



MHCLG Consultation on the Future Delivery of Support to Victims and their Children in Accommodation-Based Domestic Abuse Services

Q1 Do you agree with our definition of accommodation-based services for victims and children?

Disagree

SafeLives' welcomes the proposals for a statutory duty to provide accommodation services – we have long called for victims and their families to have the broadest range of housing options – but believe the current definition is far too narrow and can only work as part of a wider statutory duty to commission specialist domestic abuse support in the community for all family members – adult victims, child victims and perpetrators. We and the people we have consulted for this response do not believe the duty should go ahead if it remains in its current form.

The need for a whole family approach

MHCLG has the responsibility for ensuring local government understands how to deliver a whole family approach to domestic abuse provision so that all the functions of local government operate smoothly together for victims/survivors; as well as fulfilling a housing function. The current scope of the duty proposed fails to encompass a whole family approach and will have perverse consequences in encouraging cash strapped local authorities to only focus on accommodation-based serviceability, missing out the vast majority of victims and survivors. Data shows that last year refuges in England supported just over 12,000 victims of domestic abuse¹ while we estimate that Idva services supported approximately 60,000 victims and 75,000 children². The consultation recognises that survivors may need more than just a roof over their heads and calls such additional measures 'support' but suggests that these services are either only for people using refuge or only encompass refuge-based outreach services.

It is unclear whether Local Partnership boards are meant to commission services which are not associated with refuge. It lists these 'support' services (page 15), but there is no mention of Independent Domestic Violence Advocates (Idva) services or Young People's Violence Advocates (Ypvas). We face the prospect that services not linked to accommodation-based support, which may be up to 61% of frontline services according to SafeLives' 2019 Practitioner Survey³, could lose crucial funding and the survivors who rely on them will go without a vital lifeline. Frontline services provide a wide range of accommodation and non-accommodation based services – there is a real fear that with such a narrow statutory duty, only accommodation-based provision will be seen as deserving or appear to be supported as a best practice aspiration by the Government. We do not believe the Government

¹ <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2019/03/The-Annual-Audit-2019.pdf>

² <http://www.safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

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<http://safelives.org.uk/sites/default/files/resources/SafeLives%E2%80%99202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20%26%20Wales.pdf>

intends to create the impression or reality that it is a victim whose life has to fundamentally change in order to access help, but that is very clearly the risk. As one CEO of a domestic abuse charity told SafeLives *“this should be a whole sector response - we should not be pitched against each other”*. We fear that Idva services in particular could be decimated. Given their clear impact on people’s safety and wellbeing, quoted in later parts of our response, this would run contrary to what we believe the Government is seeking to achieve.

We know that the Government is committed to ensuring there are early intervention approaches to domestic abuse through the Domestic Abuse Bill and its surrounding non-legislative commitments, however, this duty sends a signal that funding should focus only on crisis support. As one local domestic abuse provider told us *“services are currently too reactive, without enough funding for early intervention services. Most housing services wait until a victim has reached crisis point before they get involved.”*

Exclusion of Idva and other community-based services

“My IDVA offered me face-to-face support and support on the phone. I could choose how and when to be supported. It made it really safe when it got to me moving and prior to me moving. She’s the person I could tell ‘I still love him’ and there was no judgement there. What I could tell my Idva, I still haven’t told my family. The Idva was my pillar.” **Survivor interviewed by SafeLives for this consultation**

Established in England and Wales in 2005, Independent Domestic Violence Advisors (Idvas) are trained specialists who act as a single point of contact to help victims who are at the most risk of serious harm or death to become safe, ensuring their voice is heard by statutory agencies. An Idva carries out a risk-assessment to identify a victim’s level of risk of abuse (high, medium or standard) and supports them with immediate safety plans, such as helping to increase security at their home through target hardening, sanctuary schemes, protection orders or accompanying them to court hearings, and implementing longer-term interventions to ensure their safety, such as accessing counselling, drug or alcohol misuse or mental health services. An Idva amplifies the victim’s voice and acts as their advocate at multi-agency risk assessment conferences (Maracs) which are meetings where statutory and voluntary agency representatives share relevant and proportionate information about cases in which one or more victims is at high risk of serious harm or murder. They then produce a co-ordinated action plan to increase victim safety. Crucially, an Idva is independent of statutory agencies and can help to navigate the many processes a victim may have to go through before they are free from harm. The Idva’s job is to champion the victim’s needs, holding agencies to account.

We know that as an intervention, Idvas are effective. Outcomes assessed at the closure of victims’ cases revealed significant reductions in abuse and positive changes in safety and quality of life following support and interventions from an Idva service. For example, 57% of victims reported cessation of abuse, 84% of victims reported feeling safer and 81% of victims felt their quality of life had improved.⁴ These outcomes are further improved if there is an effective intervention with the perpetrator (see later sections), which is why we advocate strongly for an approach which tackles the perpetrator as well as supporting adult and child victims.

