



**The Director of Public Health Warwickshire
Annual Report 2023**

Breaking the silence:

Working together to prevent domestic abuse

Contents

Foreword	3
Introduction	4
Recommendations	5
Chapter 1: 1.1. Domestic abuse in the wider context of Violence Against Women and Girls (VAWG)	6
1.2. Mia's story	9
1.2.1. Victim-survivor - Mia	9
1.2.2. Perpetrator - AJ (Mia's ex partner)	11
1.2.3. Bystanders - Aimee and Sid (friends of Mia and AJ)	13
1.2.4. Health professional - Mia's GP	15
1.2.5. Education - Sami's teacher	17
1.2.6. Parent - Mia's mum	18
1.2.7. Police and Supporting agencies	20
1.3. Chapter summary	23
Chapter 2: 2.1. The picture of health and wellbeing in Warwickshire	26
2.2. Warwickshire Joint Strategic Needs Assessment (JSNA)	31
Chapter 3: Progress on 2022 recommendations	34
Chapter 4: Where to get help and advice	38
Glossary	40

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

Acknowledgements

Editorial team: Dr Shade Agboola, Uju Okereke, Jo Southan, Kelly Hayward, Katie Badger, Laura Waplington, Stacey Mann, Jonathon Toy, Hannah Ludkin, Helen Earp, Neesha Memetovic-Bye, Elinor Clarke, Sarah Bunnell, Aayeesha Ali, Frances de Paeztron, Donna Hodge, Rachel Shuter, DS Chloe Somers

With thanks to: WCC Public Health, WCC Business Intelligence, WCC People Strategy and Commissioning, WCC Children and Families, WCC Education, Refuge, Family Intervention Counselling Services, Warwickshire Police, Office of the Police and Crime Commissioner for Warwickshire

Design: Mike Jackson

Data sources:

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

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 Violence²

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 population³ would **equates 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.



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

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 lives⁵
- **Low socio-economic status and neighbourhood deprivation** are also factors for the perpetration of VAWG²
- **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 control⁶
- **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 people⁷
- **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 perpetrators⁸

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 future²

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 income²

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 debt²

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 year¹⁰

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.

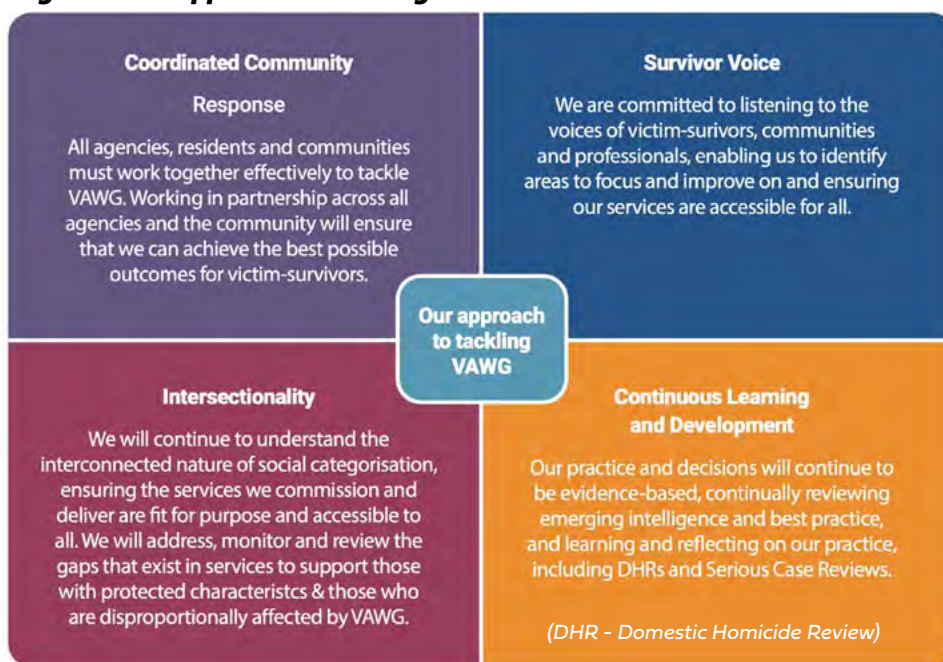
Within the wider strategic context, there are local documents, policies, and strategies that contribute to Warwickshire’s response to VAWG; this can be found in appendix 1 of the **Safer Warwickshire Violence Against Women and Girls Strategy 2023–26**.

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.

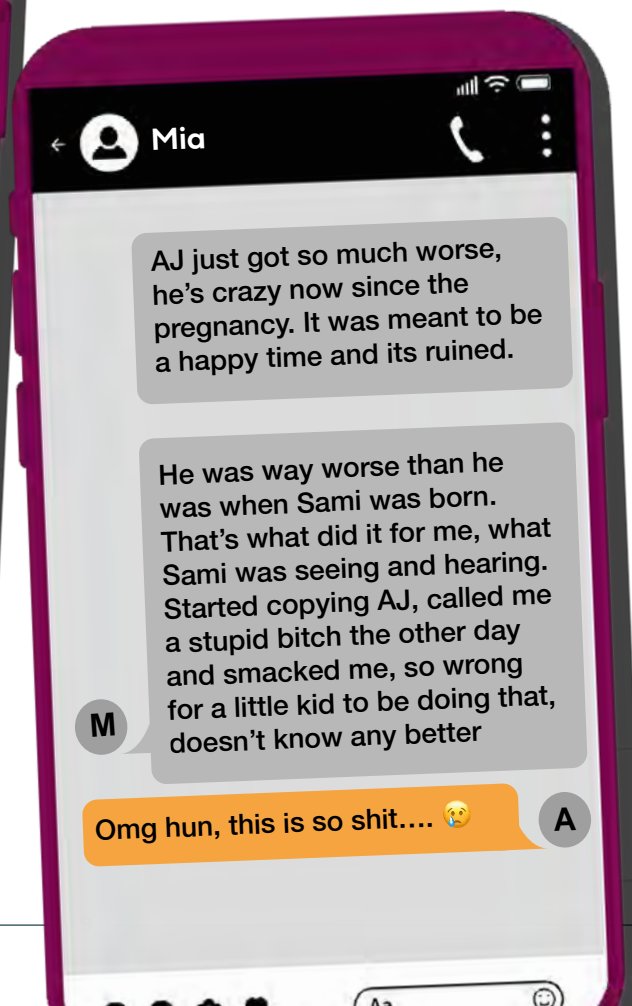
It is important to note that all of the reflections written in first person are fictitious, however expert advice was sought in the authoring and editing of these accounts to ensure integrity.

