

STANDING TOGETHER

against domestic abuse

Bournemouth, Christchurch & Poole Domestic Abuse Safe Accommodation Needs Assessment

Cathy's Journey

"I feel safe and supported now"

Cathy was physically and emotionally abused by her then partner. Due to the abuse Cathy called police to report incidents and was subsequently supported by Victim Support. Cathy has a learning disability and was also supported by People First Forum.

The Maple Team talked to Cathy about moving out of her property (council tenancy) to gain safety. If this had gone ahead, it would have been a transfer to another council property. Cathy decided that, due to her pets, good neighbours, and nearby friends, she wished to stay in her home.

Cathy was supported to do this by professionals, including attending court with her to gain civil orders against her ex-partner and Sanctuary Scheme target hardening on the property which means that she feels safe and supported in her home.

Cathy was very positive about the support she had received from People First Forum and Victim Support. As well as providing practical support they have also supported Cathy emotionally to recover from the abuse she had been subject to.

Cathy said her experience with police was "good and bad". Police Officers were "not always polite", and she felt did not always respond as quickly as she would have liked. They provided an alarm which helped her to feel safe, but this was then removed after eight weeks which caused her to feel unsafe.

BCP Council Housing did not understand that Cathy was being "used" by people in her life and threatened to evict her due to those people staying in her home. Friends and People First Forum helped her, and it was resolved, but it was stressful to go through.

Following one assault Cathy attended hospital and said the staff were "brilliant" and "couldn't do enough" for her including providing a taxi for her to get home safely.

Report Contents

Cathy’s Journey	1
INTRODUCTION.....	4
CONTEXT	6
COMMISSIONING PRIORITIES	7
SAFE ACCOMMODATION: REFUGE	9
Bournemouth Refuge	10
Poole Refuge.....	10
SAFE ACCOMMODATION: SANCTUARY SCHEME.....	11
SAFE ACCOMMODATION: OTHER.....	12
NON-ACCOMMODATION BASED DOMESTIC ABUSE PROVISION.....	13
Dorset Police Maple Team	13
Multi-Agency Risk Assessment Conference (MARAC).....	13
BCHA Outreach Service	13
BCHA Family Intervention Project.....	14
Paragon (formerly You Trust) Health Advocates.....	14
Victim Support	15
Water Lily Project	15
Up2U Programme	15
VOICES OF THOSE WITH LIVED EXPERIENCE.....	16
What was gathered	16
What we found	18
Amy’s Journey.....	20
METHODOLOGY FOR NEEDS ASSESSMENT.....	21
Data Recommendations	21
NEEDS ASSESSMENT FINDINGS.....	22
Population data	22
Prevalence of domestic abuse.....	23
Where victims/survivors report	23
Access to Safe Accommodation: Refuge	26
Access to Safe Accommodation: Sanctuary Scheme	28

Safe Accommodation Unmet Need: Refuge 30

Safe Accommodation Unmet Need: Homelessness Data 31

Safe Accommodation Outcomes 32

Protected Characteristics 34

Partnership Feedback Gained through the Needs Assessment process..... 36

WHOLE HOUSING APPROACH..... 38

REPORT RECOMMENDATIONS..... 40

APPENDIX 1: DEMOGRAPHIC DATA

APPENDIX 2: BCP PATHWAYS

APPENDIX 3: SUGGESTED DATA DASHBOARD

APPENDIX 4: NATIONAL EXPERIENCE ON REFUGE MODELS

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Introduction

1. This report presents the findings of a needs assessment completed by Standing Together Against Domestic Abuse on behalf of Bournemouth Christchurch and Poole (BCP) Council. The needs assessment has been informed by the Coordinated Community Response model¹ of partnership responses to domestic abuse, and the Whole Housing Approach². Recommendations are highlighted throughout the report and listed at the end.
2. The needs assessment is a requirement of the Domestic Abuse Act, which received royal assent on 29 April 2021. Part 4 of the Act places Duties on BCP Council to:
 - Appoint a multi-agency Domestic Abuse Local Partnership Board which it must consult as it performs certain specified functions. This has been established.
 - Assess the need for domestic abuse support in their area for all survivors and their children who reside in relevant safe accommodation, including those who come from outside of their area.
 - Develop and publish a Safe Accommodation Strategy having regard to the needs assessment.
 - Implement the strategy through commissioning / de-commissioning decisions.
 - Monitor and evaluate local delivery and effectiveness of the strategy.
 - Report back to central government annually.
3. BCP Council was awarded new burdens funding from government to implement the Statutory Duty in 2021-22. Future levels of funding depend on the national government Spending Review.
4. Domestic abuse support is defined in the Act as support, in relation to domestic abuse, provided to victims of domestic abuse, or their children, who reside in relevant (safe) accommodation. 'Relevant' or 'safe' accommodation is defined in the Domestic Abuse Support (Relevant Accommodation) Regulations 2021 and the Statutory Guidance³ as:
 - Refuge: single sex/gender, safe accommodation with intensive domestic abuse support tied to that accommodation. Victims, including their children, will have access to a planned programme of therapeutic and practical support from staff.
 - Specialist safe accommodation: single sex/gender, safe accommodation providing dedicated specialist support for survivors who, e.g., share a protected characteristic e.g., Black and minoritized or LGBTQ, with specialist support. This includes services run by organisations which share the protected characteristic⁴.

¹ STADA In Search of Excellence: <https://www.standingtogether.org.uk/blog-3/in-search-of-excellence>

² Whole Housing Toolkit: www.dahalliance.org.uk/what-we-do/whole-housing-approach/whole-housing-toolkit/

³ <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>

⁴ Sometimes referred to as 'by and for' services

- Dispersed accommodation: safe, secure, and self-contained accommodation, exclusively supporting domestic abuse survivors.
 - accommodation with the same level of specialist support as provided within refuge/specialist safe accommodation but more appropriate for those unable to stay in a refuge due to e.g., complex support needs, families with older sons
 - 'semi-independent' accommodation which is not within refuge but with dedicated domestic abuse support
 - Move on or second stage accommodation: projects temporarily accommodating survivors, with support provided, before they move on to fully independent and permanent accommodation.
 - Sanctuary Scheme: properties in which the local authority, or other similar schemes, have provided enhanced physical security measures. Schemes are survivor centred.
 - Other forms of domestic abuse emergency accommodation – a safe place (single gendered or single sex, secure and dedicated to supporting victims of domestic abuse) with domestic abuse support tied to the accommodation to enable victims to make informed decisions when leaving a perpetrator and seeking safe accommodation. For example, short term (e.g., 2-3 weeks) accommodation providing victims with the space and safety to consider and make informed decisions about the options available to them.
5. The accommodation must be provided by a local authority, registered provider of social housing or charity whose objects include the provision of support to victims/survivors of domestic abuse. Bed and breakfast and generic, mixed temporary accommodation is outside the scope of the Act.
6. Support services are, in summary, (more detail can be found in the Statutory Guidance):
- Overall management of services within relevant accommodation
 - Support with the day-to-day running of the service
 - Advocacy support
 - Domestic abuse prevention advice
 - Specialist support for victims: specifically for victims with relevant protected characteristics; or specifically for victims with additional and / or complex needs
 - Children's support – including play therapy and child advocacy
 - Housing-related support
 - Advice service
 - Counselling and therapy for both adult and child survivors
7. The Statutory Guidance states safe accommodation support should be delivered by knowledgeable and/or experienced specialist providers, charities, and other voluntary

organisations whose purpose is to provide support to victims of domestic abuse. This includes considering any specialist domestic abuse services that exist to support people with relevant protected characteristics or with additional and/or complex needs.

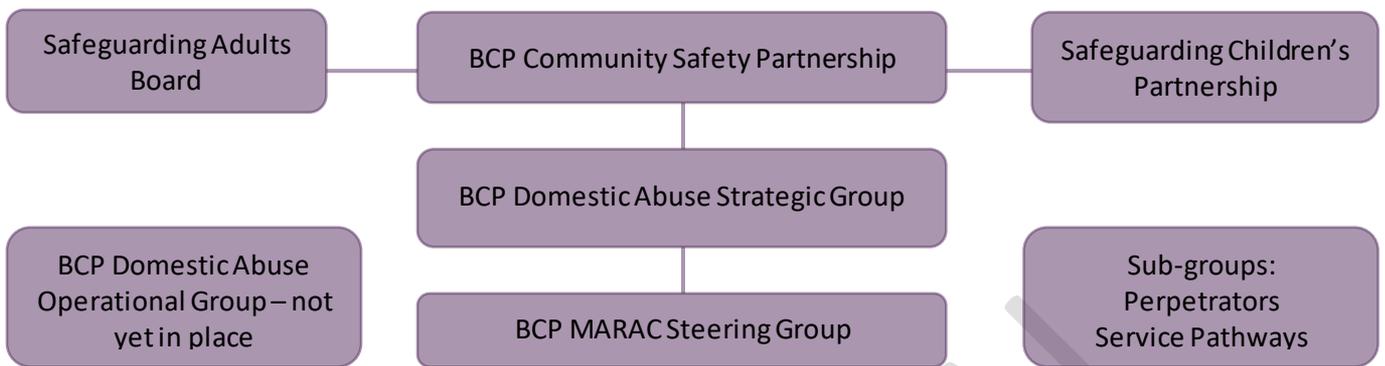
8. Annex B of the Statutory Guidance outlines the MHCLG Quality Standards for provision of support within safe accommodation. The Guidance states commissioners should ensure services “meet agreed and recognised quality standards”. In addition to the MHCLG standards the guidance points to [Women’s Aid Quality Standards](#), [Imkaan’s Accredited Quality Standards](#) and [DAHA Accreditation Framework for Housing Providers](#) as relevant to incorporate into commissioning.
9. To provide a comprehensive response to BCP, Standing Together sought advice from Women’s Aid on alternative forms of refuge provision and spoke with providers elsewhere in the country to understand the benefits and challenges of different types of refuge accommodation. The outcome of this research is in appendix four.

Context

10. BCP Council comprises Bournemouth, Christchurch, and Poole, which until April 2019 were separate authorities. Integration continues, including the alignment of contracts for services across the three areas.
11. The BCP Domestic Abuse Partnership Strategy vision is ‘No resident living within or visiting Bournemouth, Christchurch and Poole should live in fear of, or experience domestic abuse’.
12. This is underpinned by three principles:
 - We will ensure service users are at the centre of our work.
 - We will respond to our local need based on a needs assessment and lessons learnt from domestic homicide reviews.
 - We will work collaboratively to ensure a consistent zero tolerance response to domestic abuse is embedded in all local services.
13. The delivery of the Strategy is structured into the following priorities:



14. BCP partnership arrangements are as follows:



15. The BCP Strategy priorities are in line with the [National Violence Against Women and Girls Strategy 2021-24](#) priorities, which are: Prioritising prevention; Supporting victims; Pursuing perpetrators; A stronger system.

