Safe Accommodation Needs of Female Survivors of Domestic Abuse with Protected Characteristics: A research project for Nottinghamshire County Council

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DEDICATION

This report is dedicated to the survivors who generously shared their experiences and whose journeys to seek safety from domestic abuse are documented here and the specialist domestic abuse services in Nottinghamshire which work tirelessly to support survivors and their children to live their lives free from domestic abuse.

REPORT AUTHOR

Val Lunn has worked in the Violence against Women and Girls sector for nearly 40 years. She has worked in refuges in Lincoln and Bassetlaw, co-developed the Juno 24 hour Helpline in 2000 and more recently was CEO of Juno Women's Aid. She was also Assistant Director for Solace Women's Aid in London, Senior Consultant and domestic abuse lead for The Helplines Partnership and the National Development Manager for Rape Crisis England and Wales.

1. EXECUTIVE SUMMARY

The purpose of this report is to review the barriers to access and the safe accommodation needs of female survivors of domestic abuse with Protected Characteristics and/or additional support needs. 'Safe accommodation' is defined within the Domestic Abuse Act Statutory Guidance and includes refuge accommodation, second stage move on accommodation and the Sanctuary Scheme.

The review takes the findings of the Nottinghamshire Domestic Abuse Needs Assessment (2021) as its starting point. There has been extensive consultation with local specialist domestic abuse services, other local and national specialist 'by and for' organisations and other professionals along with District Sanctuary Scheme Coordinators and Homeless Options Team Managers. Nine survivors have shared their experiences of being in refuge and the Sanctuary Scheme. The findings and recommendations have also been informed by local and national research.

Nottinghamshire County Council has already responded to some of the findings of the Needs Assessment. These have been universally welcomed by both refuge providers and the District/Borough Authorities and have gone some way to address the barriers to access for some survivors. They include:

- Flexible Funding to enable survivors to escape to safety
- Additional funding to Districts/Boroughs for the Sanctuary Scheme
- Domestic abuse therapeutic services for children and adults
- Housing Link Workers collocated between specialist domestic abuse services and District/Borough Homelessness teams
- A commitment to increase the number of commissioned refuge units

This report contains 74 recommendations which fall into four areas:

- Female survivors with Protected Characteristics
- Female survivors with additional support needs
- Survivor views
- Refuge and Sanctuary safe accommodation services and referral pathway

The recommendations are outlined in each chapter of the report and summarised on page 78. There are findings to support each recommendation.

Below are some of the key findings and recommendations:

- Female survivors with Protected Characteristics

Deaf and physically disabled survivors, including visually impaired survivors, face considerable barriers in their access to services including refuge services but this is beginning to change in Nottinghamshire. During the period of the review, the refuges have worked with the Nottinghamshire Adult Deaf and Visual Impairment Service to put essential adaptations in place. **Any new commissioned units should be accessible to all survivors and existing refuge provision should be supported to improve their access.**

Refuge staff describe the increasing numbers of survivors coming into the refuge during the pandemic who are highly traumatised, the challenges of supporting women with multiple health needs and the difficulties accessing mental health services. **Commissioners should explore the feasibility of additional specialist mental health input to support survivors and refuge staff.**

Evidence from national research and local specialist services indicates that refuge is not always the most appropriate safe accommodation option for learning disabled survivors with higher support needs, Gypsy, Roma and Traveller survivors or young and older survivors. **Targetted community-based safe accommodation support should be available from specialist domestic abuse services.**

There has been a marked increase in the numbers of Black and Minoritised survivors accessing refuge in Nottinghamshire including survivors experiencing forced marriage and those who need language interpretation. The increase has taken place over a short period of time and the reasons are unclear. Although there was no direct consultation with Black and Minoritised survivors during the review, the views of specialist ‘by and for’ organisations have been included. **Future consultations should target the views of Black and Minoritised survivors to ensure they are included.**

Although refuge services in Nottinghamshire are accessible to lesbian, bi and trans survivors, 96% of survivors in refuge identified as heterosexual and no trans

survivors were accommodated in refuge in the year. **There is a need to build the capacity of the LGBT community to identify domestic abuse and to feel confident to report domestic abuse and/or access services.**

Women's Aid England has recently published a position statement on single sex services. **Refuge providers, in discussion with Commissioners, should consider and respond to the statement to ensure that the safe accommodation needs of all survivors including trans and non binary survivors are met**

- Survivors with additional support needs

Refuges in Nottinghamshire accommodate survivors with No Recourse to Public Funds but at a lower rate than elsewhere in England. **Children and Adult Social Care should develop a 'safety first' approach by which refuge costs are automatically met until the Destitute Domestic Violence Concession is in place and for those survivors who are not on a spousal visa until alternative funding can be sourced.**

All refuges in Nottinghamshire are accommodating survivors with drug and alcohol support needs, dual diagnosis, an offending background and other forms of Violence against Women and Girls. They often require a higher level of support and risk management in refuge. Nottinghamshire County Council Public Health is implementing a drug and alcohol pilot service to be collocated between CGL and the refuges to provide support to survivors and to refuge staff. **Nottinghamshire County Council should explore the feasibility of commissioning 4-6 dedicated self-contained units for survivors experiencing severe and multiple disadvantage with 24/7 staffing.**

- Survivor views

Survivors reported feeling safe and supported in refuge but the referral to refuge of disabled survivors took longer than non-disabled survivors because of their access requirements. The need to improve access for disabled women has been addressed in other points in the Executive Summary.

Survivors highly valued the support from other women in refuge as well as the support from staff. **All new and existing commissioned refuge accommodation should ensure that there are opportunities for peer support.**

Where a Sanctuary installation was completed to the satisfaction of the survivor, it had an immediate positive effect on their feelings of safety and wellbeing. However, survivors raised concerns about the attitude and conduct of some installers and the lack of transparency about why some of the measures that were recommended were not installed. **There should be no blanket ban on any security measures and where possible, Districts/Boroughs should implement all recommendations**

and ensure that survivors are given the opportunity to complain/feedback on the installation and the conduct of the installers.

Nottinghamshire Local Partnership Board and Commissioners should ensure that refuge services and the Sanctuary Scheme are designed and developed in collaboration with survivors.

- Refuge and Sanctuary safe accommodation services

There is a good mix of different types of refuge accommodation in Nottinghamshire including communal, self-contained, dispersed and second stage to meet the diverse needs of survivors. However, out of 40 units, only one is fully wheelchair accessible. **Any new commissioned units should be accessible and include dispersed and self-contained units in order to meet the needs identified in Nottinghamshire by this review.**

The Sanctuary Scheme is well established in Nottinghamshire with strong partnerships and coordination in place. There are however variations in practice and procedure between the Districts/Boroughs resulting in a postcode lottery for survivors. **There should be a partnership agreement in place to ensure a shared and consistent delivery model and this should include Registered Providers who currently sit outside the Sanctuary Scheme strategic framework in Nottinghamshire.**

The Juno 24 hour Helpline is generally recognised by professionals as the key route to refuge for survivors but calls to the Helpline increased by 42% during the pandemic and this has impacted on the Helpline's ability to cope with demand. **Helpline capacity should be increased to enable calls from survivors and professionals to be responded to in a timely manner.**

Only 10% of survivors who presented as homeless were placed in refuge either because there were no vacancies, refuges were unable to meet the survivor's support needs or the survivor did not want to go into refuge. A new initiative in Nottinghamshire to provide Housing Link Workers, collocated between the Districts/Boroughs, Juno Women's Aid and Nottinghamshire Women's Aid will enable a more timely response to survivors requiring emergency refuge accommodation. **The impact of this new initiative should be formally evaluated**.

A lack of robust survivor equalities data means that it was not possible to establish the extent to which survivors with Protected Characteristics experience barriers in their access to safe accommodation services in Nottinghamshire. **The partnership should be required to provide data and should be involved at an early stage to agree the parameters of any data required and the reasons for it.**

All findings and recommendations are outlined in full throughout the report. A summary of all of the recommendations can be found on page 78.

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2. INTRODUCTION

2.1 Context

The purpose of this report is to review the safe accommodation needs of female survivors of domestic abuse with Protected Characteristics and/or additional support needs. The review includes an outline of need along with recommendations taking into account feedback from survivors, specialist domestic abuse services and other professionals together with guidance from subject matter experts, local and national research and best practice.

The review will enable Nottinghamshire County Council to fulfil its Statutory Duty under the Domestic Abuse Act 2021 to provide safe accommodation support services to survivors and their children[1].

Definition of 'safe accommodation'
The Domestic Abuse Act Statutory Guidance[2] defines 'safe accommodation' as:

- Refuge accommodation: A refuge offers accommodation and intensive support which is tied to that accommodation.
- Specialist safe accommodation: Safe accommodation which provides dedicated specialist support, such as specialist refuges for BAME, LGBT, and disabled victims.
- Dispersed accommodation:
  - Safe (secure and dedicated to supporting victims of domestic abuse), self-contained accommodation with the same level of specialist domestic abuse support as provided within a refuge.
  - Safe (secure and dedicated to supporting victims of domestic abuse), self-contained 'semi-independent' accommodation which is not within a refuge but with support.
- Sanctuary Schemes: Properties with local authority installed Sanctuary Schemes or other similar schemes which provide enhanced physical security measures within a home.
- Move-on and / or second stage accommodation: Projects temporarily accommodating victims before they move to fully independent and permanent accommodation. There is no expectation that every victim will require this.
- Other forms of domestic abuse emergency accommodation – i.e., a safe place with support.

Accommodation such as generic Bed and Breakfast accommodation and homeless hostels – in that they are not solely dedicated to providing a safe place to stay for victims of domestic abuse, including expert support are not considered relevant safe accommodation.

[1] The Statutory Duty is outlined in Part 4 of the Domestic Abuse Act and is therefore also referred to as the Part 4 Duty
[2] https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation

Definition of 'Support Services'
The following types of domestic abuse support will be provided through the new Statutory Duty:

- Advocacy support – development of personal safety plans, liaison with other services (for example, GPs and social workers, welfare benefit providers);
- Domestic abuse-prevention advice – support to assist victims to recognise the signs of abusive relationships, to help them remain safe (including online) and to prevent re-victimisation;
- Specialist support for victims with relevant protected characteristics and / or complex needs, for example, interpreters, faith services, mental health advice and support, drug and alcohol advice and support, and immigration advice;
- Children's support – including play therapy and child advocacy;
- Housing-related support – providing housing-related advice and support, for example, securing a permanent home and advice on how to live safely and independently; and
- Counselling and therapy for both adults and children.

The Nottinghamshire Domestic Abuse Needs Assessment (2021)[3] identified a gap in data in relation to survivors with Protected Characteristics in refuge accommodation which made it difficult to draw conclusions about local provision, any barriers to access to safe accommodation and support for women with Protected Characteristics. This report includes recommendations to address those gaps in data.

Nottinghamshire County Council and the District Authorities are committed to implementing a Whole Housing Approach to domestic abuse and housing[4] including accreditation to the Domestic Abuse Housing Alliance framework for housing providers[5]. The review takes this commitment into account.

2.2 Methodology

A mixed methodology approach was adopted to meet the aims of the consultation. Six strands of data collection were pursued:

1. An online survey for adult survivors and professionals. The survey was open for three weeks in February and circulated in Nottinghamshire to the specialist domestic abuse providers, commissioners and other professionals.
2. Nine survivor interviews took place by phone during January and February.
3. Extensive interviews with the specialist domestic abuse and refuge providers in Nottinghamshire, the Sanctuary leads and homelessness services Team Managers in each District together with the Strategic Housing Managers in two Districts.

[3] https://notts-insight-test.nottinghamcity.gov.uk/research-areas/hna/domestic-abuse-safe-accommodation-needs-assessment-2021/
[4] https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/
[5] https://www.dahalliance.org.uk/what-we-do/accreditation-for-housing-providers/what-is-accreditation/

4. Interviews with local, regional and national experts in their fields working with survivors or people with Protected Characteristics
5. Reference to research in relation to survivors with Protected Characteristics (where research exists)
6. Data from the specialist refuge providers, District Sanctuary Schemes and homelessness services

Specialist Domestic Abuse Consultant Luke Martin[6] was commissioned to undertake a review of the safe accommodation of male survivors. In order to streamline the reviews, which took place simultaneously, Val Lunn led on the consultation with the District Authorities (Sanctuary Scheme and homelessness) while Luke Martin led on the online survey for survivors and professionals and consultation with LGBT survivors.

2.3 Limitations of the consultation

The online survey was open for a shorter window of time than had been hoped and had a very low take up by both female and male survivors. One female survivor partially completed a survey. However, interviews with survivors were made possible by three specialist domestic abuse providers who directly approached current and former service users.

The characteristics of the nine survivors who were interviewed were relatively diverse but there were significant gaps:

- All of the survivors interviewed identified as White British (89%) or White Polish (11%)
- None of the survivors interviewed had experienced culturally harmful practices or had No Recourse to Public Funds
- Although 44% of the survivors interviewed identified as physically disabled, none of them identified as blind, visually impaired, deaf or hard of hearing.

To remedy these gaps, the views of specialist organisations and services were obtained and are included in this report.

Demographic and other data was requested from the refuges, Sanctuary Schemes and District homeless teams to assist the review. There was considerable variation in data retrieval and reporting capability and the completeness of data provided. This will need to be addressed in preparation for future needs assessments or reviews.

[6] Luke Martin, Specialist Domestic Abuse Consultant www.martintrainingandconsultancy.com

3. CONSULTATION WITH SURVIVORS AND PROFESSIONALS

3.1 Survivor interviews

Interviews with nine survivors took place by phone. [7]All survivors were either living in Nottinghamshire at the time of their referral to refuge or having a Sanctuary installed or were referred to refuge in Nottinghamshire from out of county. Of the nine survivors, four had been in refuge, three had had a Sanctuary installation and two had had experience of both. [8] Only one survivor was currently in service.

Of the nine survivors:

- 89% were white British except for one survivor who identified as white Polish
- 45% were aged 25-34, 22% aged 35-44 and 33% aged 45-54
- 78% identified as heterosexual and 22% identified as lesbian and bisexual
- 89% had children. Of these, 55% had children who were disabled including three survivors who had young children with autism
- 44% were physically disabled including with multiple sclerosis, spinal disc herniation, sensory hypersensitivity and epilepsy
- 78% had mental health support needs including complex PTSD, bi polar, obsessive compulsive disorder, depression, anxiety and panic attacks
- Three survivors had pets at the time they were referred to refuge

Their views and experiences have been incorporated into this report.

3.2 Professionals understanding of Safe Accommodation

Professionals from across Nottinghamshire were invited to take part in an online consultation to share their knowledge and experiences of the safe accomodation needs of survivors of domestic abuse. 36 professionals responded to the survey.

It was evident that knowledge of measures to support survivors of domestic abuse varied from organisation to organisation. Some who were aware of the various measures available did not know how to access the provision. In hindsight it would have been beneficial to ask about these areas in relation to the gender of survivors acknowledging that access to Flexible Funding[9] and refuge for male survivors might be more inaccessible. Flexible Funding is an element of a Whole Housing Approach and describes funding that is available to specialist providers and authorities to assist survivors to leave an abusive relationship. Nottinghamshire County Council made Flexible Funding available to refuges and District homeless departments as part of their Statutory Duty.

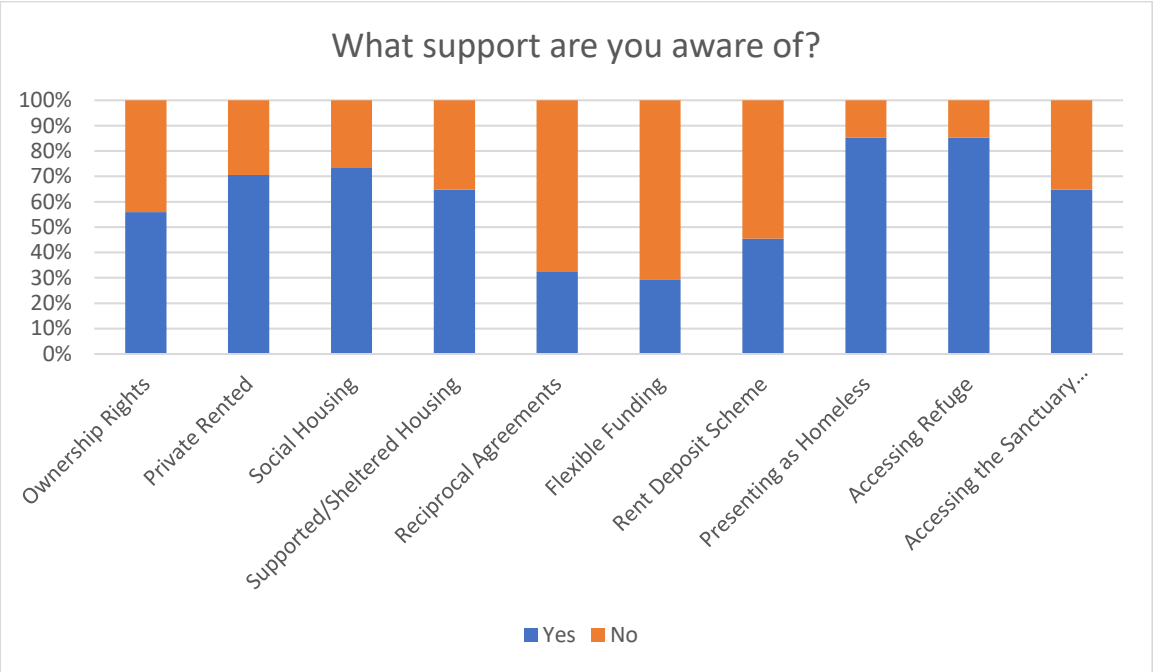
[7] The survivors were identified by Juno Women's Aid, Newark Women's Aid and NIDAS as survivors who had previously expressed an interest in sharing their experiences

[8] The two survivors who had had experience of both the Sanctuary Scheme and refuge were interviewed only in relation to their experience of the Sanctuary Scheme

[9] https://www.dahalliance.org.uk/media/10657/11_-wha-flexible-funding.pdf

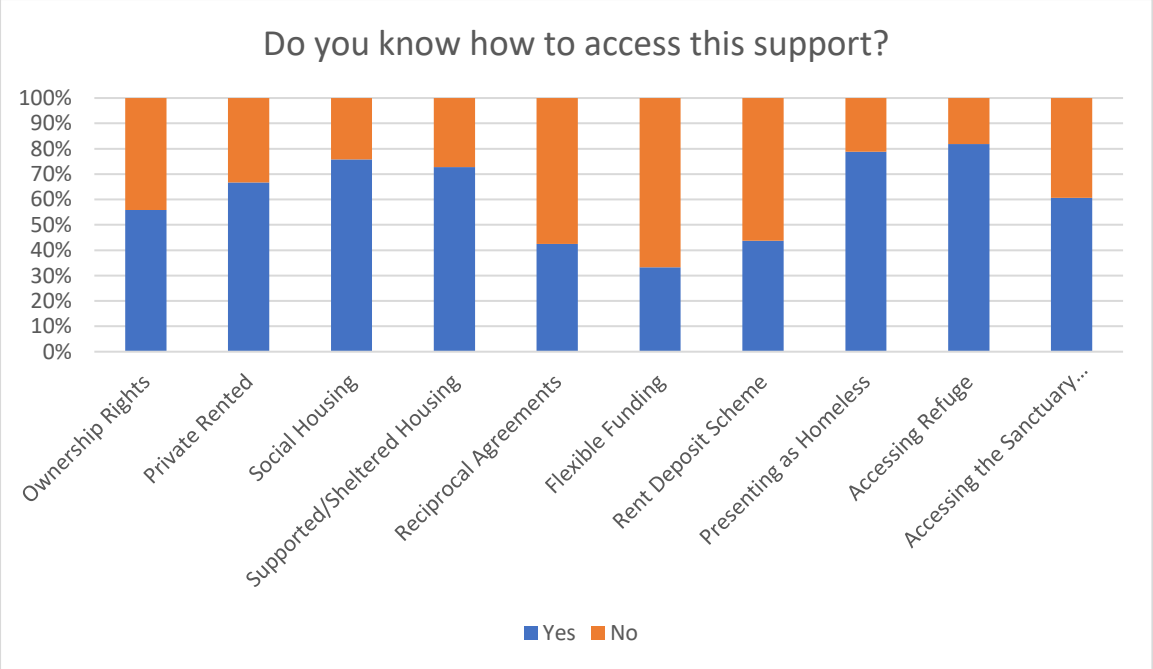
The tables below highlight what measures professionals were aware of and if professionals were aware of how to access them. It is recommended that additional training and awareness of the measures available for survivors of domestic abuse is provided across the county, however it is acknowledged that this might vary from District and Borough.

Figure 1: What safe accommodation support are you aware of in your area?



When asked if they knew how to access support, professionals responded:

Figure 2: What safe accommodation support are you aware of in your area?



The views and experiences of professionals who responded to the online survey and those interviewed for the review have been incorporated into the body of this report.

4. REFUGE PROVISION

The Nottinghamshire Domestic Abuse Needs Assessment (2021) recommended that the Authority increase the number of refuge units available in Nottinghamshire and improve equity of access to refuges and other safe accommodation options in the light of barriers faced by certain groups with Protected Characteristics and/or additional support needs in order to:

a. Improve access for people with physical disabilities
b. Ensure survivors have easy access to healthcare and support for both their physical and mental health. This includes survivors who need carers
c. Consider how access can be improved for Black and Minoritised survivors in accessing safe accommodation services
d. Provision of language services to support survivors in accessing support
e. Work with the LBGT+ community to understand the needs of survivors and how they can be supported in accessing safe accommodation services and support
f. Explore options of how to support providers to respond to the needs of women and their families with No Recourse to Public Funds (NRPF)

In response to the recommendations, Nottinghamshire County Council has committed to increasing the number of refuge units from 40 to 50 in 2022-2023[10] and commissioned this review into the barriers to access for survivors with Protected Characteristics.