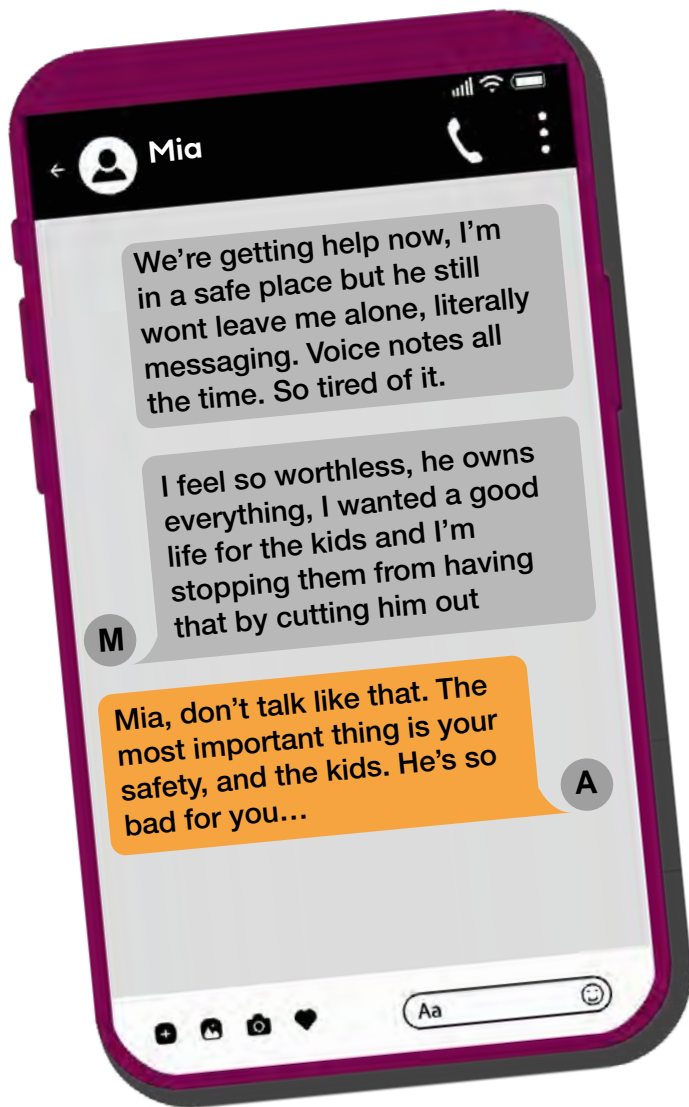
1.2.1. Victim-survivor - Mia



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





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.

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

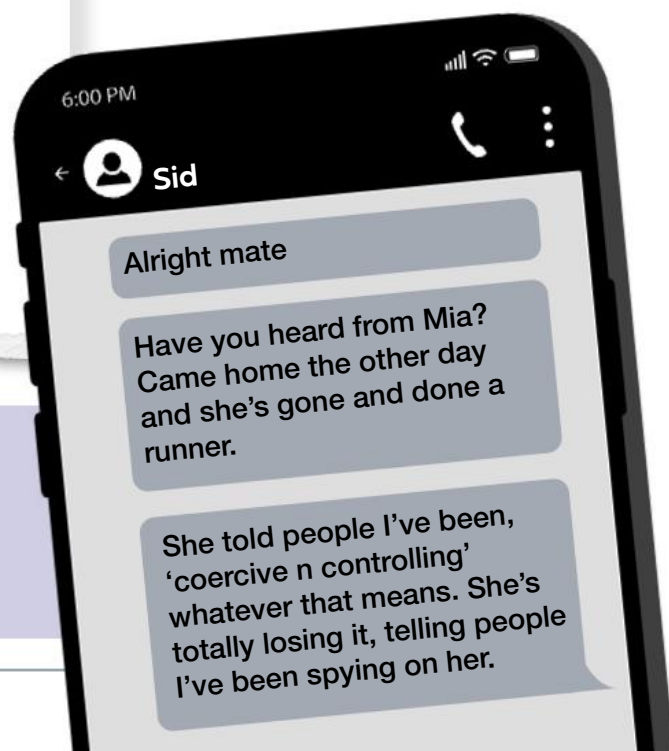
Witnessing domestic abuse as a child is also a risk factor for being a perpetrator of domestic abuse as an adult.²²