16. BCP domestic abuse safe accommodation commissioning should also have reference to the [Government National Statement of Expectations \(2016\)](#), which set out the actions local commissioners need to put in place to ensure their response to VAWG is collaborative, robust, and effective through the following:

- Put the victim/survivor at the centre.
- Have a clear focus on the perpetrators in order to keep victims (and those at risk) safe.
- Take a strategic, system wide approach to commissioning, acknowledging the gendered nature of VAWG.
- Be locally led and safeguard individuals throughout.
- Raise local awareness of the issues and involve, engage, and empower communities to seek, design and deliver solutions to prevent VAWG.

Commissioning Priorities

17. Combining what we could establish from the quantitative data analysis (with limitations) with the qualitative feedback from the stakeholder review, the following were established as areas of unmet need in relation to safe accommodation:

- Victims/survivors with higher levels of need due to mental ill-health and substance use, and accessibility needs due to disabilities.
- Larger families, in addition to challenges for move-on.
- Support for children and young people residing in safe accommodation.

- Victims/survivors local to BCP who do not want to flee the area but cannot safely access refuge, including older victims.

18. Refuge Provision: Recommended safe accommodation support model

- Decommission the Bournemouth refuge.
- Replace with commissioned dispersed accommodation providing the same number of spaces.
- Commission Poole refuge as a female-only refuge with 24/7 staffing to support residents with higher levels of need.
- Commission dedicated Children's Support to meet the needs of all children residing in all forms of refuge accommodation.

Dispersed accommodation to be for: male victims, larger families, victims needing accessible accommodation, and others who are unable to be accommodated in the shared building, as well as, for example, those who don't need an intensive level of support or prefer to be more independent. To be accompanied by intensive support in line with refuge support but not 24/7, particularly for those with mental health and substance misuse needs.

Dispersed accommodation to be developed involving direct consultation with Occupational Health, and Hearing/Sight Loss, services, to ensure accessibility by those with impairments, and considering the needs of those with learning disabilities.

Commissioning should have reference to the Women's Aid Quality Standards and the [Government National Statement of Expectations \(2016\)](#).

Contract to stipulate the quality of accommodation to ensure it is safe and comfortable for individuals and families.

19. No Recourse to Public Funds

- Provide a specialist response to victims with no recourse to public funds within the refuge specification to ensure those eligible for DDV concession are supported to apply.
- If a victim is not eligible for the DDV concession, refuge/outreach service must remain involved with the family until suitable support and/or accommodation is found, including multi-agency working.

20. Outreach and Community provision: Recommended service model

- Commission a seamless outreach and community-based specialist domestic abuse service that meets the needs of all victims and survivors in BCP, regardless of risk, including those housed outside of the definition of 'safe' accommodation.

Outreach support should be commissioned to meet the needs of all victims/survivors, but explicitly recognise that this requires staff to have specialist knowledge on how to respond to different groups (e.g., male survivors, LGBTQ+ survivors, older survivors) so that it is not a 'one size fits all' approach, and women and men continue to be able to access gender-specific spaces.

Victims/survivors should be able to access one service regardless of risk, while at the same time receiving a service that safely addresses their level of risk. This removes the need for victims to move between services when risk changes due to the abuser's behaviours.

Provide a clear and dedicated pathway to support for women and men unable to access refuge accommodation for any reason, prioritising those in hotels and B&Bs. This could be through either, or both, of the following Whole Housing Approach interventions:

- A co-located advocate located within the homelessness team, similar to the Health Advocate model operating in the hospitals. This worker could be provided within the commissioned outreach contract if funds allow; or provided directly by BCP Council Housing Services.
- A 'mobile advocacy' model to provide support in the community.

Safe Accommodation: Refuge

21. There are two refuges in BCP, one in Bournemouth and one in Poole. Both are delivered by Bournemouth Churches Housing Association (BCHA) under contracts with BCP; these are legacy contracts pre-dating the merger of the local authorities.
22. Refuge Support Workers in both refuges provide emotional and practical support to residents, as well as carrying out administration and turning over units (cleaning, replacing lost or broken items, etc) between occupation. One Support Worker in each refuge also delivers outreach/community work: one providing a specialist outreach service for LGBTQ+ victims and survivors; one providing a specialist drop-in for heterosexual male victims and survivors.
23. Support Workers do not provide 24-hour coverage. Overnight the generic BCHA Night Response Team can deal with emergencies.
24. Both refuges make use of volunteers to extend the support offer to families such as a visit from a therapy dog (Bournemouth) and a tutor for adult residents (Poole).
25. Bournemouth refuge has a Child Support Worker dedicated to supporting the children and young people residing in the refuge. This is funded external to the BCP contract. There is no Child Support Worker in the Poole refuge.

26. Both refuges accept referrals from out of area, and work to accommodate women with no recourse to public funds including supporting applications for the Destitution Domestic Violence (DDV) concession.
27. Move on support is offered once families relocate from the refuges, and families can be transferred to the BCHA domestic abuse outreach service if ongoing support is required.

Bournemouth Refuge

28. 18 units of accommodation for females only. Each has two separate bedrooms and share communal spaces (kitchen, living area and bathroom). There are no other communal areas within the building. There is a communal garden. No units can comfortably accommodate a family with three or more children. Due to the shared nature of the units, it is not possible to accommodate women with high levels of mental health or substance use support needs. It is not accessible to women with physical impairments.
29. The building is in a secluded place which gives it some level of protection, but residents must walk down an unlit path. It has a secure door, but the windows are not secure (due to their age) and there is no secure gate, this is due to be installed. The building is listed and as a result, the accommodation cannot be fully modernised, and the costs involved to, e.g., fix windows, can be very high.
30. Internally, a lot has been done over the past two years to improve the décor, including redecorating all the units and providing new furniture. This supports families to feel welcome on arrival and makes the turnaround between families much faster. One survivor spoken to for the needs assessment, who had also been in the refuge some years previous, commented on the difference it made to how comfortable she felt being in the refuge.
31. The nature of the building, and the lack of self-contained accommodation and communal indoor space make the refuge unsuitable to continue to provide safe accommodation.
32. The staff team comprises four full time and one part time Refuge Support Workers and a Senior Practitioner (who is the refuge manager). Each Support Worker has a caseload of around four families. Charitable funding was gained for a full time Child Support Worker. Charitable funding was previously in place for a Family Therapist to work with adults and children, but this post has been lost.
33. The Senior Practitioner also manages the BCHA Outreach Service, and the Refuge Support Workers manage the administration of the Outreach Service: taking and processing referrals, allocating cases, and making initial contact with victims/survivors sent through the police PPN process (see outreach section below).

Poole Refuge

34. 18 self-contained units across two buildings for 17 female residents and 1 male resident. 17 are 1-bedroom flats and one is a studio flat; all have their own kitchen and bathroom. Communal areas comprise a playroom/community kitchen, donation room/therapy room, a sensory room, and a laundry room.
35. No units can comfortably accommodate a family with three or more children. Due to the self-contained nature of the units, it is possible to accommodate women with moderate levels of mental health or substance use support needs, provided this is in partnership with specialist mental health / substance use services.
36. The buildings have been in use since the early 2000s. They are located near to a main road but are secluded and secure behind locked gates.
37. The building is suitable and appropriate to provide safe accommodation but should be for females only.
38. Staff team comprises three full time Refuge Support Workers, a Senior Practitioner (who is the refuge manager), and a counsellor (adults). A Child Support Worker was previously in place, but the funding was not sustained. Support Workers have caseloads of six families.
39. Two additional staff members comprise the Family Intervention Project, but they do not work in the refuge (see section below).
40. Additional support offered: yoga, creative writing, art sessions, trips out, a tutor to support with English and Maths.
41. The allocation of one space to a male survivor is positive and inclusive. Commissioners need to understand how this space is used when there are no referrals, as is indicated by the data from refuge in 2020/21. The refuge staff have received no complaints from female residents about the presence of a male in the communal area, but while this accommodation arrangement continues, their experiences, and those of their children, should be independently explored.

Safe Accommodation: Sanctuary Scheme

42. BCP Sanctuary Scheme: Team within Housing Options receive referrals from police, BCHA, Maple Team and others. The Team will contact the victim/survivor, and landlord if required, to organise the work to be carried out by an in-house team.
43. Housing Landlord Services (Bournemouth): Provide target hardening for residents.
44. Poole Housing Partnership: Provide target hardening for residents.
45. Sovereign Housing: Provide target hardening for residents.
46. Dorset Police Bobby Van: provides target hardening for victims of burglary. Since May 2021 this has been extended to victims/survivors of domestic abuse who have reported an incident to the

police and have been assessed at medium risk. This can be for any housing tenure; if the victim/survivor resides in private rented accommodation, they would need to get permission from the landlord.

47. Support is provided to victims/survivors accessing any of these projects by the Maple Team, BCHA or Victim Support as appropriate.
48. Recommendation: Gather data from all providers of Sanctuary Scheme / Target Hardening to understand demand and provision. Review the longer-term outcomes of the Sanctuary Scheme to understand how it is being used: is it accessible to all who need it; how many individuals stay in their properties long term; individual journeys to safety and what part the Sanctuary Scheme has played in that. Review to reference the WHA Toolkit Sanctuary Scheme chapter.

Safe Accommodation: Other

49. There is no accommodation provided in BCP that falls within the other categories set out by the Act: specialist safe accommodation; dispersed accommodation; move-on or second stage accommodation; any other form of domestic abuse safe accommodation.
50. BCHA are part of an MHCLG-funded national pilot, managing a dispersed housing model with 24/7 staff coverage to support residents. This is called *The Respite Room*. The eligibility criteria are females who are currently homeless who have/are experiencing domestic abuse. BCHA are targeting those who may currently be in emergency accommodation or have rejected emergency accommodation.
51. Residents will be eligible to stay for up to 12 weeks and will be supported by dedicated staff in a trauma-informed way, alongside a multi-disciplinary team and dedicated mental health recovery worker. A multi-disciplinary team will oversee the pilot, comprising Housing Options, Drug and Alcohol Services, Mental Health (recovery worker), The Health Bus (primary health care for homeless), and Dorset Working Women's Project.
52. MHCLG will be providing monitoring outcomes, and the team are developing local outcomes measures as well. Potential exit outcomes are for the women to enter refuge, residential treatment, or community treatment services. Potential housing outcomes are refuge, supported housing, social housing or private rented. The multi-disciplinary team will provide support beyond a resident's stay in the Respite Rooms.
53. This is a welcome development for BCP, and the outcomes of the pilot should be shared with the Domestic Abuse Strategic Group to inform future commissioning. Given the level of complexity in the lives of many of these women, 12 weeks may not be long enough to reach any of the intended outcomes and unmet need should be part of the data collection, for example women unable to access, or remain in, the accommodation.

Non-Accommodation Based Domestic Abuse Provision

54. The needs assessment requires an understanding of the pathways taken by victims/survivors to access safe accommodation. It is also important to note that, statistically, most victims / survivors will receive support outside of safe accommodation, making this provision essential.

