Sidney Syson
Chairman of the Council

Council meeting: Wednesday 17 April 2024

Notice is hereby given that a meeting of Warwick District Council will be held at Shire Hall, Market Place, Warwick on Wednesday 17 April 2024 at **6.00pm** or following the conclusion of Cabinet, whichever is the later.

Agenda

1. Apologies for Absence

2. Declarations of Interest

Members to declare the existence and nature of interests in items on the agenda in accordance with the adopted Code of Conduct. Declarations should be disclosed during this item. However, the existence and nature of any interest that subsequently becomes apparent during the course of the meeting must be disclosed immediately. If the interest is not registered, Members must notify the Monitoring Officer of the interest within 28 days.

Members are also reminded of the need to declare predetermination on any matter.

If Members are unsure about whether or not they have an interest, or about its nature, they are strongly advised to seek advice from officers prior to the meeting.

3. Minutes

To confirm the minutes of the meeting of the Council held on 20 March 2024.
(Pages 1 to 9)

4. Communications and Announcements

5. Petitions

6. Notices of Motion

7. Leader and Portfolio Holders' Statements

8. Questions to the Leader of the Council & Portfolio Holders

9. Cabinet Report

To consider an excerpt from the minutes of the Cabinet meeting of 10 April 2024 in respect of Park Exercise Permit; and Revisions to Fees for Markets in 2024.
(Pages to follow)

10. Director of Public Health for Warwickshire - Annual Report 2023

To receive the Annual report for 2023 from the Director of Public Health for Warwickshire. **(Pages 1 to 43)**

11. Common Seal

To authorise the affixing of the Common Seal of the Council to such deeds and documents as may be required for implementing decisions of the Council arrived at this day.

Chief Executive
Published Tuesday 9 April 2024

For enquiries about this meeting please contact Warwick District Council, Town Hall, Parade, Royal Leamington Spa, CV32 4AT

Telephone: 01926 456114
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WARWICK DISTRICT COUNCIL

Minutes of the meeting of Warwick District Council held at Shire Hall, Warwick, on Wednesday 20 March 2024, at 6.00pm.

PRESENT: Councillor Syson (Chairman); Councillors Aizlewood, Armstrong, Barton, Billiald, Browne, Chilvers, Cron, Davison, Day, K Dickson, R Dickson, Dray, Falp, B Gifford, Gorman, Hales, D Harrison, J Harrison, Kenndey, King, Kohler, Luckhurst, Margrave, Matecki, Milton, Noonan, Payne, Phillips, Redford, Roberts, Rosu, Sinnott, Tangri, Williams, C Wightman, P Wightman and Yellapragada.

87. **Apologies for Absence**

Apologies for absence were received from Councillors Boad, Collins, C Gifford, Russell and Sullivan.

88. **Declarations of Interest**

There were no declarations of interest made.

89. **Minutes**

The minutes of the Council meeting held on 21 February 2024 were taken as read and signed by the Chairman as a correct record, subject to the following changes:

1) The title of minute number 31, be changed from "Abbey Feilds" to Abbey Fields;
2) In minute number 81 the sentence which started "This was due to a number of factors." be changed to "This was due to the sub-contractors' quotes being higher than expected, perhaps due to a number of factors such as bidding fatigue and high inflation in the construction industry locally."; and
3) a note be added to the minutes stating that it was a Planning condition that the Tennis Courts be resurfaced within three months of the opening of the swimming pools, this would either be funded by unspent contingency, or the money would need to be found from elsewhere.

90. **Communications & Announcements**

The Chairman thanked Katie Hunt for her time as a Warwick District Councillor, she had resigned.

The Chairman reminded Council that the Director of Public Health would be presenting the annual report at the next Council meeting in April.

The Chairman stated Warwick District Council (WDC) would turn 50 on 1 April 2024 and informed Council of the following plans to commemorate:

a) 50 WDC places and projects- promoting 50 pieces of WDC projects and places that's one a week for the year, allowing for two weeks off for Christmas;
b) a 50th Birthday gift for all staff, either a seed infused card or a seed ball to encourage people to plant and grow, this will be funded from the bio-diversity budget;

c) on 1 April the Chairman would deliver birthday cake to the staff that would be working at CCTV, Lifeline and Parking;
d) the staff EXPO this year would focus on the change in service over the last 50 years, illustrating how the Council was in 1974, where it is now, and where it might be in the future;
e) award five or six people honorary freemen or women of the District. This would be combined to mark the move back to the Town Hall from Shire Hall. To enable this a Working Group should be established comprising of the longest serving male and female Councillors, a Portfolio Holder, myself the current Chairman, and the incoming Chairman and Vice-Chair of the Council. A process seeking nominations for these positions from across the District and then recommendations would be brought to Council;
f) a brand tweak to include 50 in WDC's logo for the year; and
g) an event to commemorate housing tenants who have been with WDC since 1 April 1974.

The Chairman informed the Council that there would be no business to consider under Item 5 – Petitions, Item 6 - Notices of Motion or 9B Cabinet report from 20 March 2024, as that meeting had not taken place.

91. **Leader and Portfolio Holders' Statements**

The Portfolio Holder for Arts and Economy, Councillor Billiald, informed Council that

there had been comments on social media regarding the Kenilworth Carnival and Funfair which was due to take place at the end of June 2024. An annual carnival took place in Kenilworth and a Funfair usually ran alongside this. Unfortunately, the scale that the Funfair was currently operating meant the Abbey Fields site was no longer suitable due to environmental factors such as the growth of trees over many years.
If allowed to go ahead on this site, WDC would be in breach of its guidelines of management and care of Abbey Fields which was an ancient monument that WDC had a duty to protect. Funfairs provided the opportunity for communities to come together, they provide excitement for children and warm memories for the older generation. WDC officers and Councillor Kennedy, as Leader of Kenilworth Town Council) met with the Carnival Committee and Funfair Operators and had agreed in principle a new home for the carnival within Abbey Fields, which was less sensitive than the current site, subject to obtaining the required approvals from Historic England and minor works to increase access to the area. A report would be taken to Cabinet with further details to be agreed on 10 April 2024.

The Portfolio Holder for Neighbourhood and Assets, Councillor Roberts, informed Council that:

(1) The latest A46 cleanse started on Monday 18 March 2024 and would run until the evening of 28 March 2024. This was dangerous and unpleasant work and asked that anyone who used the A46 take home their waste.
(2) Members had received a briefing paper regarding the pesticide reduction pilot which would be taking place in six areas across the District and would start April 2024. The aim of the pilot was to understand the impact of reducing the amount of pesticides sprayed by reducing the number of sprays per year from two to one.
(3) Grass cutting across the District would start on Monday 25 March 2024 and WDC would take part in No Mow May again, but in a reduced number of

areas. This was to allow grass and wildflowers to grow unbothered for a month to create habitats and food sources for early season pollinators. The No Mow May initiative would have a different approach this year, a lot more planning had occurred based on the lessons learnt from last year, input from residents, the Overview and Scrutiny Committee and Members. A briefing paper would be emailed to all Members by the end of the week summarising the new approach and communications would be sent to all residents.

The Portfolio Holder for Communities and Leisure, Councillor Sinnott, informed Council that:

(1) The Sports and Leisure Manager and their counterpart at We Do Tennis received awards from the Law and Tennis Association for Warwickshire's Park of the year, for providing affordable and free Tennis lessons at Victoria Park, Christ Church Gardens and St Nick's Park.

(2) The persistence nuisance of odour and flies in the Heathcote area were still under investigations. It was important for residents to continue to report incidents. The evidence building might be slow, but it needed to be correct and to evidential standards.

(3) The Abbey Fields Swimming Pools building work had started, this was an investment into our residents, and it supported Council's vision of creating vibrant, safe, and healthy communities.

The Portfolio Holder for Strategic Leadership, Councillor Davison, informed Council that Councillors received notice of an additional Cabinet meeting on Tuesday 12 March 2024 prior to the Cabinet meeting which would have been held 20 March 2024 to approve a report concerning the West Midlands Investment Zone (WMIZ). The WMIZ was complex and involved many levels of government, business partners, Birmingham Knowledge Quarter, and Wolverhampton Green Innovation Corridor.
The proposed gigafactory, that formed part of the WMIZ, on the site of Coventry Airport, could create thousands of jobs and be a major step towards national reduction in carbon emissions.

There are tens of millions of pounds at stake for this Council, the project started by the previous administration and was due to last for a further 25 years.

The WMIZ was due to go live 1 April 2024 which included a huge financial investment in a battery gigafactory on the Coventry airport site.
The report, published with the agenda for 20 March, set out WDC's support for the principle of the gigafactory, except if there was unreasonable financial detriment to the Councils finances. This Cabinet meeting was cancelled as negotiations with West Midlands Combined Authority had not yet concluded. Councillor Davison thanked all Members and the Director of Public Health for their patience on this matter, including the Overview and Scrutiny Committee who were due to have an additional meeting 19 March 2024. He also thanked Group Leaders for their support and helping to provide constructive challenge despite attending many meetings.
He also highlighted to Council that further additional meetings would need to be called at the time decisions needed to be made.

92. **Questions to the Leader of the Council & Portfolio Holders**

Councillor Falp asked the Portfolio Holder for Arts and Economy, if the Events Team insisted on the same criteria for every event, even small or medium sized events. If they could explain why what was required for events constantly changed and why volunteers were required to have lower levels of certification of which they already held a higher level, for example you had to hold a basic DBS check even if you held a more detailed certificate. Finally, Councillor Falp asked if WDC managed any events and if so which.

In response, Councillor Billiald stated that each event was unique and required different levels of management. The team tried to ensure that levels of paperwork were proportionate to the event and worked their own processes and best practices within the event industry's purple guide which was frequently updated. A recent update had been made to qualification levels for first aiders at public events, some events might require more marshals to ensure safety, the team worked closely with Warwickshire Police Tactical Planning Department and a team who advised on safety at outdoor events. The events team were happy to support individuals with documentation. The Warwick District Council's Licensing Team required all Street Trading Consent Applicants to hold a basic DBS which was less than six months old, applicants outside of this window needed to apply for a new basic DBS check which costed £18 via the Gov.uk website. The Events team organised and ran Ecofest, the Warwick Victorian evening, the Royal Leamington Spa big light switch on, and both Kenilworth light switch on events. Additionally, the small events team oversaw a busy programme of 157 events in 2023 held in Parks and Town Centres across the District.

In response to a supplementary question from Councillor Falp, Councillor Billiald stated that the Events Team would do their best to provide support for any events, including Whitnash Christmas lights switch on, which might be organised.

Councillor Day asked the Leader of the Council if he would be prepared to widen conversations around the WMIZ and consider all contacts within the West Midlands combined authority in order to achieve the best outcome possible.

In response, Councillor Davison thanked Councillor Day for his question and explained negotiations were ongoing with the West Midlands Combined Authority (WMCA) and hoped to agree a deal which was fair for all current residents. Councillor Davison stated that WDC was currently an observer of the WMCA and there were ongoing discussions to become a non-constituent member.. The Chief Executive had been flexible and had offered to work around schedules to ensure a meeting took place, both Councillor Davison and the Chief Executive had been at meetings with the WMCA in the last few weeks. Andy Street, Mayor of West Midlands, had been even-handed on the issue. There had been many conversations with Warwickshire County Council, also discussions had been had with MP Jeremy Wright, and finally conversations were had with Coventry City Council, so the discussions were being had with all contacts in order to achieve progress.

Councillor Day asked the Leader to hear a statement from all Portfolio Holders at every Council meeting and and if he could make the Tachbrook Country Park a priority and ensure that there were public benefits for residents of Tachbrook who had been waiting for eight years for these facilities.

In response, Councillor Davison stated he would look into the Portfolio Holders statements and that he was mindful that the statements did not take too much time at each meeting. The Tachbrook Country Park project was underway, however there were hurdles. Councillor Davison stated he would arrange an update meeting on this if needed.

Councillor Philips asked the Portfolio Holder for Neighbourhood and Assets if WDC sought advice from Brighton & Hove City Council regarding their five-year trial of no pesticides and if so, what was the advice given.

In response, Councillor Roberts stated WDC had not spoken to Brighton & Hove City Council directly but a consultation with the Pesticide Action Network who had worked with them and had worked with numerous Councils across the Country to reduce their pesticide use. WDC had also consulted with WCC Highways Team and contractor Idverde, who were supportive of the trial. WDC had reviewed case studies from other local authorities as well. All of the above factors were considered when the approach for the pilot was created. WDC was aware of the situation at Brighton and the contractors had agreed to monitor the situation accordingly and remove any necessary unwanted growth.

Councillor Phillips then asked Councillor Roberts if he knew how the team would measure the success of the trial and how long the trial intended to be.

Councillor Roberts confirmed the trial would last for a year and it would be monitored closely. There would be different sprays, three areas would be sprayed in April/ May time and three would be sprayed in September/ October. Contractors and officers would attend the areas weekly to ensure they were managed properly.

(Councillor J Harrison arrived during this item and the Chairman asked her to submit her statement to Council before returning to Questions to the Leader of the Council & Portfolio Holders)

93. Leader and Portfolio Holders' Statements

The Portfolio Holder for Transformation, Councillor J Harrison, informed Council that:

(1) Riverside House was due to close 28 March 2024. The Royal Pump Rooms would open after Easter, this had been delivered under budget and precise numbers would be shared at the next Council meeting.
(2) The Change Programme had been agreed at Cabinet 6 March 2024. The first board meeting would be held in April.
(3) The Customer Relation Management system had been agreed at Cabinet 6 March 2024 and Councillor Harrison hoped to have further information around this, including a date in which it would become live at the next Council meeting.
(4) Members had been briefed around how the new values would be embedded into the Corporate Strategy and how staff had engaged at the conversation café meetings. Councillor Harrison passed her thanks to colleagues in HR who were involved in the conversation café's.

94. Questions to the Leader of the Council & Portfolio Holders

Councillor Payne asked the Portfolio Holder for Place, Arts and Economy how the data around the number of vacant retail properties in Royal Leamington Spa would be utilised and would it be enough to assure the business owners in the Town Centre.

In response, Councillor Billiald stated that the latest count was taken at the end of January 2024 and showed that out of 680 units, 66 were vacant. This was 9.71%, compared to October 2023 there were 56 vacant units at 8.3%. In Warwick out of

268 units 27 were vacant which was 10.07% compared to 22 units in October 2023 at 8.37%. In Kenilworth, out of 168 units 13 were vacant which was 6.54% and this had remained the same compared to the count in October. She stated work was ongoing with the transformation board and Business Improvement District (BID) Leamington to reimagine the town centre and the Parade and this was mentioned at the last town assembly meeting.

Councillor Payne asked a supplementary question in regard to the possibility of increasing the funding to the Business Improvement District (BID) Leamington if the business levy did not raise enough.

Councillor Billiald confirmed that the Council did not provide "top up funding". BID was funded from a bid levy calculated as a percentage of business rates. WDC did support them in a number of ways, such as collecting the levy from businesses, provided additional grant support, paid levies for WDC premises, and provided joint initiatives particularly lighting artwork trails and street artwork trails.

Councillor Kohler asked the Portfolio Holder for Neighbourhood regarding the reduced pesticide pilot, why were only six wards selected for this could you inform Council why wards that had been proposed were not selected for the trial and how would it be judged as a success and when would it be expanded.