“Idvas are like lifelines – they enable you to survive when you’re feeling very alone” – Survivor

The current definition of accommodation-based services for victims and children is flawed because it fails to recognise the crucial support provided by community-based specialist domestic abuse services, such as Idvas, who help support victims and children to stay safe *within* their own home, as well as ensure they have housing options including accessing refuge. Many victims and survivors want to stay in their own homes, don’t yet feel safe to leave, or have needs which won’t be met through the current definition of accommodation-based support. Most victims do not want to flee, and where possible, should be supported to stay safe in their own home. 64% of households in England own their own homes while 18% live in the private rented sector⁵. One survivor told us, *“The offer has to be there for a*

⁴ <http://www.safelives.org.uk/sites/default/files/resources/SafeLives%20Idva%20survey%20report%202016.pdf>

⁵ <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7706#fullreport>

victim to use refuge. But it should be choice alongside other choices - - especially being able to be kept safe in your own home, where you've probably got a good set of neighbours who can look out for you. You know the layout of the house, you have a good network around you. Your nan might live on the corner. Neighbours can alert police." **Survivor interviewed by SafeLives for this consultation**

Despite the life-saving support Idvas provide, our latest survey of domestic abuse practitioners shows we still need 300 more Idvas to meet the minimum service for those victims at the highest risk of murder or serious harm⁶. These services are often precarious and many are only given yearly contracts: "we need longer term contracts to help us to continue to do this and to also develop services so they are sustainable in the future." **Domestic abuse practitioner (comment in 2019 practitioner survey)** Idvas are funded through a number of sources, predominantly by local authorities but increasingly by other agencies, including Police and Crime Commissioners, Clinical Commissioning Groups (for health-based Idva services) and charitable sources. A statutory duty which only focuses on accommodation-based services is likely to lead to local authorities assuming the responsibility for funding Idvas and other community-based services will have to fall to others to fund, leading to a situation where provision is siloed and commissioners do not know what the other is supporting.

"The Idva services in my area need far greater resourcing. When it works well, there's no substitute for that one-to-one tailored support. But no-one can refer into the service, even if someone is at serious risk. They've got two Idvas – I think they're meant to have seven. When they're full they just close the list. So we have to ask them to go through the Iris route – go to their GP and then be referred through them. Or they go through MARAC. The police can't refer directly for an Idva either." **Survivor interviewed by SafeLives for this consultation**

Some services report to us that the funding situation for their community based services is already so acute that they are cross-subsiding with income for their refuge service, because that's the only service that's currently sufficiently recognised and subject to more consistent income. This cannot be right – refuges themselves are not well funded, so for services to be trying to piece funding together from one service for another to try and make all ends meet means neither service is on a secure footing and able to provide the best response for the people it helps. The Government has the ability to stop these contortions frontline professionals are having to do, putting the full spectrum of specialist services on a sound footing.

Requirement for specialist services

"Me leaving made things worse. They dealt with me as if I was any other person declaring themselves in need of housing. The risks were very different. I was at risk of further abuse by staying or even by leaving. But I was just another person on the list. My safety wasn't managed. My accommodation needs were managed but no-one looked at the risk of psychological damage to me. In effect, she's a housing officer, she didn't have the adequate training, resource to deal with my problem." **Survivor interviewed by SafeLives for this consultation**

We are also concerned that the current definition carries significant risks that generic 'accommodation-based' services with limited or solely housing-focused support, rather than specialist domestic abuse support, will be commissioned for survivors and their children instead. Specialist services are crucially important because they tailor their support for the specific needs of women and children affected by domestic abuse. Services which hold SafeLives' Leading Light's accreditation, for example, will have proven their effectiveness in multi-agency working, providing clear and accessible pathways, a commitment to continuous improvement and provide training and support for staff⁸. Workers in specialist services are also more likely to receive regular, up to date training on violence against women

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<http://safelives.org.uk/sites/default/files/resources/SafeLives%E2%80%99%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20%26%20Wales.pdf>

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<http://safelives.org.uk/sites/default/files/resources/SafeLives%E2%80%99%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20%26%20Wales.pdf>

⁸ <http://safelives.org.uk/sites/default/files/resources/Leading%20Lights%20Standards.pdf>

and girls including but not exclusively on routes out of prostitution, working with victims with complex needs, FGM, modern slavery, sex trafficking and so forth.

We heard from a number of frontline CEO's that local authorities are commissioning refuge like homeless hostels, viewing it as an accommodation project rather than ensuring there is access to specialist support. We believe that MHCLG should develop a clear definition of 'specialist' to ensure that the services funded through this model truly have the specialism and expertise to deliver the trauma-informed support survivors and their children need. They also have an understanding of the identifying characteristics such as ethnicity and sexuality that need to be taken into account in how and what response is provided, as well as the structural issues which lie behind domestic abuse such as gender inequality and other abuses of power. We recommend that the wording recently adopted by the Welsh Government in statutory commissioning guidance underpinning the VAWDASV Act is used as a basis for this.⁹

A need for a 'Whole Housing Approach'

The definition is also confusing because it includes domestic abuse support provided in an accommodation setting (refuge) as well as safety changes made to dwellings which may not be as a result of victims moving from current accommodation (sanctuary). We believe that if sanctuary is to be included in this definition, logically any support provided to victims which makes them safe in their accommodation (e.g. Idva, outreach, children's workers) should fall within this definition given that the aim of the Government is to safeguard those victims and help them to recover.

As currently envisaged, schemes such as the innovative "Housing First" model¹⁰, the Shared Lives model¹¹ of carers hosting survivors within their own accommodation or the support provided by Local Authorities and Housing Associations to their tenants, would all be excluded by this definition, even though they are accommodation based. Places of Safety is a project run by domestic abuse provider Splitz, which provides homes within the community for victims and children affected by abuse, supported by a housing Idva¹² - this accommodation is often part of a transition to living independently once their needs have been met. We presume that this form of provision would be captured under the definition of accommodation-based support, but since Idvas are not listed as support workers, it is unclear whether only the housing element of this scheme would be covered. Again, we don't believe the Government's intention is to stifle effective and efficient innovations of this kind, but that is likely to be the outcome if the duty goes ahead as drafted.