4.1 Refuge provision in Nottinghamshire

Nottinghamshire County Council commissions the provision of refuge services for women and children as part of their Domestic Abuse Act Statutory Duty, as well as their ongoing commitment to survivors and to tackling domestic abuse.

Refuge services play a critical role in providing emergency safety and support, particularly to those survivors at high risk of serious harm as well as for those in crisis who need temporary respite before returning home. Nottinghamshire has a long tradition of refuge accommodation for women and children with the first refuge in the county opened by volunteers in Broxtowe in 1976.

[10] The Council of Europe Task Force to Combat Violence against Women recommends a minimum standard of one unit of safe accommodation per 10,000 population head. In Nottinghamshire there are currently 0.48 units per 10,000 people. To meet the target, there would need to be 83 units. There are currently 40 units.

Refuges form one of the core elements of a Whole Housing Approach and recommendations in this section have been mapped against the Whole Housing Approach Toolkit[11].

Nottinghamshire has five commissioned refuges for female survivors and their children provided by four specialist domestic abuse organisations. They provide 40 units of accommodation with a combined total of 206 beds. The buildings are a mix of communal, self-contained and dispersed accommodation. There is no refuge provision in Gedling or Rushcliffe or for male survivors.

Table 1: Summary of Types, Quantity and Location of Refuge Accommodation in Nottinghamshire

Type of Accommodation	Units Provided	Building Provider	Location
Refuge with self-contained flats	8	NCHA	Bassetlaw
Second stage self-contained accommodation	1	Bassetlaw District Council	Bassetlaw
Communal refuge	6	PA Housing	Mansfield
Second stage self-contained accommodation	2	Mansfield District Council & PA Housing	Mansfield
Communal refuge	7	NCHA	Broxtowe
Second stage self-contained accommodation	3	NCHA	Broxtowe
Communal refuge	7	NCHA	Newark & Sherwood
Dispersed self-contained refuge accommodation	6	Ashfield District Council	Ashfield
TOTAL	40		

The accommodation includes six units of second stage self-contained move on accommodation which can be described as a bridge between refuge and independent living and can be important for women who are waiting to be rehoused or have continued advocacy and supports needs but do not require the crisis accommodation provided by a refuge. From time to time and in response to need, the providers may use a second stage property as first stage refuge accommodation.

In addition to the commissioned provision, a report by Women's Aid England based on information from their online refuge vacancies hub, Routes to Support, indicates that there is a fifth refuge provider, VA Housing Provider[12], delivering Jericho Refuge with four units and New Doors Counselling and Listening Project. It has not been

[11] https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/
[12] https://register-of-charities.charitycommission.gov.uk/charity-search/-/charity-details/4022436/governance

possible to either make contact with VA Housing Provider, based in Croydon or establish any information about the services they might be operating.

The refuges are staffed by trained Refuge Workers and include dedicated services for children and young people who made up 70% of residents in 2020-2021. The refuges are staffed during week days with some provision at weekends but they do not have staff on site 24/7. On call out of hours support is available. Refuge services are committed to providing a psychologically informed environment for survivors and their children. Therapeutic services for survivors and their children in refuge are being commissioned across the county although it should be noted that Nottinghamshire Women's Aid provides a counselling service to which women in their refuges already have access. The age for older male children in refuge in Nottinghamshire varies between 12 and 17 years. Generally, refuges do not accommodate pets.

> *"There was a lady called (name) who took my bags to the room. (Refuge Manager) said we'll help you upstairs, I looked at the stairs thinking OMG, I just took one step at a time. She opened the door to my bedroom. It was palatial. I couldn't believe my eyes. It was nothing like I was expecting. It felt cosy, safe, beautiful and calming. They said there's soap, shampoo and toothpaste. I had my own sink and wardrobes. There was 3 single beds. It was immaculately clean. I sat on the bed and sobbed and sobbed. I can't believe this has finally happened. It felt like someone had taken the shackles off and I didn't haven't the fear I'd constantly lived with. They checked on me. They showed me round. There was a cupboard with loads of tinned stuff so you could have a meal. There was so much pasta. I had no money. I left with the clothes I was wearing and 3 bags I'd been able to fill in 10 minutes".*
>
> *Survivor with Complex PTSD and Multiple Sclerosis describing her arrival at a refuge in Nottinghamshire*

Authorities in Nottinghamshire recognise that refuges form part of a national network of provision and that a survivor may come into the county from a different area to safely escape abuse. Equally, survivors from Nottinghamshire may seek refuge in another authority area for safety reasons or because there are no vacancies in the county.

5. SURVIVORS WITH PROTECTED CHARACTERISTICS

5.1 Age - Access for older and younger survivors

In 2020-2021, nearly half of all survivors in refuge in Nottinghamshire were aged 25-34 years (45%) with the youngest aged between 16-17 years and the oldest between 65-74 years. It is difficult to make direct comparisons with other refuges in England because of differences in the age data categories but in the Women's Aid England Refuge Audit Report 2021, the most common age group was 31-35 years (18%) closely followed by 26-30 years (17.2%)[13].

Table 2: Age of survivors in refuge in Nottinghamshire in 2020-2021

Age	Population in refuge in Nottinghamshire[14] 2020-2021	% population in refuge in Nottinghamshire 2020-2021
16-17	3	3
18-24	20	17
25-34	52	45
35-44	27	23
45-54	9	8
55-64	3	3
65-74	2	2

5.2 Young survivors

In relation to young survivors aged 16-17 years, evidence indicates that:

- Young people aged 16-19 years experience the highest rates of domestic abuse of any age group[15]
- Young survivors may be experiencing higher levels of severe abuse than other adults.[16]
- They are less visible to services[17]
- They need a different response to adults[18]

Referrals to refuge in Nottinghamshire of 16 and 17 year old survivors are uncommon. In 2020-2021, they accounted for only 3% of refuge residents and no

[13] https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf
[14] Data supplied by the refuges contained inconsistencies which means that there are variations in the total number of survivors in each demographic category
[15] ONS data for year ending March 2020, showed that 14% of 16-19 year olds experienced domestic abuse
[16] https://safelives.org.uk/sites/default/files/resources/Safe%20Young%20Lives%20web.pdf
[17] Ibid
[18] ibid

referrals to refuge were declined because of the young age of the survivor in 2020-2021 or Q1-Q3 2021-2022.

The Team Leader of the Children and Young People's Team at Nottinghamshire Women's Aid, the Children's Service Manager from the MASH and the Children's Service Manager of the Assessment Service contributed to this review and none could recall a young person being referred into refuge.

Where a 16 or 17 year old wants to escape an abusive relationship, is facing homelessness and is not already known to services, the referral pathway is via the MASH to the Children's Assessment Service. A Rapid Assessment Worker carries out the Young Person's DASH RIC and identifies a safe place for the young survivor to stay either with family, friends or in young people's supported accommodation. The procedure for accommodating young people facing homelessness is outlined in the *Nottinghamshire Children's Services Policy Procedure and Guidance in Respect of Homeless 16 and 17 year olds*[19] but this makes no reference to domestic abuse including forced marriage, honour based abuse or female genital mutilation.

At the present time, Nottinghamshire County Council Children's Services are unable to provide data on the numbers of young people experiencing domestic abuse either referred to the MASH or already known to Children's Services. Where domestic abuse is identified during a visit or a review of a young person who is already a Child in Need of Services or Protection, the details are stored in case notes on the Mosaic system or other documents in the young person's file. There is no option to record domestic abuse in a reportable manner. However, the Children and Families Business Intelligence Unit has advised that Mosaic could be reconfigured to record and report this data in the future. [20]

Where a young survivor is assessed as high risk, a referral is made to the MARAC. Nottinghamshire MARAC data for Q1-3 in 2021-2022 shows that 29 young women aged 16-19 were referred[21] representing 2.8% of all cases heard at MARAC . Young people make up 3.1% of the adult population (Census 2011) and so the proportion of MARAC cases in Nottinghamshire suggests a level of awareness amongst professionals both of teen abuse and the referral pathway to the MARAC.

What is working well in Nottinghamshire:

- Commissioned specialist domestic abuse Teen Advocate services are available for female and male teenage survivors across the county

[19] Supplied by Lesley Moorcroft, Nottinghamshire Children's Service Manager, Assessment Service
[20] Information supplied by Dave Gilbert, Business Intelligence Team Manager, Children and Families
[21] North Notts MARAC 20 young women aged 16-19; South Notts MARAC 9 young women aged 16-19. Data supplied by MARAC Administrators.

- There are partnership links in place between domestic abuse and young people supported accommodation services
- There is good early intervention provision in place in Nottinghamshire. Equation is commissioned to deliver healthy relationships programmes in schools in the county which provide an important opportunity for early identification and intervention
- Young survivors at high risk are being referred to MARAC

Challenges:

- The lack of data and absence of a performance framework that incorporates both the specialist domestic abuse services and statutory services makes it difficult to establish a picture of young survivors in Nottinghamshire, their experiences of domestic abuse and their need for safe accommodation support services. This is of concern bearing in mind the high rate of prevalence and severity of abuse including the risk of forced marriage, honour based abuse and other forms of Violence Against Women and Girls[22].
- There appears to be no formalised care pathway for 16 and 17 year old young people experiencing domestic abuse

Recommendations:

1. Children's services should record and report the numbers of 16 and 17 year olds experiencing domestic abuse, their need for safe accommodation and their placement to the Local Safeguarding Board and the Local Partnership Board Safe Accommodation Sub Group
2. Young survivors should be consulted on their safe accommodation support needs and their experiences of their accommodation placement. There should not be an assumption that they have the same safe accommodation needs as adult survivors.
3. There is a need for additional/refresher training for Social Workers to enable them to identify and respond to teenage domestic abuse and to utilise the Young People's DASH RIC[23]
4. The care pathway for young survivors should be formalised and should describe the partnership of Children's Services, MARACs, Domestic Abuse specialist services and Young People services working together to provide a safe and supportive response to young people experiencing domestic abuse. This should include domestic abuse and associated Violence against Women and Girls forms of abuse including honour based abuse, forced marriage and female genital mutilation.

[22] https://safelives.org.uk/sites/default/files/resources/Forced%20marriage%20-%20practice%20briefing%20FINAL.pdf

[23] Identified by Lesley Morecroft, Children's Service Manager, Assessment Service during meeting on 23.2.22

5. Domestic abuse training for staff in young people supported accommodation should be a commissioning requirement

5.3 Older survivors

In 2020-2021, 5% of survivors in refuge in Nottinghamshire were aged 55 years compared to 1.9% of survivors aged 61 years and over in refuges across England[24]. The Nottinghamshire refuge data perhaps reflects an older population demographic in the county but because refuges are part of a national network, it requires further investigation to establish whether older survivors in refuge are from Nottinghamshire or elsewhere.

According to the Crime Survey for England and Wales, domestic abuse prevalence in the 60-74 age group is 3.2% while the most recent Femicide Census Report (Femicide Census 2020) showed that 34% of all victims killed were aged 56 years and over.[25] Data from Bassetlaw, Newark and Sherwood shows that 43% of homicides since 2011 were committed against women aged 55 years and over[26].

Domestic abuse against older women is masked by complexities of disability, care needs and sometimes the care needs of the perpetrator including where dementia is present. Research by SafeLives found that older survivors are less likely to leave the perpetrator even after support and intervention and that there is a tendency among professionals to link injuries, confusion and depression to age related concerns such as dementia rather than domestic abuse. This can leave older survivors invisible to services. Perpetrators might include adult children or grandchildren and for this reason among others, older survivors are often reluctant to contact the Police[27]. Two out of three survivors over 65 years accommodated in a refuge in Nottinghamshire in 2020 were escaping abuse from their sons and grandsons.

The approach to domestic abuse in later life is being transformed by the Centre for Age, Gender and Social Justice at Aberystwyth University through the development of Dewis Choice, a service co-produced with older survivors of domestic abuse which offers long term intensive support for up to three years. The co-existence of dementia and domestic abuse featured in 20% of service users and led to further research from which a practitioner toolkit has been developed[28]. Using the findings from the research, Cheshire East Council has worked with specialist domestic abuse services and other partners to integrate domestic abuse into their Dementia

[24] https://www.womensaid.org.uk/wp-content/uploads/2021/09/The-Domestic-Abuse-Report-2021-The-Annual-Audit-Revised-2021.pdf
[25] https://www.femicidecensus.org/wp-content/uploads/2022/02/010998-2020-Femicide-Report_V2.pdf
[26] DHR data supplied by Nicki Richards, Domestic Violence Coordinator, Bassetlaw, Newark and Sherwood
[27] https://safelives.org.uk/spotlight-1-older-people-and-domestic-abuse
[28] https://dewischoice.org.uk/wp-content/uploads/2022/02/Dewis-Choice-Dementia-and-DA_COMPRESSED.pdf

Strategy, developed an Adult Safeguarding Domestic Abuse toolkit and information leaflets for care providers[29]

> *"If you're talking to a young woman or man (experiencing domestic abuse), the 'go to' position would be to get you away from the perpetrator. But if they're older, this might not be the right course of action. It's so much more complicated"*
> *Jo Cliffe, Integrated Commissioning Manager, Adult Social Care and Health, Cheshire East Council*

Locally, there are two new specialist older women's domestic abuse services provided by Juno Women's Aid. One service is funded by the Office for the Police and Crime Commissioner. Nottingham City Council funds a second service as part of its response to the Domestic Abuse Act Statutory Duty. At the time of writing this report, the latter post was being recruited to. The OPCC funded Older/Disabled Women's Support Worker provides support to survivors aged 55 years and over (50 years where a survivor is disabled) in South Nottinghamshire and Nottingham city. At the time of writing this report, 24 older women were being supported of whom 10 (42%) were from South Nottinghamshire. The Support Worker has tried to place two women in refuge but was unable to find space in Nottingham which is where both women lived and wanted to stay.

> *"With older women you have to take a lot more time, take it slow. Some of them don't use a lot of technology. If they want information, it has to be printed, they don't use email…. They don't understand about refuges. It's a scary place. They want to stay in their own homes. They don't want to leave their homes. They feel they can't leave their husbands. I've come across a lot of dementia (in perpetrators)"*
> *Linda Calladine, Older/Disabled Women's Support Worker, Juno Women's Aid*

Older women's need for and access to refuge has to be viewed within the context of considerable barriers to leaving and the lack of suitable, adapted refuge accommodation to meet the needs of older disabled survivors. It should also not be assumed that leaving is the most appropriate or achievable course of action for older survivors.

What is working well in Nottinghamshire:

- There is a good mix of refuge accommodation type in the county which includes self contained units, dispersed accommodation as well as communal

[29] Available from Jo Cliffe, Integrated Commissioning Manager, Adult Social Care and Health, Cheshire East Council

refuges. Refuge accommodation is however always subject to vacancies and is not well adapted for older disabled survivors

- All refuges will accept visits from carers if needed
- One refuge has reached agreement with their District Authority that were they to accommodate a survivor who needed 24 hour personal care, the Authority would meet the Housing Benefit costs for two units.
- The new Juno Women's Aid Older/Disabled Survivor Support Worker role in South Nottinghamshire provides specialist and targeted support to older survivors and a route to refuge if required
- The Sanctuary Scheme is available to enable older survivors to stay in their homes where it is safe and this is what they want to do
- Broxtowe Borough Council Domestic Violence Coordinator provides induction training to Independent Living Coordinators on domestic abuse presentation in older survivors and the DASH RIC

Challenges:

- While all refuges in Nottinghamshire accommodate older women, the buildings are not adapted to meet the needs of older disabled women (see later section on Access for Disabled Survivors for more detail).
- Domestic abuse services reported that partnership working with Adult Social Care can be unpredictable
- There is a need to address the gaps in practitioner knowledge and understanding of the presentation of domestic abuse in older survivors, the barriers to leaving and the pathways to both domestic abuse and adult social care services.

Recommendations

6. Any new refuge units should be co-produced with older survivors and accessible to disabled survivors
7. There should be increased partnership working between Adult Social Care and domestic abuse services to enable a shared understanding of each other's ways of working, referral pathways and thresholds for services
8. Training for practitioners should include an understanding of the presentation of domestic abuse in older people. Training should be extended to include Adult Social Workers, care providers and staff working in sheltered accommodation.
9. In recognition that refuge accommodation may not be a feasible safe accommodation option for older survivors, targeted community-based advocacy support should be available from specialist domestic abuse services
10. The Sanctuary Scheme should be considered as a core option for older survivors. Practitioners should be familiar with survivors' rights to occupy and the legal options for survivors who are joint owner occupiers or tenants.

11. Nottinghamshire County Council Dementia Framework for Action should be reviewed to include domestic abuse and its co-existence with dementia

5.4 Access for Black and Minoritised survivors

5.5 Black and Minoritised survivors

The Nottinghamshire Domestic Abuse Safe Accommodation Needs Assessment 2021 reported that:

- There is no specialist refuge provision for Black and Minoritised survivors in Nottinghamshire with the closest provision being in Nottingham (Zola Refuge)
- 78.52% of survivors in refuge in Nottinghamshire were White British compared to 69.4% in refuges across England (for the year 2019-2020)
- The cost and availability of language interpretation services was an obstacle for refuges
- The CSEW found that of all ethnic groups experiencing domestic abuse, those of a mixed or multiple ethnic group background (7.6%) were the most likely to experience domestic abuse in the year from April 2019 to March 2020, followed by those from white ethnic groups at 5.7%

For the year 2020-2021, there appears to have been a significant change in the ethnic diversity of survivors accessing refuge as outlined in the table below.

Table 3: Survivors accessing refuge accommodation by ethnicity Nottinghamshire 2020-2021

Ethnicity	%Population in Nottinghamshire Refuge Accommodation 2019-2020	%Population in Nottinghamshire Refuge Accommodation 2020-2021	%Population in Nottinghamshire (2011 Census)	%Population in Refuge Accommodation in England	%of group who have experienced domestic abuse according to CSEW
Asian/Asian British	5.93%	16.07%	2.18%	8.8%	3.6%
Black/African/Caribbean /Black British	2.22%	14.29%	0.68%	6.5%	3.7%
Mixed/Multiple Ethnic Groups	3.70%	5.36%	1.36%	2.9%	7.6%
White	78.52%	56.25%	95.5%	69.4%	5.7%
Other Ethnic Group	9.63%	8.04%	0.26%	2.3%	5.6%

Based on this evidence, Black and Minoritised women are accessing refuges in Nottinghamshire in increased numbers. It's not clear why the increase has taken place and this is despite the lack of diversity in the county population, availability of

culturally appropriate amenities and the daily micro aggressions experienced by Black and Minoritised women.

> *" We had a South Asian woman and her children. They were wearing western clothes but got a lot of comments on the street, casual racism, making her feel uncomfortable and unwelcome"*
> *Refuge Manager, Nottinghamshire*

The most significant exception to this trend is survivors who are Gypsy, Roma and Traveller (see section below).

As stated, the cost and availability of language interpretation services was identified in the Needs Assessment as a financial burden to refuges and barrier to access for survivors who did not have English as a first language or were not fluent English speakers. Three refuges reported Language Line costs of £1,173 over a nine month period with one call alone costing £174.22. Refuges are able to use the interpreter services of Social Care or the Police but this is only possible where those agencies are involved or making the referral. A recommendation was made in the Needs Assessment for the provision of language services. In response to this, Nottinghamshire County Council provided a Flexible Funding grant to each refuge at a rate of £1,000 per unit[30] in 2021-2022 and renewed for 2022-2023. There are no specific criteria for what the grant could be used for apart from to assist survivors to flee to safety. Costs to be funded could include language interpretation services. 2020-2021 saw a 50% increase in the number of survivors requiring and receiving language interpretation support compared to the previous year (an increase from 8 to 12 survivors). The provision of the Flexible Funding will enable refuges to accommodate increased numbers of survivors who require language interpretation.

> *"In the past we've used our contacts with different groups (to provide language interpretation). A Thai woman just turned up at the door….I got hold of a local Buddhist group and we had a 3 way conversation. We looked into Language Line last year but couldn't afford it. We've just got the Flexible Fund which will make a big difference"*
> *Refuge Manager, Nottinghamshire*

Black and Minoritised women are more likely to be subject to Forced Marriage, Honour Based Abuse (HBA) and Female Genital Mutilation (FGM).[31] [32]The scale of

[30] The formula was used to calculate proportionate funding and is not indicative of how the refuges are expected to spend the funding

[31] https://www.forwarduk.org.uk/violence-against-women-and-girls/female-genital-mutilation/ and Bates, Lis (2020) Honour-based abuse in England and Wales: Who does what to whom? Sage Journals https://journals.sagepub.com/doi/full/10.1177/1077801220952168

[32]https://safelives.org.uk/sites/default/files/resources/Spotlight%20on%20HBV%20and%20forced%20marriage- web.pdf

the problem both nationally and locally is largely unknown but in 2019, Nottinghamshire Police recorded 121 honour based crimes (68% increase on the previous year), 16 cases of forced marriage (60% increase on the previous year) while 94 cases of FGM were recorded.[33]

Refuge data indicates an increase in the numbers of accommodated women fleeing forced marriage which is now at a similar level to refuges in Nottingham city.