In response, Councillor Roberts stated originally the proposal looked for three wards across the district and when the decision to spilt when the sprays would be happened it made sense to expand the trial. Unfortunately, it was deemed too extensive to expand the trial to all 12 wards, so six wards were selected. Whitnash had not been selected as the Town Council needed to be consulted and this had not been completed in time. Feedback from residents after the first year would help decide if the trial had been successful, as well as feedback from Warwickshire County Council's Highways team. Feedback from Contractors and WDC officers would also be important when looking at successes of the trial. Once the results had been confirmed, a plan to expand would be created but Councillor Roberts could not confirm how it would be expanded as it was dependent on feedback received.

Councillor Kohler asked a supplementary question asking why the reduction of sprays was difficult and why more areas could not be included.

Councillor Roberts stated that the trial was being done by ward and contractors did not work by ward, therefore detailed instructions had to be provided street by street of where the trial was occurring. To expand this across 12 wards, a lot of extra work would need to go into this, so six wards was agreed instead of the original three.

Councillor K Dickson asked the Portfolio Holder for Housing and Assets as the Housing team prepared for the evaluation of WDC's housing stock under the new housing standards and gathering evidence for the Asset Compliance Committee ensuing plans were in place to retrofit older assets. Was the team big enough to carry out these tasks and what was being done to support them.

In response, Councillor P Wightman stated it was challenging times and Members were familiar with the Pennington's report and the challenges that presented. The Council and the team could be proud of the strong start that had been made to this. Hard work had already started and that had been proven by the robust action plan that had been made. WDC were not unique in this situation, there were increased expectations on social landlords up and down the Country through asset

compliance and new consumer standards. WDC had secured interim specialist resources covering building and fire safety and additional project management capacity. WDC would work with the Housing Quality Network on the new consumer standards. Councillor Wightman assured Members that senior officers were working on proposals for resource requirements moving forward and the Asset Compliance Committee would be updated.

Councillor R Dickson asked the Portfolio Holder for Place, Arts which Members of the WDC Cabinet were present at the CW Champions meeting today, at Kenilworth School and what was learnt about local businesses.

In response, Councillor Billiald stated the Cabinet would have all liked to attend. However, there had been other priorities such as the Kenilworth Funfair. This was something that Cabinet would like to do, and some were working directly with business owners either themselves or through BID to support them with their individual needs. If required, they would then be referred to the CW Growth Hub.

Councillor R Dickson thanked the Portfolio Holder for Communities and Leisure for circulating the monthly activity update from the Safer Communities, Leisure, and Environment Team. Could you update Council regarding the most recent data about level of satisfaction of local victims of crime about the way in which the crime they had suffered was handled.

In response, Councillor Sinnott stated he did not have the answer presently so he would ensure a full response in writing in due course.

Councillor R Dickson asked a supplementary question, in the papers provided for March's Police and Crime Panel it was stated that in December 2023 the rolling six-month experience satisfaction trend for domestic abuse, vehicle crime violence, burglary, and hate crime were all below target. Could you commit to finding more areas for joint working between the District Council, the Police and Crime Commissioner, Warwickshire Police and the local voluntary community to improve the disappointingly low crime satisfaction figures.

Councillor Sinnott stated that he would look at the figures and confirmed WDC were actively engaged with such partners. A fuller response would follow in writing in due course.

Councillor Matecki asked the Leader of the Council following the resignation of former Councillor Katie Hunt due to no longer living within the District, would she have been able to legally remain as a Councillor regardless of not living in the area.

Councillor Davison stated he did not know of the reasons Katie Hunt stepped down so he would not be able to comment. The legal position was that a Councillor had to attend at least one meeting every six months.

Councillor Matecki asked Councillor Davison a supplementary question, at the meeting of Council 13 December 2021 there was a debate around joining with Stratford District Council to make a South Warwickshire Council. Councillor Matecki read quotes from Councillor Robets within that meeting. Would the leader make the moral and honourable decision to resign like all other Councillors who had moved out of the area to allow the people of Warwick District make the decisions for Warwick District residents.

Councillor Davison stated that this question had been raised by Councillor Matecki last spring and his response had not changed. There were four criteria by which you

could become a Councillor, one of which was where you live. If there was an issue with the criteria it should be raised with the Electoral Commission.

95. **Cabinet Reports**

a) The recommendations from the meeting of the Cabinet held on 6 March 2024 in respect of Treasury Management Minute Number 97 were proposed by Councillor Chilvers and seconded by Councillor King.

Councillors Chilvers, Milton and King spoke on this item.

Resolved that recommendations contained in minute number 97 headed "Treasury Management 2024/2025" as set out in the report of the Cabinet meeting held on 6 March 2024, be noted, and approved.

b) the recommendations from the meeting of the Cabinet held on 6 March 2024 in respect of Revisions to the Constitution Minute Number 98 were proposed by Councillor Davison and seconded by Councillor Harrison.

Councillors Davison and Chilvers spoke on this item.

Resolved that recommendations contained in minute number 98 headed "Revisions to the Constitution" as set out in the report of the Cabinet meeting held on 6 March 2024, be noted, and approved.

c) The recommendations from the meeting of the Cabinet held on 6 March 2024 in respect of "Housing Revenue Account Business Plan Review 2024" Minute Number 99 were proposed by Councillor P Wightman and seconded by Councillor Chilvers.

Councillor P Wightman, Milton, Kennedy, and Chilvers spoke on this item.

Resolved that recommendations contained in minute number 99 headed "Housing Revenue Account Business Plan Review 2024" as set out in the report of the Cabinet meeting held on 6 March 2024, be noted, and approved.

96. **Employment Committee Report**

a) the recommendations from the meeting of the Employment Committee held on 19 March 2024 in respect of the Pay Policy Statement 2023/24 were proposed by Councillors Sinnott and seconded by Councillor Harrison.

Resolved that the Pay Policy Statement attached at Appendix 1 to the minutes be approved, and its publication for the 2023-24 financial year, be agreed.

b) Councillor Sinnott informed Council that following the Employment Committee meeting on 19 March questions had been raised in respect of the Gender and Ethnicity Pay Gap Reporting as at 31.3.23 report and these would be reviewed with officers before bringing it back to Council.

97. **Common Seal**

It was proposed by the Chairman, seconded by Councillor J Harrison and

Resolved that the Common Seal of Warwick District Council be affixed to such documents as it may be required for implementing decisions of the Council arrived at this day.

(The meeting ended at 7.25pm)

CHAIRMAN
17 April 2024

The Director of Public Health Warwickshire Annual Report 2023

Warwickshire County Council

Breaking the silence:
Working together to prevent domestic abuse

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References are available online: **warwickshire.gov.uk/publichealthannualreport**

Acknowledgements

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This report utilises the most recently available published information from a variety of data sources as of 30/11/23.

If you would like help accessing this information, please contact us on 01926 410410.

Foreword

I am very pleased to welcome this year's Director of Public Health's (DPH) Annual Report for 2023, which focuses on the harmful impacts of domestic abuse, a form of violence against women and girls (VAWG). The report explores opportunities across our services and partnerships to increase prevention and prioritise support for those who are victim-survivors of domestic abuse.

Domestic abuse is an issue that disproportionately impacts women and children locally, nationally, and globally. However, it must be recognised that men and boys are also affected by these crimes, as well as those who are transgender, non-binary and gender non-conforming. I am encouraged to see this year's report build on the work that is already taking place across the council and partner organisations to address this. This report follows on from the Safer Warwickshire Violence Against Women and Girls Strategy (2023-2026) and the Warwickshire Domestic Violence and Abuse JSNA (2021).

This year Dr Shade Agboola has produced a collaborative piece of work in a unique and creative format. I am grateful to all partners in lending their expertise in the writing of this report. Mia's story illustrates a striking example of how domestic abuse can infiltrate across generations and remain hidden in plain sight. Shade and her team uniquely illustrate how it is everyone's responsibility to play a part in addressing domestic abuse, and highlight the importance of services and communities working together against this issue. I would like to express my thanks to Shade, her Public Health team and all partners who contributed to this report.

Councillor Margaret Bell

Portfolio Holder for Adult Social Care and Health, Warwickshire County Council

Introduction

Domestic abuse is a crime which sits within the wider umbrella term of Violence Against Women and Girls (VAWG). VAWG crimes include domestic abuse, rape and sexual assault, so called 'honour' based abuse, and stalking, amongst others. Domestic abuse is often hidden and is not limited to physical violence; it includes behaviour that is coercive and controlling.

What all the crimes mentioned have in common is that they disproportionately affect women and children, and their impact extends to families, communities and wider society.

Domestic abuse has devastating impacts for the victim-survivor, that can negatively affect physical, mental, emotional, sexual and reproductive health. Children can also be victims of domestic abuse in their own right. It can have long lasting and detrimental impacts on children within households where abuse is taking place. This has been recognised in law by the Domestic Abuse Act passed in 2021. It must be acknowledged that men are also affected by these crimes, as well as those who are transgender, non-binary and gender non-conforming.

The Crime Survey for England and Wales (CSEW) 2021-22 estimated that 5% of adults (6.9% women and 3% men) aged 16 years and over experienced domestic abuse in the year ending March 2022. Within Warwickshire it is estimated that this would equate to 17,384 women and 7,223 men aged 16+ who experienced domestic abuse in year ending March 2022.

To successfully prevent domestic abuse and other VAWG crimes, we need to recognise that it is an outcome of a wide range of factors, at an individual, community and societal level.

Significant progress has been taking place within Warwickshire to tackle this. The Warwickshire Violence Against Women and Girls Strategy (2023-2026), launched earlier this year, sets out a three year partnership approach to ending VAWG within Warwickshire. This report draws attention to the need for a co-ordinated response to support this strategy, recognising the role of all partners.

This year my annual report is taking a unique approach, telling the story of a character named Mia, and her experience of domestic abuse, through the words of those surrounding her, and services involved. Whilst this story is fictional, the story is reflective of real-life experiences, and is intended to highlight the impact of this crime. Whilst reading this story, I urge you to reflect upon the role which we can all play in preventing all types of abuse directed at women and children, whether it be from a personal perspective, that of your service, or within your community.

Dr Shade Agboola

Director of Public Health, Warwickshire County Council

Recommendations

Partnership working

R1. I recommend that system partners work together to collectively use the Warwickshire VAWG strategy to create a safe and encouraging environment for victim-survivors to report abuse by producing a plan of aligned and jointly prioritised actions collaboratively with the police, health partners and relevant stakeholders.

Supporting child victims of violence and abuse

R2. Aligned with the Warwickshire VAWG strategy, I recommend dedicated resource and support is allocated to child victims to mitigate effects of violence and abuse across their life course and attempt to break cycles of abuse.

Linking VAWG work with Coventry and Warwickshire Suicide Prevention Strategy

R3. To support the delivery of the Coventry and Warwickshire Suicide Prevention Strategy, I recommend that workers in frontline services are equipped with the appropriate skills and tools to support people in crisis. This should include access to training to increase suicide awareness, to develop confidence to talk about mental health and suicidality and to improve knowledge of referral pathways.

Education

R4. I recommend Warwickshire County Council (WCC) Education Services promote the opportunity for schools to participate in any training that has been commissioned by Warwickshire County Council relating to VAWG, or domestic abuse.

Local health partnerships

R5. Local Maternity Neonatal System (LMNS) to endorse and support work at a strategic level to increase referral rates into Refuge from Maternity Services where existing levels are lower than expected.

Chapter 1:

1.1. Domestic abuse in the wider context of VAWG

Content warning: this chapter contains descriptions of violence against women and girls (VAWG).

This annual report has a focus on domestic abuse, which is one form of VAWG. VAWG also includes, but is not limited to the following:

- Sexual Violence
- Sexual Harassment
- Sexual Exploitation
- Stalking and Harassment
- So called 'Honour'-Based Violence
- Harmful practices
- Forced Marriage
- Female Genital Mutilation
- Modern Slavery/trafficking
- Gendered Gang Violence[2]

It must be recognised however that men and boys are also affected by these crimes, as well as those that are transgender, non-binary and gender non-conforming.

The Crime Survey for England and Wales (CSEW) 2021-22 estimated that **5%** of adults (**6.9%** women and **3%** men) aged 16 years and over, experienced domestic abuse in the year ending March 2022; this equates to an estimated **2.4 million adults** (1.7 million women and 699,000 men). Approximately **1 in 5 adults** aged 16 years and over (10.4 million) had experienced domestic abuse from the age of 16 years.[1]

Rates from the Crime Survey applied to Warwickshire population[3] would **equate to 17,384 women** aged 16+ who experienced domestic abuse in year ending March 2022 and **7,223 men** aged 16+. 1 in 5 adults 16+ in Warwickshire is **98,541 people** who have experienced domestic abuse.

The Office for National Statistics (ONS) published a prototype 'violence against women and girls dashboard' in September 2022. Key statistics showing the extent of VAWG are detailed below:[4]

3.3% *of women aged 16 and over, were victims of sexual assault in the last year, in England and Wales (year ending March 2022).*[4]

4.9% *of women aged 16 and over were victims of stalking in the last year, in England and Wales (year ending March 2022).*[4]

2,887 *cases of so called 'honour' based abuse (HBA) related offences were recorded by the police in the last year, in England and Wales (year ending March 2022).*[4]

1,194 *sexual exploitation referrals to the National Referral Mechanism, in the United Kingdom (year ending December 2018).*[4]

Risk factors

Risk factors associated with being a victim or perpetrator of domestic abuse are multiple and complex. The list to the right details examples of factors that have been found to increase one's risk of being a victim-survivor or perpetrator of domestic abuse.

It is recognised that domestic abuse can happen to everyone and that this is not an exhaustive list; more examples are highlighted throughout chapter 2 of this report.

- **Younger age**[1]
- **Lower household income;** women in poverty are particularly likely to experience the most extensive violence and abuse in their lives[5]
- **Low socio-economic status and neighbourhood deprivation** are also factors for the perpetration of VAWG[2]
- **Being single, co-habiting, separated or divorced;** there is a higher risk of domestic abuse around the time of separation, due to the perpetrators perceived loss of control[6]
- **Disability;** disabled people experience disproportionately higher rates of domestic abuse. They also experience domestic abuse for longer periods of time, and more severe and frequent abuse than non-disabled people[7]
- **Alcohol consumption;** alcohol can increase the severity of a violent incident, be used as a coping mechanism for domestic abuse, and a form of control used by perpetrators[8]

The impact of domestic abuse

Health Impacts:

Domestic abuse is the leading cause of morbidity for women aged 19-44.[9]

75% ***of domestic abuse results in physical injury or mental health consequences for women.***[9]

1 in 8 ***of all suicides or suicide attempts by women in the UK are due to domestic abuse.***[9]

1 in 4 ***women in contact with mental health services are likely to be experiencing domestic abuse.***[9]

Negative impact on children and families: being exposed to domestic abuse can affect children's educational attainment, mental health, and increases the risk of engaging in risky behaviours such as smoking and substance abuse, and also increases the risk of being a victim or perpetrator of violence in the future[2]

Homelessness: domestic abuse can lead to homelessness, through fleeing the home to find safety, or the victim-survivor losing their home due to lack of income[2]

Negative employment, educational and financial impacts: due to being absent from school or work, being unable to find and keep employment, or being forced to incur debt[2]

Costs: social and economic cost for victim-survivors of domestic abuse in year ending March 2017 in England and Wales was approximately £66.2 billion per year[10]

Warwickshire response

The ongoing development of the response to domestic abuse and VAWG has been informed by a number of needs assessments, consultations and strategies, enabling us as a County to identify risk and protective factors, and ensure that interventions, services and our local response are informed by data, evidence and expert insight. This includes:

- **Domestic Violence and Abuse (DVA) Joint Strategic Needs Assessment (JSNA)** (2021)[11]
- **Safer Accommodation Needs Assessment (annual)** *(not publicly available)*[12]
- **Safe Accommodation Strategy** (2021 –24)[13]
- **Safer Warwickshire Serious Violence Prevention Strategy** (2022 – 27)[14]
- **Warwickshire Violence Against Women and Girls Call for Evidence** (2022)[15]
- **Safer Warwickshire Violence Against Women and Girls Strategy** (2023 - 26)[16]

Common themes and highlighted gaps within these documents include consistent approaches to data capture and data collection, (particularly protected characteristics), ensuring lived experience is incorporated into strategy, intervention and service delivery, having a trauma informed approach, and a co-ordinated response to VAWG. Local services and support for VAWG within Warwickshire are detailed throughout this report, and within the 'Where to get help and advice' section on page 38.