Dorset Police Maple Team

55. Domestic Abuse Advisors (DAAs) respond to all victims/survivors in Dorset assessed at high risk and aged 16 and over. 15 DAAs, with two supervisors, cover the county.
56. Referral pathway: A PNN and DASH risk assessment is completed by police officers responding to crimes and incidents. The PNN goes through the Dorset MASH and allocated to the Maple Team is appropriate. Non-police referrals are classed as 'third party reports' on the police system and triaged in the same way. All medium risk cases in BCP are allocated to BCHA and standard risk to Victim Support.
57. All high-risk cases go to 'MARAC Consideration' which leads to a review by the Dorset Police Adult Safeguarding Team. If the case proceeds to MARAC it is re-categorised as a MARAC case and allocated to the Maple Team and a DAA will contact the victim/survivor to offer support. If it does not proceed to MARAC, it may remain categorised as 'MARAC Consideration' and be treated by the Maple Team as 'High Contact' for support from a DAA.
58. The triage process creates some confusion for partner services. The existence of multiple community-based services creates a challenge for professionals in ensuring they follow the correct pathway; this is particularly relevant for those services that cover BCP and Dorset. Survivors can find they are moved between services according to risk, risking the relationship they may have established with a support worker. A seamless service responding to all victims/survivors through one pathway is the recommended model.

Multi-Agency Risk Assessment Conference (MARAC)

59. The MARAC meets weekly in BCP, administered by Dorset Police MARAC Coordinators alongside the BCP Council MARAC Coordinator. MARAC member organisations have access to ECINS for information sharing.
60. Most partners reflected that the MARAC works well, with good partnership commitment. Non-police referrals to the MARAC are screened by police MARAC Coordinators, and some professionals have experienced referrals being rejected inappropriately, e.g., due to a missing surname for the perpetrator, instead of being discussed at MARAC.

BCHA Outreach Service

61. The BCHA Outreach Service is commissioned within the same contract as the refuges.
62. The Service is managed by the Senior Practitioner at the Bournemouth refuge. The Team comprises four full time Outreach Workers. The Team does not have a single office base. They work from home, and from a drop-in, have an office space in Poole, and can attend Bournemouth refuge (but this office space is very small).
63. The outreach service is for all victims/survivors aged 16 and over. Additionally, specialist outreach response is provided to LGBTQ+ victims/survivors by one of the Bournemouth Refuge Support Workers. A specialist drop-in for heterosexual male victims/survivors is provided by one of the Poole Refuge Support Workers. This is not currently an outreach service but demand for that type of support is increasing.
64. Outreach Workers and Refuge Support Workers deliver the Freedom Programme and Pattern Changing courses online and face to face for women in refuge and women in the community.
65. There is no dedicated administrative support for the Service; as described above in the Bournemouth refuge section, Refuge Support Workers respond to calls on the BCHA domestic abuse helpline, receive and process referrals, and allocate them to the Outreach Workers.
66. All victims/survivors assessed at medium risk by Dorset Police are automatically sent to BCHA for outreach support. Processing these and contacting individuals takes a significant amount of time for the Bournemouth refuge team. There is an approximate 15% uptake in these referrals. They are reaching victims/survivors who would not otherwise access support, but the resources required to process all PPNs is disproportionate. If risk escalates, BCHA outreach will refer to the Maple Team.
67. Referring partners commented that the referral process into BCHA can be time consuming. A referral form is required that requires a lot of information, and for many professionals this is not practical and can lead to referrals not being made. BCHA should review their referral process for professionals, in discussion with referring partners, to ensure it is streamlined and as efficient as possible.

BCHA Family Intervention Project

68. This is BCP Council commissioned as part of the legacy Poole refuge contract, now expanding to cover other areas but capacity is stretched. Two full time staff are managed by the Poole refuge Senior Practitioner.
69. Referrals can be made by schools for children subject to domestic abuse in their family. Work is delivered in schools with children and young people both one to one and in groups using the Recovery Toolkit and Escape the Trap.

Paragon (formerly You Trust) Health Advocates

70. This is BCP Council funded. There are two advocates, one based in each of Poole and Bournemouth Hospitals. Advocates are non-NHS staff and work from the hospitals.
71. The Advocates receive referrals from all hospital departments and work with all victims/survivors aged 16 years and over. The service is not designed to be an acute response but to provide short to medium term support while someone is attending or staying in hospital; if more community-based practical support is required, they will refer to BCHA Outreach Service. The Advocates support hospital staff who are victims/survivors.
72. Advocates also support health professionals in their responses to patients by providing training on domestic abuse, completing the DASH, and encouraging MARAC referrals. When the Advocates are in place (there have been gaps due to staff turnover), it ensures a more streamlined process for hospital staff to refer victims/survivors.

Victim Support

73. This service is OPCC funded. Victim Support receive all standard risk PPNs from Dorset Police on auto transfer for Dorset. Case Workers contact all victims/survivors aged 16 and over and offer support. If risk escalates, Case Workers refer to BCHA or the Maple Team/MARAC.

Water Lily Project

74. The project is a charitably funded, Christian charity supporting vulnerable women in any state of need. At the time of the needs assessment, they were supporting around 80 women, with ten women on the waiting list. Just over half of the women were being supported in relation to domestic abuse. Other (and intersecting) issues include mental ill-health, substance use, isolation, benefits, and homelessness.
75. Support Workers provide support to women for up to 12 months and work in partnership with BCHA as required. A drop-in is provided, activities at the Water Lily Café, and support with wellbeing, self-esteem, and gaining education and employment.

Up2U Programme

76. The programme is BCP funded, providing one-to-one behavioural change support for adult men and women using abusive behaviours against a partner. Referrals are only from Children's Social Care, which keeps families open throughout the support programme.
77. The non-abusing parent / partner is referred to BCHA for support. The communication lines between the Programme and BCHA are not clear. A multi-agency approach to the whole family should be established alongside this intervention, with reference to Respect guidelines.

Voices of Those with Lived Experience

- 78. The term ‘lived experience’ refers to victim/survivors of abuse who have direct, first-hand experience of controlling or coercive behaviour, economic abuse, psychological or emotional and/or physical and sexual abuse.
- 79. An essential part of the needs assessment was to gather the voices of those with lived experience of seeking support for domestic abuse. The MHCLG needs assessment requires case studies setting out individual’s journeys to safe accommodation.
- 80. The case study template aimed to explore the journey taken by victims/survivors when trying to access domestic abuse support within safe accommodation in the previous 12 months.

What was gathered

- 81. We requested case studies and interviews with service users, from BCHA refuges and outreach service, the Maple Team, Paragon Health Advocates, Water Lily Project (unable to be provided), and Safe and Sound Dorset. We additionally asked for case studies from the BCP Up2U Programme that works with people using abusive behaviours against partners.
- 82. Standing Together also reached out, through Community Action Network (CAN) to community groups and support services working with people with protected characteristics including race, disability, learning disability and age.
- 83. We asked for a range of victim/survivor experiences to be captured, including younger victims/survivors, older victims/survivors, and victims/survivors from minoritized backgrounds such as those who are Black, Asian or from a minority ethnic community, identify as Lesbian, Gay, Bisexual or Trans (LGBT), are male, or have a disability.

About the survivors

- 84. Four women were interviewed, and seventeen case studies analysed. (Where numbers below do not add up to 21, the remainder are unknown.)



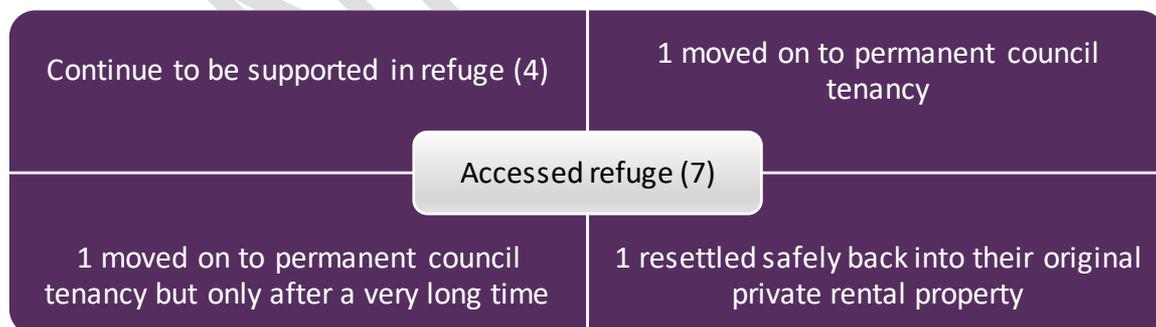
(* Some listed ‘single’ could have been recorded as separated because case studies suggested they had fled a partner.)

Age	Number of Survivors
18-24	3
25-34	8
35-44	4
45-54	4
55-64	2

Physical disability	Number of Survivors
Yes	7
No	5
None declared	3
Not known	8

Tenure Type (fled from / when seeking support)	Number of Survivors from BCP	Number of Survivors from outside BCP
Homeowner	3	
Private rental tenant	5	2
Living in family home	2	
Council tenant	1	
Housing association tenant	2	
Homeless, including sofa surfing	2	1
Refuge		1
Unknown	1	1
Total	16	5

85. Seven survivors accessed safe accommodation through refuge, enabling them to flee. Three accessed safe accommodation through the Sanctuary Scheme, enabling them to stay in their own homes. One survivor successfully moved from private rental to supported housing.



86. Of those survivors accessing refuge, two had to wait until accommodation was available. In one case the wait was five days while gas and electric checks were completed. In one case the wait was five days for a space to be available, and a further ten days for the accommodation to be ready for the family to move in. Six survivors were not accepted into refuge; a further four declined because refuge was not suitable for their needs/wishes.

Reasons for not being accepted into refuge (6)	No. Survivors
High level of substance use need: one survivor continues to be homeless (sofa surfing); one is in emergency B&B	2
Owns their own home (unable to access housing benefit / afford refuge rent): both seeking legal advice and searching for private rental properties	2
No recourse to public funds and ineligible for DDV Concession: referred to Children's Social Care; outcome unknown as refuge case closed	1
In employment and unable to afford refuge: now safely living with family	1

Reasons survivor did not wish to enter refuge (4)
Negative impact on their mental health (alternative option to refuge is private rental but this is unaffordable; was on housing register but struggling to be added to new system).
Wants to stay in their own home but may be unsafe there as the perpetrator was not prosecuted; continues to access support.
Wants a management to move to another housing association property; Multi-Agency Risk Management Meeting arranged but housing and housing association did not attend.
Wants to move out of area, housing application being made.