Table 4: Survivors in refuge experiencing different types of Violence against Women and Girls

Violence against women and girls	Nottinghamshire Refuges Accommodation 2019-2020 %	Nottinghamshire Refuges Accommodation 2020-2021 %	Nottingham city Refuges Accommodation 2020-2021[34] %
Honour based abuse	3%	3%	20%
Forced marriage	1%	5%	6%
Female genital mutilation	1%	0%	2%
Other VAWG including sexual exploitation, trafficking, prostitution or gang association	NK	28%	30%

Two 'by and for' organisations for Black and Minoritised women experiencing domestic abuse contributed to this review - Southall Black Sisters[35] (London), Ashiana[36] (Sheffield) together with Juno Women's Aid Zola refuge for Black and Minoritised women (commissioned by Nottingham City Council) and the Juno Black and Minority Ethnic Survivor Domestic Abuse Advocacy Support Service (funded by the Nottinghamshire Police and Crime Commissioner).

5.6 Gypsy, Roma and Traveller survivors

There is little specific research or data available on domestic abuse in the Gypsy and Traveller community and even less about the Roma Traveller community. A briefing published by South East Wales Regional Women's Aid Consortium in 2010 cites a study in Wrexham, which found that between 61% and 81% of married Gypsy and Traveller women had experienced direct abuse from a husband[37]. Community

[33] Violence against Women and Girls Strategy Nottingham and Nottinghamshire 2021-2025
[34] Nottingham Safe Accommodation Strategy 2021-2024 pg 40
[35] Meeting with Dr Hannana Siddique, Head of Policy, Research and Fundraising, Southall Black Sisters on 31.1.22 https://southallblacksisters.org.uk
[36] Meeting with Luna Akyaa Adomako, Project Development Officer and Yasmin Aslam, Domestic Abuse and Community Engagement Lead, Ashiana on 7.2.22 http://www.ashianasheffield.org
[37] https://www.equalityhumanrights.com/en/file/6231/download?token=XyDGlOUh

consultation by the Cheshire, Halton and Warrington Race and Equality Centre and Irish Community Care in 2020[38] was able to include questions about domestic abuse which had been considered taboo in a similar consultation that had taken place in 2006 suggesting greater awareness of domestic abuse and recognition that behaviours previously taken for granted were actually forms of domestic abuse.

The 2010 and 2020 studies identify considerable barriers to seeking help in addition to the widespread discrimination and racism experienced by members of the community:

- Rigid patriarchal social norms about relationships, marriage and family life with coercive control unknown as a concept
- A strong belief in the Gypsy and Traveller community that marriage is for life. Women who leave an abusive relationship often experience shame and discrimination or have to leave the community entirely.
- The negative impact of frequent movement on awareness of the services available resulting in women feeling that leaving an abusive relationship is not an option
- Problematic access to phones, low literacy levels and subsequent difficulty reading correspondence creating additional barriers to contacting services
- Cultural and social taboos amongst all Traveller groups against involving the Police mean that reporting domestic abuse is unlikely
- Experiences of racism discourage many women from accessing mainstream services
- Frontline services, such as GPs, which may be able to identify cases of domestic abuse are not always accessible to Gypsy and Traveller women
- Moving into fixed refuge accommodation or settled re-housing is very unfamiliar to GRT women who are used to a mobile way of life

    > *"If you're coming from the GRT community and moving into mainstream housing, it's a real challenge. It doesn't phase people from the settled community. You're moving from the abuse and family support and you're moving to a whole new way of living. They're giving everything up. They couldn't have contact with anyone"*
    > *Nickie Anthony, Community Relations Officer, Newark and Sherwood District Council*

- Fear that the community will put another woman in refuge to find them was cited as a barrier to leaving by the Community Relations Officer for Newark and Sherwood District Council who could only recall one woman going into refuge

The GRT community in Nottinghamshire is diverse and includes Gypsy travellers, Romany and Irish Travellers and Eastern European travellers. There are further

[38] https://www.irishcc.net/_files/ugd/bf8f38_eda63518325e4d919aac0ca802b1fe39.pdf

differences between families who have settled and those who are mobile and live on sites such as the sites on Tolney Lane in Newark and in Ollerton. It is estimated that a third of the population in Newark living in houses are from the GRT community. Despite a background of traditional and conservative social norms, the Community Relations Officer and the Chair of the Newark and Sherwood GRT Working Group have observed changes in awareness of domestic abuse among younger GRT women who are less likely to tolerate abusive behaviours as the norm in a relationship.

There is evidence that offering a consistent community engagement service over time increases trust, inclusion and willingness to share information. Nottinghamshire Police and the Newark and Sherwood Community Relations Officer have worked to build trust with the communities at Tolney Lane which has led to increased crime reporting to the Police. In the Cheshire, Halton and Warrington study, 93% of participants were registered with a GP and reported high levels of satisfaction with the service they received[39]. GP services and other community-based services such as the new Family Hub in Retford and the planned Hub in Hawtonville provide an important opportunity for the early identification of domestic abuse and referral into services.

What is working well in Nottinghamshire:

- Refuges provide services that are inclusive and accessible to Black and Minoritised survivors
- There is increased access to refuges in Nottinghamshire by Black and Minoritised women compared to previous years
- Nottinghamshire County Council Flexible Funding award has been welcomed by the refuges and will ease the financial burden of language interpretation
- A community engagement approach to working with the GRT community has, over time, built trust and an increased willingness to report crime to the Police

Challenges:

- Refuge performance data required by Nottinghamshire County Council does not currently include ethnicity (or any other demographic data).
- Data from the District authorities for 2020-2021 showed no survivors presenting with honour based abuse, forced marriage or female genital mutilation. This was either because there were no cases, the data was not recorded or it was too difficult to extract and report. Therefore it is not known to what extent survivors are presenting as homeless with these issues or the extent to which they are a barrier to placement in refuge.
- The cost of language interpretation is a financial burden on refuges and a barrier to access for survivors who do not have English as a first language

[39] ibid

- GRT survivors face very significant barriers to seeking help. Refuge and Sanctuary may not be the most appropriate safe accommodation options for GRT survivors

Recommendations:

12. The Action Plan developed from this report should link with the VAWG Strategy Nottingham and Nottinghamshire 2021-2025 Objective 3 and actions outlined in Section 2 Survivor Support[40]
13. Future consultation with survivors should include targeted consultation with Black and Minoritised survivors
14. Black and Minoritised survivors should be included in the design and delivery of refuge services
15. Refuge performance monitoring should include ethnicity and other demographic data
16. There should be a separate data category for Gypsy, Roma and Traveller
17. The commissioning of refuge provision should ensure that refuges provide an environment that meets the needs of Black and Minoritised survivors and refuge staff should be culturally competent and recruited from diverse backgrounds. This includes:
    - An understanding of how domestic abuse impacts Black and Minoritised women including GRT women
    - An understanding of unconscious bias, the structural nature of racism and the intersectional nature of oppression
    - A knowledge of specialist services and how to access them e.g. immigration solicitors, community groups and culturally appropriate amenities
    - Knowledge of immigration legislation
18. Flexible Funding should continue to be made available to refuges to help meet the costs of language interpretation
19. GRT community engagement services should be recognised as an important opportunity to build trust and raise awareness of domestic abuse and should be incorporated into Nottinghamshire's strategic approach to tackling domestic abuse in the GRT community

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[40] https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Newsletters-and-Publications/Publications/Notts-VAWG-Strategy-2021-25.pdf
Objective 3 *'Identifying opportunities for additional support to survivors of the most hidden aspects of VAWG, especially with regards to harmful cultural practices especially for women from minority communities'*

Action (pg 27) *We will undertake a **deep dive into our provision** to identify barriers to access and retention in service for women and girls from minority groups of ethnicity, faith, origin and community to better ensure that their needs are met.*

20. GPs and other health services should undertake domestic abuse routine enquiry in order to identify domestic abuse and signpost/refer to specialist domestic abuse services – in particular for women from the GRT community and women from newly arrived communities (links to Objective 3 in the Nottinghamshire VAWG Strategy)[41]
21. Professionals in Nottinghamshire should be trained on the impact of domestic abuse on Black and Minoritised survivors specifically GRT survivors

5.7 Migrant survivors and those with No Recourse to Public Funds (NRPF)

> *"Migrant women and those with No Recourse to Public Funds are the most vulnerable. There aren't enough refuges for them and even if refuges take them in, they may need to be there for longer than the funding is provided for to cover rent and subsistence"*
> *Dr Hananna Siddique, Head of Policy, Research and Fundraising, Southall Black Sisters*

Five survivors with No Recourse to Public Funds were accommodated in two refuges in Nottinghamshire in 2020-2021. This represents 4.5% of all survivors in refuge and a 67% increase from three in 2019-2020. Nationally, 7.9% of survivors in refuges in England had NRPF in 2020-2021. Declined referral data shows that one survivor was declined in both 2019-2020 and 2020-2021 because the refuge was unable to meet their support needs in relation to No Recourse to Public Funds. Public housing constitutes a public fund and therefore District homelessness data shows no survivors with NRPF presented as homeless.

The landscape of immigration legislation, housing, welfare benefits entitlements and other legal rights is extremely complex. A woman's immigration status determines whether she is entitled to homelessness assistance or has access to public funds. When a woman is denied access to public funds, her search for a refuge becomes considerably more difficult.

Where a woman is in the UK on a spousal visa, she is able to apply to the Home Office for the Destitute Domestic Violence Concession (DDVC) which provides temporary leave to remain for up to 3 months and access to public funds while an application to the Home Office for indefinite leave to remain is being processed. If the decision takes longer than 3 months, temporary leave to remain will continue until a decision is made.

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[41] *Ibid*

Even where a woman is on a spousal visa, there will be a period while she is waiting for the DDVC, where she has no access to funds. In this situation, there are currently four options to fund refuge rent and the survivor's subsistence costs:

- S17 Children Act 1989 payment where there are children in the family[42]
- Adult Social Care payment under the Care Act 2014
- A refuge covers the rent and subsistence costs from fundraised income or donations from other charities
- Application to the Migrant Victims No Recourse to Public Funds scheme administered by Ashiana (Sheffield) on behalf of Southall Black Sisters[43]

Advocating on behalf of a survivor and negotiating with Children and Adult Social Care can be time consuming and leave a survivor and her children at greater risk while an outcome is awaited.

What is working well in Nottinghamshire:
Refuges in Nottinghamshire will accommodate survivors with No Recourse to Public Funds who are on a spousal visa and can apply for the Destitute Domestic Violence Concession where either Children's Social Care or Adult Social Care will agree to meet refuge and subsistence costs pending the award of the DDVC.

Challenges:
Women who are in the UK on a student, work or other visa are not eligible to apply for the DDVC. Refuges in Nottinghamshire generally do not receive referrals for survivors who are not on a spousal visa.

> *"For undocumented women who are not on a spousal visa, it can be almost impossible to get S17 funding. They're staying with friends or family or hiding in street homeless communities and services or they depend on support from religious establishments. They might not come forward for help because they might be worried about being deported"*
> *Dr Hannana Siddique, Head of Policy, Research and Fundraising, Southall Black Sisters*

Recommendations:

22. To ensure that all survivors have access to safe accommodation regardless of their immigration status or recourse to public funds, Children and Adult Social Care should develop a 'safety first' approach by which the refuge rental charge and subsistence allowance are automatically met for survivors who have no recourse to public funds until the DDVC is in place and for those

[42] Financial assistance in terms of goods or services, or in exceptional circumstances cash, can be provided to a child, parent or carer under Section 17(6) Children Act 1989 to address identified needs to safeguard and promote a child's welfare where there is no other legitimate source of financial assistance.
[43] https://southallblacksisters.org.uk/support-for-migrant-victims-scheme-smv-scheme/

survivors who are not on a spousal visa until alternative funding can be sourced e.g. from the Migrant Victims fund.

23. There should be a public commitment to allay the fear of undocumented women who are not on a spousal visa that they will not be reported to the Home Office
24. Refuges should familiarise themselves with the Migrant Women No Recourse to Public Funds funding distributed by Ashiana Women's Aid in Sheffield

5.8 Access for disabled survivors

> *"It took them a week to find me a refuge because of my disabilities. Refuges said they couldn't meet my needs. I'm fully independent but they said I was too much of a risk"*
> *Survivor with epilepsy and limited mobility referred to refuge*

Disabled people are among the most marginalised and discriminated against people in society. They are more likely to be living in poverty and poor housing, less likely to be in work, less likely to access higher education, and less likely to have the opportunity to participate in social and cultural activities[44].

10% of adults in Nottinghamshire aged between 18 and 64 live with moderate/severe disability. [45]

Disabled women are more than twice as likely to be subject to domestic abuse than non-disabled women[46].

The Women's Aid Federation of England 2021 National Audit Report found that overall, 25.9% of survivors in refuge had at least one disability that they disclosed with mental health issues the most common (18.5%). 6.9% had a physical disability while 5.7% of women had more than one disability.

Of 116 women and 267 children accommodated in refuge in Nottinghamshire between April 2020 and March 2021:

[44] https://safelives.org.uk/sites/default/files/resources/Disabled%20Survivors%20Too%20CORRECTED.pdf
[45] https://www.nottinghamshireinsight.org.uk/research-areas/jsna/summaries-and-overviews/the-people-of-nottinghamshire-2017/
[46] https://safelives.org.uk/knowledge-hub/spotlights/spotlight-2-disabled-people-and-domestic-abuse

Table 5 Disabled women and children accommodated in refuge

Disability*	% of survivors in refuge
Mental health	50
Long term health condition	1
Physical disability, mobility impairment or wheelchair users	4
Blind or visually impaired	0
Deaf or hard of hearing	1
Learning difficulty	7
Autism, Asperger's or other neuro diverse condition	0
Personal care needs	0
Child with health condition	8

*Some women had more than one disability

Women's Aid England provided an analysis of domestic abuse provision in Nottinghamshire and noted that of 87 county refuge vacancies posted on Routes to Support in 2021, none were available with full wheelchair access[47]. This is not surprising considering that of the 40 refuge units in Nottinghamshire, only one is wheelchair accessible and void management constraints mean that the provider is unable to reserve the unit. Any non-disabled women placed in the accessible unit are advised that they would be moved to another unit if they received a referral of a disabled survivor. In practice, if the unit is not showing as available on Routes to Support, it is unlikely the refuge would receive referrals of disabled women.

The refuges in Nottinghamshire provide generic environments and are not specialists in the provision of services to disabled people. They go the extra mile to accommodate disabled survivors or survivors with disabled children where they can and where it is safe to do so but the structure of most of the buildings limits the extent to which they can be adapted to meet the needs of physically disabled survivors. There are however some cost effective solutions that can be implemented to adapt environments and the refuges are keen to pursue these. Although no refuge

[47] Nottinghamshire: profile of domestic abuse provision 2021, Women's Aid England

accommodated a survivor who required personal care, they all state that this would not be a barrier to access. One refuge has an agreement with their District authority that were they to accommodate a survivor who required live in care, they would meet the housing benefit costs of two units.

No refuge referral was declined because a survivor was disabled and the refuge was unable to meet their needs.

One of four survivors who had been to refuge and was interviewed as part of the review is physically disabled and although there has been no direct consultation with Deaf or visually impaired survivors, several specialist 'by and for' organisations have contributed to this review. All four survivors have mental health issues including depression, suicidal ideation, complex PTSD, OCD and bi polar.

5.9 Physically disabled survivors

The lack of accessible refuge accommodation for survivors who have mobility impairments or use a wheelchair or have children who are physically disabled has been evidenced in the Nottinghamshire Domestic Abuse Safe Accommodation Needs Assessment 2021 and in this report. This is not specific to Nottinghamshire. There is a national shortage of accessible refuge accommodation. The Women's Aid England Domestic Abuse Audit Report 2021[48] noted that of survivors in refuge in 2019-2020, only 6.9% had physical disabilities yet demand is likely to be much higher than the accessible space available. Disabled women are twice as likely to experience domestic abuse than women who are not disabled (ONS 2020) but are almost invisible in domestic abuse services and in refuges in particular.

> *"All our bedrooms are upstairs. We had a woman with multiple sclerosis who used a wheelchair. We had concerns about fire safety. The woman managed by going up and down stairs on her bum. It was far from ideal".*
> *Refuge Manager, Nottinghamshire*

The survivor was interviewed as part of the consultation. She has multiple physical and mental health support needs and had lived with extreme levels of domestic abuse for 24 years at the time she went into refuge in Nottinghamshire.

> *"When I went to the refuge, I didn't know where I was going. I didn't know where the cat and the dog were gone. I had 10 minutes to grab some stuff. The lady from Safeguarding came and got me. I was put in the car. When we got to the refuge, we parked outside. This lovely lady opened the door. The welcome was so warming. I nearly burst into tears. (name of refuge worker)*

[48] ibid

was like having a huge warm blanket and a hug around you. For many years I don't remember that feeling. For the first time I felt safe"

5.10 Blind and visually impaired survivors

SafeLives[49] and **Vision Foundation**[50] are working in partnership to research the impact of domestic abuse on blind and visually impaired survivors, an area in which there has been no previous specific research. Some of their early findings have been:

- Domestic abuse services are generally inaccessible to anyone with a visual impairment starting with websites that have no function to increase font size or screen reader software
- Refuges will accept guide dogs but often do not have the physical space to accommodate one
- An older son might be a carer but may not be eligible for refuge because of his age
- The perpetrator is often a carer or close family member taking on the role of the carer
- Visually impaired survivors who do access services have experienced domestic abuse for longer, are more likely to still be living with the perpetrator, are twice as likely to have planned suicide and have high support needs
- Statutory agencies are at risk of wrongly identifying abuse as neglect rather than domestic abuse
- The importance of incorporating lived experience throughout service development

The research has had a high take up by both female and male visually impaired survivors. Consultation with professionals has recently gone live and has been circulated to professionals in Nottinghamshire. The research report is due in May 2022.

My Sight Nottinghamshire[51] provides services to blind and visually impaired people across Nottinghamshire from locations in Nottingham, Mansfield, Newark and Workshop. They are aware of service users who are experiencing domestic abuse and would like to contribute to the conversation about opening up refuge and community-based domestic abuse services to blind and visually impaired survivors. They deliver training on visual impairment, the barriers to services and steps that can be taken to improve access. They stated that while adaptations are important,

[49] Meeting with Nanya Coles, Research Manager, SafeLives on 9.2.22 https://safelives.org.uk
[50] https://www.visionfoundation.org.uk
[51] Meeting with Michael Conroy, CEO, MySight and Michele Banton, Peer Support Coordinator on 16.2.22

awareness and understanding of the wide range of visual impairments and the services available is vital.

5.11 Deaf and hard of hearing survivors

SignHealth[52] is a 'by and for' voluntary sector organisation based in London providing a range of services for Deaf people who are BSL users including the first domestic abuse BSL IDVA service in England. During the pandemic the service expanded to have a national reach using video call and BSL. They have received two referrals from Nottinghamshire in the past 12 months including one from a specialist domestic abuse service. SignHealth has a number of BSL domestic abuse videos on their website and is in the process of reviewing an information leaflet for refuge workers on how to support a deaf woman in refuge which should be available by the summer 2022. SignHealth identified two refuges providing good practice support to Deaf women – SafeNet[53] in the north west and Ashiana[54] in Sheffield.

SafeNet delivers specialist domestic abuse services in the North West including seven refuge services. They've built a trusting relationship with local deaf communities over 10 years and supported numerous deaf women including in refuge. They have consulted with deaf women on the development of services. Access for all survivors is a fundamental consideration in the design of any new projects. The social model of disability is embedded in their approach[55]. BSL is offered to staff as a learning and development opportunity.

> *"Ring doorbell, vibrating pillows, flashing lights. If you put it out there it makes people feel welcome straight away. We incorporate it – it's as essential as a bed"*
> *Alex Atkinson, Head of Service, SafeNet*

Ashiana is a 'by and for' specialist domestic abuse provider for Black and Minoritised Women with refuges in Sheffield, Rotherham and Bradford. They accommodated a deaf survivor for the first time last year. The survivor had been trafficked to the UK and although she used sign language, it was not BSL. While waiting for refuge, she'd been placed in temporary local authority accommodation that did not have a deaf alarm and was there for a month. Ashiana is now accommodating two Deaf survivors.

[52] Meeting with Marie Vickers, Domestic Abuse Services Manager, SignHealth on 24.12.21 https://signhealth.org.uk
[53] https://safenet.org.uk
[54] http://www.ashianasheffield.org
[55] The social model of disability states that it is the way society is organised, not the impairment itself, which excludes disabled people from full participation in society. By contrast, the medical model states that it is a condition that impairs an individual from living a full life.

"It was a mad scramble to get services in place. We needed to get a deaf alarm before she could even arrive. We contacted the local deaf centre and had to have two interpreters – a relay interpreter who specialised in international signs and he transferred it to BSL and an interpreter who translated it from BSL to spoken English. A two hour session cost £540. The biggest issue was how isolated she was. She's learning BSL now. We've got a deaf client in another refuge and we're helping them meet up"
Refuge Worker, Ashiana

The Refuge Worker outlined key learning points from their experience:

- The importance of having deaf awareness training for staff before accommodating a deaf survivor
- The need for refuge staff to learn some basic sign language
- To ensure that key adaptations are in place before you need them
- Refuges should make links with their local Deaf Social Work team and 'by and for' deaf organisations

Deaf-initely Women[56] is based in Belper and provides services by and for women who are deaf, hard of hearing and deafblind including a specialist domestic abuse service funded by the Derbyshire Police and Crime Commissioner. The domestic abuse worker has recently completed IDVA and ISVA training. She works closely with SignHealth and provides support to deaf survivors in refuge in the area (currently supporting three deaf survivors) and delivers an adapted version of the Freedom Programme on a one to one basis.

