

Domestic Abuse Needs Assessment: 2021 Full Update

KENT PUBLIC HEALTH
BSERVATORY

 KENT
ANALYTICS

Produced by

Rachel Kennard, Chief Analyst
Sarah Spencer, Senior Public Health Analyst
Naomi Clemons, Analyst Manager

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Why Are We Undertaking A Needs Assessment?

Section 4 of the Domestic Abuse Act requires local authorities to assess the need for **support** for victims of domestic abuse and their children who may need to access **safe accommodation**. This includes those that require highly specialist support as well as cross-border support.

Building on an earlier detailed needs assessment from November 2020 [available here](#) the two key objectives are:

1. To update key metrics around prevalence and profile of DA in Kent
2. To develop an understanding of available safe accommodation, exploring who is able to access support, how people are referred, why people cannot access support (gap analysis) and any issues around 'moving on'

Not all domestic abuse victims will need support in safe accommodation, but this assessment will help to identify the needs of those who need to reside in safe accommodation in Kent. The needs assessment carried out in 2020, looks more broadly at community support needs.

Safe Accommodation: Definition

The definition of **safe accommodation** includes;

- Refuge (a safe house where adults and children who are experiencing domestic abuse can stay, this may be communal or self-contained flats in a secure building)
- Dispersed accommodation (stand alone self-contained properties with support)
- Sanctuary schemes (security provision within a survivor's home)
- 'Move on' accommodation.

Objectives: Safe Accommodation

The objectives in relation to safe accommodation are to develop an understanding of available safe accommodation in Kent and explore who is able to access support and how people are referred.

This assessment supports the identification of gaps to explore why people cannot access support in safe accommodation (gap analysis).

- What gaps do we identify in provision of safe accommodation?
- Do we have enough refuge and other types of safe accommodation?
- How does housing provision support those fleeing abuse?
- Are we meeting the diverse needs of our population?
- Are people able to leave safe accommodation for permanent housing ('move on')?

Information Sources

The analysis in this update draws on the following key information sources:

- **Crime Survey for England & Wales:** Prevalence
- **Kent Police:** Reported incidents and victims
- **HCLIC:** Households owed a prevention or relief duty due to domestic abuse
- **KCC safeguarding:** Section 42 enquiries (Adults), Front door requests for support (Children's)
- **KIDAS commissioned service data returns:** Referrals to refuge, reasons for rejection
- **Qualitative interviews with service providers** (see Annex A)
- **Qualitative interviews and quantitative survey with male domestic abuse survivors** (see Annex B & C)

Care needed in the interpretation not to confuse this 'disclosed prevalence' with 'true prevalence'. Also note Crime Survey covers ages 16-74 only.

Methodology: Police Recorded Incidents

- All data has been extracted from the Athena Crime universe on business objects for all Domestic Abuse related crime reports and non crime incident reports with an upper committed date between 01.01.2016 and 31.12.2020 inclusive. This data has been extracted on 30/06/2021 and is subject to change.
- As the upper committed date is not a mandatory field there are some reports where this field has not been completed and therefore will not be included in the data. There is 3.1% of data missing from this extract based on upper committed date when compared to the same extract but based on the created date of 01.06.2016 to 31.12.2020 inclusive.
- The data excludes reports with a committed location within Medway.