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 neighbourhood²³

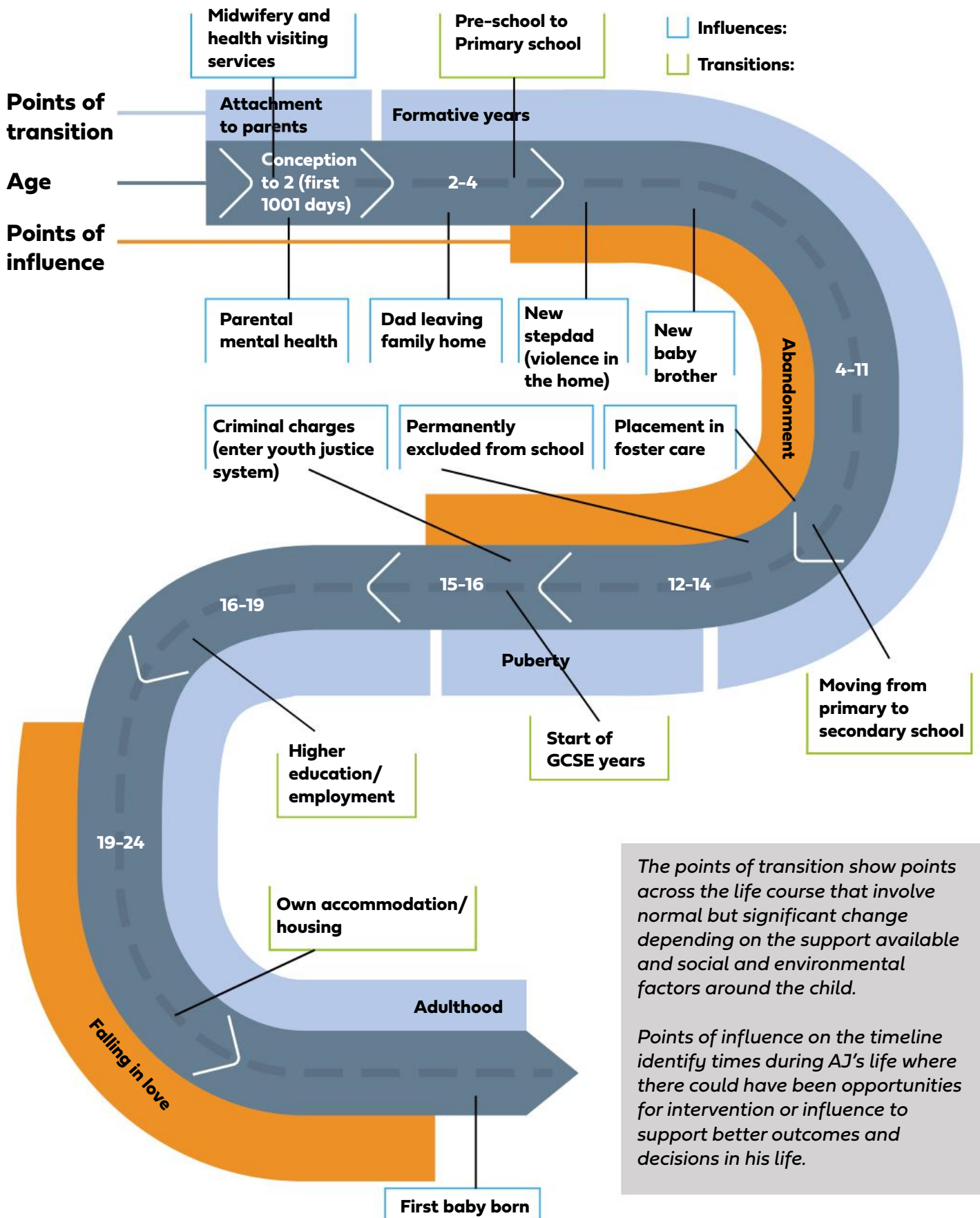
Police made almost **245,000** referrals to social services for domestic abuse in 2020/21 in England and Wales.²⁴