"It looks like deaf women are very demanding because they want help from me all the time and are hungry to communicate. Work is slow and time consuming. The barriers for deaf women are huge. Communication is a big one. A woman had to go to a child centre. She had to wait for a taxi. The taxi didn't turn up. How could she find out about the taxi? Not being able to speak with the other women in the refuge is very isolating. We have to organise an interpreter every time a woman needs an appointment, like at the doctors"
Deborah Lush, Personal Navigational Support Worker, Deaf-initiely Women

Nottinghamshire Deaf Society[57] provides services to deaf and hard of hearing people in Nottingham and Nottinghamshire including a BSL interpreting service. Head of Service Frances Connor spoke about the huge information deficit that exists in the deaf community generally and in relation to domestic abuse, what it is and what support is available. The deaf community is small but has a distinct identity.

[56] https://www.deafinitelywomen.org.uk
[57] https://www.nottsdeaf.org.uk

"If you were to have a Venn Diagram, deafness sits between linguistic minority and disability. They are a culturally different group too. It's not just a language issue. The needs of deaf people are too different to be successfully incorporated into a disability worker post. The BSL Bill will go through but it still won't give deaf people a right to access services in BSL……In the short term, it doesn't require a lot to make a service accessible and it's about safety – flashing light, vibrating pillow and alarm"
Frances Connor, Head of Service, Nottinghamshire Deaf Society

What is working well in Nottinghamshire:
Deaf survivors have been accommodated in two refuges in Nottinghamshire in the past.

One refuge provider has added the Recite Me Accessibility Toolbar[58] to their website.

During the period of this review, contact was made with the Nottinghamshire County Council Adult Deaf and Visually Impaired Service[59] which has offered to undertake an access audit of each refuge building and provide advice and guidance on key adaptations required to make the buildings accessible for deaf and visually impaired survivors and/or their children. These are in progress. It has been agreed with Nottinghamshire County Council that the providers can use the Flexible Funding grant to meet any costs associated with the adaptations. This level of adaptation will ensure that the refuges can accommodate a Deaf or visually survivor in an emergency.

Recommendations:

25. Any new commissioned refuge units should be accessible to all survivors and existing refuge provision should be supported to improve their access.
26. Any new refuge provision should include some units of dispersed accommodation to enable disabled survivors to have on site carers if required including older sons where they provide care.
27. Deaf and disabled survivors should be fully involved at an early stage in the design and development of refuge services (and all other services).
28. Current refuge provision should be adapted wherever possible, in particular to meet the needs of visually impaired and deaf and hard of hearing survivors. Funding should be sourced if required.
29. Refuges should provide a culturally competent workforce that can meet the needs of deaf and disabled survivors and understand the impact and dynamics of domestic abuse in these communities.

[58] https://reciteme.com/user-guide
[59] https://www.nottinghamshire.gov.uk/care/adult-social-care/advis

30. Training for refuge staff should be mandatory across the equalities strands and should form an element of all new worker induction
31. Mobile advocacy should be provided for deaf and disabled survivors in order to build their capacity and understanding of domestic abuse and the support services available, to provide support prior to going into refuge, while in refuge and to move on from refuge as well as to refuge staff. Any mobile advocacy should be collocated between domestic abuse and disability organisations and for deaf survivors it should be provided in BSL.
32. BSL interpreters should be provided and efforts should be made to open up the Nottinghamshire Sign Language Interpretation Service contract[60] to include refuges. Refuges should explore the options for the provision of BSL interpretation in an emergency e.g. online interpretation via video link such as provided by SignVideo[61]. SignVideo is currently used by the National Domestic Abuse Helpline.[62]
33. A pathway between the refuges and ADVIS that prioritises referrals and assessment should be established.

Recommendations are aligned with the findings of national research[63] [64] [65]

5.12 Learning disabled survivors

7% of survivors in refuge in 2020-2021 were described as having a learning difficulty. No survivors with autism, Asperger's or other neuro diverse conditions were accommodated. In future needs assessments, the question should distinguish between learning difficulty and learning disability [66].

An Adult Care Social Worker interviewed for the review spoke about the challenges that she had experienced trying to find a refuge that could meet the support needs of an extremely vulnerable survivor with a learning disability and additional high needs in relation to her physical health and independent living skills. The survivor's case had twice been to MARAC. The IDVA providing support to the survivor was also interviewed and had supported the survivor for much longer than would be usual because of the level of complexity and need. The survivor needed input on a daily basis to maintain her physical wellbeing and no refuge was able to accommodate her needs. A support plan was put in place with input from other Adult Social Care teams but was not sufficient to enable a refuge placement. Her accommodation outcome is unknown at the time of writing this report.

[60] Sign Language Intepretation Service agreement between Authorities, the CCG and Nottinghamshire Deaf Society to provide BSL interpreting services
[61] https://signvideo.co.uk
[62] https://www.nationaldahelpline.org.uk/en/bsl
[63] Shaping our Lives: A Refuge for All Project and Findings Report 2019
[64] SafeLives Spotlight 2 Disabled People and Domestic Abuse
[65] Making the Links: Disabled women and domestic violence 2008
[66] A learning disability creates an obstacle to learning across all areas of an individual's life whereas a learning difficulty is usually specific to reading, writing and spelling.

The survivor's situation reveals the challenges of providing access to safe accommodation for a survivor with a learning disability and other intersecting needs despite the best efforts of both agencies who wanted a positive outcome for the survivor.

There is only one refuge in England specifically for survivors with a learning disability[67]. Beverly Lewis House refuge, based in London, has 5 units and is staffed 24/7. The length of stay for survivors is typically substantially longer than in a mainstream refuge.

What's working well in Nottinghamshire:

- Refuges are accommodating survivors with learning difficulties
- One refuge has signage in picture assisted text

Challenges:

- With their current staffing levels, refuges in Nottinghamshire may not be able to accommodate a survivor with a learning disability and high support needs
- The successful placement of a survivor with a learning disability requires effective partnership working between domestic abuse services and Adult Social Care.

Recommendations:

34. There should be further specific research into the safe accommodation needs of survivors with a learning disability
35. It should not be assumed that refuge is the most appropriate safe accommodation option for survivors with a learning disability
36. There should be training for Adult Social Workers on domestic abuse and for domestic abuse services on learning disability and social care pathways in order to strengthen partnership working

5.13 Survivors with mental health support needs

50% of the survivors in refuge had mental health support needs of whom 17% had a dual diagnosis. As the data suggests, all refuges routinely accommodate women with mental health support needs and women experiencing Severe and Multiple Disadvantage and no referral was declined because the refuge was unable to meet a survivor's mental health support needs.

[67] https://www.insidehousing.co.uk/insight/insight/inside-the-only-refuge-specifically-for-women-with-learning-disabilities-58402

Refuge staff describe the challenges of accommodating women with multiple health needs and observe that they have seen increasing numbers of women coming into refuge during the pandemic with mental health support needs and high levels of trauma but find it difficult to access mental health services. One provider reported having three women who were suicidal during early lockdown and the difficulties they experienced trying to obtain crisis support from the mental health services. 36% of survivors in two refuges are currently accessing mental health services which indicates a high level of need for additional mental health support. Another refuge reported difficulties getting survivors into mental health services:

> *"The delays when you've got someone from out of county getting into service – sometimes they've left refuge before they've even got an appointment….Covid was the last straw for survivors. Women are coming in very traumatised"*
> *Refuge manager, Nottinghamshire*

Refuge managers all felt that staff required training on mental health and trauma informed practice, the range of therapies and services available and the pathways into them within the new environment of the NHS Community Mental Health Transformation. Building additional capacity in the refuges to support survivors with severe mental ill health and provide support for staff would alleviate the pressure staff constantly work under as well as provide essential holding and psychological support for residents.

There are examples of local initiatives providing additional mental health capacity. Nottinghamshire Sexual Violence Support Services (NottsSVSS) has seconded a Registered Mental Health Nurse from Nottinghamshire Healthcare Trust to undertake targeted work with service users including conducting full mental health assessments and to provide support and clinical supervision to staff. The role is collocated between the two organisations and provides an important route into mental health services[68].

One refuge in Nottinghamshire has a Complex Needs Worker who is skilled in working with people with mental health, drug and alcohol support needs, ex offenders and people with physical and learning disabilities. The role enables the refuge to accommodate survivors with higher support needs. Good links with their local GP practice is key to providing holistic support for survivors and access to mental health services.

[68] Meeting with Ellie Northridge, Sexual Health Mental Health Nurse, Nottinghamshire Sexual Violence Support Services on 24.2.22

"Things can be missed and before you know it a woman's mental health might have really deteriorated and we've have lost that person. Their behaviour might be causing problems in the refuge and present safeguarding risks" Refuge Complex Needs Worker

What is working well in Nottinghamshire:

- Women with mental health support needs are accessing refuges in Nottinghamshire in increasing numbers
- One refuge has a specialist 'complex needs' worker
- Nottinghamshire County Council Public Health and NHS Nottingham and Nottinghamshire CCG have begun mapping mental health and domestic abuse services to identify how survivors are accessing mental health services and where the gaps are. This is alongside an analysis being undertaken by Public Health Suicide Prevention of the training needs of refuge workers in relation to trauma, mental health awareness, suicide and self harm. The specialist domestic abuse services are participating in both initiatives.
- Nottinghamshire County Council has recently commissioned multiple counselling services to provide trauma informed counselling and support to survivors and children in safe accommodation as part of their Statutory Duty

Challenges:

- Refuges describe the increasing numbers of survivors who are highly traumatised, the challenges of accommodating women with multiple health needs and the difficulties accessing mental health services
- The landscape of mental health services is changing rapidly and dramatically and it can be difficult for providers to keep pace with the changes
- There are long delays accessing mental health services in Nottinghamshire

Recommendations:

37. Refuge support workers should be competent in mental health awareness, suicide, self harm and mental health pathways
38. Survivors in refuge and refuge support workers would benefit from additional specialist mental health input and capacity to provide trauma informed psychological holding to survivors, access to mental health services when required, particularly when in crisis and transfer in to services when moving from out of area. The secondment to Nottinghamshire Sexual Violence Support Services would be a useful model to explore

5.14 Survivors experiencing severe and multiple disadvantage

Although there is no commissioned refuge for survivors with severe and multiple disadvantage, resident data from the five refuges indicates that they are all accommodating survivors with drug and alcohol support needs, dual diagnosis, an offending background and / or sex working together with other forms of Violence

Against Women and Girls including trafficking, sexual exploitation and gang association. Two of the five refuges describe themselves as 'complex needs' refuges but do not have specialist 'complex needs' workers.

Table 6 Survivors with severe and multiple disadvantage accommodated in all refuges

Support need*	% of survivors in refuge
Mental health	50
Drug	13
Alcohol	19
Dual diagnosis	17
Offending	5
Sex working	3
Other forms of VAWG	29

*Survivors might have more than one support need.

While only one referral in 2020-2021 was declined for reasons connected to severe and multiple disadvantage (survivor's previous criminal convictions), this does not mean there is no unmet need particularly for survivors in active addiction or with severe mental health issues and complex trauma. District homeless team managers reported universally that they have the most difficulty finding refuges that can meet the needs of survivors experiencing severe and multiple disadvantage with one Manager describing it as a 'nightmare'. Nearly half (47%) of the professionals responding to the online consultation identified survivors with severe and multiple disadvantage as the most difficult to obtain refuge accommodation for. Women's Aid England has also identified that the more additional needs a woman has, the more difficulty she faces in accessing a refuge space[69].

Women experiencing severe and multiple disadvantage often present with more complex and greater need and require a higher level of support in refuge[70]. In Nottinghamshire, while only one refuge has a specialist 'complex needs' worker, a new three year pilot service is about to be commissioned by Nottinghamshire County Council Public Health. The initiative is designed to support the capacity of refuges to

[69] https://www.womensaid.org.uk/wp-content/uploads/2021/03/Nowhere-to-Turn-2019-Full-Report.pdf

[70] *Response to Complexity: Survivors of Domestic Abuse with "Complex Needs"*
Research Summary Report for Nottinghamshire Office of Police and Crime Commissioners' Women's Safety Reference Group (2018) Dr Lindsey Harris, University of Nottingham

accommodate survivors with drug and alcohol support needs. A Female Recovery Coordinator will be based in CGL but collocated with the refuges.

The importance of input from the specialist drug, alcohol and mental health services and the need for a highly skilled staff team has been evidenced by Central Women's Aid in Nottingham which has been commissioned by Nottingham City Council to provide four dedicated units for survivors experiencing severe and multiple disadvantage since 2015. Practitioners from the Homeless Mental Health Team provide drop in sessions at the refuge and facilitate access to GP and mental health services. There is a strong partnership with the Health Shop which provides training for staff and direct drug and sexual health services to women in refuge. The refuge is not staffed 24/7 but has extended staff coverage from 8am to 8pm Monday to Friday and 5 hours each on Saturday and Sunday. Residents have priority access to a trauma-informed therapeutic service provided by Nottingham Women's Centre.

> *"At referral, a lot of risk assessment and thought is put into whether or not we accept a woman. We have to think about the house dynamics. They're on a 7 day licence to begin with. This allows us to do more risk assessment. The key factor is whether or not that woman wants to engage. Central is a dry house. Staff have to be really on top of house rules. We take women in who are currently using. We'll work with them to do it safely and not on the premises. We work closely with the Health Shop on this"*
> *Sam Bowles, Refuge Services Manager, Central Women's Aid*

The service provided by Central Women's Aid is one element of a wider approach to supporting survivors with severe and multiple disadvantage that includes a community-based advocacy service delivered by Juno Women's Aid and a therapeutic service delivered by Nottingham Women's Centre. The service is overseen by a multi-agency Advisory Group. This whole system approach is widely regarded as national best practice and has been independently evaluated by Dr Lyndsey Harris[71].

SafeNet Women's Aid is commissioned by Lancashire County Council to provide a dedicated purpose built refuge for survivors experiencing severe and multiple disadvantage. The refuge opened in 2017 with 15 self-contained units, a communal lounge and kitchen, group work and clinical rooms. The service is staffed 24/7 with waking night staff. Alex Atkinson, Head of Service, described some of their key learning points.

> *"Get the accommodation side right first. When you're working with a higher level of risk, you need to manage it well. Get a Steering Group set up. Get health, housing and social care services involved right from the start. Hold*

[71] http://eprints.nottingham.ac.uk/50755/1/OPCC%20LHarris%20Complex%20Needs%20Report.pdf

agencies to account. Do an exit plan at the beginning of someone's stay and do it with the agency referring the survivor in. What are you going to do if this placement doesn't work? It's not easy to do. It's a learning curve everyday but we've had a lot of success stories".
Alex Atkinson, Head of Service, SafeNet

There are other examples of supported accommodation for survivors with severe and multiple disadvantage including Aiden House[72] in Nottingham provided by Framework and Frances House[73] in London provided by Solace Women's Aid. Both are staffed 24/7.

What is working well in Nottinghamshire:

- Refuges in Nottinghamshire are routinely accommodating survivors with drug and alcohol support needs, dual diagnosis, an offending background and / or sex working together with other forms of Violence Against Women and Girls including trafficking, sexual exploitation and gang association.
- Nottinghamshire Public Health Commissioning team is to commission a 3 year pilot service to provide specialist drug and alcohol support to staff and survivors in refuge and women coming out of prison[74]. A Female Recovery Coordinator will be based in CGL but collocated with the refuges.
- There are strong partnership arrangements in place between the refuges and the specialist drug and alcohol services

Challenges:

- District homelessness managers and other professionals report significant challenges finding refuges that can meet the support needs of survivors with Severe and Multiple Deprivation
- Supporting survivors in refuge with Severe and Multiple Deprivation requires considerable and ongoing risk assessment and staff capacity

Recommendations:

39. Nottinghamshire County Council should explore the feasibility of commissioning 4-6 dedicated self contained units for survivors experiencing severe and multiple disadvantage with 24/7 staffing.
40. The 3 year drug and alcohol pilot being undertaken by Public Health Commissioning in partnership with CGL and the domestic abuse refuges should be independently evaluated.

[72] https://www.frameworkha.org/service/womens-complex-needs
[73] https://www.solacewomensaid.org/our-services/multiple-needs-refuge
[74] Verbal evidence from Sarah Quilty, Nottinghamshire Senior Public Health and Commissioning Manager in meeting on 21.2.22. The new initiative is in response to national evidence of unmet need supplied by the Office of Health Improvement and Disparities

5.15 LGBT+ survivors

As stated in the introduction, this section was led and written by Luke Martin, Consultant and adapted by Val Lunn.

In this report, the term 'lesbian, gay, bi and trans people' (LGBT+) is used. However, it is important to recognise that LGBT+ people are not a homogenous group, or a single community, and each individual's experiences and identities will vary.

There have been a few empirical studies conducted on the rates of domestic abuse in the LGBT+ community. A study by Donovan et al[75] showed that 38.4% of the 692 respondents had experienced domestic abuse at some point in their lives, comparable to a figure of 40% from a study by Henderson[76]. Moreover, according to Donovan, 40% of the female respondents and 35.2% of the male respondents reported being victims of domestic abuse. It has been reported by some studies that gay men are less likely to report or recognise domestic abuse compared to lesbian or bisexual women. Contrastingly, Henderson's research with over 1000 participants showed that 22% of the women in the study had experienced domestic abuse compared to 29% of men. Most recently Galop, the provider of the national LGBT+ Domestic Abuse Helpline, has published LGBT+ Domestic Abuse Service Provision Mapping Study[77] highlighting the limited provision of 'by and for' services available nationally.

5.16 Understanding LGBT+ experiences in a local context

SafeLives[78] data set finds the national average of LGBT+ cases presented at MARAC is around 1.5% of all cases. The national average is lower than the expected 2.5 - 5.8% (or above) which is partly due to barriers in reporting. There is variation in estimates about the size of LGB populations, and even less data on transgender populations, but Public Health England's current estimate for the national LGB population is between 2.5% and 5.8%. it is noted that in data provided from North Nottinghamshire MARAC, spanning 2021/22 a total of five cases were presented where the victim identified as LGBT+. 495 cases were heard at the North Nottinghamshire MARAC highlighting a total of 1.01% of all referrals identifying as LGBT+ falling below the national population as well as the national average MARAC data. South Nottinghamshire MARAC data for the same period saw a total of twelve cases presented where the victim identified as LGBT+. 645 cases were heard at the South Nottinghamshire MARAC highlighting a total of 1.86% of all referrals

[75] Donovan, C. ,Barnes, R. and Nixon, C. (2014) The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/ or Transgender Relationships

[76] Henderson, L. (2003) Prevalence of domestic violence among lesbians & gay men

[77] Donovan, C., Magić, J and West,S. (2021) LGBT+ Domestic Abuse Service Provision Mapping Study

[78] https://safelives.org.uk/sites/default/files/resources/Reviewing%20your%20Marac%20data_Scotland.pdf

identifying as LGBT+. Again, this falls below the national population but is above the national average MARAC data.

Although refuge and community based domestic abuse services in Nottinghamshire are accessible to lesbian, bi and trans survivors, 96% of survivors in refuge in 2020-2021 identified as heterosexual with 4% identifying as lesbian. No trans survivors were accommodated in refuge in the year.

The Districts and Boroughs were asked to provide demographic data in relation to the survivors accessing the Sanctuary Scheme and survivors they had been unable to place in refuge. One District was able to provide LGBT homeless demographic data, this was not specific to domestic abuse survivors.

A snapshot of service users from one refuge provider revealed that 0.29% identified as transgender while 3% identified as lesbian or bisexual.

5.17 Understanding current LGBT+ provision

Domestic Abuse Provision
Equation provides an LGBT Safe Accommodation Advocate in Nottingham commissioned by Nottingham City Council as part of their response to the Domestic Abuse Act Statutory Duty. Equation also delivers training on same sex abuse and has LGBT Domestic Abuse Information Cards which are available free of charge to organisations and survivors throughout the county and city.

Nottinghamshire Women's Aid has a member of staff who is the LGBT+ lead for the organisation. Although an informal role, she attends the LGBT+ Scrutiny Forum (see below) and has led on consultation with The Centre Place LGBT organisation (see below) on the communication needs of LGBT people. She delivers training in her role as Hospital IDVA and routinely includes the LGBT Power and Control Wheel and the additional Stonewall LBGT checklist to be added to the DASH RIC.

LGBT+ Provision
Notts LGBT+ Network provides information & support for lesbians, gay, bisexual and trans people. This includes information on socialising, support groups, legal issues, counselling, HIV/AIDS, coming out and police liaison. They provide training on LGBT awareness, LGBT Hate Crime (with the support of the Police and Crime Commissioner), same-sex domestic abuse and on LGBT history.

The LGBT+ Service Nottinghamshire was established by The Centre Place in 2016 as an expansion of the LGBT+ support being provided since 2010 through the Workshop Out on Wednesday (W.O.W) young people's LGBT+ Service. The service provides a range of specialist services for children and young people aged 11-25 who identify as LGBT+ (and any other sexual orientation or gender identity), or may

be questioning this. The service also provides training and consultancy services for professionals across the private, public and voluntary sector. Nottinghamshire Women's Aid works closely in partnership with The Centre Place which is based in Worksop.

The Lesbian, Gay, Bisexual and Transgender Consultative and Scrutiny Forum meets quarterly. This Forum is made up of representatives from the LGBT community and voluntary and community organisations and provides advice and consultancy on Council policies and services. Nottinghamshire Women's Aid is represented on the Forum.

Trans Specific Services
Notts Trans Hub is a hub for community organising and information about trans friendly organisations. It also operates a local campaign for safer spaces for all people under the trans umbrella as well as providing a way to reach the trans community for consultation.

The Nottingham Centre for Transgender Health is an NHS clinic for people who want support with their gender. The service is available for people with a range of issues to do with gender, identity and sexuality. This includes people who identify as trans and non-binary.