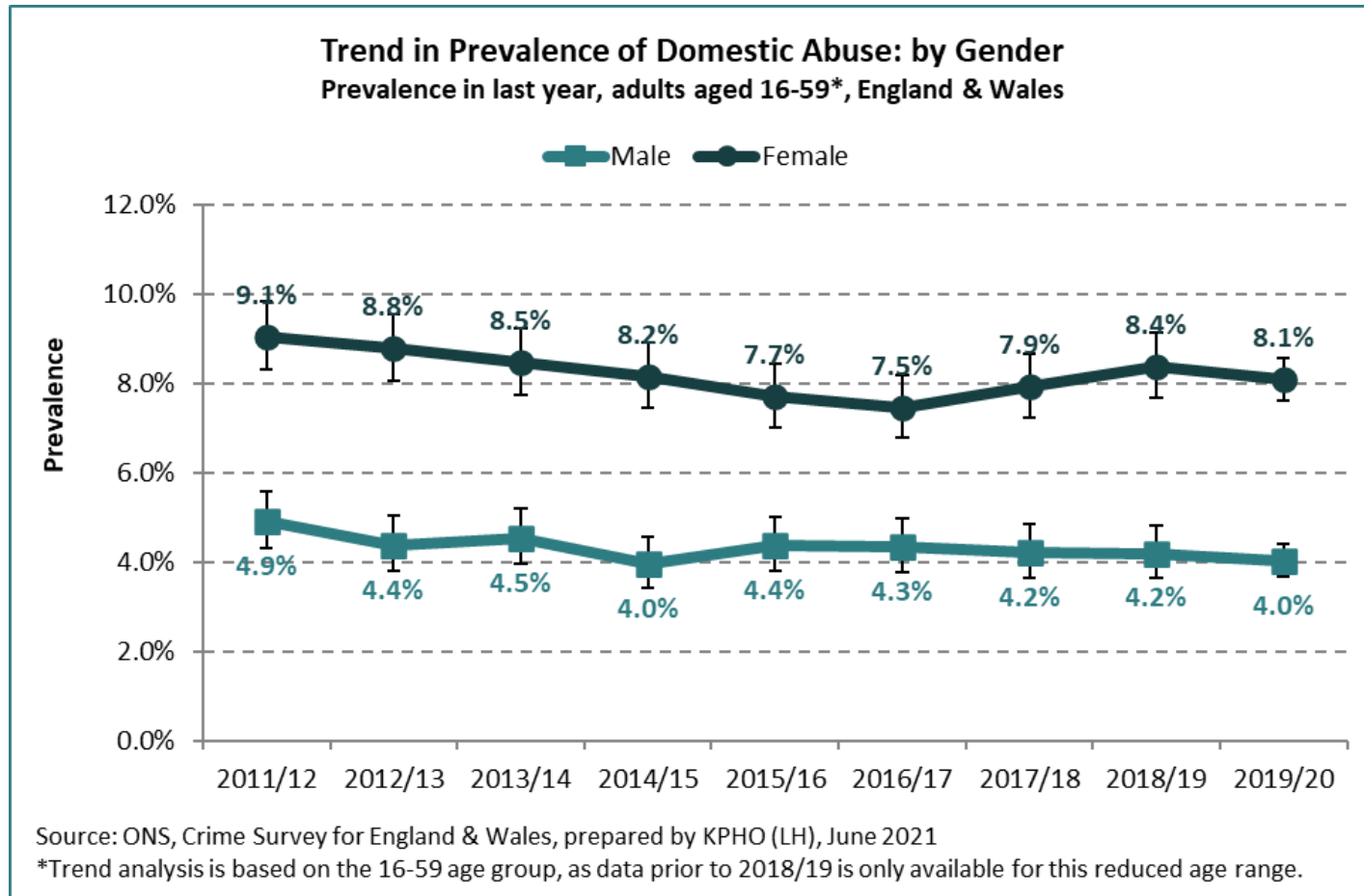
Trends

- Domestic abuse prevalence
- Police recorded incidents
- Homelessness due to DA

What Does Prevalence Mean?

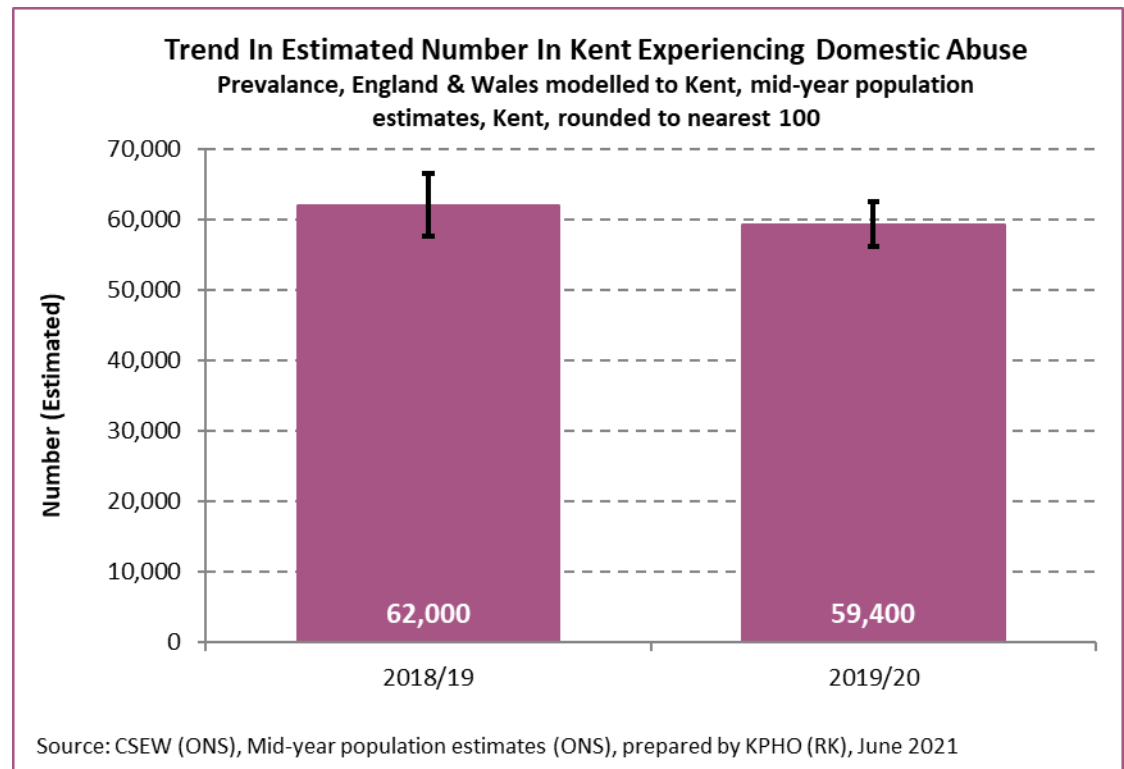
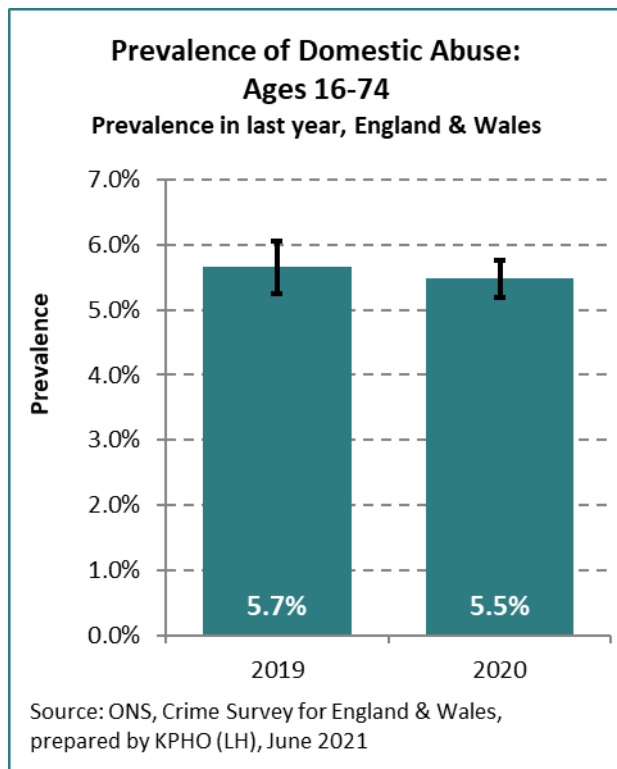
- We know that domestic abuse is common, however this is often difficult to accurately quantify.
- Domestic abuse is a largely hidden crime, and victims are often reluctant to report abuse to the police or via crime surveys. People often don't report or disclose domestic abuse to the police (HMIC, 2014) and may underreport domestic abuse in surveys, particularly during face-to-face interviews (ONS, 2015).
- According to CSEW data for the year ending March 2018, only 18% of women who had experienced partner abuse in the last 12 months reported the abuse to the police.