What we found

87. The case studies and interviews present a mixed picture of the response given by professionals. In most cases where safe accommodation was needed, it was able to be provided, even if there was a delay. But this was not the case for those with substance use need or those who needed to move but did not wish to leave the area.
88. Professionals were often responsive to the needs of survivors, including their wish to stay in their own homes with Sanctuary Scheme provided; but this needs to be considered alongside whether all their needs were met (e.g., legal advice), as this was not always clear. This was not universal, and some survivors reported a lack of understanding from professionals. The importance of specialist domestic abuse responses from BCHA, Maple Team and Victim Support was highlighted in all cases.
89. Case studies from Up2U highlighted the need to address the housing needs of those who use abusive behaviours, where possible, to reduce or remove the pressure on survivors to support their abusive ex-partners and enable them to stay safely in their own homes.
90. As with any research, there were gaps and limitations to the survivor consultation, in particular the diversity of the sample.
91. **Recommendations** for what BCP should do next to involve those with lived experience:
 - Involve service users in the design, evaluation, and review of specialist service provision.

- To ensure the diversity of survivor involvement, work with CAN members including Race Equality Council, People First Forum, Safe and Sound, Women Centre Cornwall, and others that were not able to be involved in the needs assessment.
- Adequately resource the involvement of survivors and service users in the partnership through relevant specialist services.

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Amy's Journey

"I feel like a prisoner in my own home"

Amy was subject to domestic abuse as a child and experienced going into a refuge with her mother. She is a single parent to her child whose father is not involved. Amy started a relationship but started to identify her partner's behaviour as controlling and unhealthy after a few months. She decided to end the relationship. When she attempted to do so, the perpetrator attacked her. He strangled her, threatened her with a knife, threatened to kill her and her child who was present at the time.

Amy does not want to a refuge because of her childhood experience; she remains in her private rental property. She is "desperate" to move because she lives near to the perpetrator, and he knows the address. He has a criminal record for arson. Amy cannot find an alternative private rental due to her income being so low, and she is now going into debt because her rent has increased, and Universal Credit due to be cut.

Due to the trauma of the assault, Amy's mental and physical health have deteriorated significantly, and she is unable to work. Amy's Personal Independent Payment was turned down because the person taking the information wrote down Amy's descriptions of how she used to be able to do things, not how this has changed to the point where she can't do them anymore. Information from her GP, therapist, and social care services was not taken on board. Amy is appealing the decision.

Amy had been on the BCP housing register, on silver banding, for 18 months. When the system changed, she was removed from the register and the Housing Officer told her they would put her back on at gold banding due to her vulnerable situation. This has not happened, and a different officer has since told Amy that she must log on and re-apply. Amy has not been able to log on to the system, and when she has told Housing Officers this, they have not believed her. She feels she is being questioned all the time, and not believed about her experiences or the impact they have had on her.

Housing Officers have told Amy that, because she will not go into a refuge, then she must feel safe at home. She has also been told "there are lots of people in the same situation as you". Amy feels "the struggle is constant" and she is re-traumatised each time she must repeat her story to a new Housing Officer.

Amy is being supported by the Maple Team and feels they have been "fantastic", supporting her with everything and contacting Housing on her behalf. Amy reflected that she doesn't know where she would be without the DAA. Amy is also accessing therapy through Steps to Wellbeing.

Methodology for Needs Assessment

92. The MHCLG provided local areas with a needs assessment template (excel spreadsheet). Based on experience in other areas, this template was not used directly to request data. New templates were developed by Standing Together to request and gather data.
93. Data was requested for the financial years 2019/20 and 2020/21. This was to try to give a picture of service demand outside of and during the pandemic. All data was provided fully anonymised and disaggregated by females and males where possible.
94. During this process it became clear that services' data systems are not equipped to gather the breadth of data required by the needs assessment (this has also been found by many local authorities nationally). There are significant gaps in the data: the Maple Team were unable to provide data at all due to the way in which the team uses the police system for case management. The Water Lily Project was unable to provide data due to limited capacity of staff to manage the request.
95. Specific service gaps are outlined in the needs assessment findings section below. Overall, there was limited data on disability, sexual orientation, marital status, household make-up, and on outcomes of referrals. There was no data on trans and non-binary victims/survivors.
96. Much of the data contained breakdowns (e.g., of age, gender) that when analysed did not add up to the overall total, indicating gaps in recording.

Data Recommendations

97. A Task and Finish Group is being established to identify the partnership data needs and how to develop mechanisms for this. It should be informed by the outcome of this needs assessment and recommendations.
98. This could be a significant task for some services, for example, the Maple Team manages referrals and case work through the police system. Ideally, a separate case management system should be used: it is essential for BCP to understand the make-up of this cohort of service users, given that not all will go forward to MARAC.
99. A data dashboard should gather data from all the services listed above to allow the partnership to build and monitor a collective picture of where victims/survivors report to, their journeys through services, and outcomes.
100. A recommended data dashboard is provided in appendix three that sets out the data that could be collected from services.
101. Outcome data is essential to enable the partnership to understand areas of unmet need on an ongoing basis, and to monitor the performance of commissioned services in meeting the needs of victims, survivors, children and young people, and perpetrators.

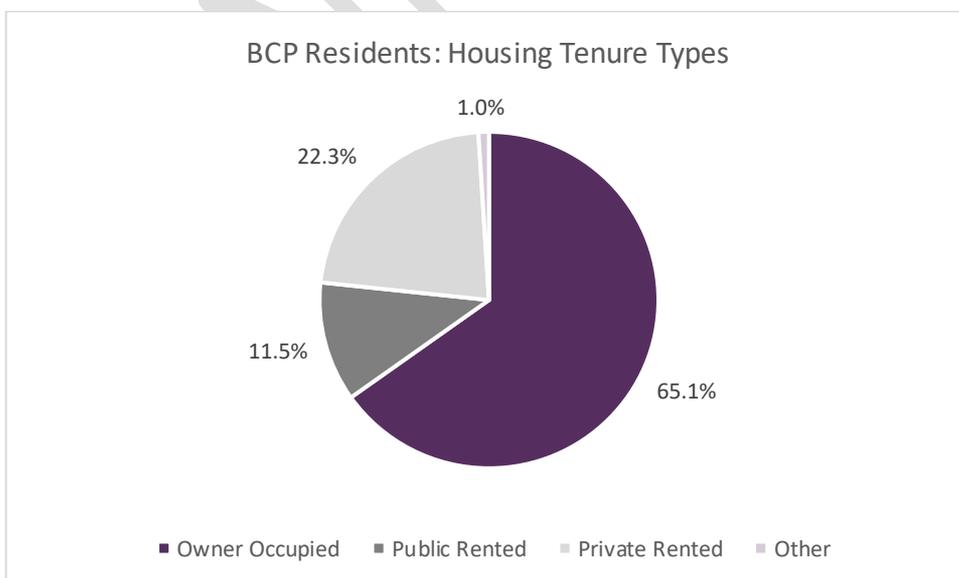
- Refuge and outreach service specifications must require providers to establish mechanisms to evidence the use of structured, need-led plans for each client, that measure reportable outcomes.
- National feedback gathered by Standing Together has shown that the Women’s Aid OnTrack system was the only system that gathered data sufficiently comprehensive for the MHCLG needs assessment template.

Needs Assessment Findings

102. This section presents the findings of the needs assessment through the quantitative data gathering described in the section above. It needs to be read with reference to the gaps and limitations outlined.

Population data⁵

- 103. BCP has a population of 395,330 of which 49.7% are male and 50.3% are female.
- 104. 88.4% of the population is White British, 11.6% are Black or from an Ethnic Minority.
- 105. For 6.1% of the population their main language is not English.
- 106. 86,290 (21.8%) of the population is aged 65 years or over.
- 107. 5.4% of the population consider their health to be ‘bad’ or ‘very bad’, and 0.5% of residents provide unpaid care.



⁵ <https://mapping.dorsetcouncil.gov.uk/statistics-and-insights/AreaProfiles/UnitaryAuthority/bournemouth-christchurch-and-poole>

Prevalence of domestic abuse

108. The Crime Survey for England & Wales (CSEW) estimated that in the year ending March 2020 7.3% of women (1.6 million) and 3.6% of men (757,000) has experienced domestic abuse (including partner or family non-physical abuse, threats, force, sexual assault, or stalking).
109. Of crimes recorded by the police:
- in the year ending March 2020, in 74% of domestic abuse-related crimes the victims were female
 - between the years ending March 2017 and March 2019, 77% of victims of domestic homicide were female compared with 13% of victims of non-domestic homicide.⁶
110. This data does not show the impact of the restrictions associated with the Covid-19 pandemic. Notably, although the picture from available data is mixed, nationally, domestic abuse services have reported increased demand.⁷
111. The needs assessment applied the CSEW data prevalence in the year to the end of March 2020 to local population estimates⁸ and estimated the following prevalence:

	Women	Men
Subject to domestic abuse since age 16	54,847	27,132
Subject to domestic abuse in the last year	14,507	7,087

112. Data on gender and other protected characteristics is presented in a specific section below.
113. The Statutory Guidance specifies that all services commissioned should be gender-informed: acknowledging that domestic abuse is both a cause and consequence of gender inequality. Prevalence data provides a clear indication towards proportionality in relation to domestic abuse safe accommodation provision, and the provision of other domestic abuse support services, which are primarily going to be used by heterosexual women.
114. Tailored and appropriate specialist support should be provided to male victims/survivors, with reference to [Respect's Toolkit](#), and to women and men identifying as lesbian, gay, bisexual, queer, transgender and non-binary, with reference to [expertise from the sector](#).

Where victims/survivors report

⁶ ONS (2020) [Domestic abuse victim characteristics, England and Wales: year ending March 2020](#).

⁷ ONS (2021) [Domestic abuse during the coronavirus \(COVID-19\) pandemic, England and Wales: November 2020](#).

⁸ Dorset Council (no date) [Area profile for Bournemouth, Christchurch and Poole](#). [Accessed online 17/09/2021]

115. In reviewing the data presented here, it is important to be aware that this reflects where victims/survivors report, not an indication of prevalence, as we know that many don't tell professionals. For example, CSEW data states under 20% of victims report to police⁹.
116. A study by SafeLives found 85% of victims/survivors sought help five times in the year before they got the help they needed¹⁰: many approach friends and family first. Therefore it is essential that information about where to get help is publicised widely, and not just to potential victims. The SafeLives research also indicates that, while victims may have reported in the numbers represented below, they may not have got the help they needed.
117. Victims/survivors are likely to be double counted in the data below, if for example, they reported to police and separately attended hospital and self-referred to BCHA.
118. The range of services receiving referrals or disclosures for domestic abuse victims/survivors and/or their children is evidence of the need for a whole system approach through the Coordinated Community Response including all services having the following in place: policies, procedures, mandatory training, routine/selective enquiry, well-known and clear referral pathways, case management recording with data collection and sharing with partnership, and active involvement with the MARAC.
119. The most common reporting routes were through police, followed by Children's Social Care; these numbers will involve double-counting, as many of the Children's Social Care records with DA recorded would have come through police PPNs.
120. All services saw an increase in reporting between 2019/20 and 2020/21 except for homelessness, which dipped slightly. Police recorded crimes did not increase in line with recorded incidents.