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



AJ's timeline

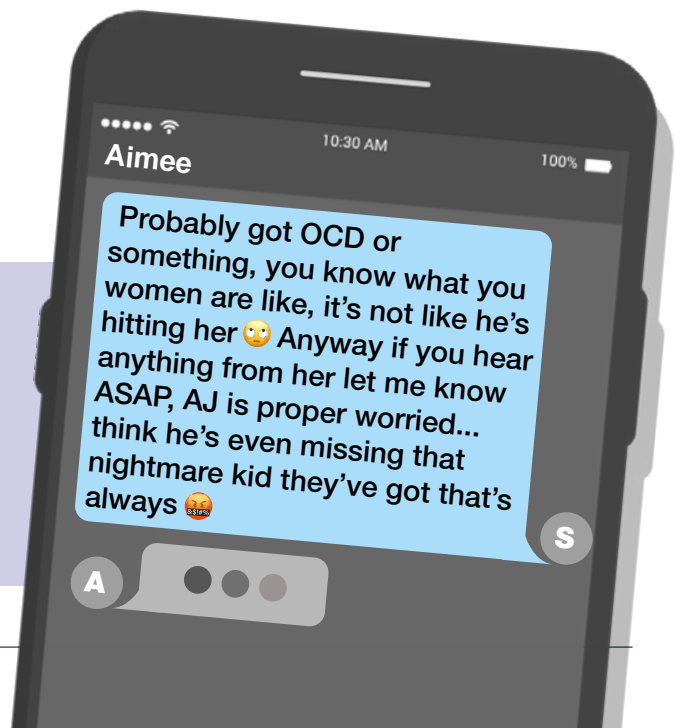
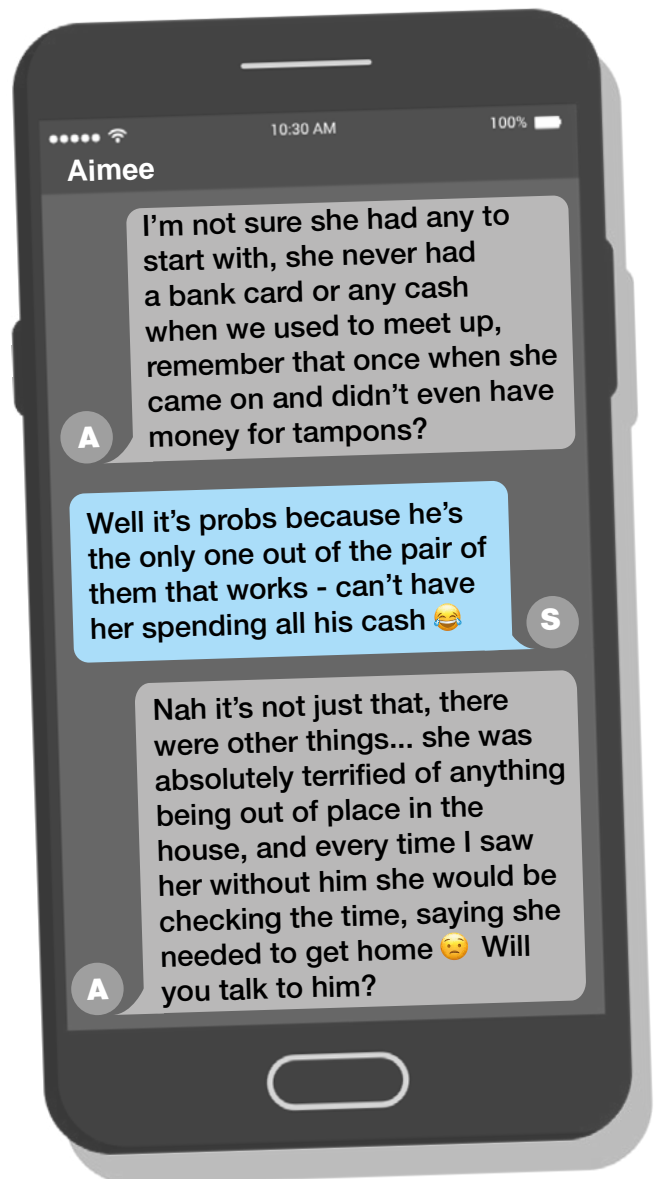
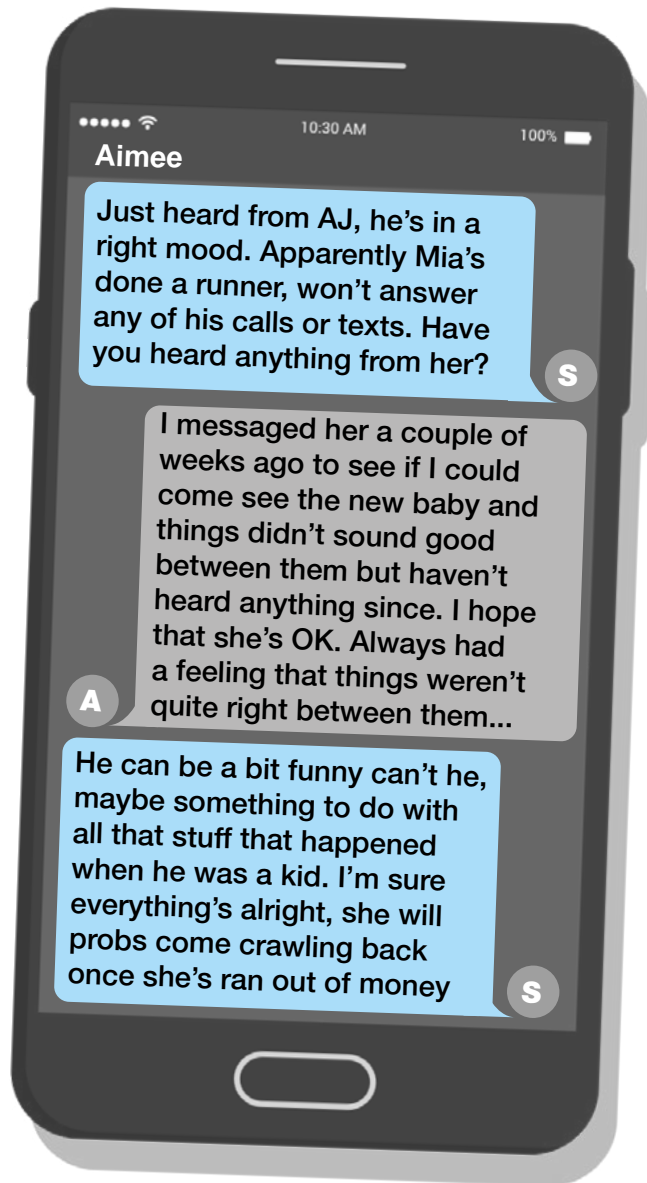
Figure 2: Points of transition and points of influences.