"Refuge residents are among the most disenfranchised people on the planet. It's hard to connect with other survivors. That's why I think the Shared Lives idea of being housed safely in the community is a really good one. The person they're living with will help accompany them to meetings for example with CAB, or the job centre." **Survivor interviewed by SafeLives for this consultation**

We support the Domestic Abuse Housing Alliance model of a 'Whole Housing Approach' as is demonstrated by this diagram. What DAHA consistently evidence in their research is the need for refuge as part of a spectrum of well considered responses, both accommodation and other. They and Women's Aid are having significant success with their Make A Stand campaign with housing bodies; this keeps broadening available options, rather than narrowing them.

⁹ Welsh Government, Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV): Statutory Guidance for the Commissioning of VAWDASV Services in Wales, March 2019

¹⁰ <http://safelives.org.uk/sites/default/files/resources/Podcast%20episode%201%20transcript.pdf>

¹¹ <https://sharedlivesplus.org.uk/domestic-abuse/>

¹² http://safelives.org.uk/practice_blog/unique-and-vital-role-housing-idva



As it shows, there are a number of ways in which survivors can be helped with ‘accommodation’ but it may not necessarily be based physically alongside them. In particular the crucial role that trained domestic abuse professionals located in local authority or housing association teams can play in supporting victims and their children to get safe, is overlooked in the consultation’s definition.

“I see refuge like A+E - an essential central government service. It’s a valuable service for people who don’t live locally – because they need to be out of area. It’s really important for some people. They just can’t be safe where they are. Sometimes you have to parachute the family to an unknown destination. But even then, if that doesn’t have a pathway of recovery around it, then people are vulnerable. We know that perpetrators prey on people who are using refuges. If there’s no effective re-settlement worker, you’re leaving people very vulnerable because they don’t have support networks.” **Survivor interviewed by SafeLives for this consultation**

Survivors need support often over a long period of time - they may leave refuge for a more permanent solution but still require specialist domestic abuse help with criminal, civil or family court cases, or may be accessing recovery support. The definition therefore of accommodation-based support in this consultation would be better described as only really encompassing ‘crisis’ accommodation support. It does not truly reflect the support that ought to be available to a survivor, her children and the perpetrator no matter in what housing tenure they are experiencing abuse or what form of housing they are in when they access support. Children’s support services are very often based in the community – in children’s centres for example. Many victims desperately want support for their children and it can often be a barrier to them leaving the perpetrator if they think they might be putting their children at more risk by doing so.

“I would have liked something for children. Like counselling or family therapy, especially for my eldest. He wasn’t really spoken to because he wasn’t my abuser’s child so people ignored him. He really struggled. He’s very angry about what happened, he will always struggle with anxiety and OCD because he lost control for a number of years and wasn’t able to help me.” **Survivor interviewed by SafeLives for this consultation**

We know that survivors often experience long stays in refuge as a result of a lack of move-on accommodation or survivors having other needs which local authorities cannot meet in the community.

Survivors with insecure immigration status in particular may face long refuge stays or those who may need adapted accommodation to meet disability needs (7% of refuge clients have a physical disability according to SafeLives' Insights dataset)¹³. Clearly the lack of social housing and affordable secure homes is a real barrier to ensuring survivors can access housing where they can make a recovery.

BAME women are less likely than white women to access a community based service and are represented at much higher rates in refuge. This multiplies disadvantage in terms of retaining a tenancy, mortgage, job and/or family connections, and the Government would usefully address the better provision for BAME women in the community which relieves the need for them to take more disruptive options.

Q2 - Are there any other services, other than those listed, that you would define as an accommodation-based service?

Yes

If the statutory duty for support is to retain the current link with accommodation-based services we would recommend that the definition of an accommodation-based service is extended to all services which are provided to victims, child victims and perpetrators which have as their aim to keep victims safe in accommodation, no matter what the tenure or purpose. If an Idva, for example, is supporting a victim to stay safe in their own home by providing support for protection orders, we believe that service is just as much about preventing a victim from being made homeless as a result of their abuse as moving to a refuge would be. Our Insights data¹⁴ shows that 51% of Idva clients are given housing support. 23% are supported with sanctuary schemes, 17% are helped to be re-housed within the area, 14% are helped to find housing out of area, 6% are supported to move to refuge, and 4% are supported to get the perpetrator evicted.

We also support DAHA's call for all housing options teams to have a specialist domestic abuse professional located within them. While not based directly in accommodation, they play an essential role in securing safe accommodation for victims and their children, as well as supporting actions by housing providers to remove the perpetrator.

Q3 - Do you agree with our definition of support?

Disagree

We agree that the list of staff should be limited to specialist domestic abuse professionals. But once again the list of support workers is confused. Outreach, for example, is a predominantly community-based service. If Outreach is to be included, Idva services certainly should be as some refuges do support Idva services within their model. Floating support should also be included.

Survivors may also need extensive support with their family court journey – sometimes by family Court Idvas or Family Liaison Officers (the job titles vary). While these roles are often located in the community, they are often accessed by survivors initially in accommodation-based settings.