Prevalence Trends: As Reported To CSEW, Pre-COVID



Prevalence Trends: As Reported To CSEW, Pre-COVID

If a broader age range is considered, prevalence stood at 5.5% in 2019/20 – similar to the 5.7% recorded in 2018/19



Prevalence Trends: As Reported To CSEW, Pre-COVID

No equivalent data is available on prevalence since the COVID pandemic as the implementation of the Crime Survey for England and Wales has been affected from March 2020 onwards

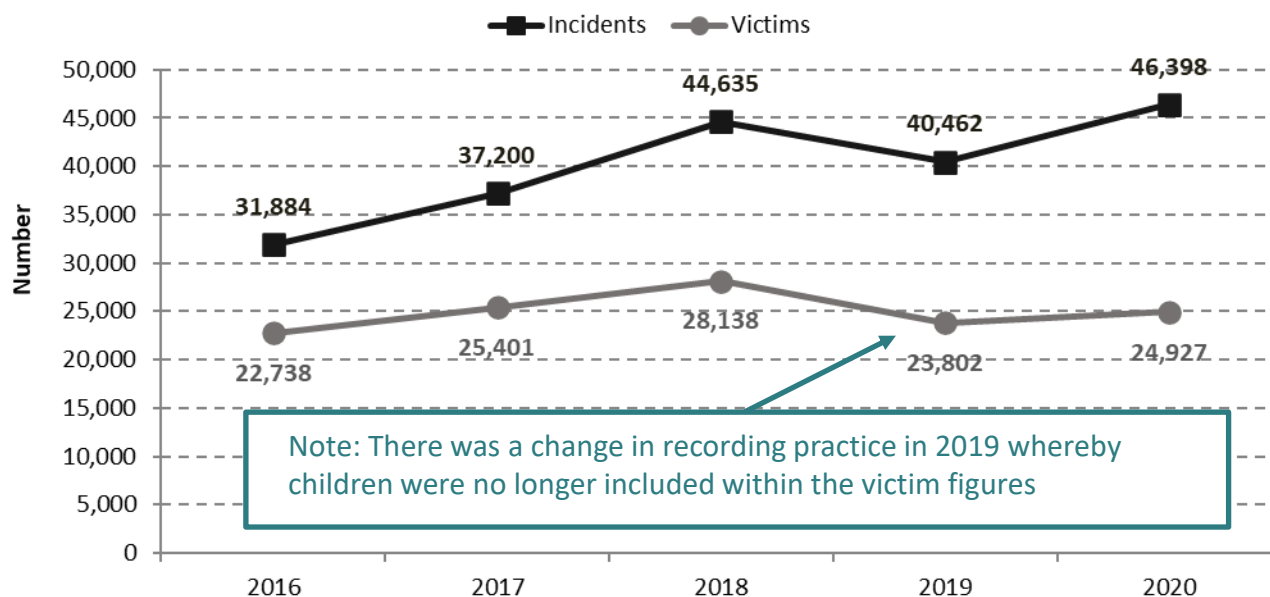
The preferred measure of domestic abuse, collected through the self-completion module of the Crime Survey for England and Wales (CSEW), is not currently available, as face-to-face interviews were suspended on 17 March 2020. We designed a new survey to be conducted via telephone to continue measuring crime during the coronavirus (COVID-19) pandemic period and while face-to-face interviews are not possible.

Concerns around confidentiality and respondent safeguarding limited the types of questions asked in the Telephone-operated Crime Survey for England and Wales (TCSEW). This included those relating to domestic abuse.

Police Reported Incidents & Victims

Whilst the number of incidents of domestic abuse reported to the police has been increasing, the number of victims reporting incidents has remained more stable

Trend in Recorded Domestic Abuse Incidents & Victims Of Recorded Incidents
2016-2020, Kent