Service	Description of data	2019-2020	2020-2021
Statutory Services			
Police	Total incidents of domestic abuse recorded	7,289	9,169
	Total crimes relating to domestic abuse recorded	5,686	5,656
	Number of victims (calculated adding gender values)	5,372	4,960
Adult Social Care	Total records with DA recorded	362	485
	Total safeguarding concerns raised with DA recorded which led to S42 Enquiry	99	105

⁹<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwales/yearendingmarch2018>

¹⁰ <https://safelives.org.uk/sites/default/files/resources/Getting%20it%20right%20first%20time%20-%20complete%20report.pdf>

Children's Social Care	Total records with DA recorded	1,276	1,570
	Total Child Protection plans with DA as issue	209	301
	Total Child in Need plans with DA as issue	438	645
Homelessness	Total applications	247	236
Specialist Domestic Abuse Services			
BCHA Outreach	Total referrals (see narrative below)	210	774
Health Advisors	Total referrals accepted	N/A	189
MARAC	Cases heard (does not include Q3 & Q4 2020/21)	470	409

121. The significant increase in referrals to BCHA outreach between 2019/20 and 2020/21 was due to police sending all medium risk police incidents to BCHA for contact. It should be noted that only 15% of police PPNs received by BCHA result in ongoing support to the survivor.
122. The MARAC data is not complete (2020/21 quarters three and four are missing) but the number of cases heard in the first half of the year is not far from the total number for 2019/20, suggesting that there has been a significant increase between the two years.
123. SafeLives advise that repeat referrals would be expected to be at a rate of 28-40%.

MARAC Cases	2019/20	2020/21
Cases Discussed	470	409
Repeat Cases	123	98
% Of Repeat Cases	26%	24%
Number of children in the household	597	483

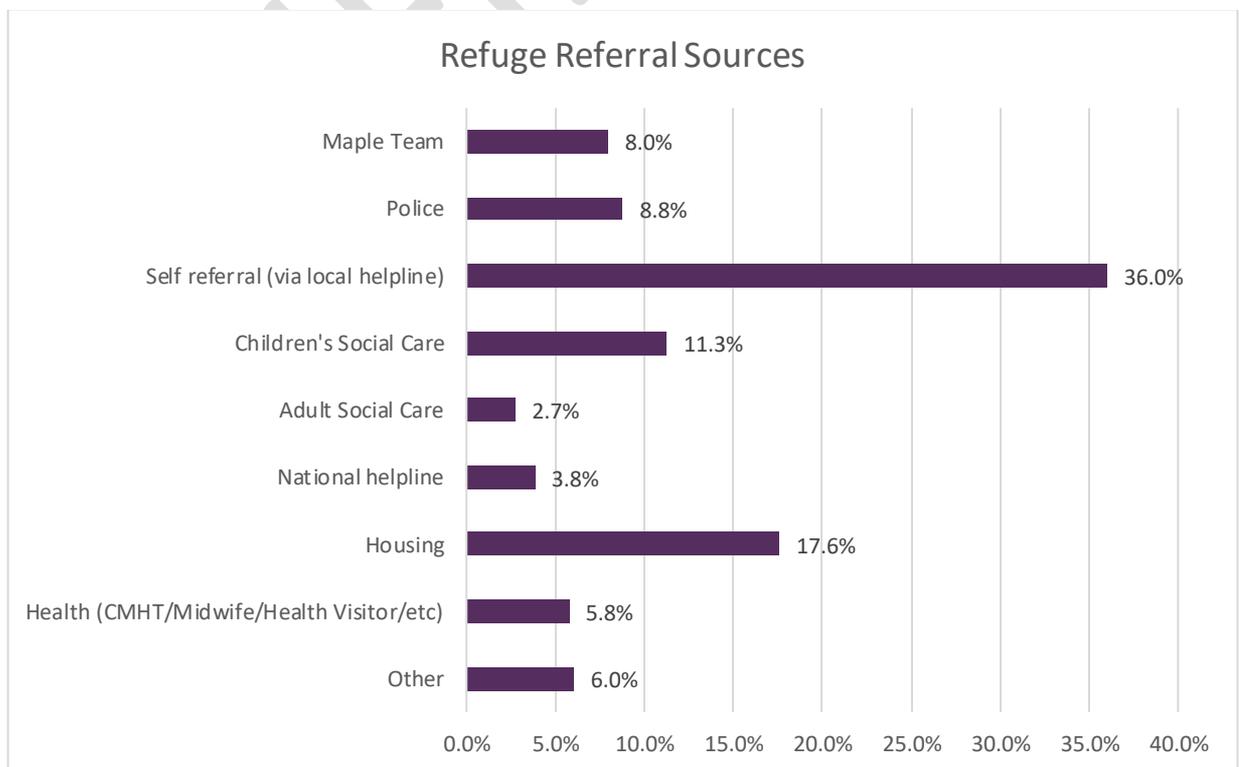
124. 83% of referrals to MARAC are from police, this is higher than the SafeLives recommended figure of 60-75% and the reasons for this should be explored.

Referrals to MARAC	2019/20		2020/21 (Q1&2 only)	
Adult Social Care	5	1.1%	5	1.2%
Children's Social Care	6	1.3%	7	1.7%
Education	0	0.0%	0	0.0%
Health – Acute	4	0.9%	0	0.0%
Health – Primary	8	1.7%	7	1.7%
Housing	15	3.2%	6	1.5%
Maple Team	2	0.4%	11	2.7%

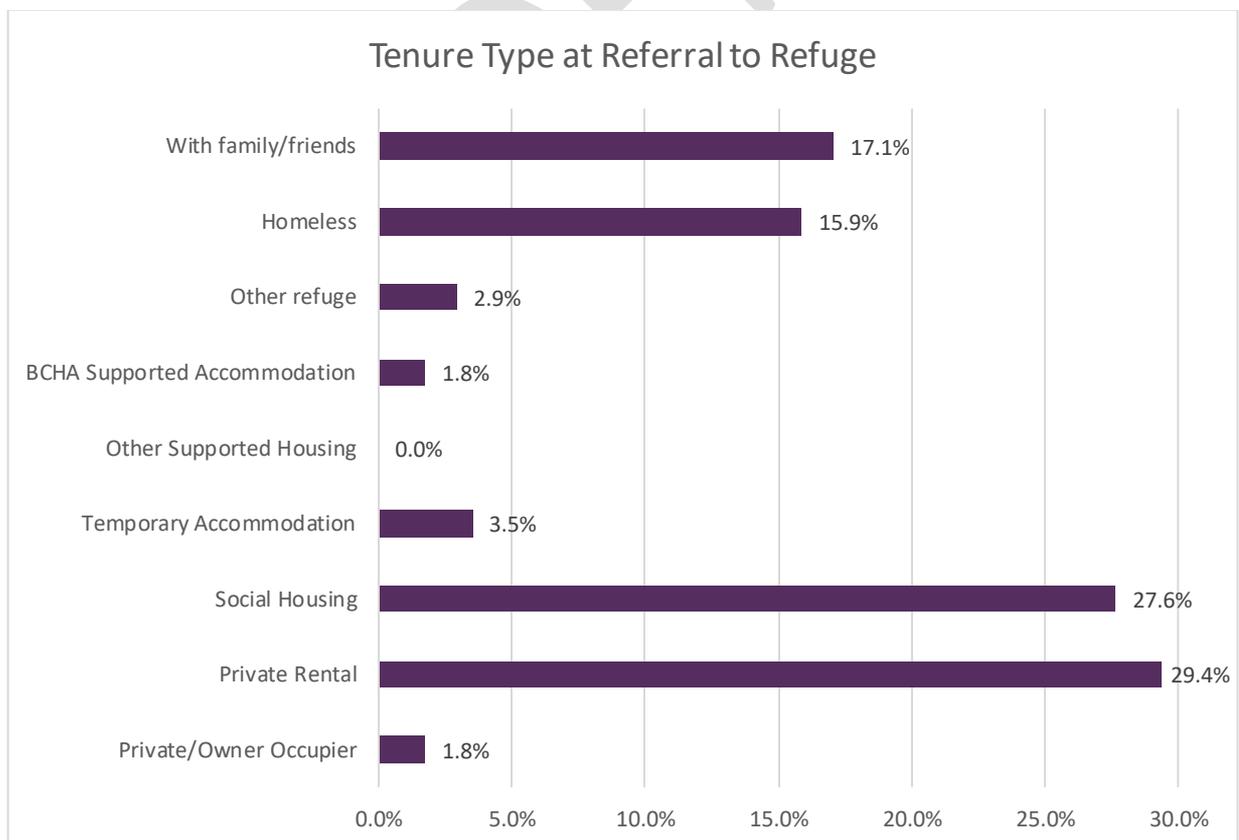
MASH	1	0.2%	1	0.2%
Mental Health	5	1.1%	6	1.5%
Other	22	4.7%	15	3.7%
Police	392	83.4%	341	83.4%
Probation	8	1.7%	9	2.2%
Substance Abuse	2	0.4%	1	0.2%
Voluntary Sector	0	0.0%	0	0.0%
TOTAL	470		409	

Access to Safe Accommodation: Refuge

- 125. Refuge data for 2019/20 is for one refuge only (the hostel-like refuge, not the one with self-contained units); data for 2020/21 is for both refuges. Reporting methods had not previously been embedded effectively, and there are significant gaps in the data collected. BCHA have addressed this in 2021 and both the level of data required, and the accuracy of data collection, has improved.
- 126. In 2019/20, one refuge received 199 referrals. In 2020/21, two refuges received 306 referrals.
- 127. Self-referrals represent the highest referral source for refuge (36%), followed by Housing (17.6%) and Police/Maple Team (16.8%). This data is for one refuge only, N=364. This raises the question of what support victims tried to access before they reached crisis and required refuge.



- 128. Refuges form part of a national network to ensure victims/survivors can access safe accommodation in other areas, enabling them to reach safety. Nationally, over two thirds of women resident in refuge are from a different local authority area¹¹. Looking at the number of victims seeking safe accommodation in BCP, we must be mindful there will also be a number of BCP residents seeking safe accommodation outside of the area.
- 129. The needs assessment showed that for 2019/20 and 2020/21 combined, 27% of referrals to refuge came from out of area, with the highest from Hampshire and London. But BCHA define their 'area' as Dorset, which means that the proportion referred to refuge from outside BCP will be higher. BCHA must record the 'area' of the refuge as BCP only, to enable accurate recording of referrals and those accommodated from out of area. This should include exploration of the barriers for those in privately owned homes in reaching safety.
- 130. The majority of referrals to refuge were from victims residing in private rental or social housing properties. (Data for refuge is for 2020/21 only, and not for all referrals. N=170.) The support victims/survivors received prior to accessing refuge, particularly when in private rental, needs to be better understood.