If a perpetrator is going through an accredited programme, victims will be allocated a Women's Safety Worker who will ensure her safety through the process – the same is also true for the primary victim when someone using abuse is admitted to the Drive programme. This group of support workers should be included as well.

Many survivors cannot be accommodated in current options. For example, most refuges cannot accommodate survivors who have teenage boys in their care, or survivors with severe mental health, drug and alcohol misuse. Those survivors who need adapted accommodation for disability needs are

¹³ <http://safelives.org.uk/sites/default/files/resources/Insights%20national%20dataset%20-%20Refuge%202014-17%20-%20Final.pdf>

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<http://www.safelives.org.uk/sites/default/files/resources/Insights%20Idva%20national%20dataset%2012%20months%20to%20April%202018.pdf>

unlikely to find any in their area – there is only one refuge designed specifically for disabled survivors. As a frontline CEO told us, the consultation proposals “*did not explain how survivors with complex needs will be supported- currently refuges do not take women experiencing complex needs, ie mental health difficulties/suicidal ideation. What is offered by refuge does not provide for the average survivor*”.

It is very important that commissioners commission services for the whole family so that the support needs of everyone, including the perpetrator, are accounted for. This consultation does not mention perpetrators at all, yet we know that the vast majority of survivors want there to be provision for perpetrators’ behaviour to be challenged. SafeLives’ Every Story Matters survey of survivors for the Domestic Abuse Bill consultation found that 82% of respondents said that they supported the introduction of more perpetrator programmes, nearly 80% wanted tougher sentences, 74% wanted mental health support for perpetrators, and 73% wanted public awareness campaigns specifically targeted at perpetrators. By missing out specialist workers and programmes for perpetrators, the new duty will fail to place the emphasis on the person causing the harm – the perpetrator – instead placing the onus on the victim to leave her home, disrupt her children’s lives and potentially isolate herself from her community, networks and work. Unintentionally, the Government would send a very strong message that it is the victim and her children whose lives have to be constantly disrupted and impacted, rather than the perpetrator.

We agree with the Drive Partnership that in some cases, it is the perpetrator who needs to be provided with a specialist case worker who can find them separate accommodation to ensure the victim and family can remain in their home and that this should be reflected in any new statutory duty. Instead of asking “why doesn’t she leave” we need to ask “why doesn’t he stop?” and then take the necessary measures to embed this principle as a practical reality.

“Someone to deal with perp, he was the one with mental health issues. Had he been picked up sooner, he might have been sectioned and the story could have been very different. He went to the doctors once because his anxiety levels were getting worse, he needed some kind of counselling because he had a history of DA in his family and his brother had committed suicide. The doctors told me to phone Mind, who said there was a 13 month waiting list. There was no whole family approach.” **Survivor interviewed by SafeLives for this consultation**

Q4. Do you define an accommodation-based service not listed here as support?

Yes

We agree with Women’s Aid that there should be specific recognition by MHCLG of the need for accommodation-based and community services which are provided ‘by and for’ groups of survivors with protected characteristics such as BME victims, disabled and deaf victims, LGBT+ victims and male victims. We also support the provision of services specifically for victims with complex needs and drug and alcohol misuse, victims over 45 and victims under 25, as well as for those victims of so-called ‘honour-based violence’ and forced marriage. We note that there are only two refuges in England for women with substance misuse needs, no specialist refuges and only four community-based services for LGBT+ victims, and only two for victims with learning disabilities. We support the work led by Imkaan, Galop, HOPE and Stay Safe East to ensure there is full regional access to this specialist ‘by and for’ community, as well as accommodation-based provision.

Q5 - Do you agree with our approach of introducing a statutory duty underpinned by statutory guidance?

Disagree/Partly agree

“To focus all the statutory duty on to that one area is short-sighted, because you’re essentially saying we’re only going to be there when you get to the point when a huge amount of damage is done. I left everything, my possessions, my job, my networks, and I know how hard that is. We need to be doing things earlier before refuge is needed.” **Survivor interviewed by SafeLives for this consultation**

We agree with the approach of introducing a statutory duty underpinned by statutory guidance, but only if it encompasses all specialist domestic abuse services covering all adult victims, any child victims and perpetrators including those in the community. Otherwise, it presents a significant risk to those

community-based services which can be deprioritised in order to fulfil a much narrower statutory duty based only on refuge services - which are vital but only support 17% of victims. One CEO of a frontline domestic abuse service said *“survivors will be forced into a refuge or not get services. This is not just a shame – it’s dangerous.”*

We believe there is a danger in introducing a statutory duty only for accommodation-based services that vulnerable victims will be forced into unsuitable support. For example, one frontline service CEO we spoke to told us that their refuge often received inappropriate referrals, often from local authority children’s or housing services. Such referrals waste money because most victims leave the next day if they feel forced to go to a refuge when they don’t want to. Our Insights data indicates, for example, that 20% of clients only stay one week in refuge while 23% stay one week to a month. In particular one CEO told us *“children’s services will threaten victims that their kids will be removed if they don’t go into refuge, but if victims are not in the right frame of mind, dumping them across the other side of the country is not the solution. That’s why the Idva role is so vital.”* If local public sector professionals such as children’s social care workers or housing options team are told that they have a statutory duty to ensure victim’s access to domestic abuse support is through a refuge, that is the likely route they will offer to victims, ignoring the possibility that they might need other more appropriate specialist support.