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 abused²⁵

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' campaign²⁷ 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 promise²⁸, 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

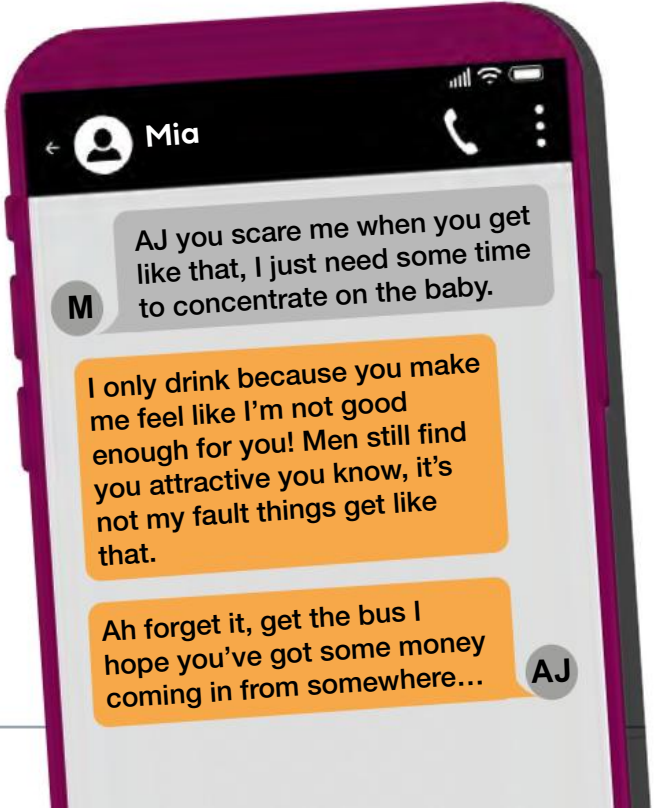
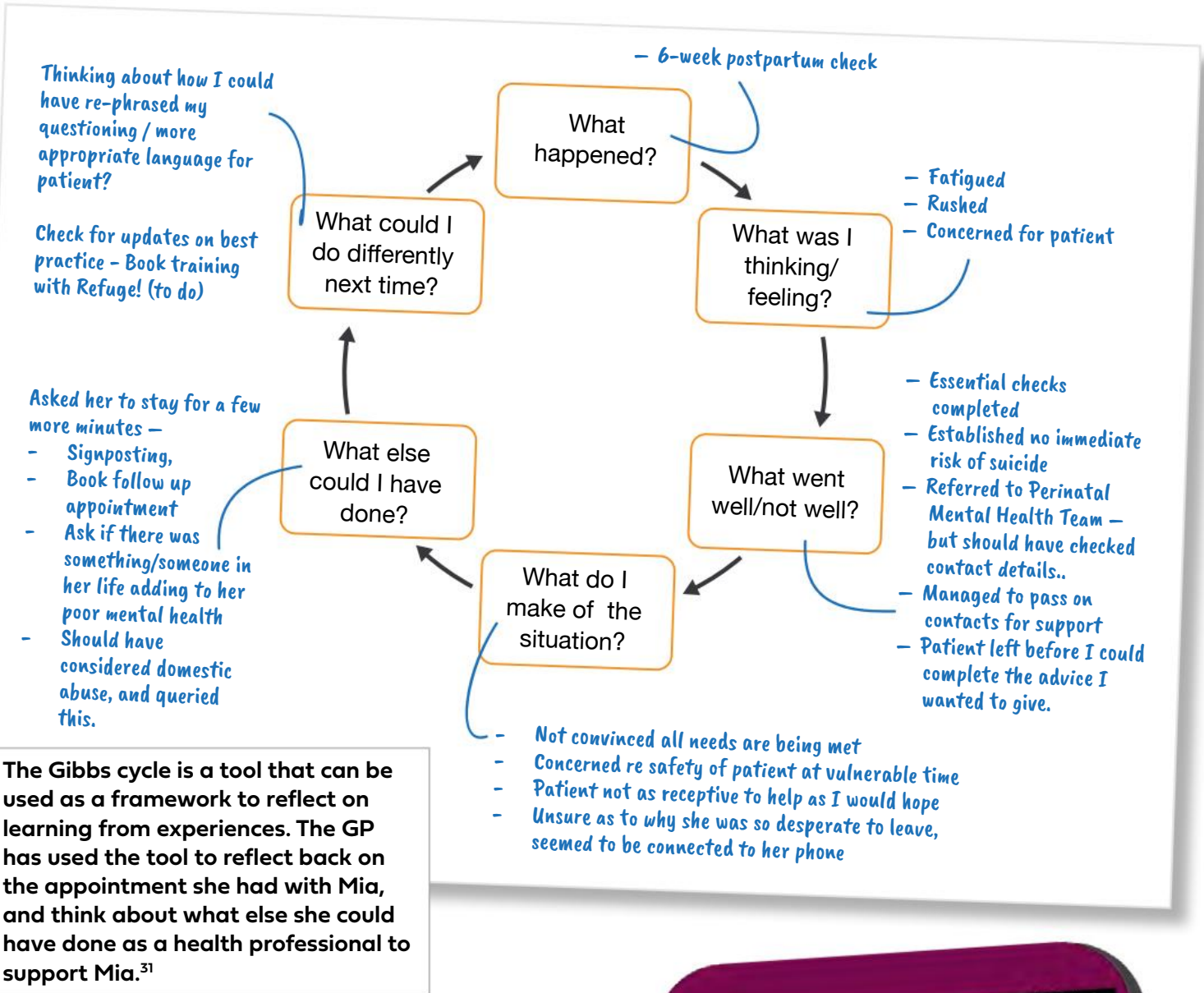


Fig. 3 Vicious cycle of abuse and poor mental health³⁰

Survivors of domestic abuse are found to be at greater risk of having a diagnosed mental health condition: a three-fold risk of depressive disorders, four-fold risk of anxiety, and seven-fold risk of post-traumatic stress disorder (PTSD)

Research has shown there is a strong association between having mental health problems and being a victim of domestic abuse

Figure 4: GP reflection



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 Lives³³ 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 Assessment³⁴ 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.