5.18 Understanding the support needs of LGBT+ survivors

LGBT+ survivors want services that can address both their experience of domestic abuse and their needs as an LGBT+ person[79]. To do this, and overcome barriers to help and support, providers must have culturally competent staff, procedures, training and policy in place. Yet, there are only a handful of LGBT+ services currently in operation in England that work with domestic abuse and which are led and delivered by LGBT+ people. Again, it is noted that Equation provides an LGBT Safe Accommodation worker in Nottingham and Nottinghamshire Women's Aid has an LGBT informal lead who attends the Scrutiny Forum (see above).

This reflects a number of issues, including the historically lower awareness of LGBT+ domestic abuse; the complexity in making a business case for investment in specialist LGBT+ services; and a move away from commissioning specialist services towards more mainstream provision. It is of note that commissioners and service providers are aware of these challenges. A quarter of those responding to a recent Ministry of Housing, Communities and Local Government (MHCLG), now the Department of Levelling Up, Housing and Communities (DHLUC), consultation suggested that more needs to be done for isolated and/or marginalised victims,

[79] Field, M., and Rowlands, J. (2021) "Commissioning for Inclusion: delivering services for LGBT+ survivors of domestic abuse"

including LGBT+ survivors (as well as such as disabled survivors and Black and Minoritised survivors[80])[81].

When LGBT+ domestic abuse provision is delivered, it is often delivered by a domestic abuse service. This provision can be of a high standard. Indeed, some domestic abuse services have developed or hosted LGBT+ domestic abuse projects, securing funding for dedicated posts or undertaking extensive work to ensure their organisation is inclusive (including staff training, reviewing their policies and procedures and building links with local LGBT+ services and communities). While this is positive, this provision has often been developed by LGBT+ identifying professionals who report feeling quite isolated and/or responsible for delivery and the continuation of the service.

In many areas, LGBT+ survivors only have access to domestic abuse services where little has been done to ensure their needs are being met and where they are virtually 'invisible'. This can reflect a lack of specific provision. It can also reflect the absence of LGBT+ survivors in local strategies and action plans which may not identify (or prioritise) a response to their needs. It is important that local services evidence provision is accessible for LGBT+ communities through its website, literature and social media.

Finally, while a VAWG approach is important, it can sometimes inadvertently prevent the consideration of LGBT+ provision. For example, a local area may develop proportionate provision for women and men but in doing so effectively create services for heterosexual women and men, respectively, without considering either what those services need to do to be accessible to LGBT+ survivors or whether there is a case for specific LGBT+ provision[82].

There are also structural barriers – within LGBT+ and domestic abuse services, statutory services, wider society and the LGBT+ communities themselves – to the acknowledgement or recognition that LGBT+ people can be affected by domestic abuse in intimate relationships and also from family members. This includes the impact of homo/bi/transphobia on survivors' experiences of domestic abuse and their experiences of accessing services. Taken together, these issues can prevent the identification of signs and indicators of domestic abuse and also the provision of specific and appropriate support. Much of this is explored in the LGBT+ domestic abuse awareness training offered by Equation.

[80] NB this is the language used in the MHCLG Report

[81] 12 MCHLG. *Domestic Abuse Services – Future Delivery of Support to Victims and their Children in Accommodation- Based Domestic Abuse Services: Consultation Response.* HM Government, London, 2019: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839171/Domestic_Abuse_Duty_Gov_Response_to_Consultation.pdf *[accessed March 2022]*.

[82] Field, M., and Rowlands, J. (2021) "Commissioning for Inclusion: delivering services for LGBT+ survivors of domestic abuse"

Structural and cultural barriers relate to the way services are designed and delivered, and may include:

- Low visibility and representation of LGBT+ issues within the service, across internal and external publications (e.g. leaflets, booklets, websites, annual reports etc.) or within physical organisational space.
- Lack of established partnerships with specialist LGBT+ domestic abuse services.
- Lack of established partnerships with local LGBT+ organisations.
- Lack of quality referral pathways.
- Poor understanding and awareness of professionals around unique forms of coercive control targeted at sexual orientation or gender identity.
- Professionals assuming that all their clients are heterosexual and cisgender.

It is also important to acknowledge that the needs of survivors will differ as LGBT+ people are not a homogenous group. This means that while there may be some common experiences that all LGBT+ people face, there may also be important differences. The abuse disclosed by lesbians may be different to that of bisexual women. It may also be different to trans women and those who identify as non-binary may also have unique experiences. It is also important to recognise that even areas which have well established LGBT+ provision may still need to develop their responses to meet the needs of all LGBT+ people. For example, a Domestic Homicide Review (DHR) conducted in the London Borough of Hammersmith & Fulham made a range of recommendations to develop the local picture of need and service responses for trans survivors[83].

Additionally, when considering what appropriate support looks like, it is critical to consider intersections beyond sexual orientation and gender identity. This could include Protected Characteristics under the Equality Act 2010[84], as well as other issues like socioeconomic status or complex and additional needs (e.g. mental health, substance misuse and long-term health issues). Other factors, such as whether someone lives in a rural or urban area can also have an impact (e.g. whether there are local LGBT+ community groups or venues and whether these are accessible). These different aspects of someone's identity or experience can intersect with their experiences of domestic abuse. As a result, LGBT+ survivors often present with a multitude of unique individual circumstances, may face specific barriers, and have different experiences of domestic abuse. An effective intervention will need to be able to address all these issues together.

[83] J. Rowlands. *Domestic Homicide Review: Review into the murder of Jimena in March 2015.* Hammersmith & Fulham, London, 2018: www.lbhf.gov.uk/ crime/domestic-violence/fatal- domestic-violence

[84]These are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, or sexual orientation.

5.19 Meeting the needs of Trans and Non-Binary survivors

This report is premised on ensuring that all survivors should be able to access help and support, including trans survivors and non-binary people, and that commissioners have a responsibility to ensure that these needs are met.

In Government guidance it is highlighted that there should be specialist safe accommodation offering single gender or single sex accommodation, alongside dedicated domestic abuse support which is tailored to also support those who share particular protected characteristic(s) and / or who share one or more vulnerabilities requiring additional support.

This includes 'By and For' services where victims are able to see themselves reflected in the staffing, management and governance structures. By and For services are designed and led by those that share the same protected characteristic(s) as the victims they aim to serve.[85]

In meeting the needs of trans and non-binary survivors, commissioners should seek to ensure there is adequate local provision, as well as considering wider operational delivery and strategic responses. Local/regional discussions are needed to ensure that trans and non-binary people are included on all levels of a coordinated community response, in a way that respects and supports the needs of all survivors.

Lack of current provision for LGBT+ people in domestic abuse services and services that are not LGBT+ affirmative means that LGBT+ people are marginalised and are less likely to be engaged with mainstream services. However, anecdotal evidence form Equation highlights the effectiveness of having an LGBT+ Safe Accommodation Advocate in improving engagement and access to support for LGBT+ survivors in Nottingham.

There is an overall need for more inclusive specialist support that is competent to address significant complexities and intersectional oppression (racism, sexism, ableism etc.) experienced by LGBT+ people. LGBT+ people may experience any range of institutional, structural and interpersonal abuses throughout their lives. These experiences impact on how LGBT+ people understand and respond to domestic abuse.

Anecdotal evidence, provided nationally, suggests many survivors have difficulty finding culturally competent and non-traumatising support due to overall stigma, lack of economic resources, or the absence of available community outreach programs.

[85] https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services#part-b-local-delivery-of-support-within-safe-accommodation

If service providers do not understand the needs and priorities of LGBT+ survivors and intersecting oppressions that exist, their work may cause more harm than good.

5.20 National research and best practice

In 2018 Stonewall Housing published 'Beyond Abuse: LGBT+ accommodation based domestic abuse services.' Brighton & Hove City Council and the London Borough of Hammersmith & Fulham secured funding as part of the Department of Communities and Local Government 2016 /18 'Fund for refuges, specialist accommodation- based support and service reform to help local areas meet the Priorities for Domestic Abuse Services'.

Funded for a year this LGBT+ accommodation- based project was made up of partners in the three cities that are identified as beacon cities for LGBT+ communities to which LGBT+ people may travel, seeking validation. This is reported in Stonewall Housing's 'Finding Safe Spaces' Report[86].

Nationally there are very few services that respond to the specific needs of LGBT+ survivors of domestic abuse. The overarching aim of the project was to increase the provision of services in order to meet the needs of LGBT+ survivors of domestic abuse in Brighton, London and Manchester. This was achieved by increasing the availability of specialist accommodation and intensive outreach support in these areas.

Project organisations engaged with housing partners to provide support to survivors in dispersed accommodation- Manchester having four self- contained units supplied by Great Places and Brighton the same number. A significant finding from this research is that a majority of those accessing the provision identified as male. Two thirds of those accessing the refuge provision were gay or bisexual men. The research suggests that this was due to lack of generic refuge provision available for male victims.

Lancashire LGBT use a successful Quality Mark model. The Lancashire LGBT Quality Mark is a quality assurance programme for service providers[87]. First introduced in 2015, the Quality Mark was developed as an updated version of the former Navajo LGBT Charter Mark. The programme is designed to assist service providers to help measure how well the needs of lesbian, gay, bisexual and trans service users, volunteers and staff are being met[88]. Lancashire's domestic abuse provider, SafeNet have worked with Lancashire LGBT to achieve this and it is recommended that a similar set of standards are created with LGBT networks in

[86] https://stonewallhousing.org/project/finding-safe-spaces/
[87] https://lancslgbt.org.uk/quality-mark/
[88] https://lancslgbt.org.uk/quality-mark/

Nottinghamshire and domestic abuse services are supported to work to these standards.

What is working well in Nottinghamshire

- There is a strong partnership between one refuge provider and an LGBT specialist organisation which has built trust and provided an effective channel for consultation with local members of the LGBT community
- There is representation on the LGBT Consultative and Scrutiny forum provided by the same refuge provider
- Equation is commissioned by Nottinghamshire County Council and Nottingham City Council to provide same sex abuse training and same sex domestic abuse information cards

Challenges

- There is a lack of capacity in the LGBT community to identify domestic abuse, know where to go for help and to feel confident to report domestic abuse and/or access services
- There is a lack of data in relation to the number of LGBT survivors in Nottinghamshire including those accessing the Sanctuary Scheme or presenting as homeless. Refuge performance data has not included demographic data but case management systems are in place in each of the providers to record and report any data requested.
- Women's Aid England has recently published a position statement on single sex services[89] which defends single sex services (within the parameters of the law) at the same time as making a commitment to ensure that trans and non binary survivors receive the support they need. All refuge providers in Nottinghamshire are members of Women's Aid England and will require time to absorb and respond to the statement and its implications for local services.

Recommendations

41. Commissioners should seek to engage in an ongoing dialogue with LGBT+ services and domestic abuse services to co-produce solutions.
42. Services delivering specialist support to LGBT+ survivors should be appropriately resourced and supported by long-term, sustainable funding which enables and includes evaluation impact and outcomes and generates enough evidence of good practice that supports bidding for funding with commissioners.
43. There is a need for capacity building within the LGBT community. There is potential for this to be done by an LGBT+ Safe Accommodation Advocate but also by LBGT leads from the refuge providers. There are opportunities for leads within the

[89] https://www.womensaid.org.uk/womens-aid-single-sex-services-statement/

providers to attend LGBT+ Forums and to strengthen pathways between LGBT+ professionals and communities and domestic abuse services.

44. Professionals working in the sector should be supported to recognise that domestic abuse affects the LGBT+ community and need to access appropriate training on distinct experiences of LGBT+ people with domestic violence and abuse available through Equation. There is an overall need for more inclusive specialist support that is competent to address significant complexities and intersectional oppression (racism, sexism, ableism) experienced by LGBT+ people.
45. Refuge providers, in discussion with Commissioners, should consider and respond to Women's Aid England's position statement on single sex services to ensure that the safe accommodation needs of all survivors including trans and non binary survivors are met
46. A Quality Mark model should be developed along the lines of the Lancashire LGBT Quality Mark to enable the partnership to evidence their inclusive and anti discriminatory practice and to build trust with LGBT survivors and the wider LGBT community.

6. SURVIVORS WITH ADDITIONAL NEEDS

6.1 Survivors with larger families

Refuges in Nottinghamshire have a good capacity to accommodate larger families with 85% of the units able to accommodate a woman and three or more children. One refuge is able to accommodate a survivor with up to 8 children and a second refuge is able to accommodate a survivor with up to 7 children in one of their second stage move on properties. Occupancy data from three refuges shows that in 2021-2022, 28% of the families staying in refuge had 3 or more children. By comparison, refuge accommodation in Nottingham has a significantly higher proportion of units (30%) for single women and lower proportion of units (35%) for women with 2 or more children. Nationally, of the vacancies listed on Routes to Support in 2020-21, 42.2% were suitable for a woman with two children while less than one in five vacancies (15.3%) could accommodate a woman with three children.

In addition to the bedspaces described in the table below, the majority of the units can also accommodate a cot for a baby if required. Declined referral data indicates that only 1 referral over 2020-2021 and Q1-Q3 2021-2022 was declined because the refuge was unable to meet the needs of a larger family.

Table 7: Family size in refuges in Nottinghamshire

Family size	Number of units across all refuges*	%	Number of families accommodated in three refuges	%
Single or pregnant woman	2	6	21	26
Woman and one child	3	9	13	16
Woman and two children	0	0	24	30
Woman and three children	10	29	14	18
Woman and four children	15	44	4	5
Woman and five children	2	6	4	5
Woman and six children	1	3	0	0
Woman plus seven children	0	0	0	0
Woman plus 8 children	1	3	0	0
Total	34	100	80	100

*There are an additional 6 units which are generally used as second stage move on accommodation from the refuge and have not been included in this table

Refuges will accommodate single women in units for larger family sizes if necessary.

What is working well in Nottinghamshire:

- Nottinghamshire has very good provision for survivors with 3 or more children

Challenges:

- Three Districts stated that they had found it difficult to find space for survivors with larger families

Recommendation:

47. New commissioned refuge provision should include units to accommodate a woman and 3/4 children

6.2 Survivors with older male children

The age for male children in refuge in Nottinghamshire ranges from 12 – 17 years depending on the maturity, behaviour and stature of the male child. Refuges offering self-contained or dispersed units were no more likely to accommodate older male children than communal refuges.

The age limit in refuges is just one factor which might prevent women with teenage children leaving an abusive relationship. Concern about disruption to school life at a critical time in their children's education and the communal nature of refuges which can make it difficult for teenage children to study are also barriers to leaving.

Refuges report low referrals of women of either teenage boys or girls and this is confirmed by the data from the refuges which shows that of 267 children accommodated in refuge, 12 were aged 16-18 years of whom 66% were male children.

What is working well in Nottinghamshire:
Refuge provision in Nottinghamshire accommodates older male children.

Challenge:
There is some variation between refuges in terms of the age criteria of older male children.

Recommendation:

48. Consideration should be given to standardising the upper age limit for boy children in refuge in order to provide greater consistency across the provision.

7. SURVIVOR VIEWS ON THEIR EXPERIENCES IN REFUGE

The survivor consultation included four survivors who had been in refuge escaping domestic abuse from a male partner:

- Three survivors had stayed in the same refuge in Nottinghamshire
- One survivor was placed in a refuge out of county
- Two survivors had children with them in refuge
- Two survivors were physically disabled
- Two survivors had mental health support needs
- All four survivors identified as White British or White Polish
- No survivors had language support needs
- All survivors had recourse to public funds

- The four survivors accessed refuge through different routes including their Domestic Abuse Support Worker, the National Domestic Abuse Helpine, Adult Social Worker and Local Authority Housing Options Team

Referral to refuge - both physically disabled survivors felt that their referral to refuge took longer because of their access needs.

> *"It took them a week to find me a refuge because of my disabilities. Refuges said they couldn't meet my needs. I'm fully independent but they said I was too much of a risk"*

They both continued to live with the perpetrator while they waited for a refuge to accept their referral. Waiting for a refuge is a dangerous time for survivors with 29% of women supported by Women's Aid England's Nowhere to Turn project experiencing further abuse while they were waiting[90]. In contrast, refuge space was obtained for the two non-disabled survivors on the day of the referral. The importance of an effective referral at the point of need was stressed by one of the non disabled survivors:

> *"If she'd (Housing Officer) told me I'll have a look and get back to you, I don't know if I'd have gone. I might have lost courage. I just had to go now"*

Irrespective of additional needs or Protected Characteristics, the survivors were unanimous about the components of refuge services they most valued:

- The provision of a safe, therapeutic environment
- Emotional support and practical advocacy from refuge staff with an in-depth understanding of gender-based violence
- Dedicated provision for children
- Peer support from other women in refuge

These components align with the fundamental characteristics and principles of refuge services defined by Women's Aid England in the Whole Housing Approach Toolkit.[91].

The provision of a safe and therapeutic environment – the secret address and confidential location of a refuge is critical to the protection delivered to women and children living there.

> *"I felt like someone had taken the shackles off and I didn't have the fear I'd constantly lived with"*

[90] https://www.womensaid.org.uk/wp-content/uploads/2021/09/Plain-text-NWTA-report-2021-FINAL.pdf
[91] https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

"…working out what your needs are and letting you have the time to make your decision, where you can be safe and feel safe"

"I had to book a taxi to get there. (name of refuge worker) came down. I was all over the place. I remember getting in my room. The curtains were blowing because the window was open. It was really friendly. There was no pressure to fill forms out. I can't even describe it. I felt a wave of peace"

Holistic emotional support and practical advocacy from refuge staff – survivors spoke about not being believed or listened to by agencies and how this changed in refuge:

"(name of refuge) was my last hope. (name of worker) answered the phone and it was wonderful. Someone who was listening to me. I was having a breakdown because of what was happening to me. Agencies don't recognise the trauma. When (name of worker) spoke to me, I felt hope. There was no pressure when I first got there. I was told I could have a bath. They made you feel welcome rather than part of a system. I remember I just went to sit in a bath for ages. There's formalities to sort out but I wasn't pressured"

"They listened to me and then appreciated and empathised with me. They didn't judge me"

"I started to feel like myself again. They were always there to listen"

"Part of the process is getting your head together and having the right support. It's a very lonely and difficult time. You're trying to come to terms with so much"

Knowing that the refuge staff would help a survivor with her mental health support needs was crucial to one survivor.

"I was having a breakdown because of what was happening to me…one of the first things (name of worker) did was… she took me to register for the GP"

The survivor who was placed in a refuge out of the county spoke about the impact of the lack of support.

"I needed someone to talk to. I thought there'd be more support than there was. There was no time to reflect or think through what I wanted to do. The next day they were trying to get me to fill in the housing papers. It felt like a lot of stress. I never had a key worker or key work session"

Dedicated provision for children – specialist support for children and young people in refuge is one of the key components of refuge provision[92]. The refuges in Nottinghamshire all have dedicated Children's Workers. The communal refuges have a separate playroom and provide one to one and group programmes for children. Two of the four survivors had children with them in refuge with ages ranging from 2 months to 7 years. One child with autism and multiple health support needs was not offered a school place for the whole of the four months the family was in refuge.

When asked about the importance of groups or programmes for children to help them recover from living with domestic abuse, one survivor responded:

> *"They're necessary not optional. My daughter still wakes up and says she misses daddy. She's very hesitant and bursts into tears."*

For the survivor whose child had multiple health needs, support for her child would have made the greatest difference to her stay in refuge (outside of the county).

Peer support – the four survivors had stayed in a communal refuge where they were able to access support from other women in the refuge. In the case of three of the survivors, this has led to long-lasting friendships:

> *"It's important to get the support from other women going through something similar. I'm still friends with three of the women I was in (name of refuge) with. When the workers aren't there, you can talk to other women. I'm in contact with all of the women I was in (name of a second refuge) with" (Survivor had been in two refuges)*
>
> *"Part of the process is getting your head together and having the right support. It's a very lonely and difficult time. You're trying to come to terms with so much. It's important not to feel alone"*
>
> *"The women sit in the kitchen together and that was the biggest support. We all migrated to the lounge or kitchen. We kept ourselves occupied"*
>
> *"I had a visit from a woman I met in refuge yesterday. We still help each other"*

Recommendations

49. Nottinghamshire Local Partnership Board and Commissioners should ensure that refuges fully meet the definitions of a refuge as outlined in the Whole

[92] https://www.womensaid.org.uk/wp-content/uploads/2021/09/Plain-text-NWTA-report-2021-FINAL.pdf

Housing Approach Toolkit[93] and support services as outlined in the Domestic Abuse Act 2021 Statutory Guidance.[94]

50. Nottinghamshire Local Partnership Board and Commissioners should ensure that refuge services are delivered in the most suitable accommodation types to meet the needs of all survivors and their children.
51. Nottinghamshire Local Partnership Board and Commissioners should ensure that refuge service are designed and developed in collaboration with survivors.

8. REFERRAL PATHWAY TO REFUGE

Demand for refuge constantly outstrips supply which can make finding a space in refuge a time consuming and challenging process for survivors who self refer and professionals making referrals. The refuges in Nottinghamshire form part of a national network and survivors may have to travel to a refuge in another area either for safety reasons or because there are no vacancies locally. Women's Aid England has identified that the more additional needs a woman has, the more difficulty she faces accessing a refuge space.[95]

80% of professionals responding to the online survey for this review had referred a survivor to refuge. Of these, 38% had phoned refuges directly, 24% had called the local Juno 24 hour Helpline, 24% had called the National Domestic Abuse Helpline and 4% had called another domestic abuse service. When asked about their experience:

- 54% described it as difficult or 'not easy'
- 27% described it as good or 'easy'
- 14% described it as 'mixed'
- 4% were unable to remember

Professionals cited the length of time it could take, the lack of refuge flexibility for survivors with severe and multiple disadvantage, the challenge of trying to find a space for a survivor with No Recourse to Public Funds and the difficulty getting through to refuges particularly during the pandemic.

