a mapping exercise of partner communications channels had been conducted to ensure that as many citizens as possible would hear about and take part in the Be Heard consultation. Throughout the six-week period, responses were monitored to identify possible gaps in citizen responses and find appropriate partner channels to help reach the groups.

It is recognised that any future consultation and engagement we should look to address the gaps identified around reaching young people and those from Chinese, Gypsy, Roma and Traveller communities.

Appendix A

Birmingham Domestic Abuse Local Strategic Partnership Board (membership as of 2023)

Chair: Cabinet Member for Social Justice Community Safety and Equalities

Vice Chair: Specialist Domestic Abuse provider, Birmingham, and Solihull Women's Aid
Acting Directorate: Early Intervention and Prevention Directorate
District Crown Prosecutor, West Midlands Magistrates Court Team
Practice and Partnership Geographic Lead for the Midlands, Domestic Abuse Commissioner's Office.
Housing Options Centre, City Housing Directorate
Head of Commissioning - Vulnerable Children - Education & Skills
Head of Service (Acting) – Education Safeguarding
Assistant Director, Safeguarding (Partnerships) Birmingham Children's Trust
BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST
Head of Housing and Support, Trident Reach (Housing Provider)
Interim Consultant - Education & Skills
Associate Director of Nursing for Safeguarding and Partnerships, Black Country Integrated Care Board
Regional Lead for MARAC and Safeguarding, West Midlands Police
NHS BIRMINGHAM AND SOLIHULL ICB - 15E
WAITS (Women Acting In Today's Society)
Head of Safeguarding and Learning Disabilities, Birmingham Women's, and Children's NHS Trust
School Advisor - Safeguarding • Education & Skills
Public Health Birmingham, Service Lead (Inequalities) • Partnerships Insight and Prevention
Head Of Community Wellbeing Services, Green Square Accord
Head of Service - Domestic Abuse & Interpersonal Violence • Birmingham Children's Trust
Birmingham City Council, Senior Service Manager - Safer Places • Neighbourhoods
Birmingham City Council, Strategic Director of City Housing • Housing
Director of Nursing – Safeguarding & Children in Care - NHS Birmingham and Solihull
Birmingham City Council, Head of Service Domestic Abuse Prevention and Strategy
Birmingham City Council, Interim Head of Housing Management • Housing
Director of Safeguarding and Vulnerabilities UHB (University Hospitals Birmingham)
Head of Birmingham Community Based Services - Birmingham and Solihull Women's Aid
Detective Superintendent | Domestic Abuse Lead | West Midlands Police
Birmingham LGBT Centre
Birmingham City Council, Director of Housing Management
Independent Chairperson • Birmingham Children's Trust
Birmingham City Council, AD - Community Safety and Resilience • Neighbourhoods

Appendix B

Audience	Targeted groups – this is not exhaustive
Senior Management	All Councillors Social Justice Board
Middle Management	Management meetings
Council teams	Prevention and communities Strategy & Integration BCC DA Cross-Directorate Group Public Health Inclusive Growth City Housing Contact Centre Children & Families Safeguarding Leads
All Staff	Online platforms Newsletters Staff networks
Public	Social media platforms Online public engagement sessions Citizen engagement teams
NNS (Neighbourhood Network Scheme)	Via newsletters
Boards	Domestic Abuse Local Strategic Partnership Board Domestic Abuse Prevention Strategy working Group Equalities Subgroup Communications Subgroup Children’s Subgroup Male Communications Subgroup VAWG Steering Group (Violence Against Women and Girls) DAHA (Domestic Abuse Housing Alliance) Homeless Prevention Steering Group Neighbourhoods OSC Safeguarding Adults Board Community Safety Partnership Birmingham City Partnership – cost of living conference
Providers	Commissioned Domestic Abuse Providers Community Grants provider 22-23 and 23-24
Networks	BVSC (Birmingham Voluntary Service Council) PURE (Placing vulnerable Urban Residents into Employment) Adavu, RSVP, Baobab Women, Black Country Women’s Aid, Gina UK (Birmingham based), The Sweet Project, Relate Birmingham, Himaya Haven, and WAVE Forward Carers
Health	NHS BSOL ICB Dementia networks

	<p>BSMHFT Safeguarding Management Board BWCHT & BCHC SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST Healthwatch Birmingham Public Health UHB Safeguarding Board Adult Public Health Service (CGL, Umbrella, Aquarius) Extra Care Settings External older adults' day centres care provider</p>
Children	<p>Birmingham Children's Trust BCT Leadership Forum BCT DA Steering Group BCT DA Champions Group BCT Exec Board BCT DA Offer to Children Children's safeguarding conference</p>
Education	<p>Head Teachers Reference Group Schools' noticeboard BEP (Birmingham Education Partnership) Universities Forum</p>
Police, CPS & MARAC	<p>West Midlands Now Alerts Violence Reduction Partnership (Faith Forum) Violence Reduction Partnership West Midlands Police Crown Prosecution</p>
Faith (interfaith)	<p>Thrive/ CoFE/ Places of welcome</p>
Private sector	<p>Employers Initiatives on Domestic Abuse BEC (Birmingham Enterprise Community) A Business Network BEC (Birmingham Enterprise Community) Calthorpe Business Community Asian Business Chamber of Commerce Black Owned Birmingham CIC West Midlands Irish Business Group Chinese Community Centre Birmingham Birmingham Central BID Birmingham Colmore BID Birmingham Erdington BID Birmingham Harborne BID Birmingham Jewellery Quarter BID Birmingham Kings Heath BID Birmingham Northfield BID Birmingham Soho Road BID Birmingham Southside BID Birmingham Sutton Coldfield BID Birmingham Westside BID</p>
Beyond Birmingham	<p>West Midlands Domestic Abuse Leads Groups</p>

Appendix C - Organisation name

Acacia Family Support	John Willmott School
Acorns	Jubilee Citizens UK
Alzheimer's Society	Marie Curie Hospice
Anglican Church	Omnia Support Limited
Barnardo's	Peter Leadbetter Consulting
Birmingham City Council	Probation
Birmingham City Council - TSO	Rentplus UK
BCHC NHS Trust	Royal Wolverhampton NHS Trust
Birmingham Childrens Trust	SIFA Fireside
Birmingham Hospice	SODA
Bharosa - Birmingham City Council	Solihull College
BID Services	St Pauls Children Centre
Birmingham & Solihull Women's Aid	Sustain (UK) Limited
Birmingham Adult Social Care	The Frontline
Birmingham and Solihull Primary Care - GP	The Springfield Project
Birmingham Central United Synagogue	Universal Welfare Trust
Birmingham Childrens Hospice Acorns	University Hospitals Birmingham
Birmingham City Council - Housing	West Midlands Police
Birmingham City Council Public Health Department	
Birmingham Community Healthcare NHS Foundation Trust	
Birmingham Libraries/Library of Birmingham	
Birmingham Safeguarding Children Partnership	
Birmingham Woman & Childrens Hospital	
Broadening Choices for Older People	
Chilwell Croft Academy	
Citizens Advice Birmingham	
Citizens Advice Solihull Borough	
David Gowar Consultancy	
DWP	
Expectations	
Father Hudsons	
Fendo UK	
GBNFC Children's Centre	
George Dixon Academy	
Gilgal Birmingham	
Green Lane Mosque and Community Centre	
Green Square Accord Hall Green NNS	
Hamstead Hall Academy	
Himaya Haven CIC	
Hodge Hill Primary School	