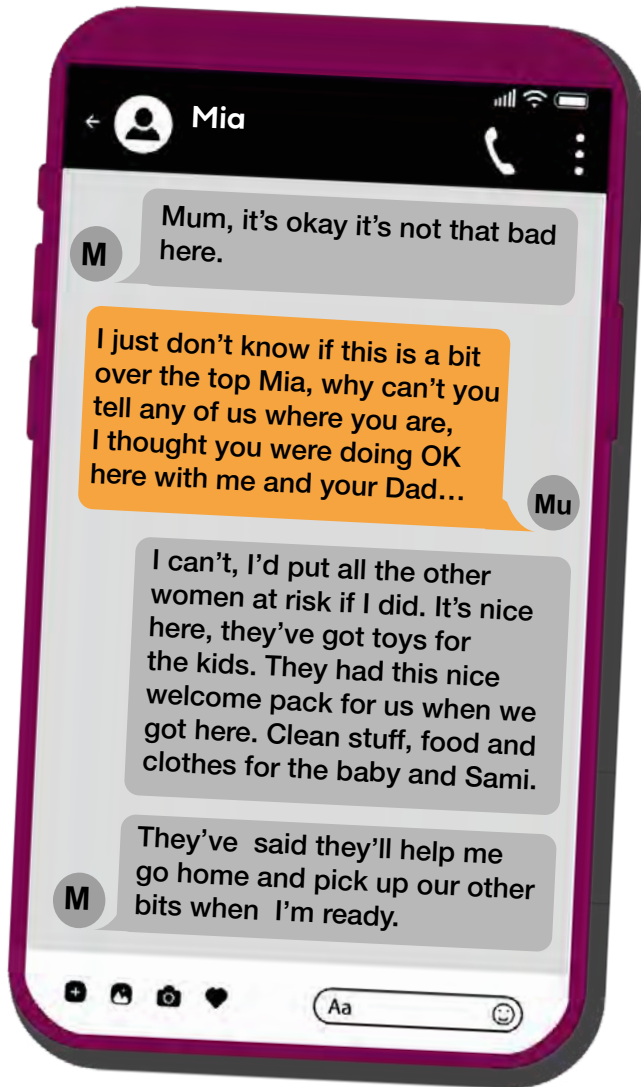
Mia's dad didn't want me to work either, so he was in control of finances, even if I had wanted to leave, I don't think I would have been able to. A single woman with a young child by herself? I would have been looked down on by my family.

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 Abuse³⁶

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 excerpt 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 disclosed³⁸

<p>Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.</p> <p>Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.</p> <p>It is assumed that your main source of information is the victim. If this is <u>not the case</u>, please indicate in the right hand column</p>	YES	NO	DON'T KNOW	<p>State source of info if not the victim</p> <p>(eg police officer)</p>
<p>1. Has the current incident resulted in injury?</p> <p>Please state what and whether this is the first injury.</p> <p><i>No - current incident has not resulted in injury, however there have been several instances where incidents have caused injury.</i></p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Refuge Support Worker
<p>2. Are you very frightened?</p> <p>Comment: <i>Mia has expressed she is very frightened for herself and her children</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
<p>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.</p> <p>Comment: <i>Mia is afraid of the violence and abuse escalating, and is afraid of perpetrator becoming violent with her two children (5yr old and newborn)</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"

<p>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?</p> <p>Comment: Yes, perp has been restricting phone access, not allowing Mia out of the house</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
5. Are you feeling depressed or having suicidal thoughts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
7. Is there conflict over child contact?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
<p>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.</p> <p>Yes – deliberate intimidation, tracking app installed on phone, constant messaging of threats via several forms of social media</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
9. Are you pregnant or have you recently had a baby (within the last 18 months)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
10. Is the abuse happening more often?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
11. Is the abuse getting worse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
<p>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</p> <p>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</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	“
<p>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</p> <p>If yes, tick who:</p> <p>You <input checked="" type="checkbox"/></p> <p>Children <input checked="" type="checkbox"/></p> <p>Other (please specify) <input type="checkbox"/></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	“

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 2021³⁹ 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

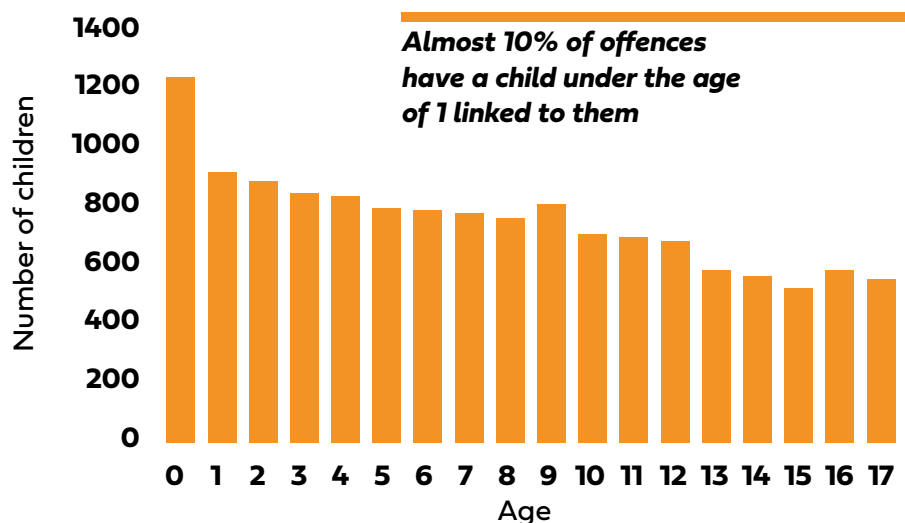


Figure 5 highlights that it is the youngest babies and children in our population who are subject to their first experience of domestic abuse. The first 1001 days (conception to 2 years old) are a critical development period for all children, and adverse experiences during this time can have the most 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 strategy¹⁵

- 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.**

*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 them⁴⁰*

*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 incidents⁴⁰*

The Safer Warwickshire Serious Violence Prevention Strategy (2024-2030) outlines a long-term partnership approach to address the causes of violence within Warwickshire¹⁴. 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.