As well as potentially increasing risk, it will also increase the cost of domestic abuse provision. We estimate that there is £130-£150 million spent nationally on domestic abuse of which around £85 million is currently spent on refuge – split equally between support and accommodation. This accounts for about 20% of all victims receiving support from a specialist service. In contrast, the spend on Idva services is about £30m and they support about 65% of those receiving a specialist service. The cost per victim is around £400 for Idva support compared with £2500 for refuge (support element only).

“It’s pointless focusing on accommodation when you haven’t managed the risk. You don’t know the need, housing may not be the need. Over everything else, safety is first. That might be a Domestic Violence Protection Order – getting the offender out of the house. Maybe there’s a dual tenancy and you can get him taken off. Why are they focusing on moving the victim when they could get the offender out?” **Survivor interviewed by SafeLives for this consultation**

As already mentioned, there are some victims who simply are not able to access refuge – for example those with chronic mental health issues, substance misuse, teenage sons, too many children, disabilities, or who are in low paid employment and cannot afford the cost of refuge because they don’t qualify for housing benefit. The Government would usefully remove this barrier in particular, and this is referenced in more detail in DAHA’s submission to this consultation. A duty to provide accommodation-based support excludes a significant number of victims who even if they required refuge support, may not be able to access it, entrenching rather than alleviating vulnerability. As one frontline worker of a domestic abuse charity in London told us *“refuge accommodation is unaffordable for many clients who are on a low income, but can’t apply for Universal Credit. Their salary won’t cover the refuge but the refuge can’t subsidise them. Those victims are often forced to remain in an abusive situation.”*

Q6 - Do you agree with placing the statutory duty on Tier 1 Authorities (County Councils, Metropolitan Councils, Unitary Authorities and the Greater London Authority) as ‘Lead Authorities’?

Disagree

We believe the duty should sit with both local authority tiers. Tier 2 local authorities are often the commissioning lead for services and often have a good understanding of their local communities’ needs. Homelessness prevention duties (through the recent Homelessness Prevention Act) fall on all Local Authorities, not just Tier 1. Given that the services Tier 2 LAs provide are very important in terms of preventing survivors becoming homeless, we believe the duty should apply to them as well. The proposals do not fully reflect the crossover between domestic abuse and homelessness, not least because women with complex needs who are insecurely housed or rough sleeping are not addressed. As SafeLives’ Spotlight on Homelessness¹⁵ found, women in homelessness provision are more likely to

¹⁵ http://safelives.org.uk/sites/default/files/resources/Safe_at_home_Spotlight_web.pdf

be there because of domestic abuse (61% of homeless women had experienced abuse from a partner) and yet this doesn't address their needs in a holistic way.

Q7 - Do you agree that a duty to co-operate should be placed on Tier 2 Authorities and London Boroughs?

Agree

Q8 - Do you agree with the proposed representation on Local Partnership Boards?

Agree

We think it is important that there is meaningful representation for local specialist domestic abuse services on these boards, as well as survivors who are experts by experience. We know of some local areas who have dropped the representation of local services on VAWG boards and as a result they have lost the specialist practice and survivor experience which can help to shape service provision and ensure effective monitoring. It is also particularly important that there are representatives on the board who can represent services for groups of victims with protected characteristics – for example, BME, LGBT, and disabled survivors.

Along with the current list of multi-agency partners, we suggest Partnership Boards also include representatives from the National Probation Service and the Courts and Tribunals Service. They play an important part in holding perpetrators to account and keeping victims and children safe and should be engaged in needs assessment planning and monitoring accordingly.

It is also critical that the other public bodies and commissioners - including PCCs, CCGs and representatives from public health, adults and children's services - engage meaningfully on the partnership boards. Currently there is only a statutory duty on the local authority to convene the partnership and tier two local authorities to cooperate - and not on the other crucial partners to attend and also deliver funding. There is of course a risk that these partners may withdraw from investing in services because this new funding model is seen as the responsibility of local authorities and MHCLG.

Q9. Do you believe your local authority has an existing governance structure in place which could meet the proposed role of the Board?

N/A

Q10. If you believe your local authority has an existing governance structure in place which could meet the proposed role of the Board?

N/A

Q11. Do you agree with a duty to convene a Local Partnership Board?

Partly agree

While we welcome the fact that any duty would also create a Local Partnership Board to carry out needs assessment and monitoring functions, the current proposal with its specific focus on accommodation-based services are likely to cause further siloed working and add to the proliferation of multi agency fora. It is not at all clear how they would work with existing multi-agency fora, for example, Marac (which is not mentioned in the document at all) or other bodies such as Mappa, Matak etc, and the steering groups for these bodies, or local safeguarding boards for adults and children, and multiple housing governance arrangements. The Government has also recently consulted on a new legal duty on local authorities to support a multi-agency approach to preventing and tackling serious violence. We want to see streamlined multi-agency working which delivers effective oversight, information sharing and risk assessment to keep families safe sooner. We would like to see a more detailed proposal for how these different bodies will be expected to work together to make best use of everyone's time and ensure effective multi agency practice for a whole family approach?

Q12. Do you agree with the role and remit of Local Partnership Boards?