Within the wider strategic context, there are local documents, policies, and strategies that contribute to Warwickshire's response to VAWG; this can be found in appendix 1 of the **Safer Warwickshire Violence Against Women and Girls Strategy 2023–26.**

The Safer Warwickshire Violence Against Women and Girls (VAWG) Strategy 2023-26 sets out Warwickshire's three-year partnership approach to ending VAWG in Warwickshire. The approach to tackling VAWG within Warwickshire is shown in figure 1.[16]

The strategy has four key priorities:

1. Prioritising prevention
2. Supporting victims
3. Pursuing perpetrators and reducing re-offending
4. Strengthening the system

Figure 1. Our approach to tackling VAWG

This annual report seeks to raise awareness of, and advocate, for Warwickshire VAWG Strategy, and will look specifically at domestic abuse. For the full version of the Warwickshire VAWG Strategy 23-26, which also includes information on VAWG more widely, please follow this link: ***Warwickshire Violence Against Women and Girls Strategy 2023-2026.pdf***

Chapter 1.2: Mia's Story

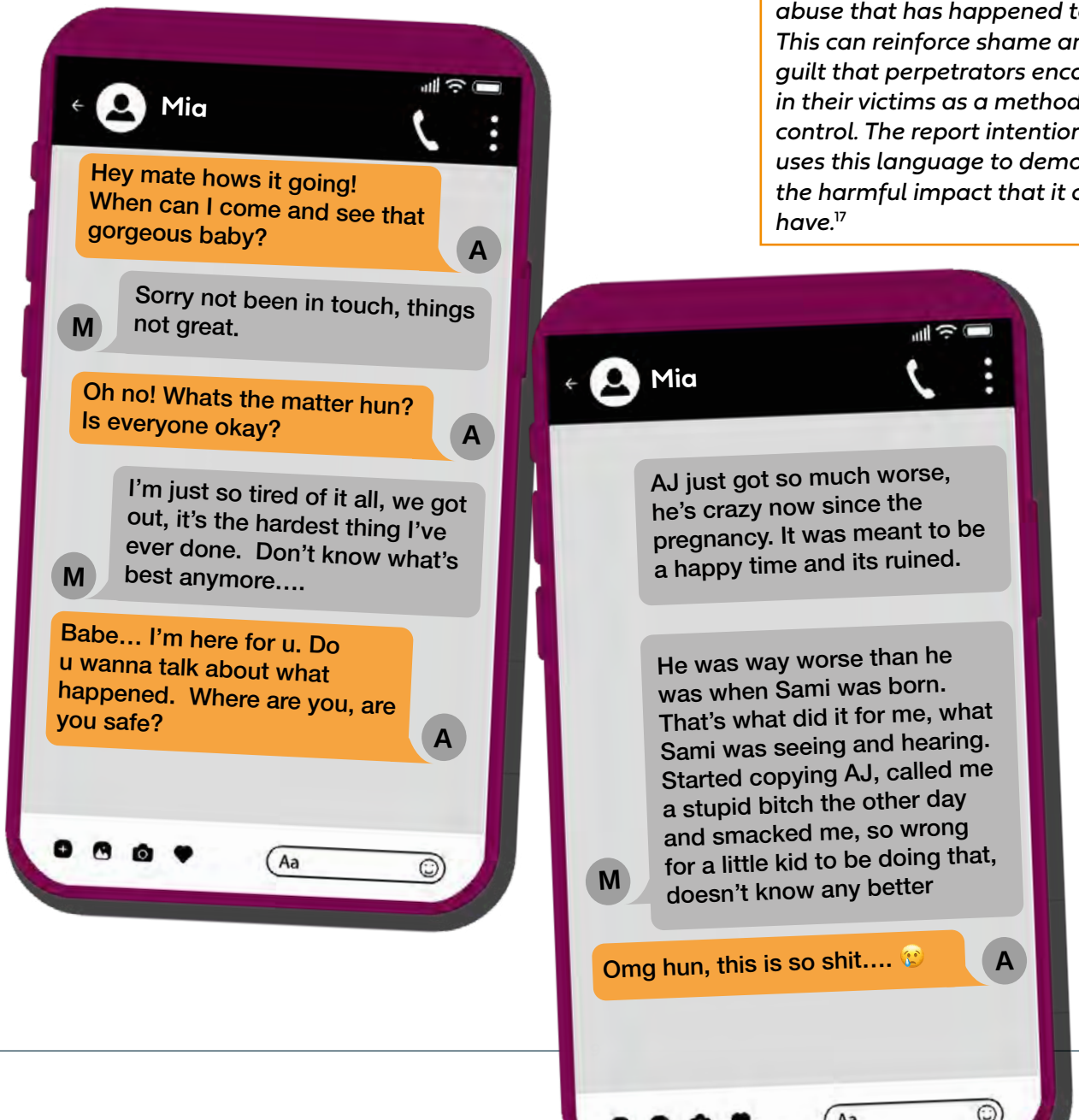
The following chapters tell us the story of Mia, a fictitious character who is the victim-survivor of coercive control and abuse at the hands of her now ex-partner and father of her children. The story begins when Mia discloses concerning information to her friend Aimee about her situation. The following chapters offer a reflective account from various characters who may have had a relationship or interaction with Mia in the months leading up to this disclosure.

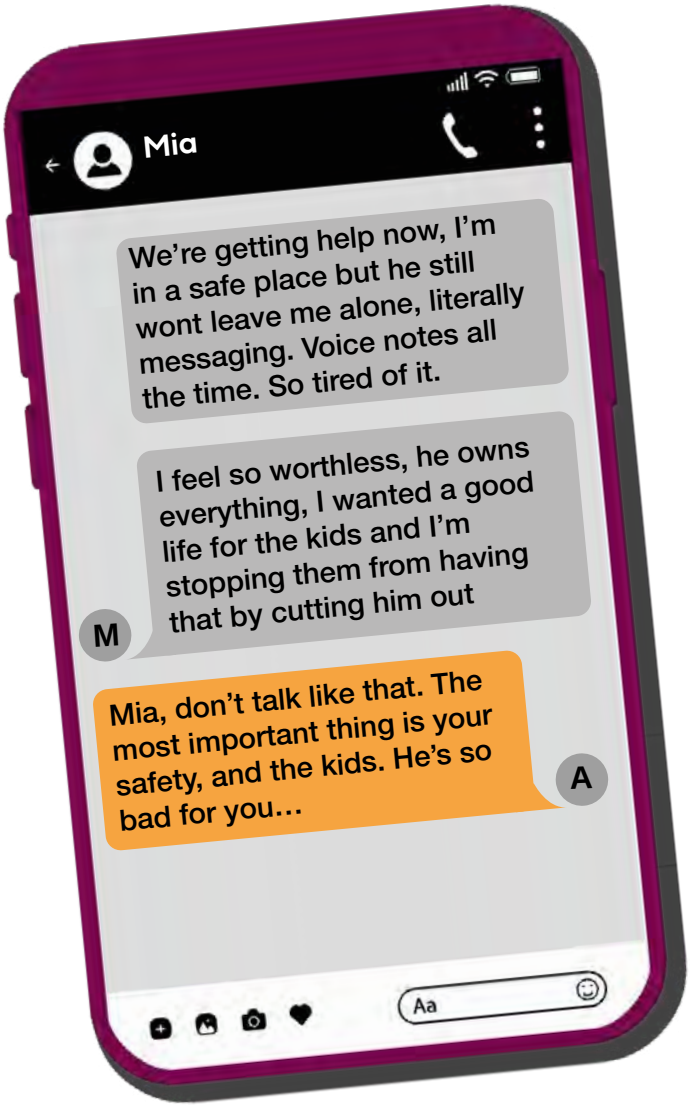
It is important to note that all of the reflections written in first person are fictitious, however expert advice was sought in the authoring and editing of these accounts to ensure integrity.

CONTENT WARNING: please be aware that the following sections include and make reference to domestic abuse, mental health, suicide ideation, strong language and victim blaming language. Please see page 38 for where to get help and advice.

Victim blaming language implies (whether intentionally or unintentionally) that a person is partially or wholly responsible for abuse that has happened to them. This can reinforce shame and guilt that perpetrators encourage in their victims as a method of control. The report intentionally uses this language to demonstrate the harmful impact that it can have.[17]

1.2.1. Victim-survivor - Mia





This conversation infers Mia may have fled domestic abuse, coercive and controlling behaviour, financial control, and is now dealing with digital stalking. All these behaviours can be defined as a form of violence against women and girls (VAWG).[2]

The following chapters will examine how some of the people around Mia could have experienced her situation, and looks to identify missed opportunities.

Intimate partner violence affects almost one-third of women worldwide and is considered by the World Health Organization (2021) to be a major public health problem and a violation of women's human rights.[18]

Domestic abuse and violence can start or escalate during pregnancy or the postnatal period.

Nationally around 20% of women in Refuge's services are pregnant or have recently given birth.[19]

For the 12 month period 1st April 2022 to 31st March 2023 there were 4,818 stalking and harassment offences recorded by Warwickshire Police.[20]

There has been an 8.5% reduction (449 offences) on the same period of 2021/22 when 5,267 offences were recorded.[20]

For the 12 month period 1st April 2022 to 31st March 2023 there were 310 Controlling or Coercive Behaviour offences recorded by Warwickshire Police. There has been a 5.8% increase (17 offences) from the same period of 2021/22 when 293 offences were recorded.[20]

1.2.2. Perpetrator - AJ (Mia's ex partner)

I've been with Mia for the past few years but we split up. We have 2 kids now, my youngest was born a few weeks ago. I didn't have a great time as a kid, my mum struggled and my dad left when I was about 4, I never saw him much after that. I don't want that to happen with my kids.

After Dad left, Mum got with my stepdad. Looking back, it wasn't good. He'd disappear for long periods, then come back. It caused loads of arguments. I'd hear him and Mum fighting from upstairs, he'd hit her sometimes. This made me so sad and angry, but I had no-one I could talk to. Things got bad when my brother was born. Mum had to spend a lot of time looking after him. I was sent to live with foster carers, but my brother stayed with Mum.

School was crap too. I didn't learn much. I'd mess round with a bunch of lads doing stupid stuff and got expelled. I had to do this thing with the youth offending team cos the police reckoned I did criminal damage to a shop and beat this kid up. They said I had 'anger issues', whatever that's supposed to mean?

Mia was the only person in my life, and now I have no-one. I can't even see my kids. I love her and was only trying to protect her. Yes, I installed a tracking app on her phone, but she's got the kids, and I wanted to make sure she was safe. She made me mad when she'd go out, as I had no idea where she'd gone or if she'd be back, so I needed to check her phone. We argued loads. I said there was no point her going to the groups with the kids, as she couldn't be trusted, so she stopped going. She wasn't being a good mother and thought she could do whatever she wanted. I wasn't having that.

Now I've got no one, so what's the point? I've got no mates and I've just lost my job. People say I need to get help with my drinking, but it's not their business, I just use it to cope. I tried to get help from the doctor once but that was pointless, they just put me on some waiting list. What I need is Mia and the kids, they're the only thing keeping me straight.

Whether a victim-survivor, perpetrator, or witness, individuals with a history of domestic abuse are at an increased risk of death by suicide. This has been identified as a local, known risk factor for suicide within the Coventry and Warwickshire Suicide Prevention Strategy 23-30.[21]

Witnessing domestic abuse as a child is an *Adverse Childhood Experience (ACE)*, which can have long term negative impacts on health and relationships.

Witnessing domestic abuse as a child is also a risk factor for being a perpetrator of domestic abuse as an adult.[22]

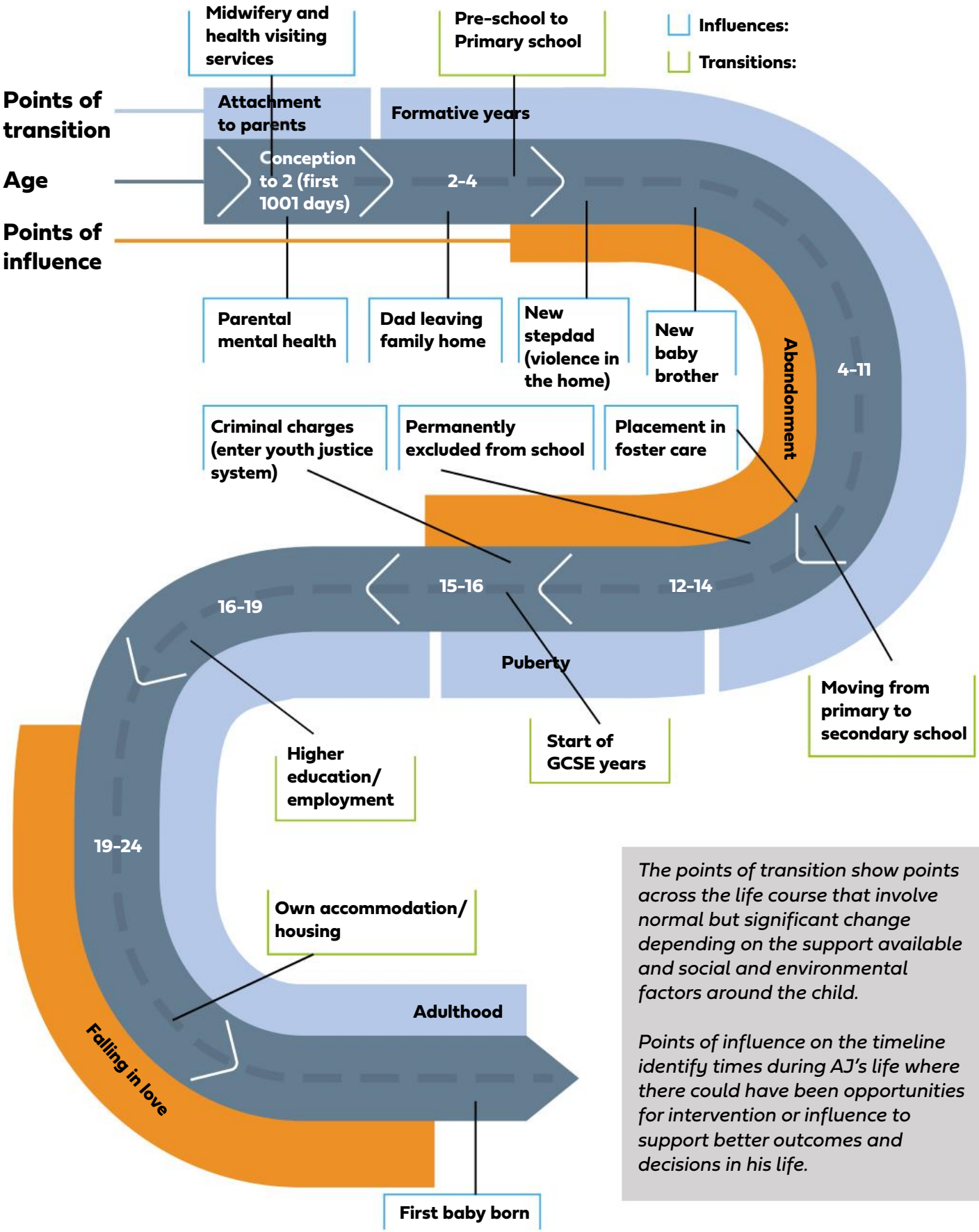
Protective factors build resilience and can potentially decrease the long term impacts of ACEs, these include:

- **The presence of an adult who makes a child feel safe**
- **Adequate social support in the form of a loving, stable adult**
- **Living in a safe, supportive neighbourhood**[23]

Police made almost* 245,000 *referrals to social services for domestic abuse in 2020/21 in England and Wales.[24]

AJ's timeline

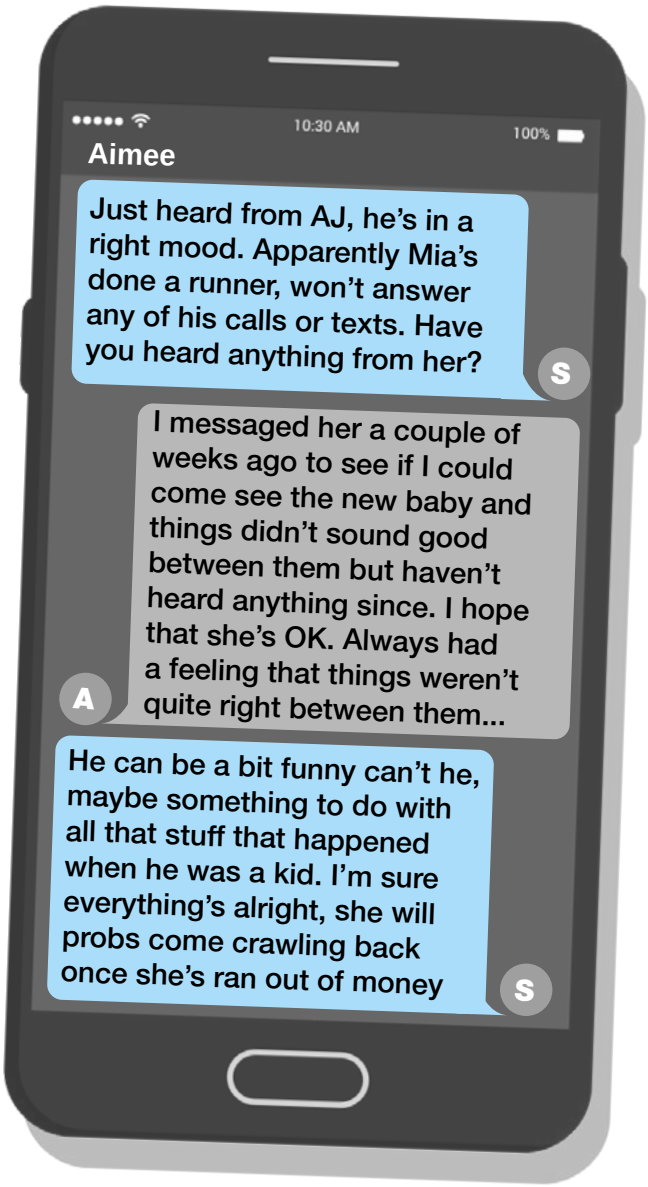
Figure 2: Points of transition and points of influences.

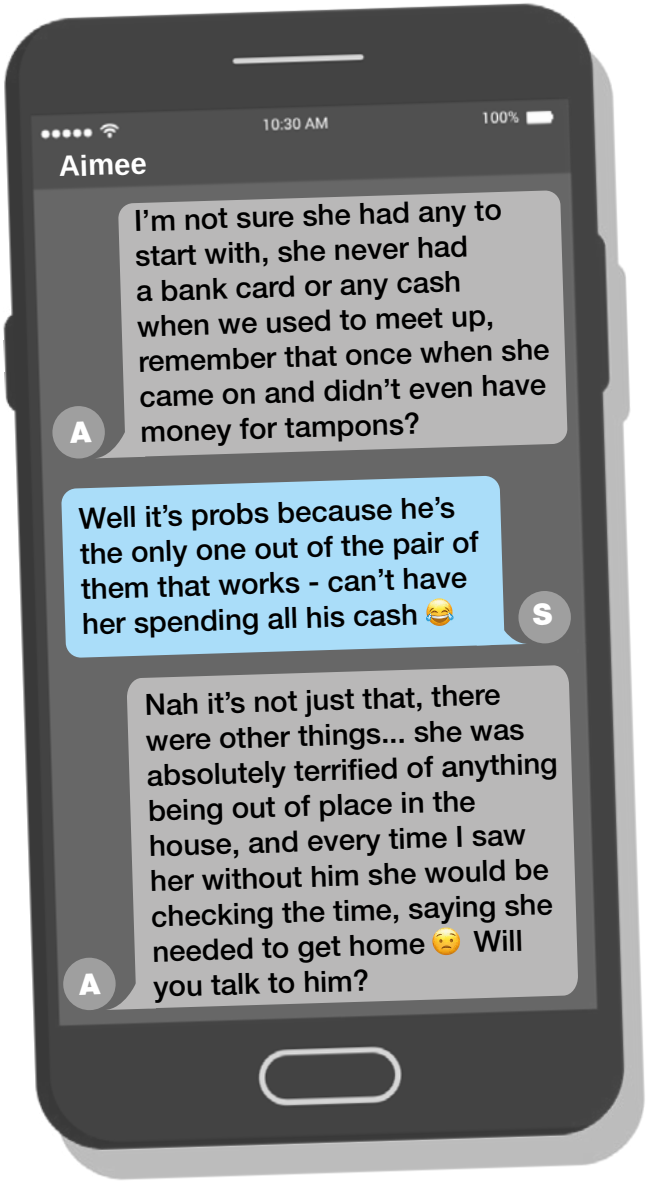


The points of transition show points across the life course that involve normal but significant change depending on the support available and social and environmental factors around the child.

Points of influence on the timeline identify times during AJ's life where there could have been opportunities for intervention or influence to support better outcomes and decisions in his life.

1.2.3. Bystanders - Aimee and Sid (friends of Mia and AJ)





Mia's friend Aimee is expressing her concern here to her partner Sid after reflecting on some behaviour she had witnessed. She tries to express this but is shut down by Sid who responds by making misogynistic comments and shrugging it off as a mental health issue on Mia's part. In addition to being worried about her friend, she might also be feeling like she doesn't have a voice against her dominating partner.

What to do if you are worried about someone being abused[25]

If you suspect that someone is being abused, let them know you've noticed something is wrong. They might not be ready to talk, but try to find quiet times when they can talk if they choose to. Please see page 38 for where to get help and advice.

If someone confides in you that they're suffering domestic abuse:

- **Listen, and take care not to blame them**
- **Acknowledge it takes strength to talk to someone about experiencing abuse**
- **Give them time to talk, but do not push them to talk if they do not want to**
- **Acknowledge they're in a frightening and difficult situation**
- **Tell them nobody deserves to be threatened or abused, despite what the abuser has said**
- **Support them as a friend, encourage them to express their feelings, and allow them to make their own decisions**
- **Do not tell them to leave the relationship or leave home if they're not ready – that's their decision**
- **Ask if they have suffered physical harm and if they have, offer to go with them to a hospital or GP**
- **Help them report the assault to the police if they choose to**
- **Be ready to provide information about organisations that offer help for people experiencing domestic abuse**

Getting help for domestic violence and abuse - *www.nhw.uk/live-well/getting-help-for-domestic-violence/*

If you're worried a friend, family member, neighbour or colleague might be a victim of VAWG you can report your concerns anonymously to Crimestoppers online, here: *crimestoppers-uk.org/keeping-safe/personal-safety/domestic-abuse*

Witnessing or suspecting potentially abusive behaviour towards another person without becoming involved can make one a 'bystander'.
With more people around, individuals often become less likely to help the other person.

This phenomenon is known as the 'bystander effect'.[26] Recent campaigns by other local authorities across the UK have directly targeted the bystander effect, which inadvertently condones misogyny and VAWG, by calling out unacceptable behaviour towards women. These promote an 'upstanding culture' – calling on men to call out this behaviour when they witness it amongst their peer groups.

Men can make a difference by speaking out against behaviour that is discriminatory, harassing or violent towards women.

The 'Have a Word' campaign[27] calls on men to reflect on their own attitudes and say something if friends behave inappropriately towards women. Follow this link for more information Say Maaate to a Mate – London City Hall www.london.gov.uk/maaate

Men can live by the White Ribbon promise[28], to never use, excuse or remain silent about men's violence against women. Follow this link to find out more about how you can show your allyship and challenge this behaviour www.whiteribbon.org.uk

Bright Sky is a free to download mobile app providing support and information for anyone who may be in an abusive relationship or those concerned about someone they know.

The app is also available to use in Polish, Punjabi and Urdu.

https://uk.bright-sky.org/en/home

1.2.4. Health professional - Mia's GP

As normal I was running behind, my last patient had just checked in, a 6-week baby check and postpartum check following a normal delivery.

I hadn't met Mia before, when I called her in, she was quiet and seemed distracted. Perhaps she was shy? Probably just sleep deprivation. "So how have you been getting on since the little one's arrival?" I enquired. "Fine" she responded; she was momentarily distracted as she checked her phone. One-word answers were the theme of the consultation.

Mia had been discharged by the midwifery team. "How has it been at home? Is it just the three of you?" She told me she'd recently left her partner and was living with her mum. We were interrupted as the baby stirred.

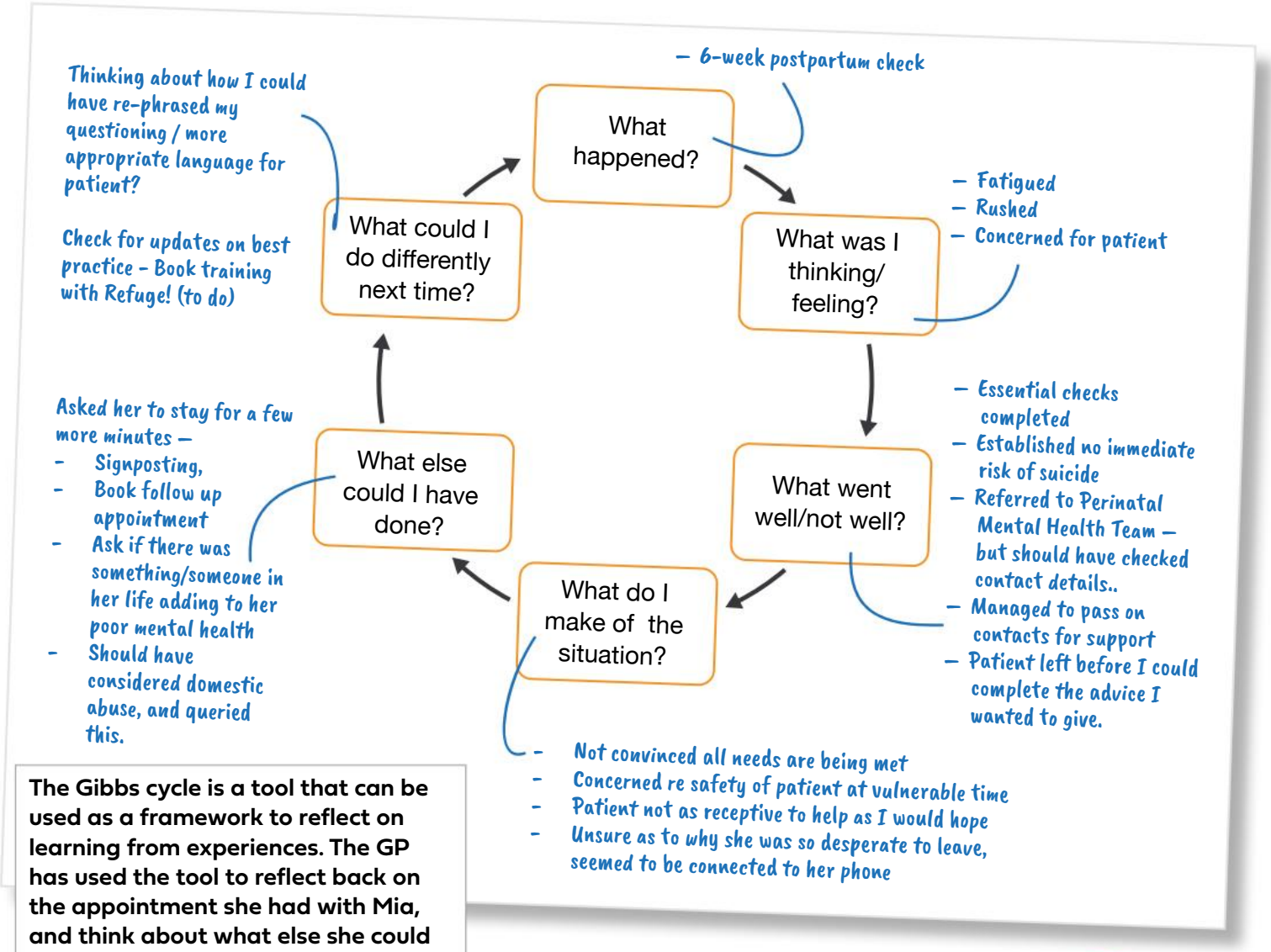
As I finished the checks, Mia asked "Is that everything?" glancing at the door where her child stood impatiently. I ran through the proforma in my head; baby check done, no postpartum problems identified, domestic abuse not applicable as there was no partner at home. "Almost" I'd said, wondering why she was in such a hurry.

I explained that sometimes it can be normal to experience low mood. She looked tearful but remained quiet. After some gentle prompting she'd revealed her mood had been low since before she left her partner even though she had been trying to stay positive for her children. Mia then confessed she had thoughts of taking her own life. I asked, did she have any plans or were these just fleeting thoughts? It was the latter, thankfully, but it was clear she needed help. Her eldest had, by then, successfully opened the door and was peeking out into the corridor. I could tell Mia was desperate to leave. I'd tried to discuss management options and explained I would refer her to the perinatal mental health team but she'd already stood up and was moving towards the door. I quickly scrawled the emergency numbers she might need on a piece of paper and thrust them in her direction. The next thing I knew, she was out the door, pram pushed with one hand, child's hand grasped tightly in her other. "Keep me updated, you can contact us for support at any time" I called after her as she'd disappeared back through the waiting room and out the front door.