> *"Difficult – you're given a list of refuges and then phone them all to find a space. This could take hours and then the client is worried in this time"*

> *"Bad. No one checked their understanding of what they needed to do and they thought they had to individually call each refuge"*

[93] Ibid
[94] https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation
[95] Ibid

"Too rigorous in their assessment – not enough flexibility with people who experience SMD (Severe and Multiple Disadvantage)"

"We have a strong partnership link with Central Women's Aid (Nottingham) who have always provided help and support in this situation even if they do not have space"

"Very easy. The people who answer the phones are very helpful and understanding"

8.1 Juno 24 hour Helpline as a route to refuge

In Nottinghamshire, the Juno 24 hour Helpline is promoted as the main referral route to refuge with a freephone number for survivors and a dedicated landline number for agencies. Calls from survivors are given priority.

The Helpline has access to the Women's Aid England refuge vacancies hub, Routes to Support, which is constantly updated as vacancies become available or filled. The Helpline is able to filter their search depending on the needs of the survivor e.g. for a woman with an older male child or larger family. Where a survivor is self-referring to refuge, the Helpline will locate a vacancy and make the referral to the refuge on behalf of the survivor. This process involves taking the survivor's details, carrying out a risk assessment using the DASH RIC, identifying any additional needs or vulnerabilities she might have such as mental health support needs and matching her to a refuge that can meet her needs and has a vacancy. This might take several calls to multiple refuges. By the time the Helpline has managed to contact the refuge, the vacancy has often been filled. Once the survivor has been put in touch with a refuge, they will carry out their own risk assessment and arrange travel if required. This might be done in partnership with the Helpline. During the pandemic, the Rail Refuge service[96] has provided free travel to survivors and has been used by both the refuges in the county and the Helpline.

A snapshot from Routes to Support of refuge vacancies throughout the East Midlands for the week commencing 14 March 2022 showed that the number of vacancies per day ranged between 7 and 15 units[97]. Two of the vacancies were in refuges in Nottinghamshire and both were filled within 3 days with the Helpline signposting or referring 5 survivors to one vacancy and 4 to the other. One refuge in Derbyshire would consider a referral of a survivor with No Recourse to Public Funds aged 16-24 with no children and two vacancies were in units with ground floor access (in Derbyshire and Lincolnshire). None of the units were wheelchair accessible or accessible for visually impaired or deaf survivors. The snapshot highlights the low number of vacancies across the region on any one day, the

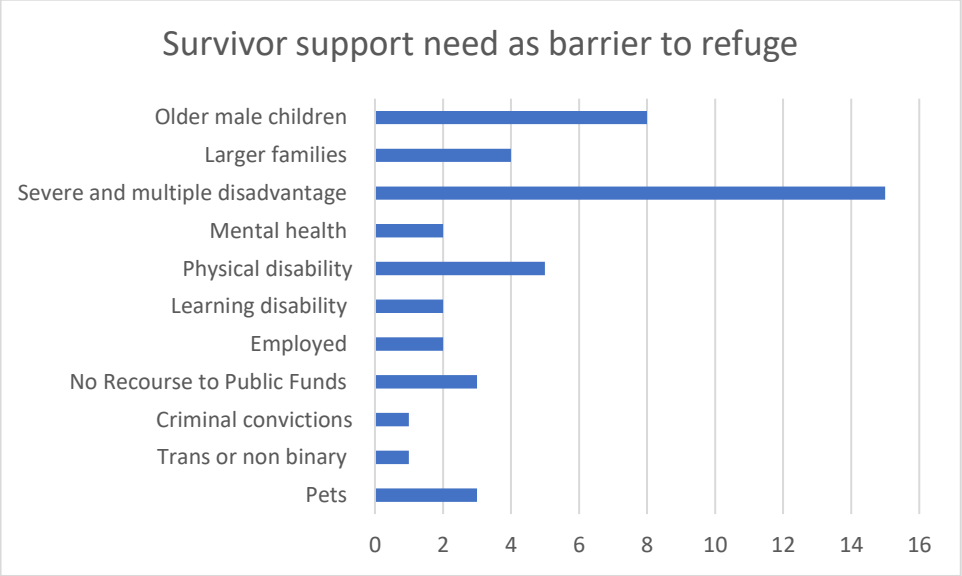
[96] https://www.womensaid.org.uk/rail-to-refuge/
[97] Snapshot supplied by the Juno Helpline

multiple referrals a refuge can receive when they publicise a vacancy and the shortage of safe accommodation for survivors with No Recourse to Public Funds and disabled survivors.

Where a professional phones the Helpline, a search on Routes to Support is undertaken based on the information about the survivor's circumstances supplied by the professional. The professional is given the refuge contact details and asked to make contact with the refuge. The Helpline's involvement ends here. The refuge will send the professional their referral form and will liaise directly with the professional and survivor. Because calls from survivors are given priority, professionals routinely have to leave a message on the Helpline agency landline number. The process for responding to messages is robust but the timeframe for doing so is up to two hours which can cause frustration to professionals and District homeless options officers.

Professionals were asked whether there were any survivor support needs they had particular difficulty finding a refuge for. They identified the barriers to access for the following support needs:

Figure 3: Survivor support needs as barrier to access to refuge as identified by professionals



The barriers to access experienced by survivors and professionals in Nottinghamshire echo the findings of the Nottinghamshire Domestic Abuse Safe Accommodation Needs Assessment and Women's Aid England's Nowhere to Turn project which provides dedicated support to survivors who face structural inequalities and barriers to refuge. The five most common challenges for women seeking a refuge space were a lack of support available for:

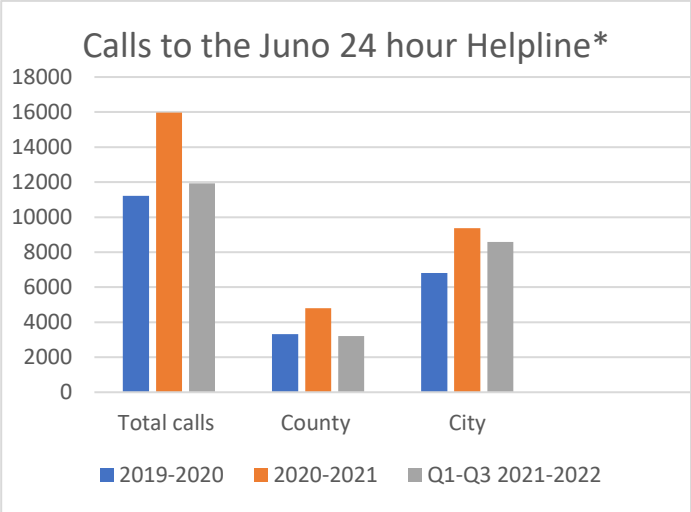
- Women with mental health support needs
- Black and minoritised women
- Women who reported having disabilities (including mental health disabilities)

- Women with no recourse to public funds
- Women with ties to their local area

Many women faced more than one of these challenges[98]. In 2020, the project provided support to 4 survivors referred from Nottinghamshire[99].

During the first year of the pandemic, calls to the Helpline increased dramatically with a 42% increase from 11,224 in 2019-2020 to 15,961 in 2020-2021.

Figure 4: Calls to the Juno 24 hour Helpline



*The calls for 2021-2022 are for the period March to December.

In 2020-2021, calls to the Helpline where refuge was the primary issue accounted for 10% of all calls comprising 31% from the county and 69% from the city.

District Housing Options Managers spoke about the difficulties getting through to the Helpline and delays caused when refuges are not able to return calls. Some District homelessness teams store refuge numbers and bypass the Helpline phoning the refuges directly while others phone both the local Juno and the National Helpline. One District was unaware of the local Juno 24 hour Helpline.

> *"The length of time it can take for the referral is a definite barrier. We can't make promises to survivors about the length of time it'll take. Sometimes refuges will get back to us really quickly and sometimes it can be a laborious process, having to leave lots of voicemails"*
> *Housing Options Manager*

[98] https://www.womensaid.org.uk/wp-content/uploads/2021/09/Nowhere-to-Turn-2021.pdf
[99] Information supplied by Sarah Davidge, Research and Evaluation Manager, Women's Aid England

They'll always try the (Helpline) agency number but it's usually leaving an answerphone message. They'll also do a ring round of the refuges we've got the numbers for. Feedback from officers is that call backs aren't quick. It feeds into the client. We tell them what we're going to do. We have to phone back and say we're still waiting and that causes anxiety. Delays can result in the survivor changing their mind. I've known it happen a couple of times. Survivors we've placed in B&B have also returned back to the perpetrator. Housing Options Manager

What is working well in Nottinghamshire:

- The Juno Helpline provides a route to refuge and to safety for survivors and professionals 24 hours a day
- The Helpline has access to Routes to Support online refuge vacancies hub and is able to match survivors to refuges dependent on need, vulnerability and space availability
- The pathway to refuge is generally understood by professionals and District homelessness teams
- The Helpline is accessible by phone and email and aims to launch a webchat service in 2022 in response to the different help-seeking preferences of survivors and professionals
- The Helpline offers language interpretation for survivors via Language Line and Relay UK (formerly known as TextRelay) for deaf and hard of hearing survivors
- The Juno Pet Fostering Service is incorporated into the Helpline service to ensure fast track referrals

Challenges:

- The capacity of the Helpline and refuges to respond to calls from professionals and the delays caused to the length of time it might then take to make a successful referral to refuge is a concern for Districts and professionals. The Helpline has had staffing capacity issues related to Covid but even when fully staffed, it can be difficult to manage an increasing demand. Helpline call data is being independently analysed at the present time with a report due in April. The findings of the review will inform any changes to be made to the structure of the Helpline and its ability to meet demand.
- The lack of refuge accommodation nationally for survivors with unsettled immigration status, No Recourse to Public Funds, additional support needs, larger families, older male children or who have pets is a universal concern for professionals and Districts. It should be noted that refuges in Nottinghamshire accommodate survivors with all of the above support needs but the key issue is availability of space at the point of need. Juno Women's Aid provides a Pet

Foster service but this was not widely known by the Districts some of whom are in the process of setting up their own kennelling arrangements.

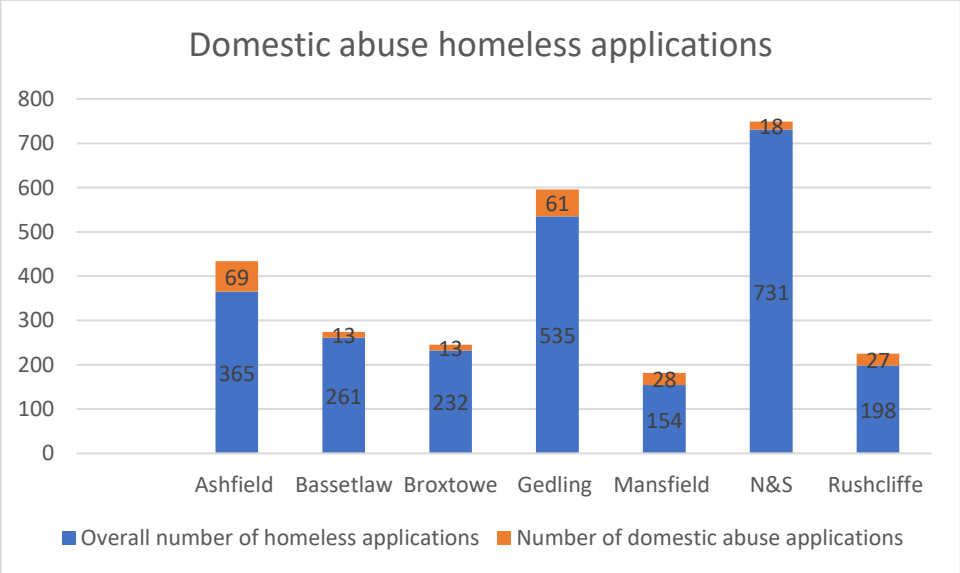
Recommendations:

52. Helpline capacity is increased to enable calls from professionals to be responded to in a timely manner
53. The Helpline should review its access for deaf and hard of hearing survivors in line with best practice. This should include exploring the feasibility of using SignVideo[100]
54. The Helpline and Districts to strengthen partnership working and mutual understanding of each other's roles and ways of working
55. Partners and Districts should be made aware of Juno Women's Aid Pet's Foster Project

8.2 District/Borough homelessness as a route to refuge

In 2020-2021, just under one in ten homeless applications in Nottinghamshire was the result of domestic abuse. A total of 2,476 applications were received across the seven Districts. Of these, domestic abuse was the primary cause of 229 applications. In three Districts, domestic abuse was either the second or third most common cause of homelessness.

Figure 5: Domestic abuse homeless applications by District

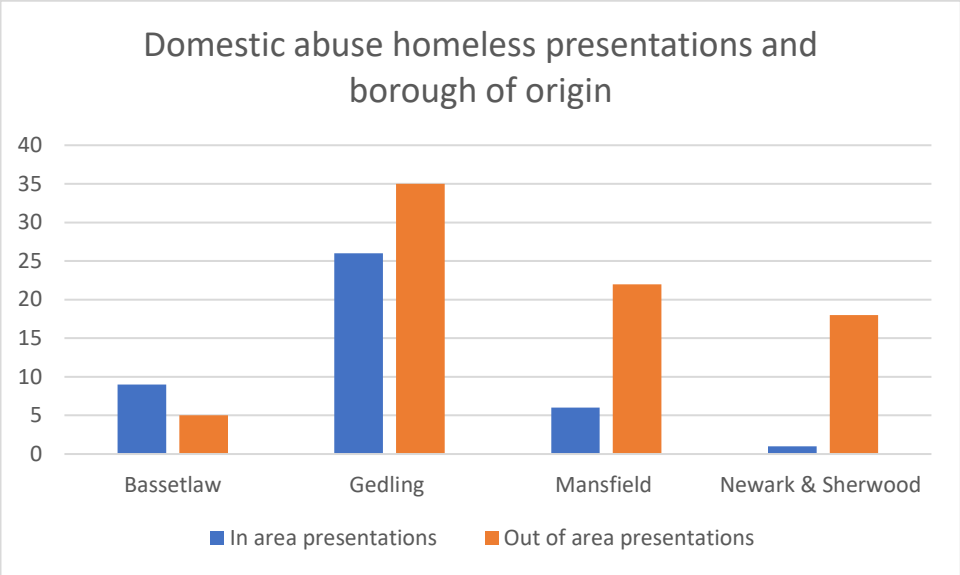


Data relating to borough of origin of the survivor was reported by four Districts and evidences how women move around the country to escape domestic abuse. The phenomenon of women and their families uprooting their lives to escape domestic

[100] https://signvideo.co.uk

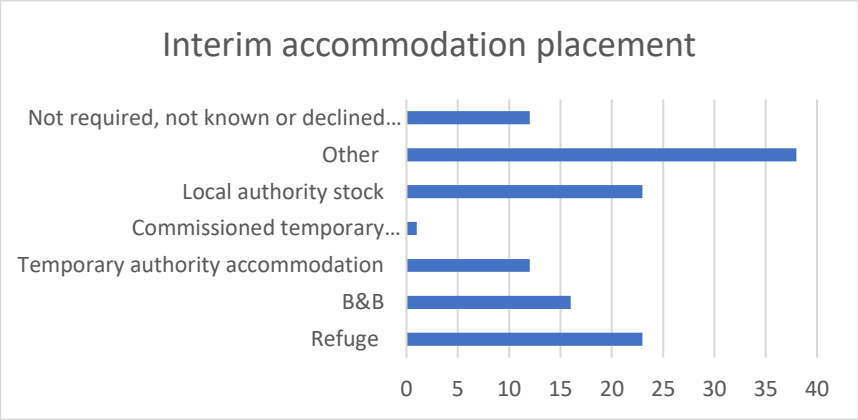
abuse has been described as a process of 'forced migration' within the UK uprooting families from their communities, support networks, workplace and schools[101].

Figure 6: Domestic abuse homeless presentations and borough of origin



Authorities have a duty to provide interim accommodation while they make enquiries into a homeless application. Data from five Districts shows that during 2020-2021, 79 survivors were placed in interim accommodation of whom, 23 were placed in refuge and 16 were placed in bed & breakfast/hotel, 14 by one District. The remaining 40 were placed in either authority temporary accommodation or local authority or leased stock. 150 survivors stayed with friends, family or declined placement.

Figure 7: Type of interim accommodation survivors placed in by Districts



A new initiative in Nottinghamshire designed to provide additional capacity to District homeless options teams and their response to survivors presenting as homeless

[101] Bowstead, Janet (July 2015) Forced Migration in the UK: Women's Journeys to Escape Domestic Violence, Transactions of the Institute of British Geographers

was launched in January 2022. Housing Link Workers will be hosted by Nottinghamshire Women's Aid in the north and Juno Women's Aid in the south and collocated with District housing teams. The service has been commissioned by Nottinghamshire County Council as part of their Statutory Duty safe accommodation response. The initiative has been universally welcomed by the Districts. The Link workers will have access to the online refuge vacancies hub, Routes to Support which should alleviate pressure on both housing options staff and the Helpline and provide a more timely response to survivors requiring emergency refuge accommodation. A similar scheme is available in Nottingham city and increasingly in other parts of the country.

What is working well in Nottinghamshire:

- District Authorities report that the removal of the priority need criteria following changes made to the Homelessness Code of Guidance as a result of the Domestic Abuse Act has had a minimal impact. All Districts report that they have always awarded any survivor of domestic abuse priority need.
- All Authorities offer domestic abuse training to their staff teams
- The collocation of Housing Link Workers is seen as a positive initiative which will build the capacity of the Authorities to respond to survivors who present as homeless in a timely manner

Challenges:

- The length of time it can take to place a survivor in refuge can have a detrimental effect on the survivor
- The lack of available refuge space means that survivors are placed in mixed temporary accommodation including Bed & Breakfast / hotel accommodation and although some of this is staffed accommodation, much is not. This can leave survivors at risk
- District Authority data systems are set up to report homelessness data to H-Clic and were unable to easily produce data relating to domestic abuse and homelessness

Recommendations:

56. Where District Authority homeless data is requested to inform future needs assessments, the Authorities should be involved at an early stage to agree the parameters of the data required and the reasons for it
57. The impact of the new Housing Link Worker posts should be evaluated to assess whether referrals to refuge are more efficient and effective with less waiting time for survivors

9. THE SANCTUARY SCHEME

"I feel a hundred times safer than what I did with all these locks and no one can get into my house or it would take someone a lot longer"
Survivor with Sanctuary Scheme installation, Nottinghamshire

9.1 National and local context

The Domestic Abuse Act 2021 places a statutory duty on Tier 1 Local Authorities to provide 'safe accommodation' support services to survivors of domestic abuse and their children. The definition of safe accommodation includes the Sanctuary Scheme[102] which is defined as a multi-agency, survivor-led initiative which aims to prevent homelessness by enabling survivors to remain in their home if they choose to and it is safe to do so[103].

The Sanctuary Scheme is integrated into the strategic framework across the partnership as a measure to prevent homelessness and improve the safety of survivors and their children. It is described as a 'Key Pillar' in the approach outlined in the Nottinghamshire Violence Against Women and Girls Strategy 2021-2025[104]. The Domestic Abuse Act is referenced in the new South Notts Homelessness Rough Sleeper Strategy 2022-2027[105] which includes an action to 'ensure that the Domestic Abuse Act is fully implemented across South Nottinghamshire'. Although not explicitly referenced, Mansfield District Council aims to reduce the risk of homelessness for vulnerable groups by providing enhanced services for people affected by domestic abuse in their Homelessness Prevention and Rough Sleeping Strategy 2019-2024[106]. A commitment to develop the Sanctuary Scheme is a strategic priority in the Ashfield Housing Strategy 2016-2020[107]. Domestic abuse and/or the Sanctuary Scheme are not explicitly referenced as a strategic priority or action in the Plans for Bassetlaw and Newark and Sherwood.

In Nottinghamshire, the Scheme has been delivered on a District basis since the mid-2000s by a multi-agency partnership which includes the District authorities,

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[102] ibid

[103] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6015/1697793.pdf

[104] https://www.nottinghamshire.pcc.police.uk/Document-Library/Public-Information/Newsletters-and-Publications/Publications/Notts-VAWG-Strategy-2021-25.pdf

[105] https://www.rushcliffe.gov.uk/media/1rushcliffe/media/documents/pdf/housing/homelessness/South%20Nottinghamshire%20Homelessness%20and%20Rough%20Sleeping%20Strategy%202022-27.pdf

[106] https://www.mansfield.gov.uk/downloads/file/738/homelessness-prevention-and-rough-sleeping-strategy-2019---2024

[107] https://www.ashfield.gov.uk/media/8d85a72fdc46e33/adc_housing_strategy_september_2016_lores.pdf

Nottinghamshire Police Crime Prevention Service, Nottinghamshire Fire and Rescue Service and the specialist domestic abuse services – Broxtowe Women's Project, Juno Women's Aid, NIDAS, Nottinghamshire Women's Aid and Equation. There have been periods of time when the Scheme has been suspended generally because of a lack of Police capacity to undertake property assessments. In recent years, this has led to three Districts building resilience into their Schemes by ensuring that their Sanctuary Scheme Coordinator is trained in Crime Prevention and able to undertake the property survey.

The Scheme is delivered as a homeless prevention measure under the Homeless Prevention Act 2017 and represents a substantial cost saving to housing authorities with the average cost of relocating a survivor estimated at £5,000[108]. Figures relating to the cost of an installation were not requested for the review but were supplied by one District where the average cost of the hardware installed was £602.

The Sanctuary Scheme is one of the core elements of a Whole Housing Approach. Recommendations in this section have been mapped against the Whole Housing Approach Toolkit[109], the DAHA Alliance Draft Sanctuary Scheme Standards and the Government CLG (now DLUCH) Practice Guide for Agencies Developing and Delivering Sanctuary Scheme. [110]

In 2020-2021, Districts in Nottinghamshire received 134 Sanctuary referrals of which 75 (56%) installations were known to be completed. In some cases, referrals were forwarded to Registered Providers but the outcome of the referral was unknown. 98% of survivors referred to the Scheme were female and 2% male. No transgender or non binary survivors were referred.