¹¹ <https://www.womensaid.org.uk/survival-beyond-report/>

Case Study

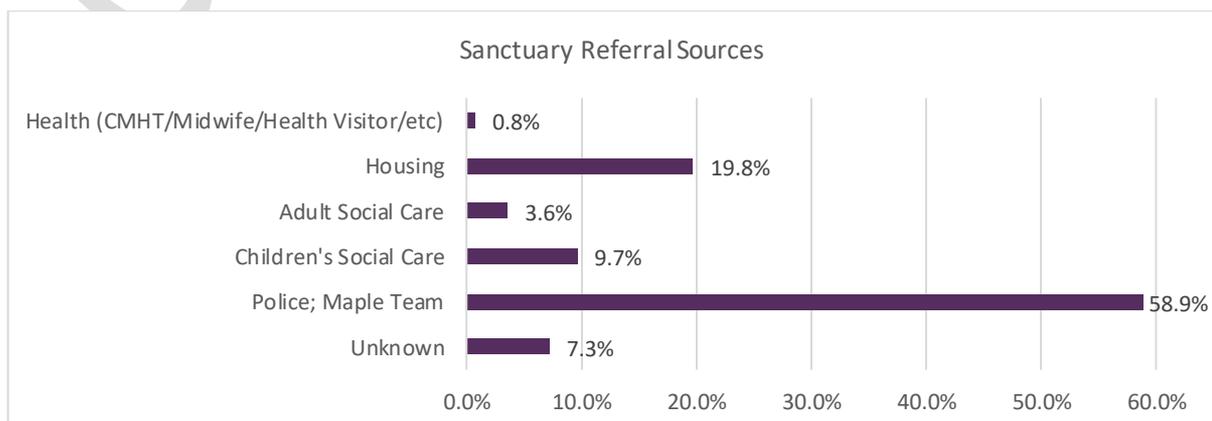
Dawn entered refuge with her three children all aged under ten. She is White British, with no disability. She had moved from another refuge to be closer to family in BCP. Dawn had weekly keywork sessions with the Refuge Support Worker including emotional support. The Refuge Support Worker liaised with BCP Council and private landlords to try to secure housing for Dawn and her children. The Child Support Worker supported the children.

Dawn had a low income, which meant private rental was not an option for her because the rents were too high in the area she wished to live in. Due to the age of her children, she needed a three-bedroom property, of which there are few in BCP. This led to Dawn and the children staying in the refuge for more than a year and a half waiting to be re-housed.

Dawn was provided with a secure tenancy through BCP Council and was supported by the Refuge Support Worker to apply for grants to buy furniture. She and the children are now settled and safe.

Access to Safe Accommodation: Sanctuary Scheme

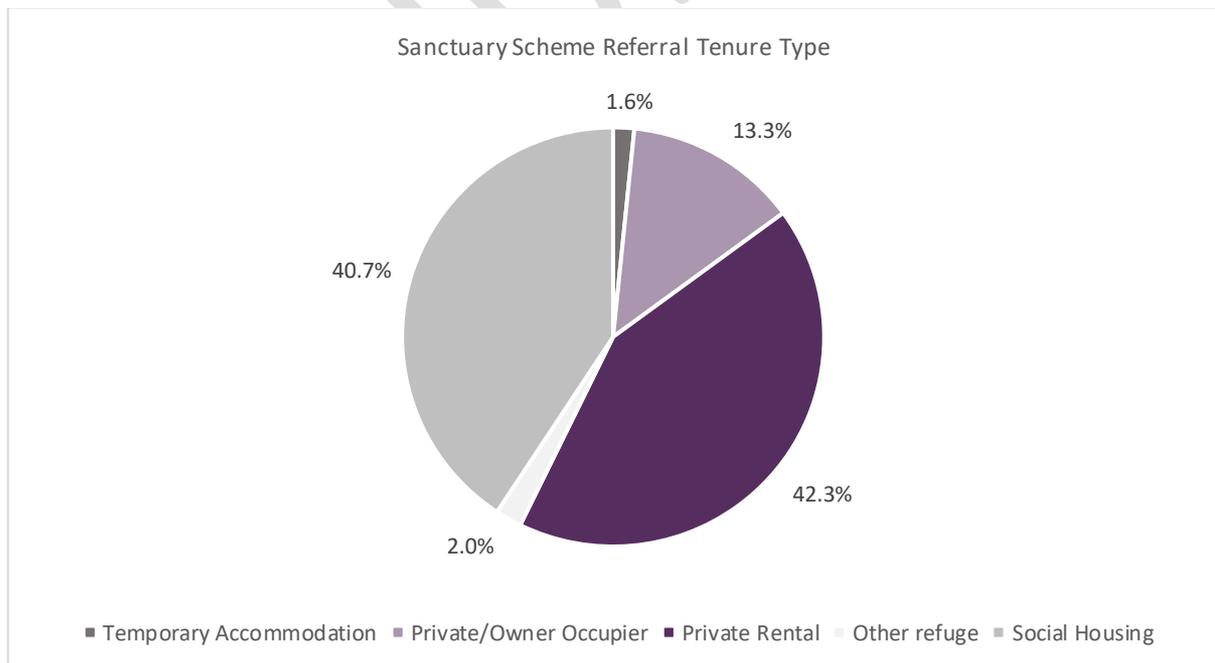
- 131. Sanctuary Scheme data is provided from the BCP Council-managed project. Additional target hardening and security measures are provided elsewhere, as described above.
- 132. There were 93 referrals to the Sanctuary Scheme in 2019/20, and 155 in 2020/21, a significant increase. All the referrals were recorded as accepted. In 2019/20, 26 were not progressed beyond that due to the victim/survivor not calling the service after being left a call card. In 2020/21, this figure was 29.
- 133. Police/Maple Team are the highest sources of referrals for the BCP Sanctuary Scheme, followed by Housing.



134. Recording of works done is not consistent and descriptions differ between the two years.

Works completed	2019/20	2020/21	Total
Assessment of works required	22	2	24
Extra locks/ lock change	49	44	93
Spyhole	15	no data	15
Window security	72	34	106
Check garden / gates / fences secure	15	2	17
Camera doorbell	4	no data	4
Fit CCTV / CCTV doorbell	3	1	4
Lighting	17	17	34
Chain latch	no data	30	30
Fireproof letterbox	no data	7	7

135. The majority of referrals are for private rental and social housing tenants. The number of referrals for private rental doubled from 33 in 2019/20 to 72 2020/21; referrals for owner occupiers also doubled, from 11 to 22. It is good to see that works can be completed with private rental properties, as we know that this can be a barrier for many survivors.



Safe Accommodation Unmet Need: Refuge

- 136. There is no data to indicate that those accessing safe accommodation through Sanctuary Scheme were declined; the referrals that were not progressed were due to inability to contact the victim/survivor.
- 137. Accepted referral data for refuge shows that a higher proportion of referrals could be accepted into accommodation in 2020/21, but it must be noted that 2019/20 data is for the hostel-like refuge only, which is the refuge that has more barriers for referrals to be accepted.

	2019/20	2020/21
Referrals received	199	306
Referrals unable to be accommodated	185	237
% Referrals unable to be accommodated	93%	77%

- 138. The above table demonstrates that most referrals to refuge are not accepted into accommodation: 422 in total over two years. This number also includes those who declined refuge after being referred, and those who could not be contacted. This data should be separated out in future.
- 139. The numbers in the next table showing the reasons for referrals being declined (N=174), are significantly lower than those shown above. It may be that the remainder declined or could not be contacted. We therefore need to be cautious in drawing conclusions about the numbers that refuge were unable to accommodate.

Declined referrals 2019/20 and 2020/21	Number	%
Too close to refuge location	44	25%
Too high needs; cannot meet complex needs	96	55%
No suitable space for size of family	19	11%
Low DASH score / low risk compared to other referrals	15	9%

- 140. Refuges can be inaccessible for women local to BCP, due to their proximity to the perpetrator or others who know them, yet they may not wish to leave the area, their children’s schools,

or their community supports. This needs to be considered on a case-by-case basis having regard for the safety of all refuge residents. Community-based options must be available, without judgement, for women who don't wish to leave the area but cannot access refuge; without having a blanket policy to ensure where possible refuge can be accessed by local victims/survivors.

141. The needs assessment was unable to establish what happened to the referrals that were declined by refuge, as this data is not collected. We can look to the homelessness data (see below) in relation to the use of temporary accommodation to give an indication of where those who declined / were declined by refuge were subsequently accommodated.

Safe Accommodation Unmet Need: Homelessness Data

142. Crisis estimates that it costs a local authority between £3,617 and £11,434 to secure accommodation for a single survivor made homeless by domestic abuse.¹²
143. Homelessness Prevention activities in all local authorities are provided under the Housing Act 1996. In 2021 BCP produced the Homelessness and Rough Sleeping Strategy 2021-25, co-produced by the BCP Homelessness Partnership which comprises over 180 people from all sectors. The Homelessness Reduction Board provides the strategic lead and governance for the Partnership, and the Homelessness Forum brings all members of the Partnership together to support and guide the work. A commitment under Core Aim 1 of the Strategy is to “ensure any victim of domestic abuse has somewhere safe to stay and receive support” (p23).
144. There were 4,256 homelessness applications in 2019/20, which represented a 15% rise on the previous year. 20% of applicants were aged under 24, an age group that “also faces disproportionate disadvantaged such as lower mean incomes or salaries and increasing job insecurity, with disproportionate reliance on renting” (p8).
145. BCP Council Housing Options informed the needs assessment that BCP has approximately 450 households in temporary accommodation. This is across hotels, shared accommodation (HMOs, including hostels specifically for families), and self-contained family accommodation. The numbers rose in 2019/20 due to the pandemic related ‘Everyone In’ approach.
146. The BCP Preventing Domestic Abuse Strategy 2020-23 refers to local housing data that shows 2.9% of those fleeing domestic abuse were accommodated in refuge, with 82% being placed in alternative temporary accommodation such as hostels and B&Bs (p9).
147. The process of gathering data for the needs assessment highlighted to the Housing Options Service gaps in both recording, and what officers are being asked to record. Unfortunately, the data provided was unable to tell the ‘story’ of people’s journeys from approaching the service through to the outcomes achieved, and how and why these were achieved.