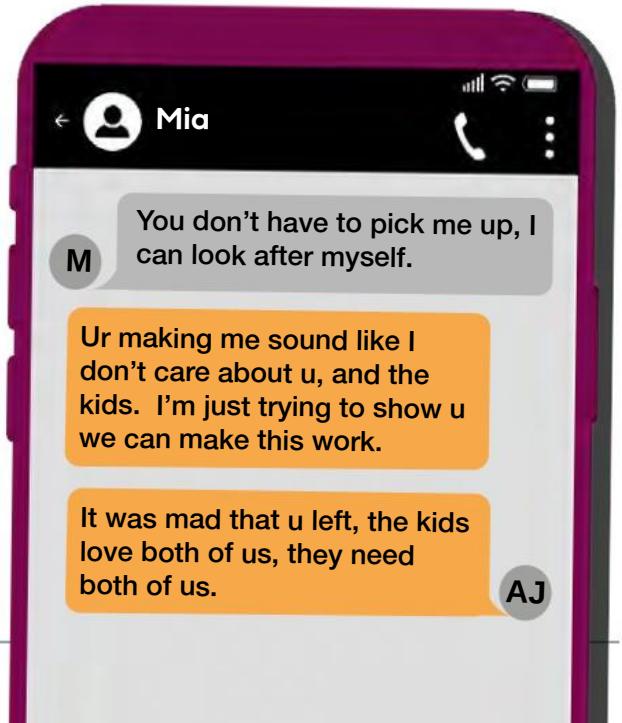
The Safe Accommodation Needs Assessment (Sept 2023)[12] has highlighted that within Warwickshire domestic abuse data is not routinely collated by NHS trusts. National trends continue to show that victim-survivors often disclose domestic abuse to a healthcare professional in the first instance.[29]

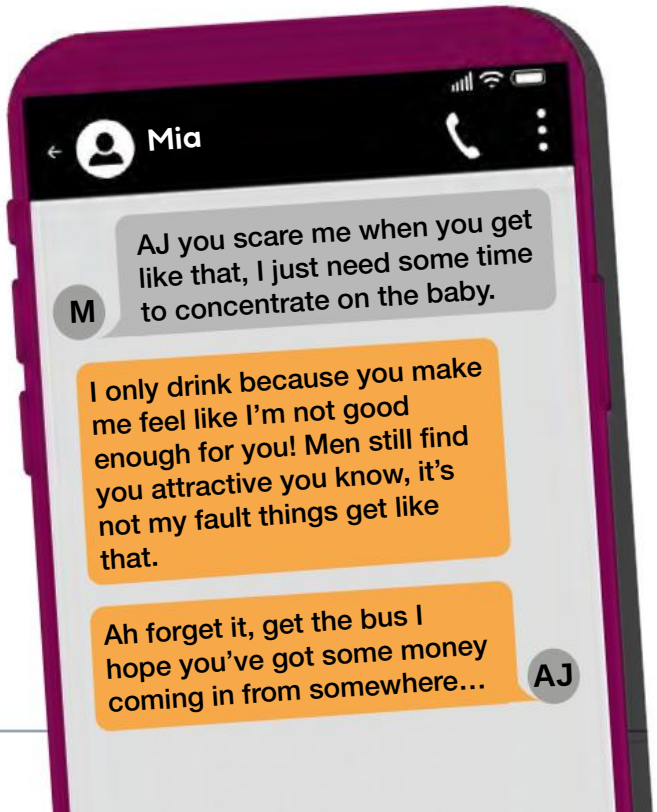
Fig. 3 Vicious cycle of abuse and poor mental health[30]

Figure 4: GP reflection



The Gibbs cycle is a tool that can be used as a framework to reflect on learning from experiences. The GP has used the tool to reflect back on the appointment she had with Mia, and think about what else she could have done as a health professional to support Mia.[31]





1.2.5. Education – Sami's teacher

I first met Mia back in September when Sami started school. I didn't realise at the time but Sami hadn't attended pre-school, so it made sense that it was a difficult week for both of them. I wondered if they were new into the area but it seems it was more to do with logistics and Sami's dad not being keen.

Mia always looked tired and there were a few times when both Mia and Sami looked like they hadn't had sleep. Sami fell asleep occasionally during storytime. I asked our safeguarding lead whether I should do anything and she suggested the family might benefit from a chat with the school nurse or even signposting to Early Help.

I struggled to get to know Mia. It seemed she always tried to get away quickly at pick-up or she'd be on her mobile. I managed to catch her once and asked if there was anything school could do to support. She said she was okay, she said she'd just found out she was expecting but seemed hesitant to say much more.

Sami started playing quite rough and hitting some of the other children. We had two parents speak to us about it and so I called Mia to ask her to pop in after school.

She was quite dismissive and defensive to start with. I asked if there was anything that she needed help with or whether she'd like to talk to someone. She said she was having a difficult time and they didn't have a lot of money, she sometimes felt so tired she didn't know what to do. I told her about the food bank and that there was support available, but she seemed very down. She mentioned she was worried about how Sami would be when she went into hospital and how things might be with a new baby around. She said she would talk to Sami, and asked me to apologise to the other parents.

Now I hear that Sami is no longer at the school. Apparently, Mia gave birth a few weeks ago and relocated with Sami, not long after. I'm not sure where they are now, and hope they are safe. It wasn't until later that we did a staff meeting on domestic abuse that it started to click.

Children who have witnessed domestic abuse may repeat behaviours they have seen in their domestic setting.[32]

A study by Safe Lives[33] found that **25%** **(a quarter)** *of children exposed to domestic abuse, equally boys and girls, exhibited abusive behaviours, mostly towards their mother (62%) or sibling (52%) and rarely towards their father or mother's male partner, despite these individuals perpetrating the abuse in most of these cases.*

The 2021 Warwickshire Safe Accommodation Needs Assessment[34] included the demographic profile of the households that have presented as homeless in Warwickshire as a result of domestic abuse over the previous three years. Of those households that had children, 46% (296) of those children were aged 0-5.

Warwickshire Early Help and Children and Families Teams offer a range of co-produced training to education settings, network professionals, parents and carers including but not limited to: Domestic Abuse Training, Protective Behaviours, Reducing Parental Conflict, Keeping Children in Mind and Caring Dads.

1.2.6. Parent – Mia's mum

When Mia met AJ, I was happy for her. He was older, but so was my husband when we first met, and he seemed like a nice guy. He was very protective over her, and she never came to visit me or her friends on her own without him coming too. She stopped visiting as regularly as her relationship with him progressed and would only make quick phone calls to make sure I was OK – and I could always hear AJ asking her who she was talking to.

I thought Mia's pregnancy was great news but she seemed nervous and scared. I heard from her even less after Sami was born, she withdrew into herself. I put it down to the stress of having a young child. She didn't tell me when she became pregnant again, it was like she wanted to keep it all a secret, or pretend it wasn't happening. When she said she was leaving AJ and wanted to come and stay with us, I thought that they had just had a tiff to begin with, but when she got here I could see in her eyes she was terrified. She begged us not to let anyone know she was staying here. They've gone to a safe place now through some local organisation. I thought they were doing ok here, surely, it's better to be with your family at a time like this. Deep down I knew she was doing this to keep her and the children safe. Maybe I could have done more to help her, I supposed my marriage to her father had a lot of similarities. I thought that's just how men act. I believed it was coming from a place of love. I didn't want to talk to anyone about the things he said or did to me when Mia was growing up, it wasn't the 'done thing' - my parents had a very 'traditional' marriage: my father was the head of the family too, my mum didn't question him or voice any complaints.

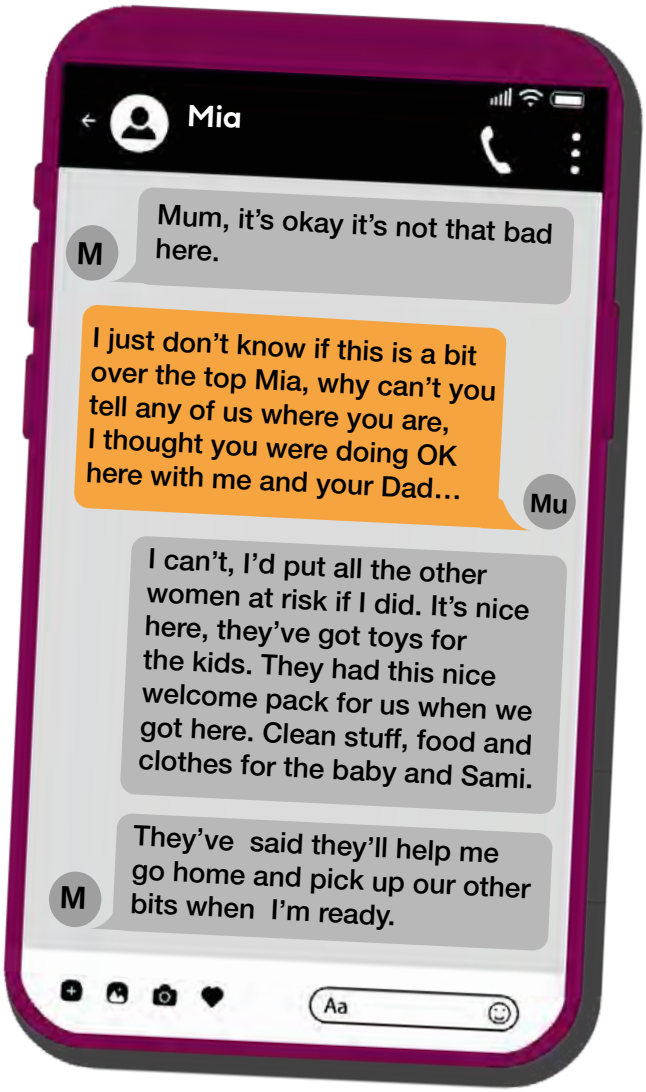
Mia's dad didn't want me to work either, so he was in control of finances, even if I had wanted to leave, I don't think I would have been able to. A single woman with a young child by herself? I would have been looked down on by my family.

I wish Mia hadn't seen or heard the way he spoke to me sometimes. She spent a lot of time in her room but I think she heard more than she let on. I sometimes wonder if hearing that when she was young is what led her to end up in this situation as an adult, history repeating itself, you know.

Coercive and controlling behaviour – what signs do you notice in Mia's story?[35]

Below are common examples of coercive control:

- Isolating you from friends and family
- Depriving you of basic needs, such as food
- Monitoring your time
- Monitoring you via online communication tools or spyware
- Taking control over aspects of your everyday life, such as where you can go, who you can see, what you can wear and when you can sleep
- Depriving you access to support services, such as medical services
- Repeatedly putting you down, such as saying you're worthless
- Humiliating, degrading or dehumanising you
- Control of the finances
- Making threats or intimidating you



"We know that not all children who experience domestic abuse go on to become abusers or further experience abuse in adulthood. However, children who live in households where there is domestic abuse are more likely to be in abusive relationships when they are older, either as abusers or victims, or both, stuck in a cycle of abuse"
The impact on Future Cycles of Abuse[36]

1.2.7. Police and supporting agencies

Refuge are a countywide service that provides support to women, men and children experiencing domestic abuse in Warwickshire.

Whilst living with her mum, Mia decided to call the Refuge helpline following persistent threats from AJ that he would find where she was and take the children. Mia was allocated a support worker, and they completed a DASH (Domestic Abuse, Stalking and so called 'Honour' based violence) risk checklist together. This checklist is a tool to help front-line practitioners identify risks when domestic abuse, so called 'honour' based violence and/or stalking is disclosed. It is also a tool that can be used to establish whether a MARAC referral is required, and help agencies decide what other support is needed. Below is an exerpt from the checklist Mia and her support worker completed.

Multi Agency Risk Assessment Conference (MARAC)
If an individual is referred to MARAC, they are considered to be at high risk of domestic abuse, meaning that agencies believe they may be at risk of significant harm. Unlike some safeguarding referrals, referral to MARAC does not require consent from the victim.

Under MARAC victims can expect ongoing support and safeguarding for victims and their children, including counselling and support with housing and/or finance, and child contact support. Multiple agencies attend MARAC including police, housing, health, social services and education.

They work together to identify how a combined approach to support for victims and their children can be provided.

Individuals referred to MARAC are assigned an Independent Domestic Violence Advisor (IDVA), to represent them at the MARAC and provide further support and guidance.[37]

SafeLives DASH risk checklist for use by IDVA and other non-police agencies for identification of risks when domestic abuse, 'honour'- based violence and/or stalking are disclosed[38]

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column	YES	NO	DON'T KNOW	State source of info if not the victim (eg police officer)
1. Has the current incident resulted in injury? Please state what and whether this is the first injury. No - current incident has not resulted in injury, however there have been several instances where incidents have caused injury.	☐	X	☐	Refuge Support Worker
2. Are you very frightened? Comment: Mia has expressed she is very frightened for herself and her children	X	☐	☐	"
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment: Mia is afraid of the violence and abuse escalating, and is afraid of perpetrator becoming violent with her two children (5yr old and newborn)	X	☐	☐	"

4. Do you feel isolated from family/friends? I.e, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment: Yes, perp has been restricting phone access, not allowing Mia out of the house	X			"
5. Are you feeling depressed or having suicidal thoughts?	X			"
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	X			"
7. Is there conflict over child contact?	X			"
8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done. Yes – deliberate intimidation, tracking app installed on phone, constant messaging of threats via several forms of social media	X			"
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	X			"
10. Is the abuse happening more often?	X			"
11. Is the abuse getting worse?	X			"
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour	X			"
13.Has [name of abuser(s)] ever used weapons or objects to hurt you?		X		"
14.Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You [X] Children [X] Other (please specify) [ ]	X			"

Out of the 24 total questions within the checklist, Mia and her support worker had answered yes to over 14 of the questions – this puts Mia in the category of 'visible high risk', establishing that Mia met the criteria for a MARAC referral. On the next page are notes taken by the police representative at the MARAC meeting Mia's case was initially taken to.

MARAC meeting 24 May 2023

CASE 2 (referral via Refuge, see case ref number XX)

Nil return for DA– disclosures made as part of a professional trusting relationship.

Professional can encourage victim to discuss with Police, which we will support.

However not appropriate for the Police to damage this trusting relationship and intervene without consent.

One incident January 2023, victim arrested for shop lifting (baby essentials). Store decided not to press charges, no further action.

ACTION: Crimes will be filed once raised but not investigated.

ACTION: Information to be stored on electronic crime system.

Children have not been considered as victims of domestic abuse in their own right (Domestic Abuse Act, 2021).

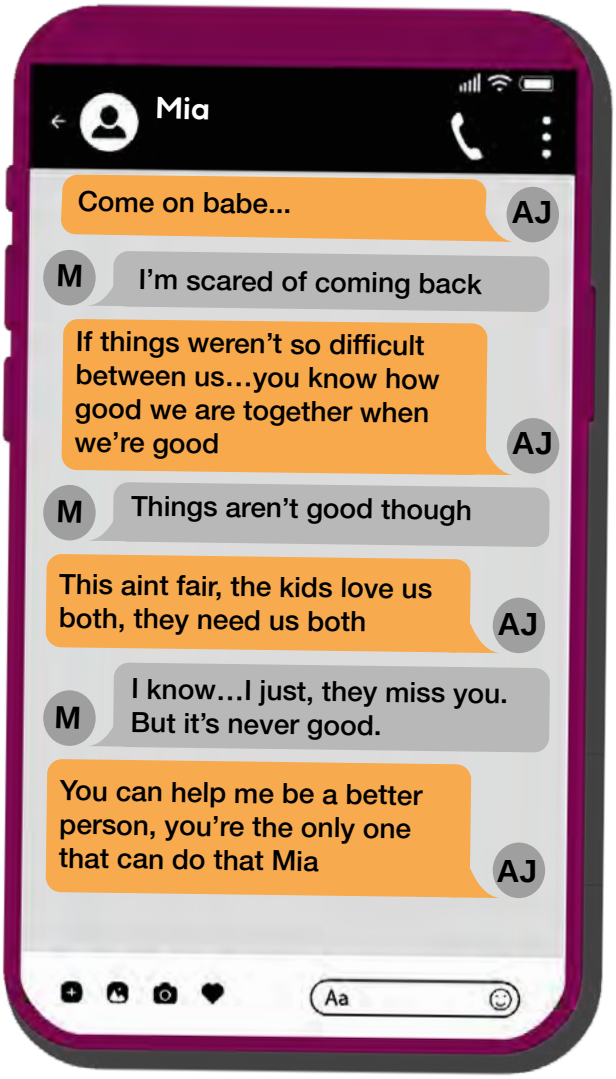
At this point in Mia's story, she has not reported AJ's abuse to the police meaning that although the police are aware of her situation via MARAC, they are unable to pursue this without Mia approaching them.