2020-2021 was the first year of the Covid 19 pandemic and although Schemes continued to operate, the overall level of referrals was lower than in previous years because of lockdown restrictions. Most Districts reported an increase in demand in the current year compared to 2020-2021 e.g. in the first 8 months, Mansfield received 29 referrals compared to 18 in 2020-2021 and 27 in 2019-2020[111].

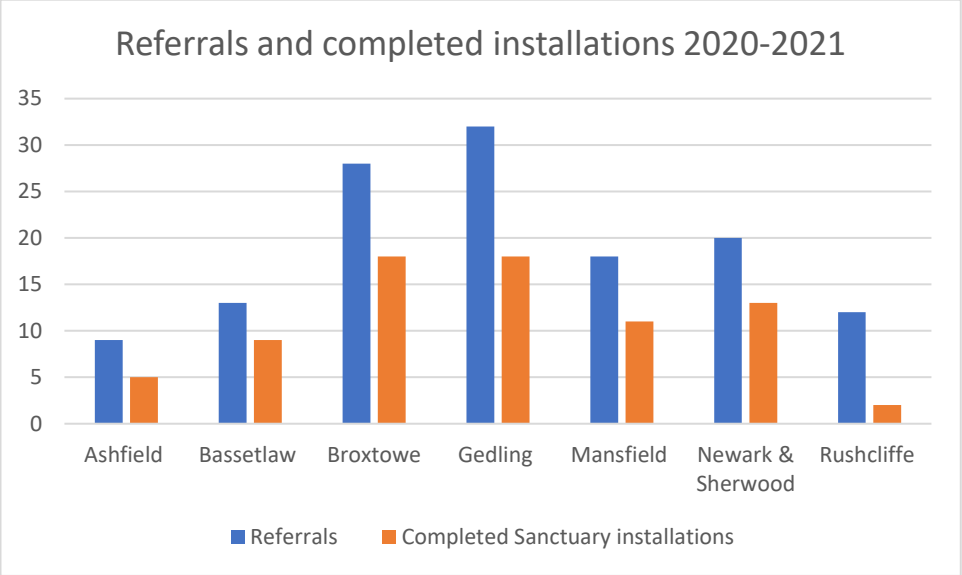
[108] The figure of £5,000 is from the Nottingham Sanctuary Scheme Annual Report cost benefit analysis and is likely to be an underestimate taking into account that the report was written in 2007

[109] https://www.dahalliance.org.uk/media/10661/15_-wha-sanctuary-scheme.pdf

[110] https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6015/1697793.pdf

[111] Data supplied in meeting with Mallory Seddon, Engagement and Development Officer, Mansfield District Council

Figure 8: Sanctuary referrals and completed installations



It should be noted that in Ashfield, the data relates to Q4 only when the Scheme was relaunched after a period of suspension.

There are many examples of excellent practice taking place across the Districts which are to be commended for their commitment to providing the best service possible to survivors. At the same time there are variations in procedure and practice which means that the Sanctuary Scheme is a post code lottery for survivors in terms of the procedures followed and the security measures installed.

Five survivors who had had a Sanctuary installation were interviewed as part of the research[112]. Although small in number, they all reported feeling safer as a result of the installation. However, three out of five survivors described high levels of dissatisfaction with the conduct and behaviour of the installers and this is a cause for concern. The themes arising from their feedback are covered in more depth later in this section.

9.2 Governance and funding arrangements

A Sanctuary Steering Group comprising the partnership meets quarterly and reports by exception to the Nottinghamshire Domestic and Sexual Abuse Executive Group (DSA Executive). From April 2022, the Steering Group will be absorbed into the Safe Accommodation Sub Group of the new statutory Local Partnership Board which replaces the DSA Executive. Although there are no terms of reference for the Steering Group, it's focus is to facilitate a shared, county-wide approach to delivery. Some Districts have a Sanctuary Scheme Policy, Sanctuary Scheme criteria and / or Sanctuary process map in place. The consistent delivery of the Scheme across the county would be greatly strengthened by a unified and shared approach.

[112] The survivors were former and current service users of Juno Women's Aid and NIDAS

Each District has a named Sanctuary lead. The role is typically combined with other responsibilities e.g. MARAC research and representation, complex cases, homelessness advice or the wider domestic abuse agenda. The role sits in either Community Safety or Housing within each District.

Registered Providers have a key role to play in keeping survivor tenants safe in their homes but sit largely outside the Nottinghamshire Sanctuary Scheme partnership structure with little accountability to the wider strategic framework for their delivery. In Nottinghamshire, Registered Provider tenants comprise 22% of Sanctuary referrals.[113]

While there are industry standards for security hardware, there are currently no minimum quality standards for the delivery of the Sanctuary Scheme within Nottinghamshire. The DAHA Alliance is developing Sanctuary Scheme Quality Standards that will be finalised and mapped against the findings of a national evaluation of the Scheme currently being undertaken by the University of Huddersfield and expected to report later in 2022[114].

The District Scheme Coordinator post and the hardware costs are funded from a combination of:

- District funding including from the Community Safety and the Homelessness Prevention Grant
- Domestic Abuse Act new burdens money allocated to each District[115]
- A contribution from the new burdens money received by Nottinghamshire County Council[116] (for the financial year 2021-2022 and renewed for 2022-2023)

The availability of Sanctuary measures are generally subject to budget constraints in each District and this is explicitly stated in Referral Criteria. It is clear that all Districts endeavour to ensure funding is available at the point of survivor need but nevertheless, the model of funding is precarious. Every Coordinator spoke about the positive difference the additional funding from the County Council has made to their funding for the Scheme.

[113] Nottinghamshire Sanctuary Scheme data 2020-2021

[114] A national evaluation led by Professor Rachel Armitage from the University of Huddersfield in partnership with the National Police Chiefs Council into the impact of physical security measures on the safety of survivors is expected to report towards the end of 2022.

[115] Each District received in the region of £31,000-£32,000 new burdens funding in 2021-2022 and a similar level of funding for 2022-2023

[116] Each District received up to £20,000 from Nottinghamshire County Council, match funded, to meet the costs of the Sanctuary Scheme

9.4 Specialist domestic abuse support

Support to the survivor is a key component of the Scheme. In compliance with national best practice[117], all survivors referred to the Sanctuary Scheme are offered support. This is provided by commissioned specialist domestic abuse services Juno Women's Aid and Nottinghamshire Women's Aid and by non-commissioned services Broxtowe Women's Project and NIDAS. Equation is commissioned to provide support to male survivors. A Sanctuary installation is presented to survivors as an option and is often part of a wider package of safety measures which includes civil and/or criminal remedies. Specialist domestic abuse workers provide expert advice and advocacy to ensure all necessary measures are in place.

In 2020-2021, 84% of referrals to the Sanctuary Scheme were made by the specialist domestic abuse services which confirms their vital role as a route to safety for survivors.

11% of survivors referred to the Scheme did not wish to engage in support and the installation was not progressed. Although the numbers are small, this appears to be at odds with the national guidance provided in the Whole Housing Approach toolkit which states that the Scheme should be independent of take up of services[118].

9.5 Access and referral pathway to the Sanctuary Scheme

In compliance with the DAHA Alliance Draft Sanctuary Scheme Standards, the Scheme in Nottinghamshire is available to survivors at all risk levels and across all tenures (privately rented, social housing, privately owned) where they have a legal right to occupy their property. In privately rented accommodation, this can only be done with the permission of the landlord. In Nottinghamshire, the Scheme Coordinators make contact with the landlord to seek permission. In 2020-2021, 1 in 5 referrals to the Scheme were of survivors living in privately rented accommodation and of these, 48% resulted in a completed installation – the lowest referral to installation ratio across all tenures.

Where there is a joint tenancy or joint ownership, steps can be taken to support a survivor to make a court application for an Occupation Order or a landlord can take steps to evict the perpetrator in order to transfer the tenancy into the survivor's name prior to the security measures being installed. Domestic abuse support provided by a specialist domestic abuse organisation will include legal rights advice to enable survivors to exercise their right to occupy. In practice, the Sanctuary Scheme Coordinators report receiving very few referrals where there is a joint tenancy or joint

[117] Practice Guide for Agencies Developing and Delivering Sanctuary Schemes (2010) Department for Communities and Local Government https://www.gov.uk/government/publications/sanctuary-schemes-for-households-at-risk-of-domestic-violence-guide-for-agencies

[118] https://www.dahalliance.org.uk/media/10661/15_-wha-sanctuary-scheme.pdf This is referenced in page 6 of the chapter.

ownership while data for 2020-2021 indicates that one referral was declined because there was a joint tenancy.

While the Sanctuary Scheme is available to survivors regardless of risk level, Scheme Coordinators report that nearly all survivors referred have been assessed as high risk. Further investigation is required to identify the barriers to access for survivors assessed as medium or standard risk for whom Sanctuary measures may prevent repeat victimisation and escalation of risk.

The Scheme is not available to survivors with No Recourse to Public Funds (a Sanctuary constitutes use of 'public funds').

It should be noted that if the survivor moves to another property for any reason, the Sanctuary security measures do not automatically move with them.

The referral form, referral pathway, assessment process and timescales vary from District to District. A referral form is completed by an agency and sent to the individual District Scheme Coordinator by email either to a dedicated Sanctuary Scheme address or to the Coordinator's individual address. Where it is the latter, referrals may not be looked at while the Coordinator is on leave causing delays to a survivor's safety.

A recent DASH RIC assessment is required as part of the referral by all but one District. This is used to assist the decision as to whether Sanctuary is appropriate for an individual household.

In 2020-2021, 84% of referrals to the Sanctuary Scheme were made by the specialist domestic abuse services (Broxtowe Women's Project, Juno Women's Aid, NIDAS, Nottinghamshire Women's Aid and Equation). The remaining referrals were from the Police (10%), Children and Adult Social Care (1%), MARAC (1%), Local Authority (4%). It was not clear from the data, which Local Authority departments made the referral. As the Sanctuary Scheme is a homeless prevention measure, it should be included as a core housing option for survivors who present as homeless or threatened with homelessness. The data would suggest that if it is included as a core option, that there is very little take up of Sanctuary by survivors presenting as homeless.

9.7 Sanctuary Scheme installation

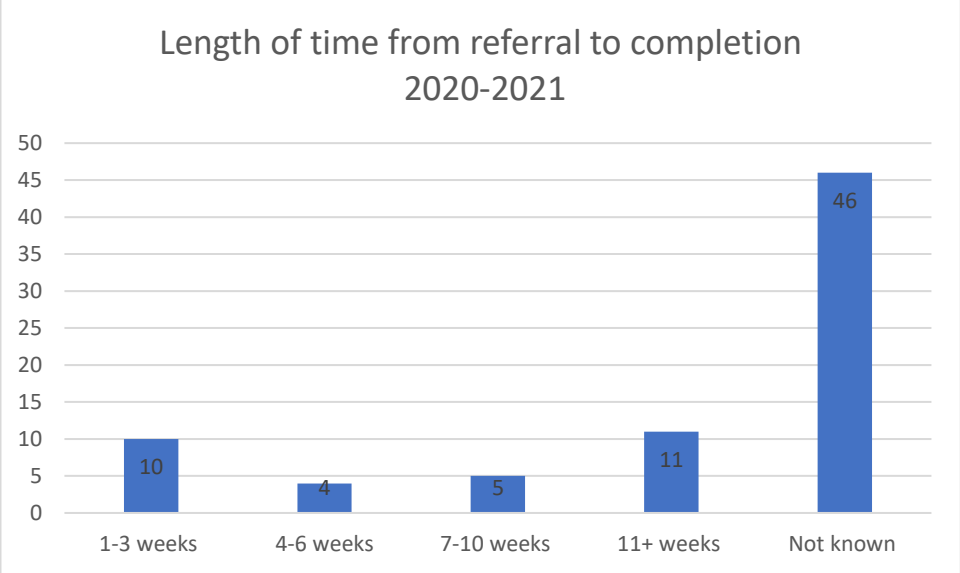
Installation timescales

There are no set timescales for the processing and installation of Sanctuary measures either in the Draft Sanctuary Scheme Standards, national Practice Guide or in local District policies (where they exist). While the Sanctuary Scheme is not an emergency response, survivors and their children are at risk of further harm while waiting for security measures to be installed.

"I prioritise the referral because of the risk. It's assessed within 2 hours. I'll arrange a phone assessment for the same day. Their (survivor) anxiety levels are through the roof".
Sanctuary Scheme Coordinator

In the data supplied by the Districts, the date of completion was not available in 60% of installations. In some cases, this was because the referral had been forwarded to a Registered Provider and the outcome of the referral was unknown. Where the date was known, 33% of installations were completed within three weeks while 37% took 11 weeks or longer with the length of time for completion ranging from 1 to 36 weeks. The data does not indicate the reason for the delays.

Figure 9: Length of time for Sanctuary installation



Survivors appreciated the speed with which measures were installed.

"It all happened fast and quick so it was perfect"

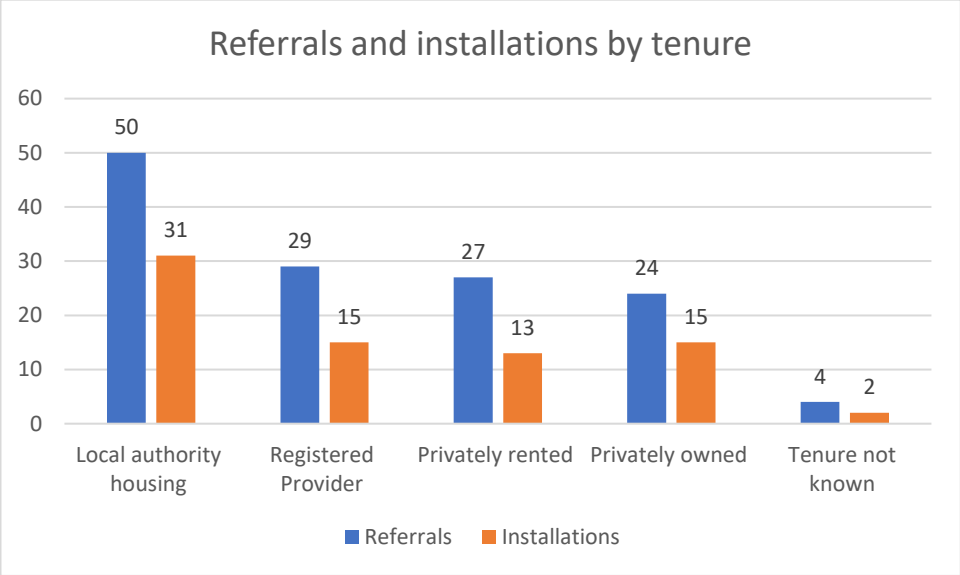
However, the impact on the safety and wellbeing of survivors facing long delays is summed up by a survivor who waited 5 months for an installation to be completed by a Registered Provider. The survivor lives in rural Nottinghamshire.

"….then I went to MARAC. If they're (agencies) all there, why have I got no window for 4 months. I had to get someone out to board it up. I was going to bed every night scared….It was me that had to live in the house with no downstairs window for 4 months knowing that if he turned up, he'd be able to get in. I know how long it takes the police to get here if I call them. I'm vulnerable for lots of different reasons"

Completed installation by tenure

The data indicates that survivors across all tenures were able to benefit from a Sanctuary installation. 59% of survivors referred were social housing tenants (Local Authority and Registered Provider). 63% of referrals of survivors who were owner occupiers resulted in a completed installation compared to 62% of local authority tenants, 52% of registered provider tenants and 48% of privately rented tenants. Further investigation is required to explore why less than half of survivors in private rented accommodation received an installation and whether this resulted from landlords declining permission or for other reasons.

Figure 10: Referrals and installations for Sanctuary by tenure type



The security measures and their installation are free of charge regardless of tenure in all but one District where a financial assessment of survivors who are owner occupiers is undertaken. Depending on the outcome of the financial assessment, survivors will be encouraged to arrange and meet the cost of their own security installations. They are still eligible for a property assessment. One of the key recommended features of the Sanctuary Scheme is that not only are the measures free of charge[119] but they are fitted by installers who are trusted, accredited, confidential and sensitive to the nature of the work they are undertaking.

> *"…even if they're financially secure, what they struggle with is installing equipment on the property. Having someone trustworthy to come to the property that they can fully trust is so important for survivors"*
> *Crime Prevention Officer, Nottinghamshire Police*

[119] Referral criteria in the government Practice Guide state that Sanctuary should be available free of charge to all households regardless of tenure (Page 30)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/6015/1697793.pdf

9.8 Fire safety check

The Fire and Rescue Service Persons at Risk team is a core partner in the delivery of the Sanctuary Scheme. Referrals are generally made by the Sanctuary Scheme Coordinator and a safe and well visit is made to all referred survivors within 28 days. Where there is a risk of arson, the visit is undertaken within 48 hours of receipt of referral. A team of 9 officers cover Nottingham and Nottinghamshire. They are all trained in domestic abuse.

The service provides blanking plates to cover letter boxes, fits smoke detectors and provides fire safety advice including fire escape plans.

Research by the joint Arson Task Force (Northamptonshire Police and Fire and Rescue Service) indicates that at least 75% of children and adults who are known to be fire setters or arsonists have domestic abuse in their backgrounds. Further research is being undertaken by the Arson Task Force in partnership with the University of Northampton[120]

9.9 Survivors with protected characteristics

The provision of data relating to protected characteristics was patchy. All Authorities were able to provide data on the gender of the survivor but only one District was able to provide data in relation to gender, age, disability and ethnicity. The ability of the Scheme to meet the needs of the diverse survivors in each District can only be properly ascertained by rigorous monitoring and evaluation of who is being referred and who is receiving an installation.

This is particularly important in the case of disabled survivors. The Sanctuary Scheme is a key safety measure for disabled survivors or survivors with dependents who are disabled whose homes have been adapted to meet their needs. It should be noted that currently in Nottinghamshire only one out of 40 commissioned refuge units is accessible for disabled survivors.

10. SURVIVOR VIEWS ON THEIR EXPERIENCES OF THE SANCTUARY SCHEME

Five survivors from two Districts who had had a Sanctuary installed were interviewed. When asked why it was important to stay in their own home, survivors spoke about their children's schooling, access to medical and health services for themselves or their children and proximity to their support networks being key factors in their decision making.

[120] https://www.northampton.ac.uk/news/link-between-arson-and-domestic-violence/

"For my kids. My oldest is autistic and I wanted to keep his routine. And my youngest is really shy and I wouldn't want him to move because his school has done a lot of work with him on it. I've got my mum round the corner. I feel safe in the area. We both help each other out. My best friend also lives round the corner"

"I've got four children living with me. The fifth has moved out. I've got an autistic son who likes strict routine. For me to take myself and my children into a refuge, it would set my son back"

Where an installation was completed to the satisfaction of the survivor, it had an immediate positive effect not only on their feelings of safety and wellbeing but also their children and family members.

"I feel a hundred times safer than what I did with all these locks and no one can get into my house or it would take someone a lot longer. If he was still outside, I'd still feel safer because he wouldn't easily be able to get in"

"It's made my little boy a lot safer. He's still frightened to come downstairs. He still checks that I've put the chain on the door"

"I definitely feel more chilled. Not on edge. I had my lights fixed too. Front and back have got lights that turn on. Instant relief. I had a Ring camera put in. She (the perpetrator) must have noticed it. That must have shocked her into stopping constantly driving by"

"My children feel safer. My family worry about me less. I feel less anxious about my safety. I'm able to sleep better. It gives a strong message to my ex-partner. I've also got a better understanding of how to make my home safer"

When asked whether anyone had been to look at the quality of the installation or asked for feedback on their experience, survivors stated that this had not happened. 3 out of 5 survivors interviewed who had had a Sanctuary installed were dissatisfied with the attitude and conduct of the installers and the quality of their work.

"The person who came to put the spikes in, he was ignorant. He put me on edge…it was his whole persona. I'm not complaining about him. He might have been having a bad day. I'm not sure if he was aware of the situation. When he came back to fit them (spikes) he was the same again"

"The bloke (installer) was an arsehole. He said you don't need door jammers. Then he wasn't an electrician. I've waited since last year. He put a padlock on my back gate. He was supposed to replace the broken bolt. If someone's a bit weak minded, that attitude could floor them"

Ashfield Sanctuary Scheme has recently introduced a survivor satisfaction survey and although in its early stages, the Scheme has received completed surveys from six survivors. Feedback is discussed at a weekly internal Sanctuary panel meeting and although the forms are anonymous, remedial action is taken if required and where possible. Feedback will be used to develop and improve the service.

Where a District decides not to follow all the recommendations of the security assessment, there is no appeal procedure for survivors.