¹² https://www.crisis.org.uk/media/240459/cr0198_domesticabusebill_appg_report_2019_aw_web.pdf

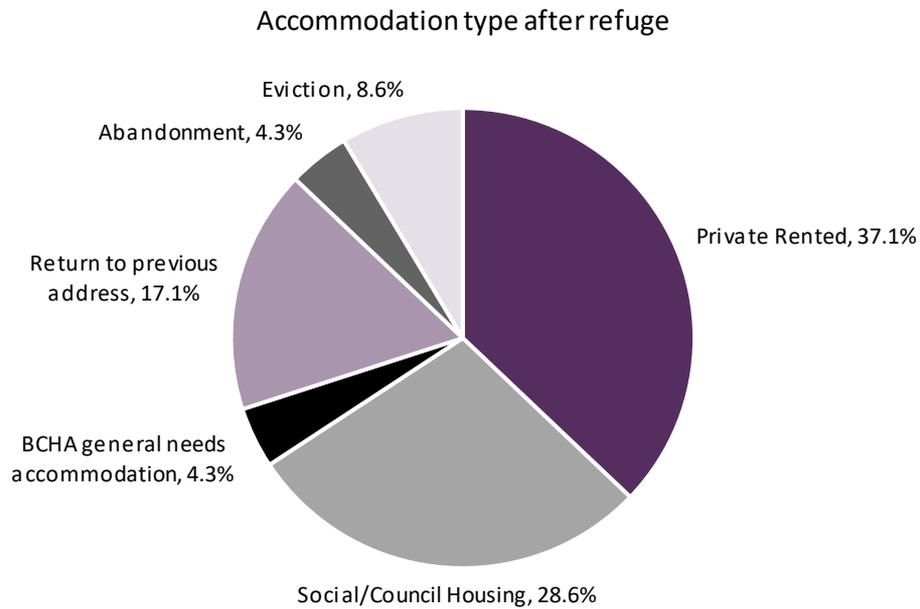
148. Across 2019/20 and 2020/21 a similar number of homelessness applications were made in which domestic abuse was recorded: 236 and 247. The slight increase in 2020/21 was from female applicants only, who comprise 82% of applicants, and a slightly higher proportion of those accepted.
149. The numbers placed in temporary accommodation has increased significantly from 2019/20, and within that, the numbers, and proportions of those accommodated in B&Bs and hotels. Housing must carry out a case file audit to understand why this is the case and improve data collection and recording to ensure this picture can be more fully presented in future.

Victims/survivors accommodated in temporary accommodation	2019/20		2020/21	
	Female	Male	Female	Male
Total in temporary accommodation	37	8	79	16
Numbers accommodated in B&Bs and hotels	18	3	64	14
% Accommodated in B&Bs and hotels	49%	38%	81%	88%

150. Housing Options will consider and offer refuge for all those who approach the council due to domestic abuse. It is not possible to know from the data provided why such high numbers required alternative temporary accommodation, nor why do many were provided with B&B or hotel. The MHCLG Statutory Guidance explicitly states that support in 'Bed & Breakfast' accommodation or that provided in shared, mixed gender accommodation does not fall within the definition of 'safe' accommodation. But, support should be provided if victims/survivors are accommodated in these types of housing.

Safe Accommodation Outcomes

151. Refuge collects data showing where residents move-on to, shown in the graph below. Outcome data is not collected by the Sanctuary Scheme: short-term outcomes are achieved through the provision of security measures and target hardening, but there is no data showing the extent to which these measures keep survivors safe, nor how long they are able to stay in their properties.
152. The average length of stay in refuge was 225 days, or approximately seven and a half months. BCHA noted that due to Covid residents are staying longer than the six-month licence.



153. The case studies outlined barriers for some survivors in accessing the private rental sector, due to high rents. It would be helpful for more data on outcomes to be gathered in relation to move-on from refuge, in particular where this is to private rental.
154. Under Part 7 of the Housing Act 1996 victims of domestic abuse who are eligible, and homeless, will have priority need for accommodation. This has implications for the response of BCP Council Housing Options.¹³
155. Any victim/survivor making a homeless application (part VII application) who is eligible for assistance will be provided with interim accommodation while enquiries are made into their application. If the enquiries determine that the victim/survivor is eligible, homeless, not intentionally homeless, and not being referred to another local authority, they will be owed the full housing duty (s193(2)). This means they will be provided with suitable temporary accommodation and reasonable preference for an allocation of settled accommodation.
156. Outcomes for individuals who made homeless applications due to domestic abuse were:

Duty	Reasons for end of duty	2019/20	2020/21
Prevention Duty	56 days or more expired and no further action	7	0
	Contact lost	5	4
	Homeless	16	9
	Intentionally homeless from accommodation provided	1	0
	Secured alternative accommodation for 12 or more months	3	3
	Secured alternative accommodation for 6 months	12	15
	Secured existing accommodation for 12 or more months	1	1

¹³ The Homelessness Code of Guidance has been updated to incorporate the change <https://www.gov.uk/guidance/homelessness-code-of-guidance-for-local-authorities/chapter-21-domestic-abuse>

	Secured existing accommodation for 6 months	5	0
	Withdrew application / applicant deceased (Retired)	5	5
	Total	55	37
Relief duty	56 days elapsed	64	45
	Contact lost	16	12
	Local connection referral accepted by other LA	1	0
	No longer eligible	1	0
	Secured accommodation for 12 months	9	20
	Secured accommodation for 6 months	57	56
	Withdrew application / applicant deceased (Retired)	16	21
	Total	164	154
Main duty	Accepted a Housing Act 1996 Pt6 social housing offer	25	11
	Accepted a Private Rented Sector offer	15	2
	Applicant withdrew or lost contact	1	0
	Ceased to occupy temporary accommodation	1	2
	Refused suitable Private Rented Sector offer	1	1
	Refused suitable temporary accommodation offer	0	1
	Total	43	17

157. The numbers accommodated outside of safe accommodation provision highlights the need for high quality specialist domestic abuse outreach and community-based services. This is addressed in the recommendations and in Whole Housing Approach section below.

Protected Characteristics

158. This section presents a summary of the data that was available; the detailed data for each area is contained at appendix one. Only gender was recorded by all services that submitted data to the needs assessment (except for Children’s Social Care); for the remaining characteristics we have only partial data.

159. Data is presented here by proportions, rather than overall numbers, because many of the records will double-count victims/survivors.

160. **Gender:** In line with national data and research, most victims reporting to services were female (77% overall). Police and Adult Social Care recorded the highest proportions of male victims/survivors.

2019-21	ASC	Outreach	Health	Homelessness	MARAC	Police	Refuge	Sanctuary Scheme
Female	75%	86%	88%	82%	93%	72%	99%	94%
Male	25%	14%	12%	18%	7%	26%	1%	6%

161. **Age:** The most prevalent age for reporting domestic abuse to any service was 25-34 years old. Adult Social Care predictably had the highest numbers recorded for older age groups and was the only service with a relatively even spread across age groups.
162. **Ethnicity:** Reflecting the demographic make-up of BCP, White British was the highest recorded category for all services that recorded ethnicity: 77% in Adult Social Care; 90% in homelessness; 93% in police; and 81% in refuge, which recorded the highest proportions of other ethnicities (5% Asian/Asian British; 7% Black/Black British). Data suggests under-reporting from non-White-British ethnic identities across all services.
163. **Immigration:** Refuge was the only service to record this, and for one year only, and there were very small numbers: 15 in total for 2020/21, with around half on family visas.
164. **Sexual Orientation:** This was only collected by Paragon Health Advocacy, Homelessness, and refuge. A third of homelessness records were 'unknown' (and some records will be double counts). The numbers for refuge do not add up to the total referrals / accepted referrals, and we don't know whether any were accepted or unable to access refuge. Given the lack of data it is hard to draw a conclusion on unmet need.

	Heterosexual / Straight	Gay/Lesbian	Bisexual	Other	Unknown	Total
Total	963	16	4	13	119	1,115
%	86.4%	1.4%	0.4%	1.1%	10.7%	

165. **Trans and non-binary:** no services collect this information.
166. **Disability:** Data on victims/survivors with disabilities was available from Paragon Health Advocacy, MARAC, and refuge. Health Advocacy recorded two with disabilities (2020/21 only), and MARAC recorded nine (2019/20 and 2020/21 but not for Q3 and Q4 of 2020/21). For MARAC this is very low, compared with the SafeLives recommendation of 19% of cases expected to be for victims/survivors with disabilities. Half of refuge clients were recorded as having a disability, of which 67% were mental health issues, although it is not clear if this is in addition to other types of disabilities. Research shows that women and men with a long-term illness or disability are more likely to be subject to domestic abuse. Specialist guidance is available on meeting the needs of disabled victims/survivors¹⁴.
167. **Relationship between victim and perpetrator:** Police record the relationship between the victim and perpetrator of incidents and offences that are reported. Most were ex-partners, indicating the importance of professional awareness of post-separation abuse.

¹⁴ <https://www.shapingourlives.org.uk/wp-content/uploads/2018/02/Shaping-our-Lives-A-Refuge-for-All-findings-report-online.pdf>



Partnership Feedback Gained through the Needs Assessment process

- 168. A survey was circulated widely amongst BCP organisations, and meetings were held with stakeholders, to gather feedback on good practice, gaps, and areas of development. The information and feedback requested was in line with the Coordinated Community Response model, which highlights the need for all organisations to have internal systems in place to respond to domestic abuse, alongside effective multi-agency working.
- 169. Appendix one sets out local provision and responses across the system.
- 170. This review found that there are high levels of commitment to responding appropriately to domestic abuse in BCP, including the need to work in partnership. Many professionals are supported in this through training, policies/procedures, and operational relationships with specialist services (Maple Team and BCHA).
- 171. Areas for development were highlighted, and these are outlined below:

The need for long-term recovery support for adult survivors, meeting the needs of all survivors

Suggested developments:

1. Understand the length of time victims/survivors access support, and what their needs are on exiting services. Explore options including peer support to ensure survivors can access the longer term support they may require.
2. Gather service user feedback on the Freedom Programme and Pattern Changing programme: do they meet the needs of the women accessing them in relation to longer term recovery?
Explore what alternatives can be offered to other victims, e.g., heterosexual men and LGBTQ+ people. One size does not fit all, and women and men place a high value on women-only and men-only spaces.

Enhancing and embedding the Coordinated Community Response

Suggested developments:

1. Domestic Abuse Strategic Group to ensure that all organisations have in place: policies and procedures; mandatory training; appropriate routine/selective enquiry; data collection and sharing with the partnership; appropriate DASG (including sub-groups) and MARAC representation.
2. Establish a Housing Sub-Group to the DASG: to include all provision and interventions outlined in the Whole Housing Approach Toolkit and use the Toolkit to identify work programme. Link with the Homelessness Strategy and other relevant groups. Include actions towards BCP Council gaining Domestic Abuse Housing Association Accreditation.
3. Establish a Children and Young People's Sub-Group to the DASG with members from all relevant services and stakeholders. Group to understand and review, and take action to develop where required, the partnership response to:
 - Children and young people (and the non-abusing parent) subject to domestic abuse from a parent/carer in their family: where do they report, what is the response, how can they best be supported at different levels of intervention? With reference to the Safe and Together Model. Ensuring there is a clear distinction between parental conflict and domestic abuse/controlling and coercive behaviour (CCB) that does not conflate parental conflict with 'low level' domestic abuse or be seen as a precursor to CCB, supporting practitioners to identify them as separate.
 - Young people subject to abuse from an intimate partner.
 - Children and young people using abusive behaviours against family members and/or intimate partners (linking with the perpetrator sub-group).
 - How these areas link with relevant services and partnerships: LSCB; exploitation and complex safeguarding; youth justice.
4. Carry out a comprehensive review of the MARAC process for BCP, including but not limited to:
 - Gathering the views of non-police partners on the process.
 - Understanding what screening takes place, and the appropriateness of this: are referrals going through to MARAC that are not high risk; and are referrals being rejected that are high risk?
 - Understand the nature of cases that remain at 'MARAC Consideration'.
 - An audit of victims discussed at the MARAC multiple times within a year.
 - An audit of victims discussed at the MARAC who have not been re-referred, to understand what has happened since the MARAC discussion.