Partly agree

We feel that the LPBs will need to integrate with other Multi-Agency forums and take a broader view than solely accommodation-based services. The Chair should be a local authority lead Director so that the actions from the Board are owned and members are held accountable. At least one meeting a year should be held as a public forum, publicised well in advance, and survivors and local advocates should be encouraged to attend and submit input in person to consideration of needs and planning.

Q13. Do you agree with Local Partnership Boards assessing need for services?

Agree

We absolutely support Local Partnership Boards being required to assess need for services. However, these Boards will not give the necessary focus on non-accommodation based services in the absence of a statutory duty which encompasses the broadest range of community based services for the whole family, and will not even be mandated to make the links to other forums where those discussions and decisions are happening.

No local authority has yet put the National Statement of Expectations¹⁶ needs assessment fully into effect despite it being published by the Government in 2016. Some local authorities don't assess need on the basis of demographics, rather they work with data around visible victims, sometimes not even all victims accessing services. Most local authorities have no assessment of perpetrator needs and what effective provision might look like, and therefore there is little provision as a consequence. We would like to see a whole family approach to needs assessment. Most local authorities don't look at needs assessments for under-represented groups of victims e.g. LGBT+, BME, so ensuring that these are included is very important. Assessing these needs should involve people from or as a minimum with very strong knowledge of those communities, with local authorities lending each other expertise to make a reality of this when necessary.

Q14. Do you agree with Local Partnership Boards developing local strategies?

Agree

But only if the strategy covers the full spectrum of services that victims want and need and only if those strongly correlate with nationally recognised evidence and best practice. Most local authorities already develop local strategies, but there needs to be independent scrutiny to ensure those strategies are put into practice, and monitoring to understand their effectiveness.

Q15. Do you agree with Local Partnership Boards commissioning domestic abuse services in partnership with Tier 2 Authorities?

Agree

It is really important that different commissioners cooperate with each other so that each knows who is commissioning services. E.g. some PCCs commission Idva services but don't do it in partnership with the local authority, so there are gaps in communication which lead to gaps in provision.

Many Tier 1 authorities currently commission domestic abuse services in partnership with Tier 2 authorities. As previously mentioned, however, there will be a tension between Tier 1 authorities tasked with the statutory duty to provide accommodation-based services, and Tier 2 authorities tasked with a statutory duty to provide homelessness services, but not domestic abuse services. The likely outcome will be that Tier 2 authorities will prioritise their homelessness duties over and above the duty to co-operate as the key funding, and therefore power, is likely to rest with the Tier 1 authority.

¹⁶

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/574665/VAWG_National_Statement_of_Expectations_-_FINAL.PDF

In London, it is important that individual boroughs have a strong voice on the LPB (potentially through London Councils), as well as retaining the current arrangement whereby they can meet together to discuss VAWG priorities convened by MOPAC.

Q16. Local authority/ providers: What would be the practical implications of meeting the proposed requirements of the statutory duty?

While we are not a local authority or a provider, we strongly feel that the practical implications for local authorities of meeting the current proposals will be a narrowing of the provision they currently fund for domestic abuse victims, children and perpetrators. Even if the statutory duty as proposed goes ahead, the Government has not committed sufficient funding towards the provision of refuge services for local authorities to meet their statutory duty, particularly in respect of the Istanbul Convention guidelines which is one family space per population of 10,000, let alone move-on accommodation for example. We believe that local authorities will use domestic abuse funding for other non-accommodation based provision, such as Idva services, to cross-subsidise the new duty. To ensure that local authorities are able to meet the proposed requirements of the statutory duty would require more than doubling the funding needed for accommodation-based provision to around £230 million. In the event that the duty as currently conceived goes ahead we believe that the Government will need to urgently look at ensuring all other forms of non-accommodation based provision are able to access sufficient funding to maintain their long-term viability.

Q17. Local Authority: What would be the financial implications of meeting the proposed requirements of the statutory duty?

As per our answer to question 16, we feel that the financial implications of the statutory duty without the requisite funding package required could end up with local authorities robbing Meghan to pay Mary – taking money away from community-based services to meet statutory obligations for the provision of accommodation services. As outlined in our answer to question 5, accommodation-based services are understandably much more expensive, so any expansion requires significant funding. We believe that local authorities should be given the right funding to support services for all victims and their children, as well as perpetrators, rather than picking and choosing one form of provision above the other.

“You’ll have an influx of people asking for housing because they have a legal duty. It’s a risk, it will put victims and professionals at risk, because there is isn’t the resource or the understanding to deal with the problem properly.” **Survivor interviewed by SafeLives for this consultation**

We welcome the commitment to ensuring that every victim will receive support irrespective of their immigration status, but the Government must provide the funding required to make this a reality at local level.

Q18. Do you think that Government should develop a standardised needs assessment form for local areas to use in assessing need for domestic abuse support services?

Yes

The backbone to an effective response to domestic abuse is a sustainable commissioning and funding landscape. Effective commissioning must be based on understanding the needs of the local population, to inform the type and capacity of service provision required.

Domestic abuse is a complex crime, which often remains unreported. It is therefore essential that estimates of need are considered as an under representation of the true scale and nature of domestic abuse. For example some research¹⁷ estimates that domestic abuse statistics are 140% higher than

¹⁷ Pease, K. and Farrel, G. (2007) Crime in England and Wales: More Violence and More Chronic Victims. Civitas Review. Volume 4, Issue 2

those stated in the British Crime Survey for England and Wales. SafeLives data indicates that on average victims at high-risk of serious harm or murder will live with domestic abuse for 2.6 years before accessing help and over 85% of victims have sought help on average five times before getting the support they needed.