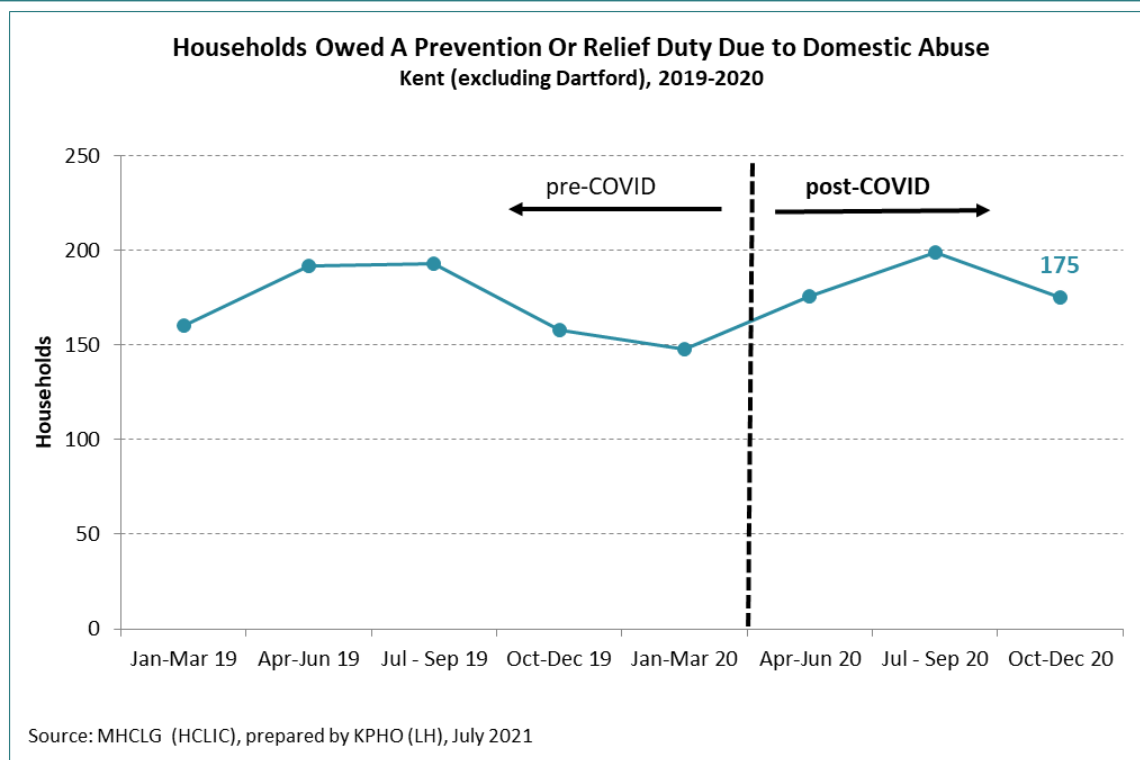


Source: Kent Police, prepared by KPHO (SS), July 2021

Comparing these figures for 2019 with the 2019/20 estimated prevalence figures applied to the Kent population suggests that in any one year around two-fifths of victims report it to the police

Homelessness Due To DA

Both before and since the COVID pandemic, the number of households owed a prevention or relief duty due to domestic abuse has fluctuated between 150 and 200 (Kent figures, excluding Dartford)



Note: Data excludes Dartford, who have not submitted data for all periods

Impact Of COVID

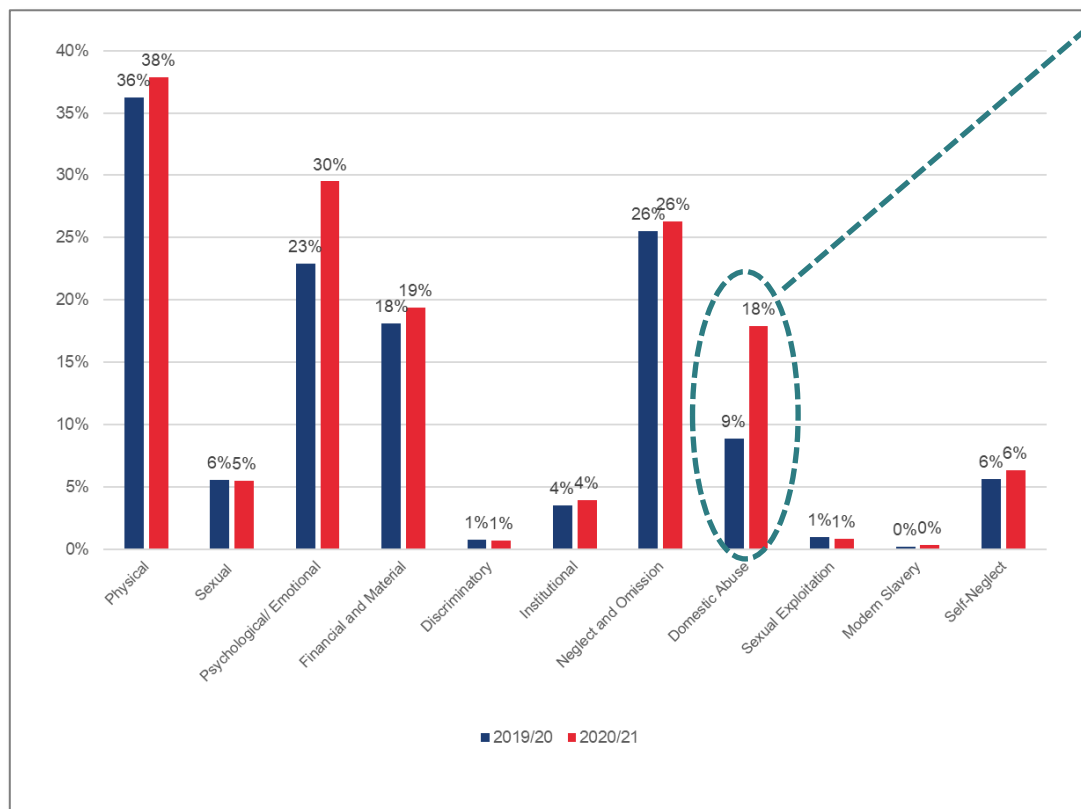
Clear evidence on the longer-term impact of COVID on domestic abuse prevalence is in short supply, but there is some national evidence around the impact of lockdown on domestic abuse.

- At the start of the first national lockdown, significant concerns were raised about the impact that the national 'stay at home order' would have in terms of increased risk of harm and isolation for those living with Domestic Abuse (DA). This increase was realised in both police recorded crime and DA referrals (Commons Paper, 2021)
- Although data is limited on the impact of lockdown on domestic abuse, the ONS report that in mid-May 2020, there was a 12% increase in the number of DA cases referred to victim support. Calls to police also increased, often via third parties rather than from victims themselves (ONS, 2020)
- Between April 2020 and February 2021, there was a 61% increase in calls and contacts logged on Refuge's National Domestic Abuse Helpline, when compared to the first three months of that year (Refuge, 2021).
- Evidence showed some changes in those who perpetrate abuse. Between April and June 2020, there was an 8.1% increase in abuse from current partners, a 17.1% increase from family members and a decline of 11.4% in abuse experienced by former partners
- In April 2020, the Home Affairs Committee said there was "evidence that cases are escalating more quickly to become complex and serious, with higher levels of physical violence and coercive control."