Enhancing the focus on perpetrators

Suggested developments:

1. Establish the response to perpetrators across relevant partner organisations: Children’s Social Care; Children’s Early Help services; mental health services; drug and alcohol services. Covering training, procedures, pathways, and organisational support for practitioners in holding perpetrators to account through case work.
2. Partnership to hold organisations to account in relation to (1) and gather data and outcomes in relation to perpetrators.

Whole Housing Approach

172. The Whole Housing Approach (WHA)¹⁵ is a framework for addressing the housing and safety needs of victim/survivors in a local area. It brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people subject to domestic abuse to either maintain or access safe and stable housing.
173. The WHA complements the requirements of the Domestic Abuse Act and broadens the focus for local areas to ensure a full picture can be gathered of the housing needs of, and response required to, those subject to domestic abuse. This is particularly important when considering Part 7 of the Domestic Abuse Act, which extends homelessness priority need to all eligible victim/survivors of domestic abuse by removing the vulnerability test, which will enable more victim/survivors to access housing and prevent homelessness.
174. This section sets out the current picture in BCP, and where further development is needed. Central to the effective provision of a WHA is the role of the WHA Coordinator who ensures these initiatives are delivered in a safe, consistent, and coordinated way, alongside the role of experts including specialist domestic abuse services providing critical advocacy and support for victim/survivors in accessing these options and initiatives.
175. **Refuge** In addition to the sections above, the following requirements are specified by the WHA for refuge provision¹⁶:
- *Specialist provision: independent of the state; core business is to support victims / survivors of domestic abuse.* While the latter is not the case for BCHA, the staff teams have developed expertise in responding to the specialist needs of victims/survivors.
 - *Women’s Aid / Imkaan Quality Standards.* These are not in place at BCHA refuges, reference to these is recommended above.

¹⁵ <https://www.dahalliance.org.uk/what-we-do/whole-housing-approach/>

¹⁶ https://www.dahalliance.org.uk/media/10650/4_-wha-refuge-services.pdf

- *Outcome monitoring.* Refuge Support Workers identify outcomes for individual residents, but this is not done in a way that can be reported. Recommendations have been made in the data section above.
- *Victims/survivors involved in co-production informing the whole commissioning process.* This is not in place in BCP; see above survivor involvement recommendations.
- *Value for money.*
 - *Demand and provision: 1 family space per 10,000 head of population.* BCP commissions 36 spaces for 395,330 population, which equates to just under the provision that would be required by this WHA standard, but must be understood in light of the gaps and unmet need identified by this needs assessment.
 - *An average annual unit cost is estimated at £31,059 to provide refuge in line with WHA standards.* This needs to be considered within BCP commissioning.
 - *Robust, collaborative needs assessment inform planning, commissioning, delivery.* This needs assessment work will go some way to meet this standard but will need to be developed further as set out in this report.
 - *Commissioning should follow the Government Best Practice Toolkit.* To be considered by BCP commissioning.

176. *Sanctuary Scheme*¹⁷ Covered above.

177. *Social Housing*¹⁸ Poole Housing Partnership and Housing Landlord Services (Bournemouth) are both managed within BCP Council and will be merged into one service in 2021/22. Poole Housing Partnership had been looking to work towards Domestic Abuse Housing Alliance (DAHA) Accreditation, but this has been put on hold due to the planned merger. They plan to start this process again when possible, which should be prioritised by BCP Council.

178. *Registered Providers* Sovereign Housing provides social housing in Christchurch. They are working towards Domestic Abuse Housing Alliance Accreditation.

179. *Private Rental Sector* (a room or dwelling that is rented or let by a private individual or a business, as part of a commercial operation)¹⁹: this is an area of development for BCP. The Private Sector Housing and Targeted Enforcement Team have a role in engaging with Landlords on a case-by-case basis, but there is no strategic partnership working.

180. *Privately Owned Sector* (anyone who owns their own home, whether they have a mortgage or own the property outright)²⁰: this is an area of development for BCP.

181. *Supported and sheltered housing* (accommodation usually purpose-built with staff onsite, usually provided for people who have support needs)²¹: this is an area of development for BCP. Partnership working is in place operationally. Action is required by commissioners and

¹⁷ https://www.dahalliance.org.uk/media/10661/15_-wha-sanctuary-scheme.pdf

¹⁸ https://www.dahalliance.org.uk/media/10651/5_-wha-social-housing.pdf

¹⁹ https://www.dahalliance.org.uk/media/10652/6_-wha-private-rented-sector.pdf

²⁰ https://www.dahalliance.org.uk/media/10653/7_-wha-privately-owned-housing.pdf

²¹ https://www.dahalliance.org.uk/media/10654/8_-wha-supported-housing-homelessness-services.pdf

contract managers to develop the operational response of and strategic partnership with providers.

182. **Domestic abuse mobile²² or co-located²³ advocacy** (community-based domestic abuse advocacy that focuses on victim/survivors' self-identified needs): BCHA Outreach, Victim Support and Water Lily support victims/survivors in the community. Mobile advocacy that can meet victims/survivors more flexibly is more able to meet the needs of those facing multiple disadvantage. There are no domestic abuse services co-located with housing. **These options should be explored.**
183. **Flexible funding²⁴** A new initiative that offers funds directly to victims/survivors to enable them to meet their own needs. The funds may be used to overcome any barrier preventing access to secure housing, including for deposits, car repairs, and school transport costs, and is usually administered by specialist domestic abuse services: **to be explored.**
184. **Housing First²⁵** The first Housing First model for women experiencing homelessness, domestic abuse and multiple disadvantage was delivered by Threshold Housing Project (now Jigsaw Group) in 2018. Solace Women's Aid were the first to deliver Housing First for women who have experienced violence against women and girls: **to be explored.**
185. **Managed reciprocals²⁶**: there are no formal arrangements in place between Poole Housing Partnership, Housing Landlord Services (albeit they will be one service soon) and Sovereign Housing, or other Registered Providers. **This needs to be developed.**
186. **Perpetrator management²⁷**: Poole Housing Partnership and Housing Landlord Services take action against perpetrators, e.g., through ending their tenancy or removing them from joint tenancies. DAHA Accreditation includes a strand on perpetrator management. **Data should be collected on the use of this to identify areas for development.**

Report Recommendations

187. This section brings together the recommendations for BCP on improving services overall that have been included through the report.

General recommendations:

²² https://www.dahalliance.org.uk/media/10655/9_-wha-mobile-advocacy.pdf

²³ https://www.dahalliance.org.uk/media/10656/10_-wha-co-located-housing-advocacy.pdf

²⁴ https://www.dahalliance.org.uk/media/10657/11_-wha-flexible-funding.pdf

²⁵ https://www.dahalliance.org.uk/media/10658/12_-wha-housing-first-for-women.pdf; also: <https://housingfirsteurope.eu/guide/>

²⁶ https://www.dahalliance.org.uk/media/10660/14_-wha-managed-reciprocals.pdf

²⁷ https://www.dahalliance.org.uk/media/10662/16_-wha-perpetrator-management.pdf

188. Where tailored and appropriate specialist support is provided to male victims/survivors this should be with reference to [Respect's Toolkit](#), and for women and men identifying as lesbian, gay, bisexual, queer, transgender and non-binary, with reference to [expertise from the sector](#).
189. The allocation of one space to a male survivor is positive and inclusive. Commissioners need to understand how this space is used when there are no referrals, as is indicated by the data from refuge in 2020/21. The refuge staff have received no complaints from female residents about the presence of a male in the communal area, but while this accommodation arrangement continues, their experiences, and those of their children, should be independently explored.
190. Gather data from all providers of Sanctuary Scheme / Target Hardening to understand demand and provision. Review the longer-term outcomes of the Sanctuary Scheme to understand how it is being used: is it accessible to all who need it; how many individuals stay in their properties long term; individual journeys to safety and what part the Sanctuary Scheme has played in that. Review to reference the WHA Toolkit Sanctuary Scheme chapter.
191. The outcomes of the MHCLG 'Respite Room' pilot should be shared with the Domestic Abuse Strategic Group to inform future commissioning. Given the level of complexity in the lives of many of these women, 12 weeks may not be long enough to reach any of the intended outcomes and unmet need should be part of the data collection, for example women unable to access, or remain in, the accommodation.
192. The numbers placed in temporary accommodation has increased significantly from 2019/20, and within that, the numbers, and proportions of those accommodated in B&Bs and hotels. Housing must carry out a case file audit to understand why this is the case and improve data collection and recording to ensure this picture can be more fully presented in future.
193. BCHA should review their referral process for professionals, in discussion with referring partners, to ensure it is streamlined and as efficient as possible.
194. The communication lines between the Up2U programme and BCHA are not clear. A multi-agency approach to the whole family should be established alongside this intervention with reference to Respect guidelines.

Survivor involvement recommendations:

195. Involve service users in the design, evaluation, and review of specialist service provision.
196. To ensure the diversity of survivor involvement, work with CAN members including Race Equality Council, People First Forum, Safe and Sound, Women Centre Cornwall, and others that were not able to be involved in the needs assessment.
197. Adequately resource the involvement of survivors and service users in the partnership through relevant specialist services.

Data collection recommendations:

198. A Task and Finish Group is being established to identify the partnership data needs and how to develop mechanisms for this. It should be informed by the outcome of this needs assessment and recommendations.
199. This could be a significant task for some services, for example, the Maple Team manages referrals and case work through the police system. Ideally, a separate case management system should be used: it is essential for BCP to understand the make-up of this cohort of service users, given that not all will go forward to MARAC.
200. A data dashboard should gather data from all the services listed above to allow the partnership to build and monitor a collective picture of where victims/survivors report to, their journeys through services, and outcomes.
201. A recommended data dashboard is provided in appendix three that sets out the data that could be collected from services.
202. Refuge must record the 'area' of the refuge as BCP only, to enable accurate recording of referrals and those accommodated from out of area. Refuge must also separate the recording for those referrals that could not be contacted, those that declined refuge, and those that could not be accepted into refuge. This should include exploration of the barriers for those in privately owned homes in reaching safety.
203. Gather more data on outcomes in relation to move-on from refuge, in particular where this is to private rental.
204. Outcome data is essential to enable the partnership to understand areas of unmet need on an ongoing basis, and to monitor the performance of commissioned services in meeting the needs of victims, survivors, children and young people, and perpetrators.
 - Refuge and outreach service specifications must require providers to establish mechanisms to evidence the use of structured, need-led plans for each client, that measure reportable outcomes.
 - National feedback gathered by Standing Together has shown that the Women's Aid OnTrack system was the only system that gathered data sufficiently comprehensive for the MHCLG needs assessment template.