Needs assessments should consider the total potential population of adult, teen and child victims and perpetrators, using the CSEW as a baseline, rather than only looking at current visible victim data as the consultation suggests. Police reported data is useful to understand more about the victims and cases which are reaching local forces, but shouldn't be used as an indication of need because only one in five victims contacts the Police. Marac data is helpful for estimating the need for Idva provision for example, but only if local Maracs are handling the case numbers which we would expect them to be hearing.

We know certain groups – BME, migrant, LGBT+, older and younger, homeless, disabled, wealthier and those with complex needs – are often under-represented as users of local community services. Needs assessment for these groups must be undertaken with an action plan to ensure services are supported to reach-out to them alongside specialist training and awareness raising to help increase demand. Otherwise commissioners can fall into a vicious circle of not commissioning services because they can't see the demand while failing to meet the needs of victims who would use services if they were designed appropriately. It goes without saying that victims with protected characteristics – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation - need to have separate categories in the needs assessment.

It is important that needs assessments take into account gender-specific needs. SafeLives' Spotlight on Homelessness¹⁸ found that women with multiple disadvantage who have experienced sexual & domestic violence have often experienced multiple levels of gender-based violence and feel unsafe in male-dominated environments that are often advertised as 'gender neutral'.

Needs assessments should look at the requirements of victims of different ages. Children who are victims because they live in a domestic abuse household require bespoke services to address their safety and potential trauma. Young people aged 13-16 years, often face abuse in their intimate relationships which is high in severity, but are frequently missed out of needs assessments because domestic abuse is considered to be an issue for the over-16s¹⁹. Similarly, victims of domestic abuse over 65 are often ignored in needs assessments, not least because until recently the CSEW failed to capture the abuse faced by this age group. Sadly, as our older people's Spotlight showed, abuse doesn't stop when you get old, for many victims it continues into their 80s and 90s²⁰.

We also think that it is imperative that needs assessments should also apply for perpetrators of domestic abuse. As previously mentioned, any perpetrator provision should be commissioned in tandem with victim provision to ensure risks are managed by trained specialists. Without assessing needs in a whole picture, whole family approach, opportunities to reduce risk are often missed.

Finally we support the campaign led by Crisis²¹ which calls for all victims of domestic abuse to be given priority need status for housing. We believe that victims should be automatically considered vulnerable for the purposes of access to housing.

¹⁸ <http://www.safelives.org.uk/spotlight-5-homelessness-and-domestic-abuse>

¹⁹ <http://www.safelives.org.uk/knowledge-hub/spotlights/spotlight-3-young-people-and-domestic-abuse>

²⁰ <http://www.safelives.org.uk/spotlight-1-older-people-and-domestic-abuse>

²¹ <https://www.crisis.org.uk/media/240051/appgeh-domestic-abuse-campaign-briefing.pdf>

Q19 How often should the needs assessment be conducted?

3-5 years – at the same time as Boards refresh their strategies.

Q20. Do you agree with Local Partnership Boards making commissioning decisions in partnership with Tier 2 Authorities?

Agree

Q21. Do you agree that standardised reporting would promote accountability and transparency for the provision of support for victims and their children?

Agree

Without a national reporting framework it is impossible to hold local commissioners to account or to have a real understanding of how to improve service provision for victims and their children. It is important that reporting covers the provision of all services. As underlined above we would also wish to see standardised reporting for the provision of support for perpetrators of domestic abuse and young people who are harming others in their relationships, including adolescent to parent violence.

Q22. Do you agree with the reporting themes suggested?

Partly agree

We would like to see more detail on how needs assessments, local strategies and the commissioning of provision will be reported and then monitored. It is important that one of the heads of monitoring is the safety and wellbeing of victims after the provision of the service. SafeLives has developed the Insights outcomes measurement system²² for local services and we would suggest that all of the areas currently included should be looked at as part of a standardised reporting system.

We would suggest that without any particular sanction on Local Authorities, it will be difficult to ensure compliance in the same way that the National Statement of Expectations has not led to identifiable change in local areas because there is no penalty for ignoring the suggestions within it.

We also think that strong attention should be paid gaining feedback from local survivors concerning the performance of both local authorities' commissioning and strategies and also local services.

Q 23 Do you agree with the role and remit of the National Steering Group?

Agree

We agree with the role and remit, but would like to see the new Domestic Abuse Commissioner responsible for Chairing the Group. We feel that having a Minister responsible for housing may skew the focus of the group towards housing-based solutions to domestic abuse when we need to be looking at provision across the piece.

The consultation proposes that there will be a standing agenda item on whether the support needs of all victims and their children are being met through the provision of accommodation-based support services that serve both a national and local need, including for BAME, LGBT victims or people of faith, and their children. We contend that it will not be possible to meet the support needs of all these victims solely through the provision of accommodation-based support, and would widen this item to consider the provision of all support services.

²² <http://www.safelives.org.uk/knowledge-hub/resources-domestic-abuse-and-idva-service-managers/insights/about-insights-modules>

Q 24 Do you agree with the proposed representation on the National Steering Group?

Partly agree

We believe that the National Steering Group should mirror as much as possible those multi-agency interests on the Local Partnership Boards, so we would add representatives from the National Probation Service, the CPS and the Courts Service. We would also like to see experts on perpetrators of domestic abuse represented at the Group, as well as adult and child domestic abuse victims' advocates, rather than just domestic abuse service providers.