Organisations like Refuge are there to support victim-survivors through this process, however **64.7%** of all domestic abuse crimes reported to the police in Warwickshire between 01/04/23 and 31/10/23 have been finalised with the following Home Office closing code:

Outcome type 16 – evidential difficulties, victim based, named suspect identified, the victim does not support (or has withdrawn support) police action.

At present only* 8.7% *of domestic abuse recorded crimes over the same period result in a positive outcome caution, charge, etc.[20]

1.3. Chapter summary



We don't know how Mia's story ends but we do know that in Warwickshire there are options available to victim-survivors:

- **The Warwickshire Domestic Abuse Helpline** 0800 408 1552 is available to support victim-survivors experiencing domestic abuse, and can talk through options and support available to them.
- **Refuge Accommodation** – Specialist trauma-informed accommodation (support on site during the week), personally allocated key worker for specialist 1:1 support, other women and children in the building for peer support who have also been through a similar situation.
- **Dispersed Accommodation** – Specialist support worker and allocated key worker for specialist 1:1 support both for victim-survivor and their children, this is aligned more to independent living but with the same level of support as refuge accommodation.
- **Protection against digital stalking -** Refuge can provide support and assistance to mitigate against electronic tracking.

- **Remain in own home with support and protective measures** in place through the civil courts or with practical support to add security measures in the home through the Sanctuary Scheme. An assigned support worker is able to provide practical and emotional support in the community to all residents in Warwickshire, including advocacy support with housing, social care, health, criminal and civil justice, employment, benefits and income maximisation.
- **The Sanctuary Scheme** provides support to help victim-survivors to remain living safely in their own homes once they have ended their relationship, where safe to do so.
- **District and borough housing teams** may be able to help with a referral for temporary/emergency accommodation. Victim-survivors can present as homeless for support.

Children and domestic abuse

Throughout Mia's story, the impact of experiencing domestic abuse as a child on both victim-survivors and perpetrators has been demonstrated. We can see that both Mia and AJ grew up in homes witnessing abuse, control and violence. They experienced this as children and the behaviour has been normalised within their own relationship. We read about their child Sami copying AJ's behaviour, and missing out on toddler groups due to AJ's controlling behaviour, leading to challenges in those important early years at school.

The Domestic Abuse Act 2021[39] specifically provides that a child (under 18 years old) who sees, hears, or experiences the effects of domestic abuse and is related to the victim or the suspect is also to be regarded as a victim. Children are classed as domestic abuse victims under new guidance.

Within Warwickshire, in the three-year period from April 2020 to March 2023, there was a total of 13,447 children under 18 marked as being linked to an offence reported to Warwickshire Police that was flagged as domestic abuse (all offences)[40]

The word 'linked' means that they may or may not have been present at the time of the offence but are a dependent of at least one of the parties involved.

Figure 5. Age of children at the time of the offence (first offence that they are linked to)[40]

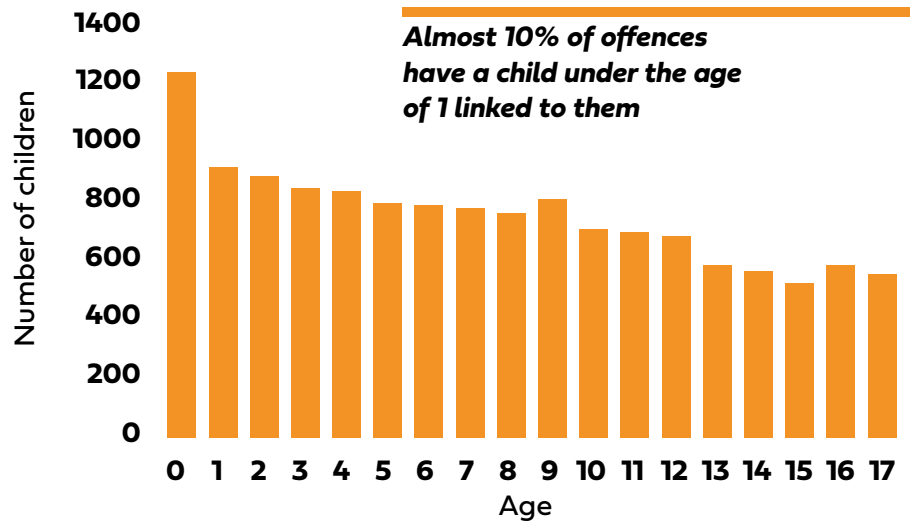


Figure 5 highlights that it is the youngest babies and children in our population who are subject to their first experience of domestic abuse. The first 1001 days (conception to 2 years old) are a critical development period for all children, and adverse experiences during this time can have the most potent negative health and development affects across their life course.

The Warwickshire VAWG strategy sets out objectives that will indicate that the strategy has delivered its priorities (figure 6), to support both adults and children who are affected by abusive and violent behaviour. However, this report shines a specific spotlight on the effects of domestic abuse on children and the lasting affects this can have into adulthood, and through generations.

Figure 6. Objectives from the Warwickshire VAWG strategy[15]

More victim-survivors are reporting VAWG incidents to the police and are accessing Warwickshire's commissioned services.

Warwickshire has comprehensive community based VAWG support services in place alongside safe accommodation.

Adults and children in contact with services report that their voices were heard; that they feel safer and support was provided at the right time.

That the numbers of victim-survivors experiencing VAWG related repeat victimisation is reduced.

More perpetrators are brought to justice.

More perpetrators are engaged in behavioral change programmes.

The Safer Warwickshire Serious Violence Prevention Strategy (2024-2030) outlines a long-term partnership approach to address the causes of violence within Warwickshire[14]. The strategy has a strong emphasis on domestic abuse and children affected by domestic abuse, and contains the following recommendations that support the messaging within this report:

- The case study analysis carried out as part of the Safer Warwickshire Serious Violence Prevention Strategy identifies a series of impact factors or "triggers" which can lead to an escalation of risk-taking behaviour in childhood and adolescence. Developing interventions to address these triggers, at the times when they occur the most, provides the best opportunity to prevent this escalation.
- Intergenerational domestic violence, particularly where children witness domestic violence on multiple occasions, is a key contributing factor to violence and conflict. There is an opportunity for partnership agencies and educational providers to work together to better identify and support children who are impacted by domestic violence.

Of the total domestic abuse offences with children linked over the three-year period, 1,803 were violence with injury offences (12.0%), with 2,800 children linked to them[40]

The age ranges of 0-3, 7-9, 11-13 years appear to be more prevalent in relation to children being impacted by domestic violence with injury incidents[40]

In writing this report I hope that we draw attention to the important work to tackle domestic abuse and VAWG underway in Warwickshire, and support the priorities of our newly published VAWG strategy.

Domestic abuse and violence is preventable and has serious health impacts on all affected. In alignment with the VAWG strategy, I call on all partners and communities to support a collaborative approach to reducing and preventing abuse by supporting the recommendations I laid out at the beginning of this report.

Chapter 2:

The picture of health and wellbeing in Warwickshire

Warwickshire has an estimated population of 599,153

- **304,145** females
- **295,008** males
- **123,463 (*20.6%*)** are aged 65+
- **132,092 (*22.1%*)** are aged under 20

Source:
Office for National Statistics (ONS), Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland. Mid-year 2021 estimates[3]

The population aged **65 and over** was **118,244** in 2018

It is projected to increase to 167,410 by 2043

This is a percentage increase from **20.7%** to **24.5%** of the population

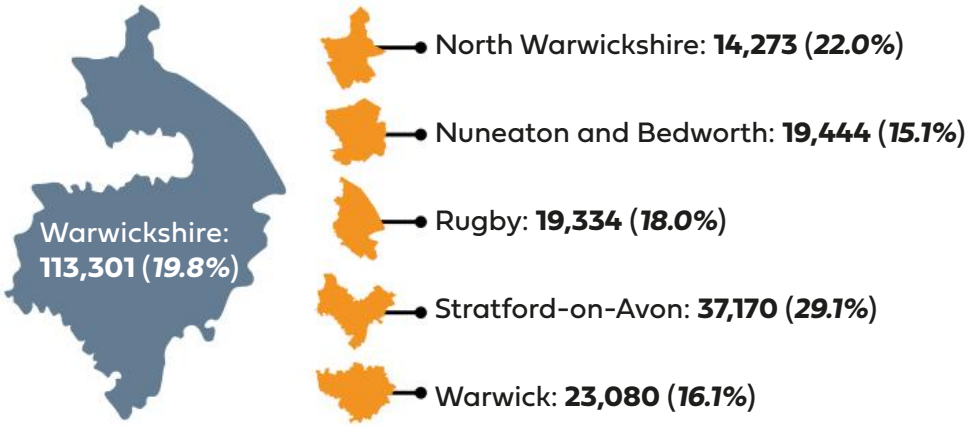
Source:
Office for National Statistics (ONS), statistical bulletin, Household projections for England: 2018-based [41]

Warwickshire estimated population

The population of Warwickshire is projected to increase by **19.8%** between 2018 and 2043. The increase will be highest in Stratford-on-Avon District (29.1%) and lowest in Nuneaton and Bedworth Borough (15.1%). In the West Midlands region this is projected to be 13.7% and in England 10.3%.

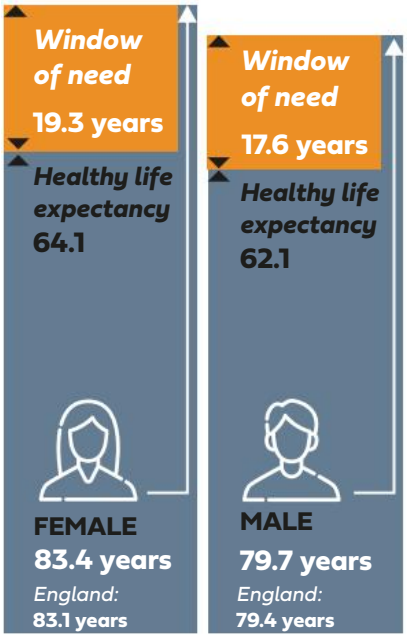
Population increase to 2043 (% increase in brackets)

Source:
Office for National Statistics (ONS), statistical bulletin, Household projections for England: 2018-based [41]



www.warwickshire.gov.uk/directory-record/7175/monitoring-health-inequalities-dashboard

Life expectancy



In Warwickshire, life expectancy at birth is statistically significantly better for both females and males compared to England for 2018-20. These figures have remained relatively stable over the last five years. This is reflected nationally as improvements in life expectancy have slowed during the second decade of the 21st century.

The gap between life expectancy and healthy life expectancy is known as the "window of need". With life expectancy remaining stable and healthy life expectancy declining in recent years, the window of need (amount of time spent in poor health) is increasing.

Source:
Office for National Statistics (ONS), National life tables – life expectancy in the UK: 2018 to 2020[42]

Life expectancy and COVID-19

The COVID-19 pandemic resulted in a sharp decline in life expectancy in the year 2020 nationally and although this may not lead to reduced life spans in the future, at best, life expectancy will return to the pre-pandemic stalled levels.[43]

Inequality in life expectancy

Females in the least deprived areas are likely to live 6.3 years longer than those in the most deprived areas

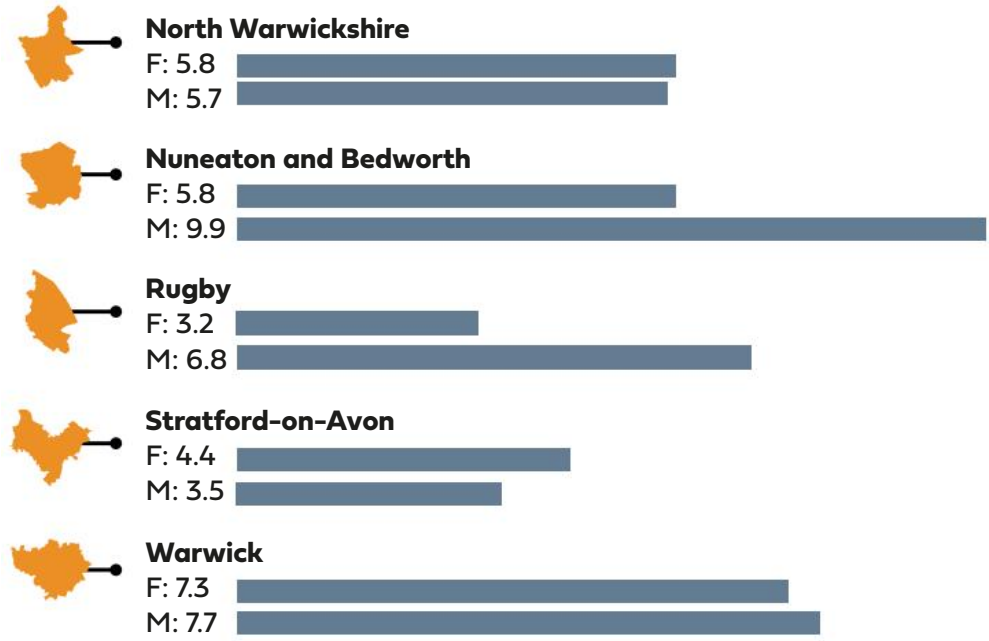
6.3 years

This goes up to 8.3 years for males.

8.3 years

Source:
Office for Health Improvement & Disparities. Public health profiles. 2022.[44]

Difference in inequality in life expectancy at birth across Warwickshire



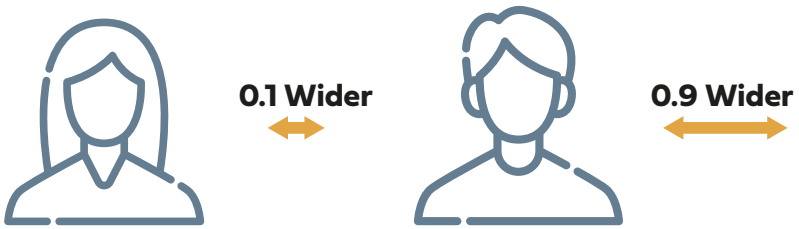
This graph shows how many fewer years males and females in the most deprived areas are expected to live compared to those in the least deprived.

Source:
Office for Health Improvement & Disparities. Public health profiles. 2022.[44]

Inequality in healthy life expectancy

This is 0.1 years wider than the England average for females and 0.9 years wider than the England average for males (19.2 year gap for females nationally and 16.7 year gap for males nationally). This rise in years of poor health impacts families and workplaces, and increases pressures on health and social care services.

Source:
Office for National Statistics (ONS), Dataset, Health state life expectancy, all ages, UK [45]



Gender and healthy life expectancy

Healthy life expectancy at birth continues to decline for males in Warwickshire (62.1 years) and is similar to the national average (63.1 years). Healthy life expectancy at birth for females has remained stable for the last 3 years (64.1 years), and is similar to the national average (63.9 years).

Source:
Office for National Statistics (ONS), statistical bulletin, National life tables – life expectancy in the UK: 2018 to 2020 [42]

Increasing diversity

The percentage of the population in all high-level ethnic groups except 'White' increased from the 2011 Census to the 2021 Census. For example, the largest proportional increase was seen in people identifying as 'Asian', up from 4.6% in 2011 to 6.3% in 2021.