<https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/>

Adult Social Care Safeguarding: Section 42 Enquiries

A higher proportion of cases in 2020/21 were recorded as involving domestic abuse



This must be interpreted in the context of:

- a decreased volume of safeguarding enquiries in 2020/21 (5,260, down 8% from 5,728 in 2019/20) which may be as a result of Covid lockdowns and decreases face to face contact
- An increase in the number of categories each enquiry is coded against in 2020/21 as a result of recommendations from the previous needs assessment and reflects an improvement in recording practice

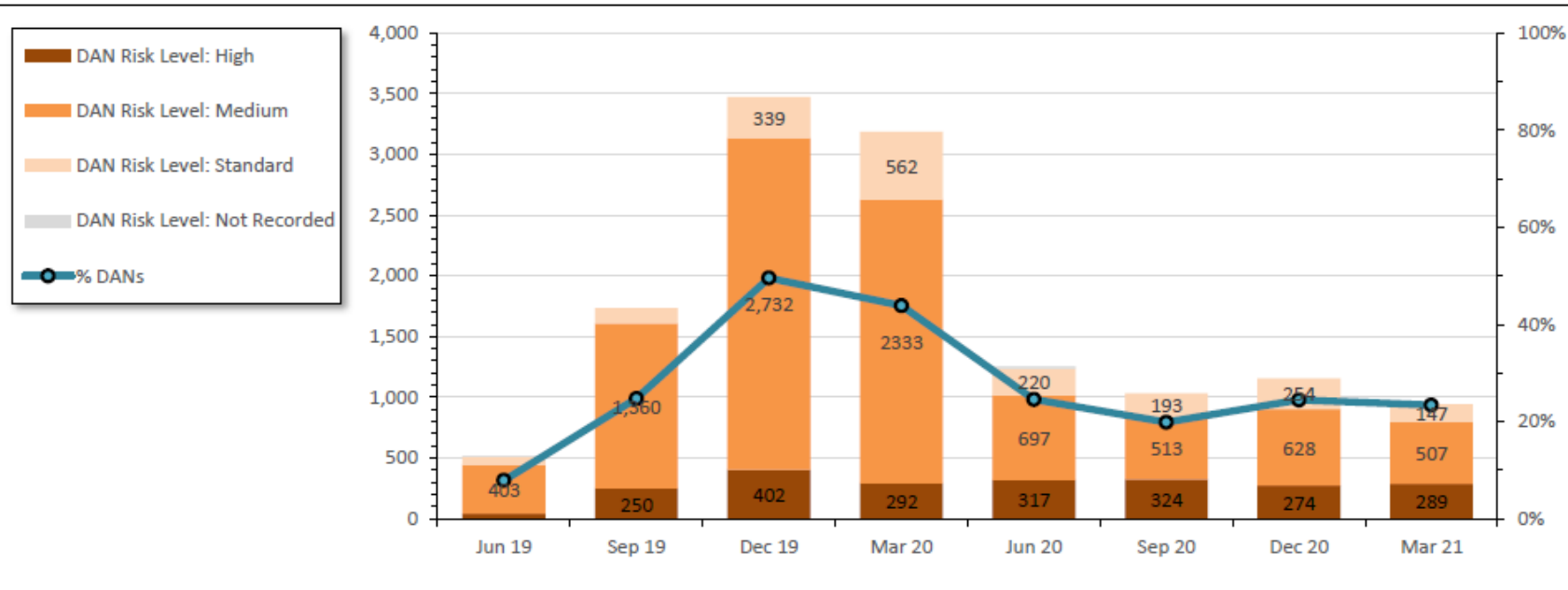
The Care Act 2014 (Section 42) requires that each local authority must make enquiries if it believes an adult is experiencing, or is at risk of, abuse or neglect.

Children's Social Care: Front Door Requests For Support

Central Referral Unit Reporting: March 2021

3. Number of Domestic Abuse Notifications

CY Front Door



Domestic Abuse Notifications (DANs) are sent to Children's Social Care where police attend a domestic abuse incident and there is a child present. Previous quarters have reflected changes in practice by police and how the Front Door Service have recorded DANs, therefore comparison across the available data from June 19 should be undertaken with some caution. Covid may also have impacted the number DANs sent.



Localities

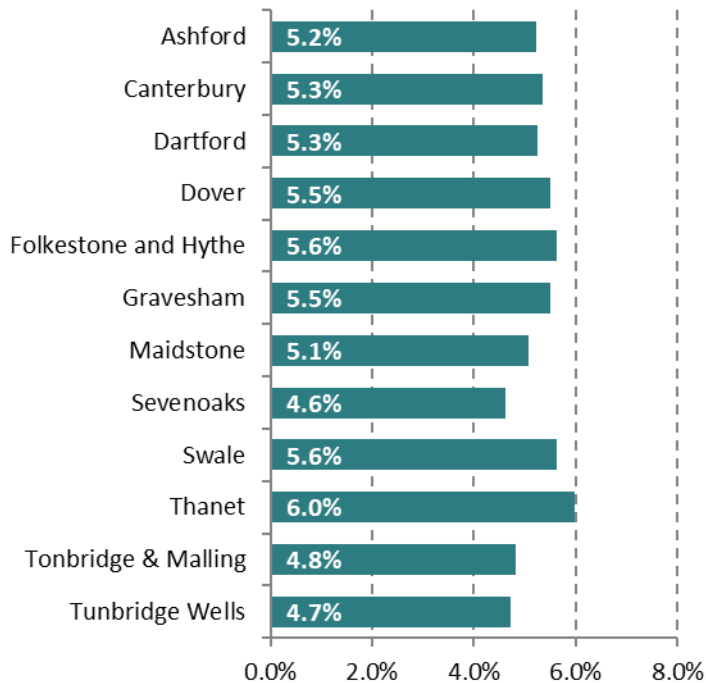
- Domestic abuse prevalence

Modelled Prevalence

- Built at Lower Super Output Area (LSOA) level, with modelled estimated prevalence calculated based on the age profile and deprivation (as measured by the Employment IMD (Indices of Multiple Deprivation)) domain of the individual LSOA
 - LSOA's are a geographical area for reporting on small area statistics
 - LSOA age profile as per 2019 mid-year estimates using the following age bands (16-19, 20-24, 25-34, 35-44, 45-54, 55-59, 60-74)
 - Age-band specific prevalence rates for England & Wales (from the 2020 British Crime Survey) adjusted based on deprivation specific prevalence rates suggested by the British Crime Survey
 - For example, an LSOA in the most deprived quintile would have the age-specific prevalence rate for each age group adjusted upwards according to the deprivation specific prevalence rate for the most deprived quintile ($=7.3/5.5 = 1.3$)
 - For the purposes of this analysis, it is assumed that deprivation adjustment is the same for each age group