Q 25 Do you agree with the overall approach of the statutory guidance?

Agree

Q 26 What else would you like to have set out within the guidance?

SafeLives created the Leading Lights²³ benchmark of quality for frontline domestic abuse services many years ago. Over 50 services around the UK now hold this quality mark, and many commissioners will specifically require that a service either meets it or is willing to work towards it. Our team works closely with that service to help them reach the standard over a period of almost a year, in most cases. The standards we set in Leading Lights build on the Shared Core Standards²⁴ work done jointly by members of the women's sector a number of years ago, and we would like to see this reflected in the guidance.

Q 27 What support would you find most useful to meet the requirements of the statutory duty and guidance?

The consultation asks the proposed new local boards to undertake a needs assessment for all victims and survivors in their area and publish a strategy. But, they cannot meet the needs of all victims while their focus is solely on accommodation. The needs assessment could well be dangerously inadequate, and all the local funding could be used up in just one part of the domestic abuse response. The support needed therefore must encompass a comprehensive funding package for all provision of specialist domestic abuse services locally covering the needs of all victims including children and perpetrators.

Q28. Do you think that the proposed policy will help local areas ensure the needs of all victims and their children can be met?

No

We want to see a whole family approach to local provision that encompasses services for adult victims, teenage victims, child victims and all levels of risk of perpetrators. This would be supported by full funding for Idva provision, community Idvas for victims at medium risk of harm, and recovery services for long-term support for survivors. It would cover specialist children's support worker, therapeutic services and YPVAs for young people who are victims. As well as ensuring the Drive programme is available in every area of the country for highest harm perpetrators, we would like to see provision offered to intervene early with perpetrators as well as expanding accredited group work programmes.

It is crucial that frontline public servants including the police, child and adult social care workers, NHS workers, teachers, probation workers, the judiciary, and housing staff, receive specialist DA Matters style cultural change training to ensure they understand the dynamics of domestic abuse, and coercive and controlling behaviour in particular. Without this step change to reverse ingrained myths and stereotypes about victims and perpetrators of domestic abuse, we won't see a transformation in the

²³ <http://safelives.org.uk/practice-support/resources-domestic-abuse-and-idva-service-managers/leading-lights>

²⁴ <http://safelives.org.uk/sites/default/files/resources/Shared%20Standards%20Whole%20Document%20FINAL.pdf>

response. As a survivor told us for this consultation: *“The local authority were the first to know but they did nothing with it. I don’t think the officer had the training. Red flags were coming out my mouth but she didn’t have the training to follow it up.”*

Alongside this we have proposed a national behavioural change public health campaign to shift cultural attitudes towards the acceptability of domestic abuse and firmly place it in the nation’s consciousness as unhealthy and damaging behaviour that poses a risk to our society.

Q29. What more could the Government do to ensure the needs of victims and their children with protected characteristics are supported?

As previously mentioned, we believe that the only way the Government can ensure the needs of victims and their children with protected characteristics are supported is by ensuring a statutory duty to commission specialist domestic abuse service applies to all victims, their children and perpetrators in the community as well as refuge and accommodation based services. No one should have to flee their home in the middle of the night. We need to change the conversation from why doesn’t she leave to why doesn’t he stop, and support the full range of services necessary to make a practical reality of this principle.

Appendix A

SafeLives received a few emails as part of our #Invest2EndAbuse campaign highlighting the importance of frontline specialist domestic abuse professionals and wanted to ensure they were fed into this consultation.

1. As a practitioner who works with survivors every day, I think the thing that matters most is funding for more IDVA/DA support workers so that every victim can be given the support they need to reduce risk to themselves / children and enable them to live a life free from abuse
2. I wanted you to know that having frontline services available to me, such as support from an IDVA could have made a big difference to me. If I'd have known about / had access to this type of support I may have been able to / had the confidence and support to leave my abusive situation earlier than the 20 years that I had to suffer it. Here's hoping the scope on the range of support that victims and survivors of domestic abuse need can be widened to include more than just accommodation, recognising that this is only one element of the domestic abuse response. There will be people who need other types of help.
3. I wanted you to know that education made a big difference to me. I am a child and adult survivor yet didn't realise half of the abuse I had suffered until I was educated in it all. I then needed further support having left and after 2.5 years of leaving I have only just been signed off from my Idva with my risk dropping to medium from high risk. Proving that ongoing support is needed after leaving also. As a practitioner now having set up my own charity of survivors for survivors (kaleidoscopic uk) we support survivors every day. I think the thing that matters most is that all survivors are heard, understood, supported and empowered. Having more grass root organisations is essential as is peer support and safe places. *Vickie Robertson, Founder of kaleidoscopic uk (This survivor was happy for her name and org to be used)*
4. I wanted you to know that a woman's shelter made a big difference to me and enabled me to have a safe place to go and help to start my life over again.
5. I wanted you to know that knowing services exist for victims, survivors, children and perpetrators made a big difference to me, as one who tries to raise awareness and provide training. I am the mother of a DV murder victim, survivor myself, and founder of the Penny Beale Memorial Fund, addressing all aspects of domestic abuse.
6. As a practitioner who works with survivors every day, I think the thing that matters most is continuing and increasing support available. Education re abuse and its remedies is also crucial.