> *"I felt a lot let down. They didn't explain why….I still worry about the back (garden). The Police said it was my weak area. I've got no lighting in the back. The rest of the council properties have alarms fitted but this one doesn't"*
>
> *"I've had no follow up from the Council to ask me what I think about it. If they'd done a satisfaction survey, I would have put that they've done extremely poorly. It was unsatisfactory"*
>
> *"I'd have liked the lights outside and the peep hole in the back door. They didn't explain why they couldn't do it. It would have helped to have had a letter to say what was needed, what they were going to do and what they weren't going to do and why. It was frustrating when someone (Crime Prevention Officer) says this is what you need"*

What is working well in Nottinghamshire:

- Each District has a named Sanctuary Coordinator
- A Sanctuary Steering Group meets regularly to share information and provide oversight of the delivery of the Scheme across the county
- A Sanctuary installation is offered to survivors as an option across all tenures
- Support to the survivor is provided by specialist domestic abuse services
- For survivors in privately rented accommodation, contact is made with the landlord by the Sanctuary Scheme Coordinator
- Some Registered Providers have their own internal Sanctuary Scheme
- The Fire and Rescue Service will conduct a safe and well visit within 48 hours where there is a risk of arson

Challenges:

- There is no shared Sanctuary protocol or practice across the Districts leading to a postcode lottery for survivors
- There is a lack of demographic data which makes it difficult to know whether survivors from all groups with Protected Characteristics are accessing the service

- The extent to which the Sanctuary Scheme is offered to survivors across all risk levels is unknown
- There are no set timescales for the processing and installation of Sanctuary measures leading to wide variations in the length of time survivors have to wait for installation
- The menu of security measures available varies from District to District which can lead to a postcode lottery
- There is no formal mechanism for obtaining feedback from Registered Providers on the outcome of a referral
- The quality of the installation is not subject to any check
- The attitude and behaviour of installers was a cause for concern for 3 of the 5 survivors interviewed
- There is no appeal process for survivors where the recommended measures are not authorised for installation

Recommendations:

58. Future reviews of local homeless and housing strategies should incorporate a gender-informed perspective, reference the Domestic Abuse Act Statutory Duty and include actions in relation to the Sanctuary Scheme as a homeless prevention measure.
59. There is a partnership agreement or protocol in place that outlines the shared purpose, delivery model, key agencies involved and their responsibilities, Sanctuary security measure options, referral pathways and plans for monitoring and evaluating the Scheme.
60. Sanctuary Scheme performance data should include:
    - Survivor Protected Characteristics
    - The cost of each installation and a cost benefit analysis to identify the full cost of an installation in comparison to the cost of relocation
    - Whether or not a tenancy or ownership is joint and what action was taken
    - Survivor risk level
    - The date of completion of installation including those installations completed by Registered Providers
61. The Safe Accommodation Sub Group works with Registered Providers to enable them to be integrated within the Sanctuary Scheme strategic framework in the county and included in any partnership agreement.
62. The Sanctuary Scheme should be delivered in Nottinghamshire in compliance with security industry standards, future Whole Housing Approach Quality Standards (to be published in 2022) and any learning from the national evaluation being undertaken by the University of Huddersfield.
63. Nottinghamshire County Council continues to contribute towards the cost of the District Sanctuary Schemes on a matched fund basis.

64. There should be a discussion with the Domestic Abuse Housing Alliance, the Sanctuary Scheme leads, the specialist services and survivors to reach a consensus on whether or not it should be a requirement for survivors to engage with support in order to be eligible for a Sanctuary.
65. Further investigation is required to examine:
    - The reasons behind the low ratio of referral to installation for survivors living in privately rented accommodation
    - Whether survivors who are joint tenants or joint owners are being excluded from the Scheme at the pre-referral stage
66. Specialist domestic abuse services to review the barriers to access for survivors assessed as medium and standard risk.
67. Each District to have a dedicated Sanctuary email address and for this to be monitored and actioned when the Scheme Coordinator is on leave.
68. Each District to ensure that the Sanctuary Scheme is included as a core option for survivors presenting as homeless.
69. Districts to report to the Safe Accommodation Sub Group where installations take longer than 6 weeks.
70. Practice is aligned across the county to ensure that the Sanctuary installation is free at the point of need for all survivors.
71. There should be no blanket ban on any security measure and wherever possible, Districts should implement all recommendations made following the property assessment.
72. Districts must ensure that survivors are informed of their right to complain and are given the opportunity to feedback on the installation and the conduct of the installers. Districts must take action to address any contractor or installer issues identified.
73. Districts should inform survivors in writing of the measures recommended, the measures to be installed, the timescale and, where recommended measures are not to be installed, the reasons.
74. Districts should provide an opportunity for survivors to appeal where a decision was made not to authorise measures that were recommended

11. SUMMARY OF RECOMMENDATIONS

AREA	NO	RECOMMENDATION
Age	1	Children's services should record and report the numbers of 16 and 17 year olds experiencing domestic abuse, their need for safe accommodation and their placement to the Local Safeguarding Board and the Local Partnership Board Safe Accommodation Sub Group
	2	Young survivors should be consulted on their safe accommodation support needs and their experiences of their accommodation placement. There should not be an assumption that they have the same needs as adult survivors.
	3	There is a need for additional/refresher training for Social Workers to enable them to identify and respond to teenage domestic abuse and to utilise the Young People's DASH RIC[121]
	4	The care pathway for young survivors should be formalised and should describe the partnership of Children's Services, MARACs, Domestic Abuse specialist services and Young People services working together to provide a safe and supportive response to young people experiencing domestic abuse. This should include domestic abuse and associated Violence against Women and Girls forms of abuse including honour based abuse, forced marriage and female genital mutilation.
	5	Domestic abuse training for staff in young people supported accommodation should be a commissioning requirement
	6	Any new refuge units should be co-produced with older survivors and accessible to older, disabled survivors
	7	There should be increased partnership working between Adult Social Care and domestic abuse services to enable a shared understanding of each other's ways of working, referral pathways and thresholds for services
	8	Training for practitioners should include an understanding of the presentation of domestic abuse in older people. Training should be extended to include Adult Social Workers, care providers and staff working in sheltered accommodation.
	9	In recognition that refuge accommodation may not be a feasible safe accommodation option for older survivors, targeted community-based advocacy support should be available from specialist domestic abuse services

[121] Identified by Lesley Morecroft, Children's Service Manager, Assessment Service during meeting on 23.2.22

	10	The Sanctuary Scheme should be considered as a core option for older survivors. Practitioners should be familiar with survivor's rights to occupy and the legal options for survivors who are joint owner occupiers or tenants.
	11	Nottinghamshire County Council Dementia Framework for Action should be reviewed to include domestic abuse and its co-existence with dementia
Black and Minoritised Survivors	12	The Action Plan developed from this report should link with the VAWG Strategy Nottingham and Nottinghamshire 2021-2025 Objective 3 and actions outlined in Section 2 Survivor Support
	13	Future consultation with survivors should include targeted consultation with Black and Minoritised survivor
	14	Black and Minoritised survivors should be included in the design and delivery of refuge services
	15	Refuge performance monitoring should include ethnicity and other demographic data
	16	There should be a separate data category for Gypsy, Roma and Traveller
	17	The commissioning of refuge provision should ensure that refuges provide an environment that meets the needs of diverse survivors and refuge staff should be culturally competent and recruited from diverse backgrounds. This includes: • An understanding of how domestic abuse impacts Black and Minoritised women including GRT women • An understanding of unconscious bias, the structural nature of racism and the intersectional nature of oppression • A knowledge of specialist services and how to access them e.g. immigration solicitors, community groups and culturally appropriate amenities • Knowledge of immigration legislation
	18	Flexible Funding should continue to be made available to refuges to meet the costs of language interpretation
Gypsy, Roma and Traveller survivors	19	GRT community engagement services should be recognised as an important opportunity to build trust and raise awareness of domestic abuse and should be incorporated into Nottinghamshire's strategic approach to tackling domestic abuse in the GRT community
	20	GPs and other health services should undertake domestic abuse routine enquiry in order to identify domestic abuse and signpost/refer to specialist domestic abuse services – in

		particular for women from the GRT community and women from newly arrived communities (links to Objective 3 in the Nottinghamshire VAWG Strategy)
	21	Professionals should be trained on the impact of domestic abuse on Black and Minoritised survivors including GRT survivors
Migrant survivors and those with No Recourse to Public Funds	22	To ensure that all survivors have access to safe accommodation regardless of their immigration status or recourse to public funds, Children and Adult Social Care should develop a 'safety first' approach by which the refuge rental charge and subsistence allowance is automatically met for survivors who have no recourse to public funds until the DDVC is in place and for those survivors who are not on a spousal visa until alternative funding can be identified e.g. from the Migrant Victims fund.
	23	Refuges should familarise themselves with the Migrant Women No Recourse to Public Funds funding distributed by Ashiana Women's Aid in Sheffield.
	24	There should be a public commitment to allay the fear of undocumented women who are not on a spousal visa that they will not be reported to the Home Office
Deaf and disabled survivors	25	Any new commissioned refuge units should be accessible to all survivors
	26	Any new refuge provision should include some units of dispersed accommodation to enable disabled survivors to have on site carers if required including older sons where they provide care
	27	Deaf and disabled survivors should be fully involved at an early stage in the design and development of refuge services (and all other services)
	28	Current refuge provision should be adapted wherever possible, in particular to meet the needs of visually impaired and deaf and hard of hearing survivors. Funding should be sourced if required
	29	Refuges should provide a culturally competent workforce that can meet the needs of deaf and disabled survivors and understand the impact and dynamics of domestic abuse in these communities.
	30	Training for refuge staff should be mandatory across the equalities strands and form an element of all new worker induction
	31	Mobile advocacy should be provided for deaf and disabled survivors in order to build their capacity and understanding

		of domestic abuse and the support services available, to provide support prior to going into refuge, while in refuge and to move on from refuge as well as to refuge staff. Any mobile advocacy should be collocated between domestic abuse and disability organisations and for deaf survivors it should be provided in BSL
	32	BSL interpreters should be provided and efforts should be made to open up the Nottinghamshire Sign Language Interpretation Service contract to include refuges. Refuges should explore the options for the provision of BSL interpretation in an emergency e.g. online interpretation via video link such as provided by SignVideo
	33	A pathway between the refuges and ADVIS that prioritises referrals and assessment should be established
	34	There should be further specific research into the safe accommodation needs of survivors with a learning disability
	35	It should not be assumed that refuge is the most appropriate safe accommodation option for survivors with a learning disability
	36	In order to strengthen partnership working, there should be training for Adult Social Workers on domestic abuse and for domestic abuse services on learning disability and social care pathways
Survivors with mental health support needs	37	Refuge support workers should be competent in mental health awareness, suicide, self harm and mental health pathway
	38	Survivors in refuge and refuge support workers would benefit from additional specialist mental health input and capacity to provide trauma informed psychological holding to survivors, access to mental health services when required, particularly when in crisis and transfer in to services when moving from out of area.
Survivors experiencing severe and multiple disadvantage	39	Nottinghamshire County Council should explore the feasibility of commissioning 4-6 dedicated self-contained units for survivors experiencing severe and multiple disadvantage with 24/7 staffing.
	40	The 3 year drug and alcohol pilot being undertaken by Public Health Commissioning in partnership with CGL and the domestic abuse refuges should be independently evaluated
LGBT+ survivors	41	Commissioners should seek to engage in an ongoing dialogue with LGBT+ services and domestic abuse services to co-produce solutions.

	42	Services delivering specialist support to LGBT+ survivors should be appropriately resourced and supported by long-term, sustainable funding which enables and includes evaluation impact and outcomes and generates enough evidence of good practice that supports bidding for funding with commissioners.
	43	There is a need for capacity building within the LGBT community. There is potential for this to be done by an LGBT+ Safe Accommodation Advocate but also by LBGT leads from the refuge providers. There are opportunities for leads within the providers to attend LGBT+ Forums and to strengthen pathways between LGBT+ professionals and communities and domestic abuse services.
	44	Professionals working in the sector should be supported to recognise that domestic abuse affects the LGBT+ community and need to access appropriate training on distinct experiences of LGBT+ people with domestic violence and abuse available through Equation.
	45	Refuge providers, in discussion with Commissioners, should consider and respond to Women's Aid England's position statement on single sex services to ensure that the safe accommodation needs of all survivors including trans and non binary survivors are met
	46	A Quality Mark model should be developed along the lines of the Lancashire LGBT Quality Mark to enable the partnership to evidence their inclusive and anti discriminatory practice and to build trust with LGBT survivors and the wider LGBT community
Survivors with larger families	47	New commissioned refuge provision should include units to accommodate a woman and 3 children
Survivors with older male children	48	Consideration should be given to standardising the upper age limit for boy children in refuge in order to provide greater consistency across the provision.
Survivor views on their experiences in refuge	49	Nottinghamshire Local Partnership Board and Commissioners should ensure that refuges fully meet the definitions of a refuge as outlined in the Whole Housing Approach Toolkit[122] and support services as outlined in the Domestic Abuse Act 2021 Statutory Guidance.[123]
	50	Nottinghamshire Local Partnership Board and Commissioners should ensure that refuge services are

[122] Ibid

[123] https://www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation

		delivered in the most suitable accommodation types to meet the needs of all survivors and their children.
	51	Nottinghamshire Local Partnership Board and Commissioners should ensure that refuge services are designed and developed in collaboration with survivors.
Referral pathway to refuge – Juno 24 hour Helpline	52	Helpline capacity is increased to enable calls from professionals to be responded to in a timely manner
	53	The Helpline should review its access for deaf and hard of hearing survivors in line with best practice. This should include exploring the feasibility of using SignVideo
	54	The Helpline and Districts to strengthen partnership working and mutual understanding of each other's roles and ways of working
	55	Partners and Districts should be made aware of Juno Women's Aid Pet's Foster Project
Homelessness	56	Where District Authority homeless data is requested to inform future needs assessments, the Authorities should be involved at an early stage to agree the parameters of the data required and the reasons for it
	57	The impact of the new Housing Link Worker posts should be evaluated to assess whether referrals to refuge are more efficient and effective with less waiting time for survivors
Sanctuary	58	Future reviews of local homeless and housing strategies should incorporate a gender-informed perspective, reference the Domestic Abuse Act Statutory Duty and include actions in relation to the Sanctuary Scheme as a homeless prevention measure.
	59	There is a partnership agreement or protocol in place that outlines the shared purpose, delivery model, key agencies involved and their responsibilities, Sanctuary security measure options, referral pathways and plans for monitoring and evaluating the Scheme.
	60	Sanctuary Scheme performance data should include: o Survivor Protected Characteristics o The cost of each installation and a cost benefit analysis to identify the full cost of an installation in comparison to the cost of relocation o Whether or not a tenancy or ownership is joint and what action was taken o Survivor risk level o The date of completion of installation including those installations completed by Registered Providers

	61	The Safe Accommodation Sub Group works with Registered Providers to enable them to be integrated within the Sanctuary Scheme strategic framework in the county and included in any partnership agreement.
	62	The Sanctuary Scheme should be delivered in Nottinghamshire in compliance with security industry standards, future Whole Housing Approach Quality Standards (to be published in 2022) and any learning from the national evaluation being undertaken by the University of Huddersfield.
	63	Nottinghamshire County Council continues to contribute towards the cost of the District Sanctuary Schemes on a matched fund basis.
	64	There should be a discussion with the Domestic Abuse Housing Alliance, the Sanctuary Scheme leads, the specialist services and survivors to reach a consensus on whether or not it should be a requirement for survivors to engage with support in order to be eligible for a Sanctuary.
	65	Further investigation is required to examine: o The reasons behind the low ratio of referral to installation for survivors living in privately rented accommodation o Whether survivors who are joint tenants or joint owners are being excluded from the Scheme at the pre-referral stage
	66	Specialist domestic abuse services to review the barriers to access for survivors assessed as medium and standard risk.
	67	Each District to have a dedicated Sanctuary email address and for this to be monitored and actioned when the Scheme Coordinator is on leave.
	68	Each District to ensure that the Sanctuary Scheme is included as a core option for survivors presenting as homeless.
	69	Districts to report to the Safe Accommodation Sub Group where installations take longer than 6 weeks.
	70	Practice is aligned across the county to ensure that the Sanctuary installation is free at the point of need for all survivors
Survivor views on their experiences of the Sanctuary Scheme	71	There should be no blanket ban on any security measure and wherever possible, Districts should implement all recommendations made following the property assessment
	72	Districts must ensure that survivors are informed of their right to complain and are given the opportunity to feedback on the installation and the conduct of the installers. Districts

		must take action to address any contractor or installer issues identified
	73	Districts should inform survivors in writing of the measures recommended, the measures to be installed, the timescale and, where recommended measures are not to be installed, the reasons
	74	Districts should provide an opportunity for survivors to appeal where a decision was made not to authorise measures that were recommended

12. ACKNOWLEDGEMENTS

Engagement with survivors and key partners

The review was made possible by the generous contributions of survivors, the specialist domestic abuse services in Nottinghamshire, District Authorities, partners and local and national experts. The recommendations in this report are stronger for their input.

Refuges	
Bassetlaw (Notts Women's Aid)	Gemma Hancock, Refuge Services Coordinator
Mansfield (Notts Women's Aid)	Gemma Hancock, Refuge Services Coordinator
Midlands Women's Aid	Catherine Saunders, Chief Executive Officer
Newark Women's Aid	Marlene Ferris, Manager
Serenity (Juno Women's Aid)	Naomi Cole, Team Leader
Nottinghamshire specialist domestic abuse services	
Broxtowe Women's Project	Hannah Matthews, Outreach Manager
Juno Women's Aid	Yasmin Rehman, CEO
	Rebecca Smith, Head of Service
	Paula Clarke, Head of Service
	Michelle O'Dowd, Helpline Team Leader
	Ruth Sawyer, Team Manager, Volunteers and Survivor's Voice
	Krishna Iftikar, SASS Team Leader
	Emma Hall, Women's Voices Coordinator
	Natalie O'Neill, Survivor Engagement and Peer Support Coordinator
NIDAS	Sarah Dagley, Chief Executive Officer
	Kate Booker, Team Leader, Family Team

Nottinghamshire Women's Aid	Mandy Green, Head of Services
	Erin Devitt, Business Development Coordinator
Sanctuary Scheme	
Emma Jimmick	Domestic Abuse and Vulnerability Officer, Ashfield District Council
Nicki Richards	Domestic Violence Coordinator, Bassetlaw, Newark and Sherwood Community Safety Partnership
Kerry Richards	Domestic Violence Coordinator, Broxtowe District Council
Niki Pekal	Community Safety Officer, Gedling Borough Council
Mallory Seddon	Engagement and Development Officer, Mansfield District Council
Wendy Brittain	Housing Options Advisor, Rushcliffe District Council
Yvonne Pickersgill	Crime Prevention Officer, Nottinghamshire Police
Graham Tuckwood	Crew Manager, National Fire and Rescue Service, Nottinghamshire
Borough and District Homelessness	
Ian Scholes	Housing Options Team Leader, Ashfield District Council
Paula Vickers	Engagement and Development Officer, Ashfield District Council
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Mallory Seddon	Engagement and Development Officer, Mansfield District Council

Julie Davidson	Housing Business Unit Manager, Newark & Sherwood District Council
Maria Cook	Housing Assistant, Newark & Sherwood District Council
Donna Dwyer	Strategic Housing Manager, Rushcliffe Borough Council
Guy Whitton	Housing Solutions Team Leader, Rushcliffe Borough Council
Protected Characteristics Age	
Linda Calladine	Older Women's Advocate, Juno Women's Aid
Benita Nelson	DASW Team Leader and older women lead, Nottinghamshire Women's Aid
Sally Smith	Children and Young People's Team Leader, Nottinghamshire Women's Aid
Janet Smith	Children's Service Manager, MASH, Nottinghamshire County Council
Lesley Morecroft	Children's Service Manager, Assessment Service, Nottinghamshire County Council
Jo Cliffe	Integrated Commissioning Manager, Adult Social Care and Health, Cheshire East Council
Protected Characteristic Race	
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Yemurayi Marawanyika	South Yorkshire Refuges Area Lead, Ashiana Women's Aid (Sheffield)
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Naomi Cole	Refuge Services Team Leader, Juno Women's Aid
Isma Bibi	BAME Women's Advocate, Juno Women's Aid
Protected Characteristic Race - Gypsy, Roma and Traveller	
Nickie Anthony	Community Relations Officer, Newark and Sherwood District Council
Alan Batty	Business Manager Public Protection and Chair of the GRT Working Group, Newark and Sherwood District Council
Althea Cribb	Associate, Standing Together
Benita Nelson	DASW Team Leader and GRT Lead, Nottinghamshire Women's Aid

Protected Characteristic Disability	
Kate Burley	Deputy Head of Mental Health Commissioning NHS Nottingham and Nottinghamshire CCG
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Lavinia Busby	Technical Officer, Adult Deaf and Visual Impairment Service, Nottinghamshire County Council
Laura Mynett	Social Worker Living Well Service (Broxtowe), Nottinghamshire County Council
Debbie Denning	Acting Head of Service, Juno Women's Aid
Liane	IDVA, Juno Women's Aid
Michael Conroy	Chief Executive, MySight Nottinghamshire
Michele Banton	Peer Support Coordinator, MySight Nottinghamshire
Deborah Lush	Deaf Abuse Free (DEAF), Personal Navigational Support Worker, Deaf-inately Women, Derbyshire
Ellie Northridge	Specialist Sexual Violence Mental Health Nurse, Notts Sexual Violence Support Services
Marie Vickers	Domestic Abuse Services Manager, SignHealth, London
Frances Connor	Head of Service, Nottinghamshire Deaf Society
Protected Characteristic Sexual Orientation	
Sam Caudwell	Hospital IDVA and LGBT lead, Nottinghamshire Women's Aid
Liam Foston	LGBT Safe Accommodation Advocate, Equation

Protected Characteristic Sex and Gender Reassignment	
Nat Thorne	Education, Evaluation and Research Associate at the Nottingham Centre for Transgender Health
Additional Needs No Recourse to Public Funds	
Ashiana Women's Aid (Sheffield)	Luna Akyaa Adomako, Project Development Officer
Southall Black Sisters (London)	Dr Hannana Siddique, Head of Policy, Research and Fundraising
Additional Needs Severe and Multiple Deprivation	
Alex Atkins	Head of Service, SafeNet, Lancashire
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Karina Foster	Complex Needs Support Worker, Midlands Women's Aid
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Deidre Cartwright	Senior Housing Manager, Standing Together
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