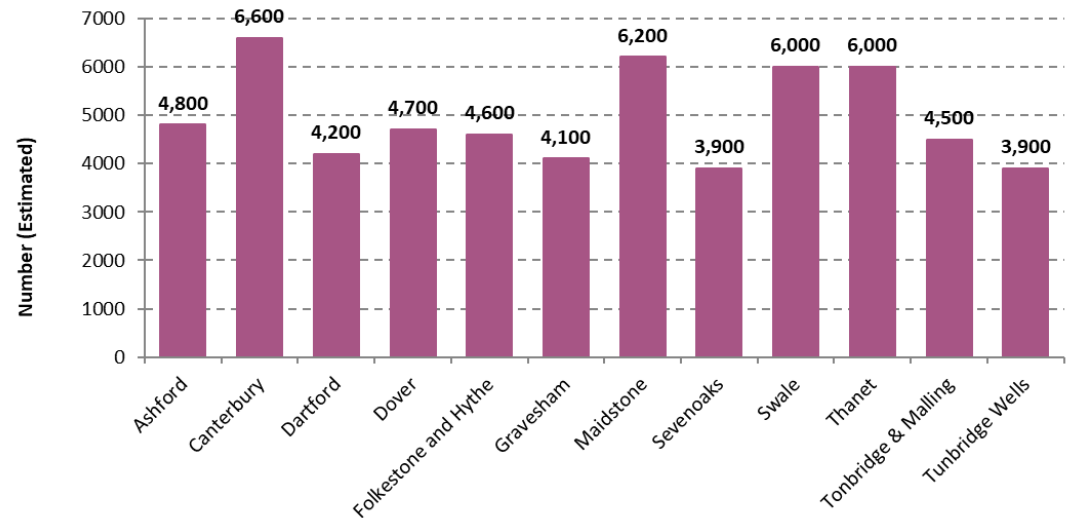
Modelled Prevalence: By District

Prevalence of Domestic Abuse: by District
Modelled prevalence, 2019/20



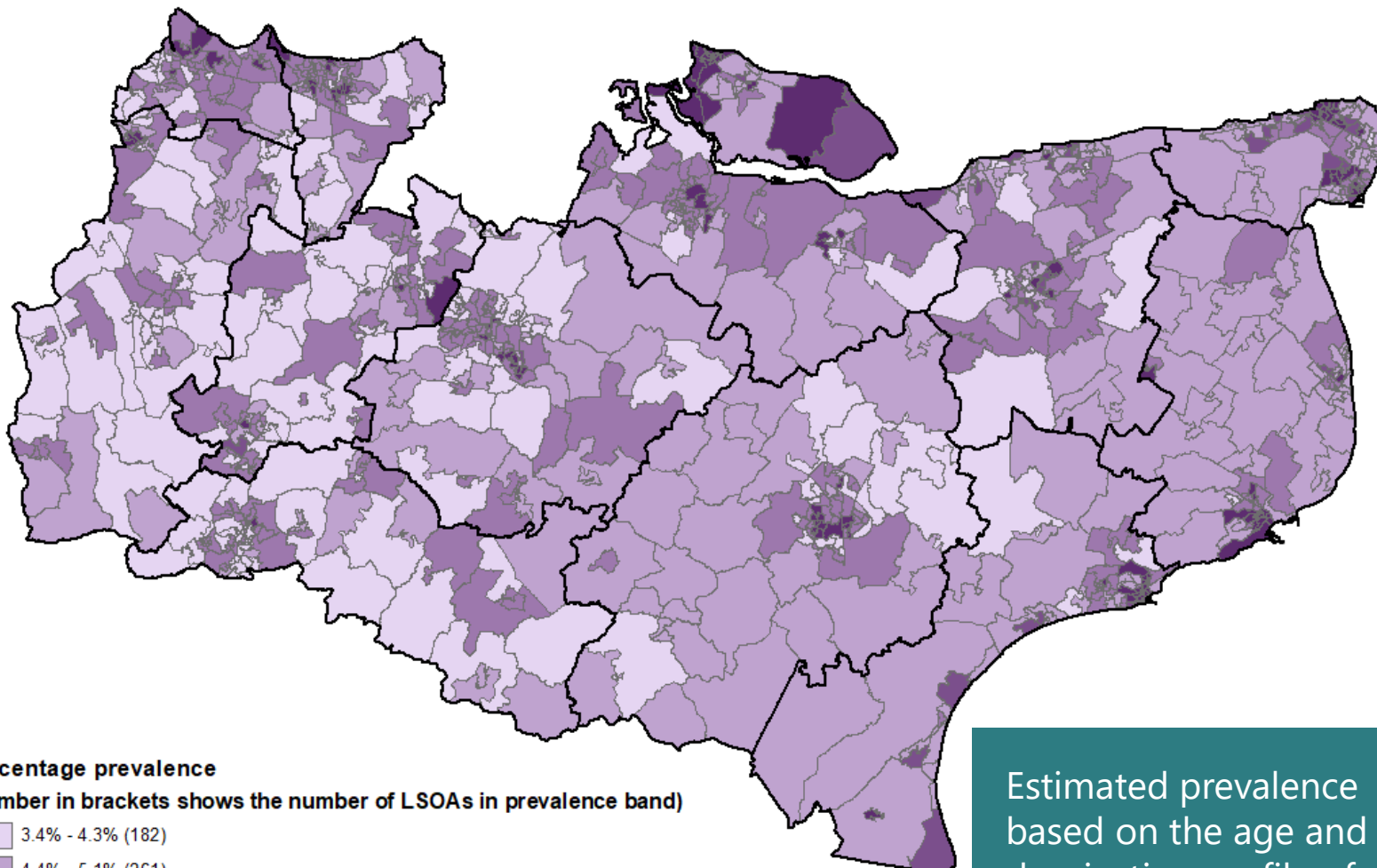
Source: ONS, Crime Survey for England & Wales (modelled), prepared by KPHO (RK), July 2021

Estimated Number In Kent Experiencing Domestic Abuse: by District
2019/20 prevalence, England & Wales modelled to Kent, mid-2019 population estimates, Kent, rounded to nearest 100