Source:
Warwickshire County Council 2021 Census data [46]

Public health improvements and challenges

There have been some improvements in areas of health and in some of the wider determinants that affect health, however there remain challenges.[47]

Alcohol admissions per 100,000 people in Warwickshire were higher than the average in England

521 ***Warwickshire***
494 ***England***

2021/22

Among males the rate per 100,000 was

Warwickshire: **694**
England: **664**

Among females the rate per 100,000 was

Warwickshire: **364**
England: **341**

Among under 18 year olds the rate per 100,000 was

Warwickshire: **41.1**
England: **29.3**

Emergency hospital admissions for intentional self-harm per 100,000 people

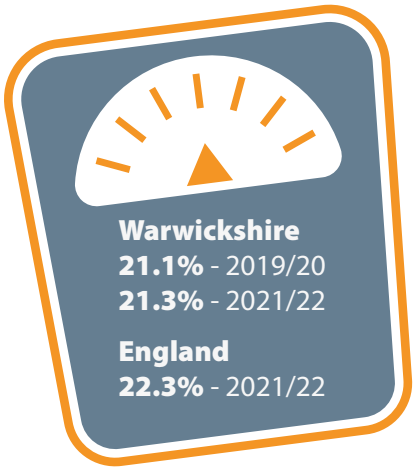
156.5 ***Warwickshire***
163.9 ***England***

2021/22

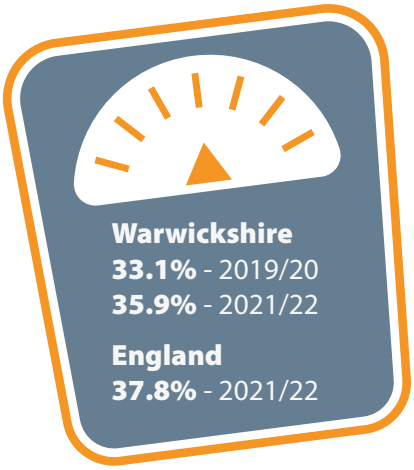
Severe mental illness prevalence in Warwickshire has remained consistent

0.76% ***Warwickshire 2020/21***
0.76% ***Warwickshire 2021/22***
0.95% ***England 2021/22***

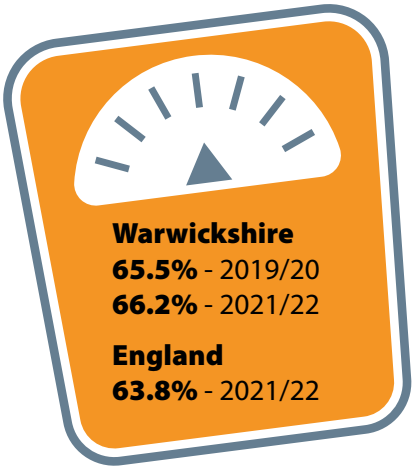
Proportion of Reception pupils who were overweight (including obese)



Proportion of Year 6 pupils who were overweight (including obese)



Proportion of adults who were overweight (including obese)



Warwickshire under 18 conception Rate was 13.0 per 1,000
(England: 13.1)
2021

The proportion of those smoking in early pregnancy was
11.5%
(England 12.8%)
2018/19

The estimated dementia diagnosis rate (aged 65 years and over) in Warwickshire was lower than the average for England
3.85% *Warwickshire* 2019
3.45% *Warwickshire* 2020
3.97% *England* 2020

The level of child poverty in Warwickshire was 12.2% compared to the England average of 17.1%
2019

In Warwickshire

0.9 per 1,000 households
were in temporary accommodation
(England 4.0) *2021/22*

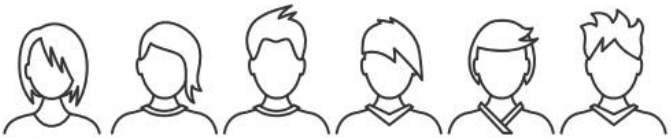
Proportion of Warwickshire children under 16 living in relative low-income families was
14.2%
compared to the England average of 19.9% *2021/22*

Fuel poverty in Warwickshire

was **14.3%** in 2020
and **15.1%** in 2021

England: 13.1% - 2021

In 2021 3.4% of 16 to 17 year olds were not in education, employment or training *(NEET)*. This was 3.8% in 2020. The England average was 4.7% - 2021



Violent crime – violence offences per 1,000 population

Warwickshire
25.0 – 2020/21
27.7 – 2021/22
Recent trend: Increasing

England 34.9 – 2021/22

Violent crime – sexual offences per 1,000 population

Warwickshire
2.0 – 2020/21
2.6 – 2021/22
Recent trend: No significant change

England 3.0 – 2021/22

Violent crime - hospital admissions for violent crime (including sexual offences)

Warwickshire
32.6 – 2017/18 – 19/20
27.5 – 2018/19 – 20/21
Recent trend: Decreasing

England 41.9 – 19/20- 20/21

Warwickshire Joint Strategic Needs Assessment (JSNA)

Thematic needs assessments

In 2020 Warwickshire County Council, having completed a programme of place-based needs assessments, adopted a thematic approach to its Joint Strategic Needs Assessments (JSNAs). JSNAs on the following have been produced:

- Domestic Violence and Abuse JSNA (2021)
- Mental Health Needs Assessment (2021)
- Children's 0-5 JSNA (2022)
- Alcohol Needs Assessment (2022)
- Pharmaceutical Needs Assessment (2022)
- Mental Health and Wellbeing of Infants, Children, and Young People JSNA (2023)
- Healthy Ageing JSNA (expected to be published January 2024)

These needs assessments are being used to inform the development of health and social care services across Warwickshire through the Warwickshire North, Rugby, and South Warwickshire Health and Wellbeing Partnerships.

The full JSNAs can be found here once published: **www.warwickshire.gov.uk/joint-strategic-needs-assessments-1/thematic-needs-assessments-previous-annual-updates/1.**

Mental Health and Wellbeing of Infants, Children, and Young People JSNA (2023):

Published in May 2023, this JSNA aims to provide an understanding of the mental health and wellbeing needs of infants, children, and young people aged 0-25 across Warwickshire. This JSNA looks both at service provision and access, as well as highlighting where proactive prevention may be possible around the wider determinants of mental health and wellbeing.

The recommendations and summary of key data can be explored here:
storymaps.arcgis.com/collections/65cdf343093b47ac9f07b88cf94a2a31.

The full document can be found here:
www.warwickshire.gov.uk/directory-record/7609/mental-health-and-wellbeing-of-infants-children-and-young-people-jsna-2023-.

What's next?

The current JSNA workplan is formed of the following:

Empowering Futures: Growing Up Well in Warwickshire JSNA – This JSNA looks at the physical health of those aged 6-25 in Warwickshire. Expected to be published in May 2024.

Disabilities JSNA: This JSNA will support disabilities commissioners with data needed for upcoming decision making. Expected to be published September 2024.

Following the completion of these JSNAs a new workplan will be produced to support the Health and Wellbeing Board and its partners. **For more information about the JSNA please visit:** **www.warwickshire.gov.uk/joint-strategic-needs-assessments-1.**

Warwickshire Health Profile 2023

Shows the current health performance of the Warwickshire county and allows comparisons of performance between the districts and boroughs. The values are coloured to indicate statistical significance compared to England. This is the most recent compiled and published data as of 30/11/2023 .

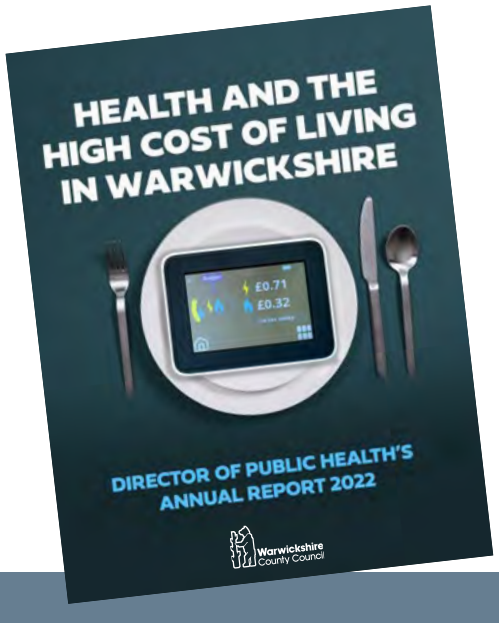
Key:
- Better
- Similar
- Worse

Indicator	Unit	England	Warwickshire	North Warwickshire	Nuneaton & Bedworth	Rugby	Stratford-on-Avon	Warwick	Period
Infant mortality (under 1 year)	per 1,000 live births	3.9	4.0	2.2	4.6	4.2	2.6	5.2	*2019 - 21*
Under 18 conception rate	per 1,000	13.1	13.0	13.8	23.9	8.1	10.6	8.2	*2021*
Low birth weight of term babies	%	2.8	2.3	1.8	2.8	2.5	1.6	2.6	*2021*
Smoking prevalence in adults (18+) - current smokers (APS)	%	12.7	13.9	17.1	17.1	18.2	7.7	11.2	*2022*
Hospital admission episodes for alcohol-specific conditions - (under 18 years)	per 100,000	29.3	41.1	*Data not available*	59.0	27.1	34.1	54.4	*2018/19 - 20/21*
New sexual transmitted infections (excluding chlamydia <25)	per 100,000	495.8	289.7	261.7	336.6	328.3	223.6	290.5	*2022*
Adults (aged 18+) classified as overweight or obese	%	63.8	66.2	69.3	72.9	63.8	65.1	61.6	*2021/22*
Hospital admissions for unintentional and deliberate injuries in children (aged 0-14 years)	per 10,000	84.3	83.1	71.3	76.8	77.1	93.7	90.8	*2021/22*
Children in relative low income families (under 16s)	%	19.9	14.2	18.4	20.1	12.7	11.4	10.2	*2021/22*
Suicide rate (aged 10+)	per 100,000	10.4	11.2	11.9	12.0	11.2	10.5	11.0	*2019 - 21*
Emergency hospital admissions for intentional self-harm (all ages)	per 100,000	163.9	156.5	119.1	174.5	130.4	151.3	174.5	*2021/22*
People aged 16-64 in employment	%	75.4	81.0	81.3	82.0	81.8	80.3	80.1	*2021/22*
Homelessness: households in temporary accommodation	per 1,000	4.0	0.9	0.1	1.7	*Data not available*	1.2	0.9	*2021/22*
Homelessness: households owed a duty under the Homelessness Reduction Act	per 1,000	11.7	7.6	5.6	13.8	*Data not available*	8.8	7.5	*2021/22*
Sickness absence: % of working days lost due to sickness absence	%	1.0	1.0	1.5	0.9	0.6	0.6	1.4	*2019 - 21*
Under 75 mortality rate from causes considered preventable	per 100,000	183.2	161.8	157.5	206.2	159.8	132.4	158.2	*2021*
Under 75 mortality rate: Cardiovascular	per 100,000	76.0	68.1	81.2	93.8	62.2	52.0	60.3	*2021*
Under 75 mortality rate: Cancer	per 100,000	121.5	118.7	138.3	133.6	106.0	109.2	115.7	*2021*
Hip fractures in people aged 65 and over	DSR per 100,000	551.2	592.6	662.1	652.0	614.1	549.3	544.7	*2021/22*
Estimated dementia diagnosis rate (aged 65 and over)	%	63.0	54.9	55.5	55.5	61.9	52.2	52.8	*2023*
Incidence of TB	per 100,000	7.8	4.9	2.0	8.2	6.4	2.0	4.8	*2019 - 21*
Cancer screening coverage: breast cancer	%	65.2	66.2	60.6	65.7	65.9	70.6	64.8	*2022*
Cancer screening coverage: bowel cancer	%	70.3	72.3	71.2	68.7	72.0	75.0	73.3	*2022*
Cancer screening coverage: cervical cancer	%	67.6	71.5	73.5	69.8	68.5	75.2	71.6	*2022*
Deprivation score (IMD)	Score	74.6	75.3	72.1	72.8	74.4	77.7	77.3	*2022*
Fuel poverty (low income, low energy efficiency methodology)	%	13.1	15.1	16.3	15.9	14.4	15.6	13.9	*2021*
Percentage of physically active adults	%	67.3	67.1	68.8	56.7	67.2	69.8	72.7	*2021/22*
Percentage of physically inactive adults	%	22.3	22.4	22.7	27.7	23.0	22.8	17.1	*2021/22*
Average Attainment 8 score (state funded schools)	Mean average	48.8	50.1	41.1	45	52.1	56.7	50.8	*2021/22*
Achieving 9-5 in English and Maths (state funded Schools)	%	49.8	52.4	35.9	46.3	55.2	62.2	54.5	*2021/22*

Note: Attainment 8 is the total score in a pupils 8 best GCSEs, taken from Maths and best English (both double weighted), 3 Ebacc subjects (Sciences/Geog/History/languages) and 3 any subject (which can include the second English or other Ebacc subjects). Reflects pupils score across all their GCSEs. Divide the value by 10 to find the average GCSE.

Chapter 3:

Progress on 2022 recommendations from the 2022 Director of Public Health Annual Report



Recommendation	Progress
Overarching	
Recommendation 1: I recommend that key anchor organisations, including local authorities, NHS partners and universities focus expertise and capacity on building an inclusive, healthy and sustainable Warwickshire. To do this, all partners should focus on**:**	
Policy: adopting, and sharing learning from, a Health in All Policies (HiAP) approach and using the Health Equity Assessment Tool (HEAT) to reduce inequalities in health	Public Health HiAP offer was advertised to key stakeholders throughout 2023. In January 2023 a HiAP workshop was provided for WCC Children and Families services, resulting in several actions to embed HiAP within their work. HEAT assessments have been completed for key services including Health Visiting, Children and Family Centres and access to Dementia services.
Surveillance: agreeing a single view of data and identifying emerging trends in order to support a coordinated approach, targeted to those who need it most	A number of dashboards have been developed to assist in data surveillance and analysis. Dashboards are available for data both nationally and locally. • *Health Inequalities Dashboard* - Monitoring Health Inequalities Dashboard - Publications – Warwickshire County Council • *Citizens' Advice Cost of Living Dashboard* - Cost-of-living data dashboard/Flourish • *State of Warwickshire Dashboard* - InstantAtlas Warwickshire

Recommendation	Progress

Workforce development: through wellbeing support programmes that support staff during the rising cost of living and training and development opportunities	Progress has been made in supporting wellbeing for our workforce, particularly during the rising cost of living:
	• *The Workplace Wellbeing Forum*, launched in 2022 as part of the Wellbeing for Life programme. The forum is a place for local employers to meet, access resources and share best practice to help them implement or develop improved health and wellbeing support for their employees. There have been two events in the last 12 months with more planned in 2024. Workplace wellbeing forum - Wellbeing for life (wellbeing4life.co.uk).
	• *The Thrive at Work initiative* is a programme that supports employers to create a happier, healthier workforce. Thrive at Work (www.wmca.org.uk/what-we-do/wellbeing/thrive-at-work).
	• *Listening Mates* is a network of staff volunteers who have been trained to support colleagues – in particular supporting with concerns about bullying, harassment and mental health.
	• *The Employee Assistance Programme* gives staff unlimited access to information, support and guidance on a wide range of topics including work, relationships and family and money management.
	• *Colleague Networks and Support* which provide employee led support and spaces to connect, including the Women's Network – which aims to provide a safe and supportive environment in which the voices of all women are heard, and to champion the achievements of women across WCC.
	• There are also a number of programmes that can provide support through the development of, and signposting to, employment opportunities:
	  • *Skills Hub website* – supports businesses, schools and communities to create a well skilled population - https://skillshub.warwickshire.gov.uk/
	  • *Inclusive Apprenticeship Programme* – training and qualification opportunities for young people with Special Educational Needs and Disability Inclusive apprenticeships – https://skillshub.warwickshire.gov.uk/skills-hub-1/inclusive-apprenticeships
	  • *Fair Chance Employer Programme* – working with employers to shape and create suitable placements and job opportunities for those who are negatively impacted by challenges or barriers to employment. Provides access to Fair Chance jobs portal to facilitate employment.
	  • *Warwickshire Supported Employment Service* - supporting people in Warwickshire with autism and learning disabilities who have an aspiration to work. Warwickshire Supported Employment Service – Warwickshire Skills Hub
	  • *Jobs 22* – links with external organisation supporting those who are long-term unemployed - jobs-22.co.uk