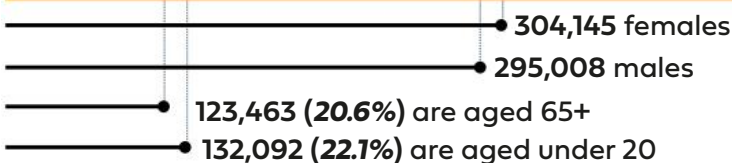
In writing this report I hope that we draw attention to the important work to tackle domestic abuse and VAWG underway in Warwickshire, and support the priorities of our newly published VAWG strategy.

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.

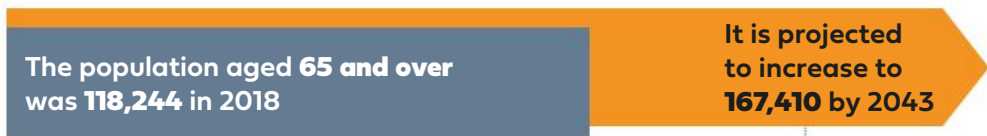
Chapter 2:

The picture of health and wellbeing in Warwickshire

Warwickshire has an estimated population of 599,153



Source:
Office for National Statistics (ONS), Estimates of the population for the UK, England, Wales, Scotland and Northern Ireland. Mid-year 2021 estimates³



Source:
Office for National Statistics (ONS), statistical bulletin, Household projections for England: 2018-based⁴¹

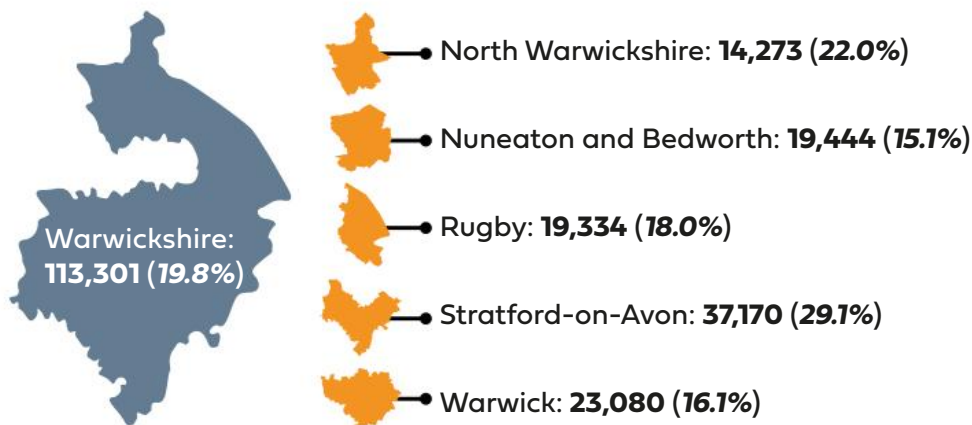
This is a percentage increase from 20.7% to 24.5% of the population

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%.

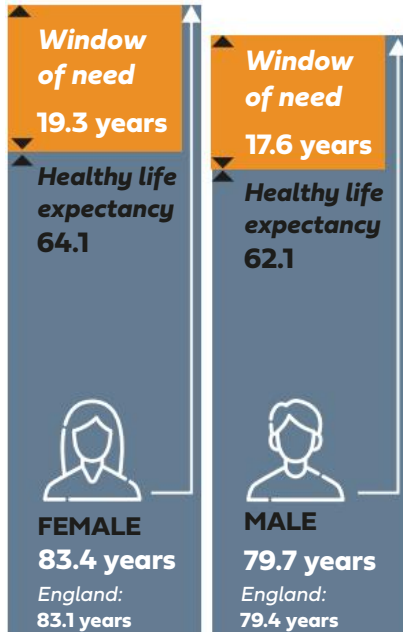
Population increase to 2043 (% increase in brackets)

Source:
Office for National Statistics (ONS), statistical bulletin, Household projections for England: 2018-based⁴¹