Source: CSEW (ONS) modelled to Kent population, Mid-year population estimates (ONS), prepared by KPHO (RK), June 2021

Modelled prevalence of domestic abuse



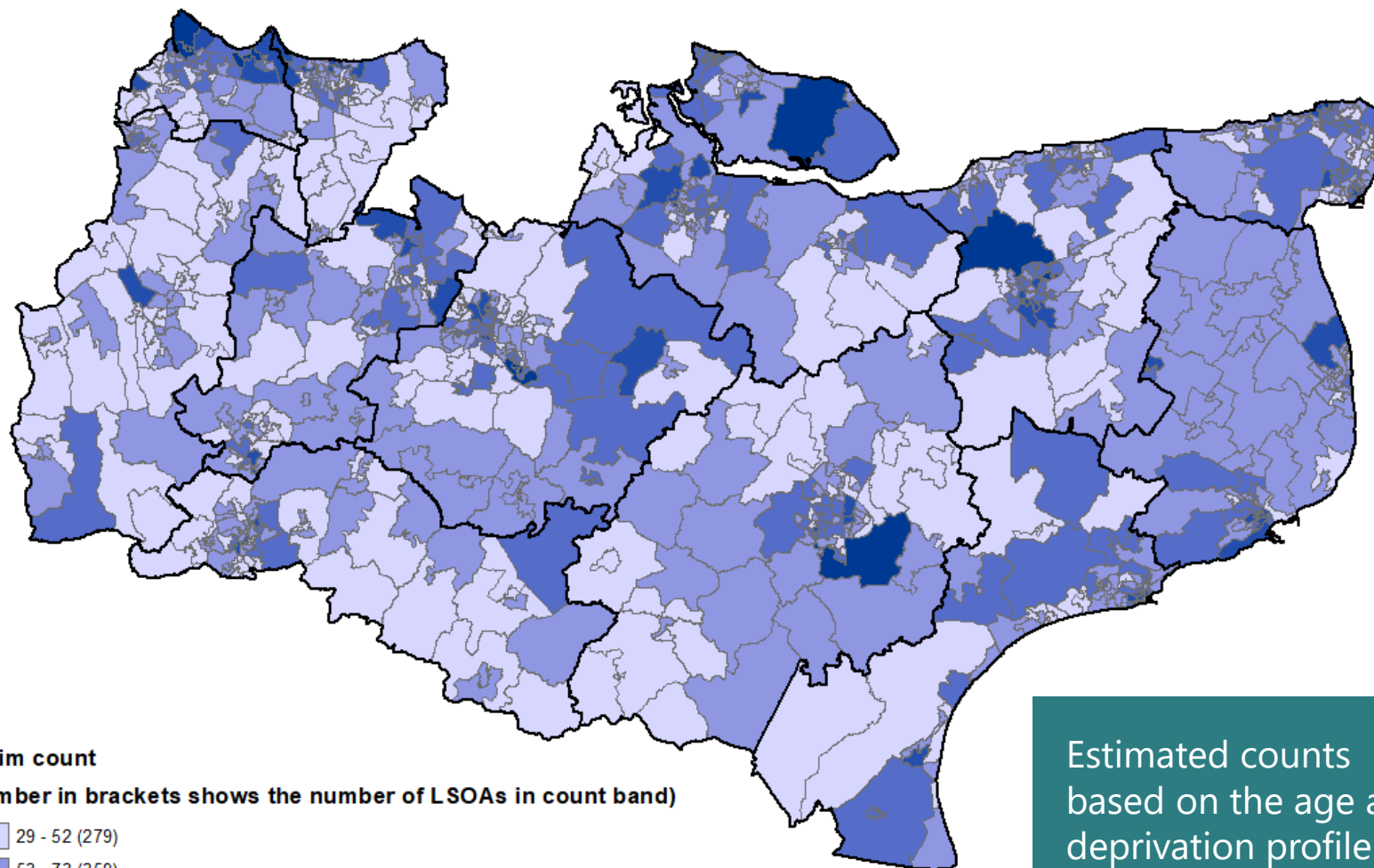
Percentage prevalence

(Number in brackets shows the number of LSOAs in prevalence band)

- 3.4% - 4.3% (182)
- 4.4% - 5.1% (261)
- 5.2% - 6% (310)
- 6.1% - 7.1% (38)
- 7.2% - 8.2% (111)

Estimated prevalence based on the age and deprivation profile of each LSOA

Modelled domestic abuse victim counts



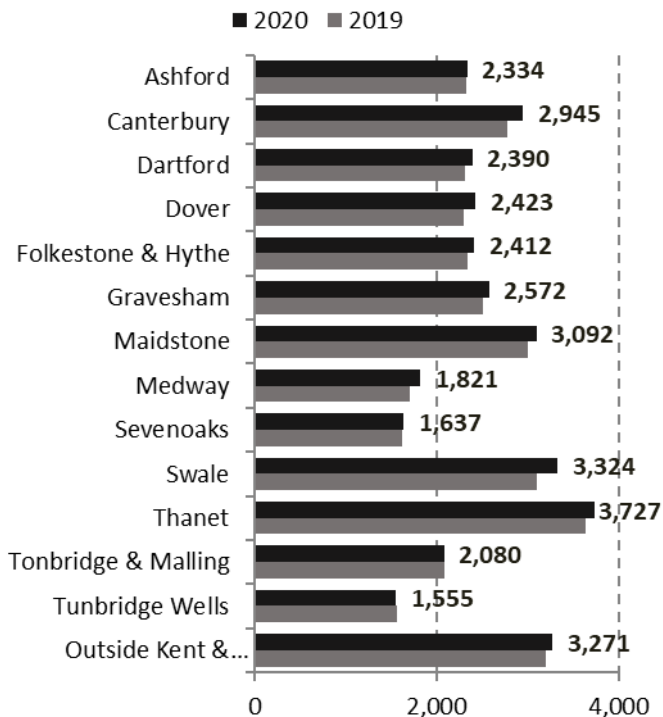
Victim count
(Number in brackets shows the number of LSOAs in count band)