Recommendation	Progress
Making Every Contact Count (MECC): utilising every point of contact as an opportunity to support people through the cost of living challenges	The Warwickshire County Council adult enhanced MECC and child accident prevention MECC have been refreshed in 2023 and continue to be delivered to key stakeholders. A children and young people MECC is also being developed for professionals who work with and support children and young people.
Access to services: consider opportunities to increase accessibility to healthcare services for those who will experience the impact of the rising cost of living most acutely	Reducing inequalities in access to services has been a core focus, and widespread action has been taken to ensure accessibility is a priority. This has included: • Introduction of concessions for high needs patient groups who are parking at George Eliot Hospital, Nuneaton • Ongoing assessment of inequalities in Warwickshire using the Health Equity Assessment Tool (HEAT) • A service for enhanced physical health checks for veterans is currently in development • A pilot project to improve the early access and continuity of care to maternity services for vulnerable families in Nuneaton and Bedworth

Housing

Recommendation 2: I recommend that housing, planning and health leads work together to prevent ill health caused by poor housing and living conditions. This should include a commitment to preventing new homes from being built with an Energy Performance Certificate (EPC) rating of less than C and working with private and public landlords to ensure existing homes have an EPC of C or above, and are mould free.	WCC Business Intelligence has been developing an Energy Performance Certificate (EPC) model that can help identify homes that require improvements to their ratings - this model is ready to support targeted work and we are starting to use this to support the climate change agenda. We are also working closely with Heads of Housing, to understand how we can best make use of this model and demographic data both in partnership and to complement work already in progress by the districts and boroughs to make homes warmer. Part L requires that all new homes must now produce 31% less carbon emissions. Local planning policies are also reflective of ambitions for sustainable design and reduced carbon emissions.

Food

Recommendation 3:
I recommend that to support children to have the best start in life, Health and Wellbeing Board explores the feasibility of free school meals for all primary school children in Warwickshire, as research shows that children are able to learn better in school if they have a full stomach.

A review has been conducted by the Public Health team to establish the feasibility of implementing free school meals (FSM) for all primary school aged children within Warwickshire. This work has included a full literature review, evaluating the current provision, benefits, challenges, learning from others and key considerations. Available data on the uptake and eligibility of FSM, alongside cost estimates has been pulled together and summarised.

Options are currently being reviewed based on the findings of the feasibility study, to inform the next steps. This includes working in partnership with the Warwickshire FSM working group and improving uptake of FSM for eligible families, and scoping the possibility of a pilot scheme in a North Warwickshire school.

Transport

Recommendation 4:
I recommend that transport planners and health partners work together to improve transport links for those living in areas with more rural isolation, deprivation and where rates of long-term conditions and access to transport links are poor.

Transport and health partners have been working together to develop transport links to support those with transport needs in Warwickshire.

- Voluntary car schemes are available across Warwickshire and are available to people of all ages who may struggle to get to healthcare appointments and are too unwell or unable to use public transport.
- Certain patient groups may also have access to the NHS non-emergency Patient Transport Service through West Midlands Ambulance Service (WMAS).
- Warwickshire Fire and Rescue Service and South Warwickshire Foundation Trust (SWFT) have initiated a new partnership known as the Hospital to Home Service, which supports people aged 65 and over to settle back into their homes safely after discharge from A&E.

Chapter 4:

Where to get help and advice

If you or someone else is in immediate danger, ring or text 999.

If you are deaf, hard of hearing or have any speech impairment, please dial: **Minicom/Textphone 18001**.

If you're worried a friend, family member, neighbour or colleague might be a victim of VAWG you can report your concerns anonymously to Crimestoppers online here:

W: **crimestoppers-uk.org/keeping-safe/personal-safety/domestic-abuse**

We know this can be daunting, but the services below will support you every step of the way.

Refuge - Warwickshire Domestic Violence Service

If you are experiencing domestic abuse or violence in Warwickshire, Refuge's domestic violence and abuse service can support you and your children to keep safe. Refuge is a countywide service that provides support to women, men and children experiencing domestic violence and abuse in Warwickshire.

T: **0800 408 1552**
W: **refuge.org.uk/i-need-help-now/refuge-domestic-violence-service-warwickshire**

Listening Ear – DiAmond Counselling and Therapy Service

A free to access, trauma informed and confidential service, available for all victim-survivors who are engaging with Refuge / The Warwickshire Domestic Violence and Abuse Service. The service offers both face-to-face and virtual appointments for up to 10 sessions with group sessions after the completion of the 10 sessions.

T: **01514 886 648**
W: **listening-ear.co.uk/diamond/warwickshire**

Domestic Abuse Counselling Service (DACS)

DACS works to reduce domestic abuse by providing free therapeutic intervention, working one-to-one with victims of domestic abuse from a 'preventative perspective' providing therapy that educates – with the purpose of increasing safety and reducing the risk of repeat victimisation. DACS services are provided from safe, accessible locations across Warwickshire.

T: **02476 351 137**
W: **dacservice.org.uk**

Family Intervention Counselling Service (FICS)

FICS are a specialist counselling agency based in Warwickshire. They work with families and individuals who have experienced domestic abuse.

T: **01926 429628**
W: **interventionservice.co.uk**

Bright Sky App

A safe, easy to use app that provides practical support and information on how to respond to domestic abuse. It is for anyone experiencing domestic abuse, or who is worried about someone else.

Bright Sky helps you to spot the signs of abuse, know how to respond, and help someone find a safe route to support.
W: **www.hestia.org/brightsky**

Galop
A charity offering advice and support to to LGBTQ+ people who have experienced violence or domestic abuse.

T: 0800 999 5428
W: galop.org.uk

Mankind
A confidential helpline available for male victim-survivors across the UK as well as their friends, family, neighbours, work colleagues and employers.

T: 01823 334 244
W: mankind.org.uk

Respect Phoneline
Is your abusive behaviour costing you your relationship? Help is available.

T: 0808 802 4040
W: respectphoneline.org.uk

Rights of Women
Increasing women's knowledge of their legal rights and improving their access to justice enabling them to live free from violence and make informed and safe choices about their own and their families' lives. Offering a range of services including specialist telephone legal advice lines, legal information and training for professionals.

T: 020 7251 6577 ***(family law helpline – other numbers are available on the website)***
W: rightsofwomen.org.uk

RoSA
An independent charity working throughout Warwickshire, offering free confidential support for anyone who has experienced rape, sexual abuse, or sexual violence.

T: 01788 551151
W: rosasupport.org

Safeline
A specialist charity providing a range of services across Warwickshire to support all survivors of rape and sexual abuse.

T: 01926 402498 (or text 07860 027573)
W: safeline.org.uk

The Blue Sky Centre (Sexual Assault Referral Centre)
The Blue Sky Centre is a SARC where any victim of rape or sexual assault will receive medical care, police intervention (if they wish to report the crime), and various other support services.

T: 01926 507805
W: blueskycentre.org.uk

Warwickshire Child Sexual Exploitation (CSE) Team
Something's Not Right is Barnardo's CSE awareness campaign in Warwickshire. Get a greater awareness of CSE, advice and links to support on their website.

T: 01926 684 490
W: somethingsnotright.co.uk

Equation
Working in partnership with Refuge, providing trauma-informed support and safe accommodation for male victim-survivors in Warwickshire. If you are a male victim-survivor experiencing abuse, Warwickshire's Domestic Violence and Abuse Service can support you and your children to be safe.

T: 08004081552
W: https://equation.org.uk

Clare's Law
Also known as the Domestic Violence Disclosure Scheme (DVDS) is a police policy giving people the right to know if their current or ex-partner has any previous history of violence or abuse.

W: Clare's Law (clares-law.com)

Talk to Someone
Talk to Someone is a website that provides information on abuse, advice, how to access services and report abuse within Warwickshire.

T: 0800 408 1552
W: talk2someone.org.uk

Glossary

'Honour'-based violence - a crime or incident committed to protect or defend the 'honour' of a family or community.

Adverse Childhood Experience (ACE) - highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence and effect the individual throughout their life.

Bystander - a person who is standing near and watching something that is happening but is not taking part in it.

Coercion- the practice of persuading someone to do something by using force or threats.

Commissioning (Public Health) - planning, setting up and contracting of a service.

COVID-19 – an infectious disease caused by the SARS-CoV-2 virus.

DA (Domestic Abuse) - Domestic abuse includes any act of physical, sexual abuse, violent or threatening behaviour, coercive or controlling behaviour, psychological or emotional abuse, or financial control within a family or domestic unit. Children can be victims of domestic violence even as witnesses to violence against someone else in the household.

Deprivation - the damaging lack of material benefits considered to be basic necessities in a society.

Energy performance certificate - a legally valid document which provides an energy efficiency rating (displayed on an A-G scale) in relation to a property's running costs. This rating will take into account the potential energy performance of the property itself (the fabric) and its services (heating, lighting, hot water etc).

DHR – Domestic Homicide Review

Digital stalking – Using digital means to repeatedly behave in a way that makes an individual feel scared, distressed or threatened.

DOL (deprivation of liberty) – when a person has their freedom limited in some way. It occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

Female Genital Mutilation – all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

Financial control – a type of abuse which includes having money or other property stolen, being defrauded, being put under pressure in relation to money or other property and having money or other property misused.

Forced marriage – where one or both people do not or cannot consent to the marriage and pressure or abuse is used to force them into the marriage.

Gendered gang giolence – Can be defined as young women and girls being coercively controlled and exploited by gangs such as 'County Lines' for the benefit of other gang members.

General Practitioner (GP) - a doctor who provides general medical treatment for people who live in a particular area.

Harassment - any repeated behaviour that is unwanted and makes an individual feel threatened, scared or upset.

Harmful practices - persistent practices and behaviours that are grounded on discrimination on the basis of sex, gender, age and other grounds as well as multiple and/or intersecting forms of discrimination that often involve violence and cause physical and/or psychological harm or suffering.

Health in all policies (HiAP)- a collaborative approach that integrates and articulates health considerations into policymaking across sectors to improve the health of all communities and people.

Health inequalities - differences between people or groups due to social, geographical, biological or other factors.

Healthy life expectancy – the average number of years a person would expect to live in good health in a particular area based on modern mortality rates in that area and prevalence of self-reported good health.

HEAT (Health Equity Assessment Tool) – a software application that facilitates the exploration, analysis and reporting of health inequalities.

Indices of multiple deprivation (IMD) – widely-used datasets within the UK to classify the relative deprivation (essentially a measure of poverty) of small areas.

Joint Strategic Needs Assessment (JSNA) – a process by which Local Authorities and Integrated Care Boards assess the current and future health, care and wellbeing needs of the local community to inform local decision making.

LGBTQ+ – an initialism that stands for "lesbian, gay, bisexual, trans, queer, and other identities".

Life expectancy – the average period that a person living in a particular area may expect to live.

Local Maternity and Neonatal System (LMNS) – a partnership of people involved in maternity and neonatal services, working together to improve services, make them safer, more personal and kinder to people who use them.

Multi Agency Risk Assessment Conference (MARAC) - a meeting that is held to discuss the most high-risk cases of domestic abuse and sexual violence, to share information and create a safety plan to safeguard a victim-survivor.

Misogynistic – strong prejudice or hatred against women or girls.

Modern slavery – Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women or men through the use of force, coercion, abuse of vulnerability, deception or other means for the purpose of exploitation.

National Health Service (NHS) – the Government funded medical and health care services that everyone living in the UK can use without being asked to pay the full cost of the service.

Offences – acts or behaviour that are prohibited by law.

Office for National Statistics (ONS) – the UK's largest independent producer of official statistics. It is responsible for collecting, analysing and disseminating statistics about the UK's economy, society and population.

Perinatal period – pregnancy and the first 12 months after childbirth.

Perpetrator – a person who carries out a harmful, illegal, or immoral act.

Physical abuse – deliberately hurting or injuring someone. This could include hitting, smacking, pushing, shaking, spitting, pinching, scalding, misusing medication, inappropriate restraint, inappropriate physical punishments, or other ways of causing physical harm.

Postnatal period – the period between 6 and 8 weeks that occurs immediately after childbirth.

Prevalence – measures existing cases of disease and is expressed as a proportion e.g. 1% of the population or as a rate per 1,000 or per 100,000.

Protected characteristics – having a protected characteristic means you have a right not to be treated less favourably, or subjected to an unfair disadvantage, by reason of that characteristic, for example, because of your age, race, religion, sex or sexual orientation.

Protective factors – characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact.

Psychological harm – regular and deliberate use of a range of words and non-physical actions used with the purpose to manipulate, hurt, weaken, or frighten a person mentally and emotionally; and/or distort, confuse or influence a person's thoughts and actions within their everyday lives, changing their sense of self and harming their wellbeing.

Rape – The legal definition of rape in England and Wales is when someone intentionally penetrates another person's vagina, anus or mouth with their penis.

Resilience – the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

Risk factors – any attribute, characteristic or exposure of an individual that increases the likelihood of developing negative outcomes.

SA (Sexual Abuse) – when someone intentionally touches another person in a sexual manner, without that person's consent.

Safe accommodation needs assessment – an annual Needs Assessment to determine the level of demand for accommodation and domestic abuse support needs within their local area.

Sexual exploitation - actual or attempted abuse of a position of vulnerability, power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.

Sexual harassment – unwanted behaviour of a sexual nature.

Sexual violence – a term used to describe sexual activity that happened without consent.

Socioeconomic status – the position of an individual or group on the socioeconomic scale, which is determined by a combination of social and economic factors such as income, amount and kind of education, type and prestige of occupation, place of residence, and ethnic origin or religious background.

Stalking and harassment – stalking is the act or crime of wilfully and repeatedly following or harassing another person in circumstances that would cause a reasonable person to fear injury or death especially because of express or implied threat. Stalking is like harassment, but it's more extreme. The stalker will have an obsession with the person they're targeting.

Suicidal ideation – often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide.

The Crime Survey for England and Wales (CSEW) – measures the amount of crime in England and Wales by asking people about crimes they have experienced in the last year.

VAWG (Violence Against Women and Girls) - any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women or girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

Victim-survivor – a victim is a person who has been harmed as a result of an action or crime, however the term can carry negative stigma and presumptions. The term survivor is sometimes used as an alternative for people who have experienced abuse, but places the emphasis on empowerment and recovery. Victim-survivor acknowledges that an individual has experienced abuse but also that resilience and empowerment may be possible.

Victim blaming language - victim blaming is any language or action that implies (whether intentionally or unintentionally) that a person is partially or wholly responsible for abuse that has happened to them.

Warwickshire Early Help Family team – Early Help is the support offer to potentially vulnerable children, young people and their families.

Wider determinants - a diverse range of social, economic and environmental factors which impact on people's health.

Warwickshire County Council, Public Health
Directorate of Social Care and Health, Warwickshire County Council, Shire Hall, Warwick, CV34 4RL

warwickshire.gov.uk/publichealth

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