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



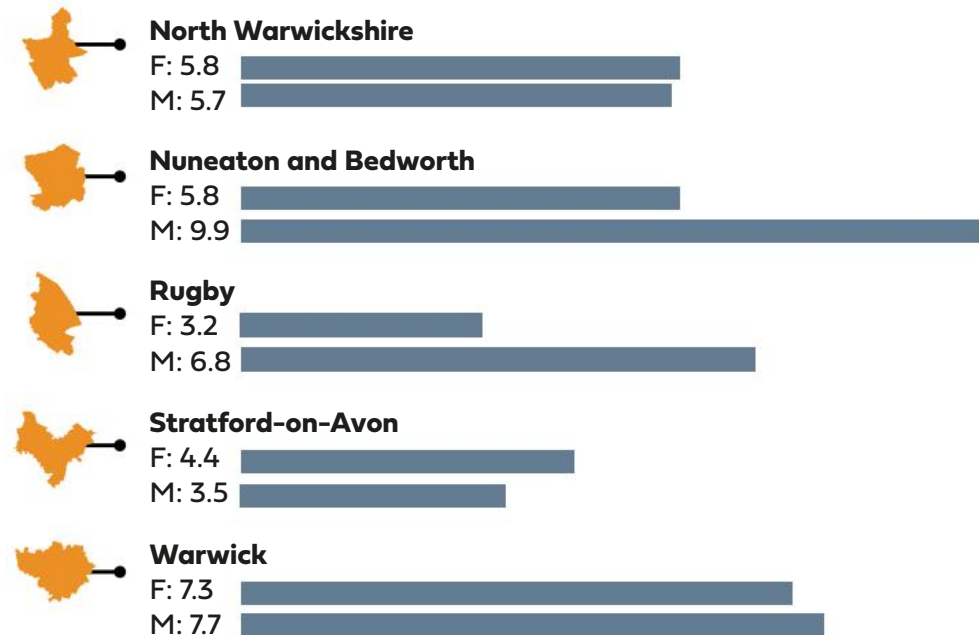
This goes up to 8.3 years for males.

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, UK⁴⁵



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 2020⁴²



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 data⁴⁶

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

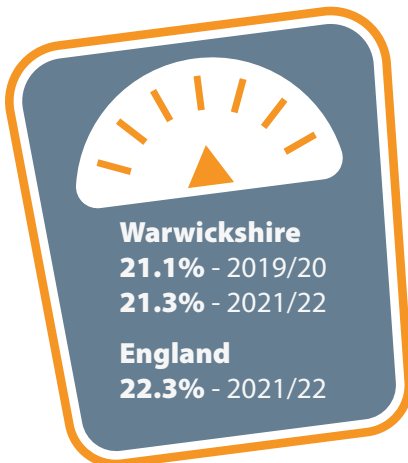
0.76% Warwickshire 2020/21

0.76% Warwickshire 2021/22

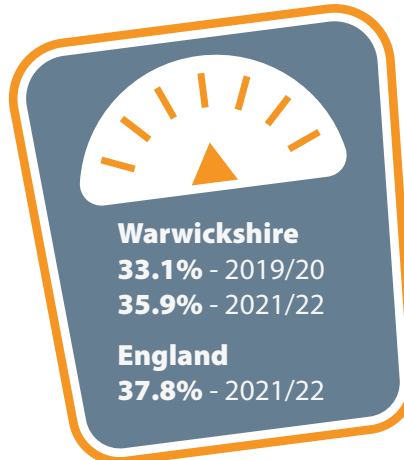
0.95% England 2021/22



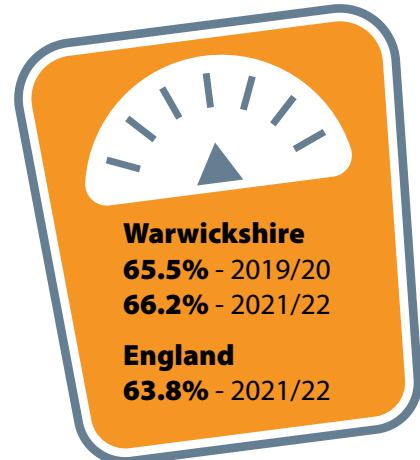
Proportion of Reception pupils who were overweight (including obese)




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



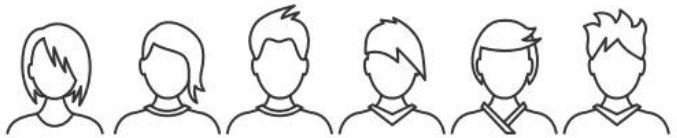
Proportion of Warwickshire children under 16 living in relative low-income families was 14.2% compared to the England average of 19.9% 2021/22



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.

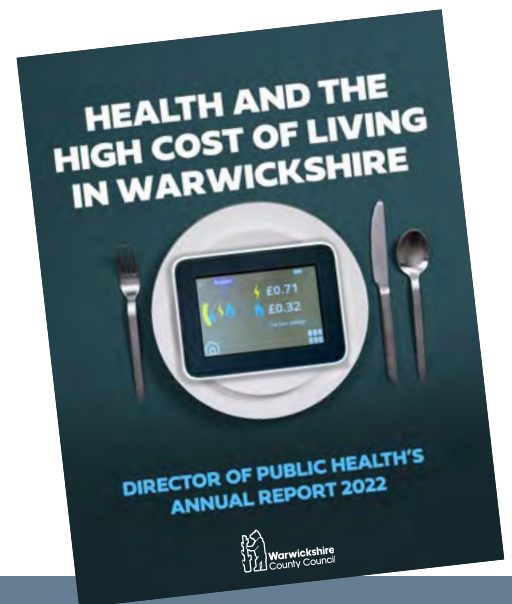
Key:
■ Better
■ Similar
■ Worse

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

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

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.

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

Workforce development: through wellbeing support programmes that support staff during the rising cost of living and training and development opportunities

Progress

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

Making Every Contact Count (MECC): utilising every point of contact as an opportunity to support people through the cost of living challenges

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

Progress

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.

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](https://www.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](https://www.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](https://www.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: [dacs-service.org.uk](https://www.dacs-service.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](https://www.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 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 Phonline

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

T: 0808 802 4040

W: respectphonline.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 \(clares-law.com\)](http://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 violence – 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

ISBN number
978-1-9161532-5-7

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