- 29 - 52 (279)
- 53 - 73 (359)
- 74 - 101 (196)
- 102 - 147 (57)
- 148 - 342 (11)

Estimated counts based on the age and deprivation profile of each LSOA

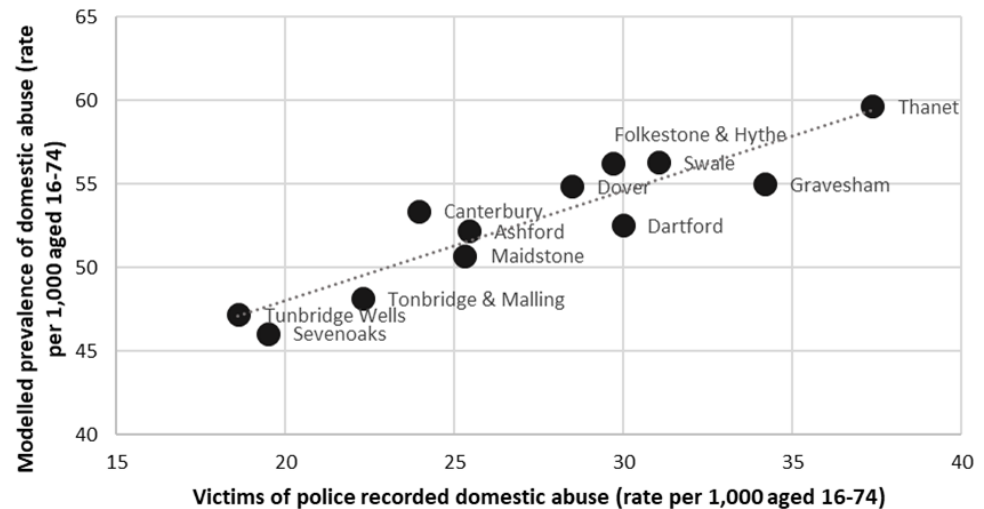
Victims Of Police Recorded DA: By District

Victims of Police Recorded Domestic Abuse: by District (of Residence) 2019 & 2020, Kent



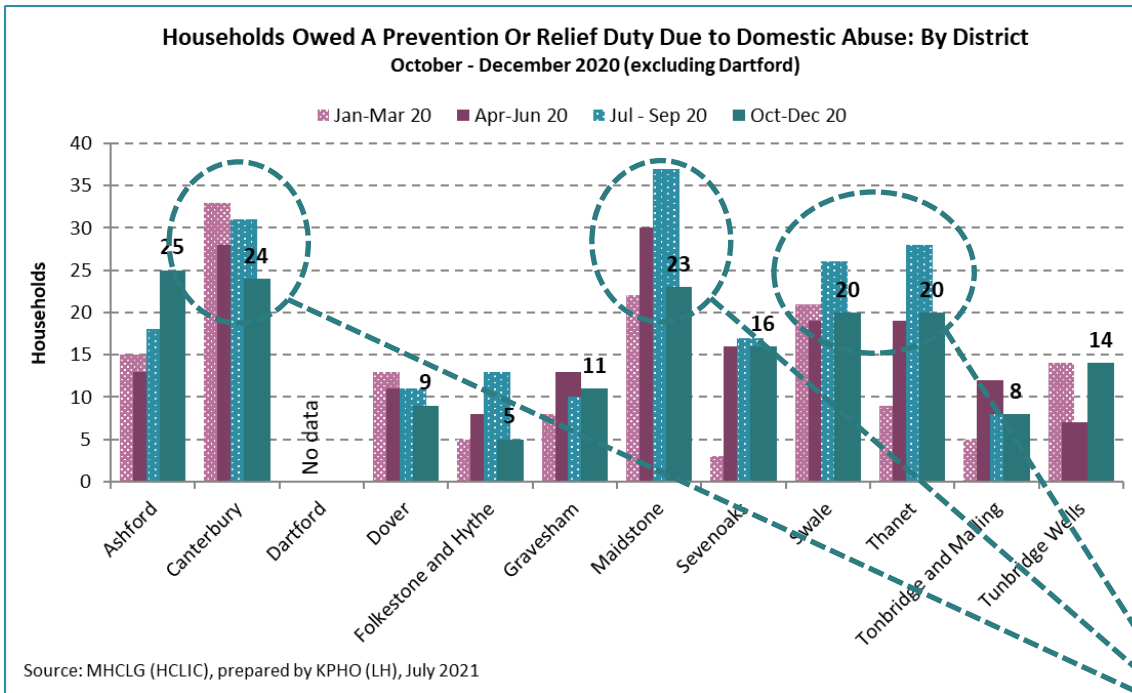
Source: Kent Police, prepared by KPHO (SS), July 2021

Victims of Police Recorded Domestic Abuse & Modelled Prevalence

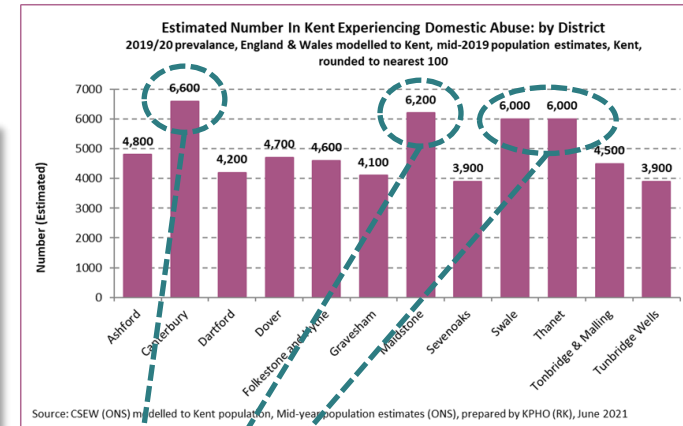


The Districts with higher rates of victims recorded by the police also have the highest modelled overall prevalence

Homelessness Due to DA: By District



Note: Data excludes Dartford, who have not submitted data for all periods



The Districts with highest modelled prevalence also have higher numbers of households owed a prevention or relief duty due to domestic abuse

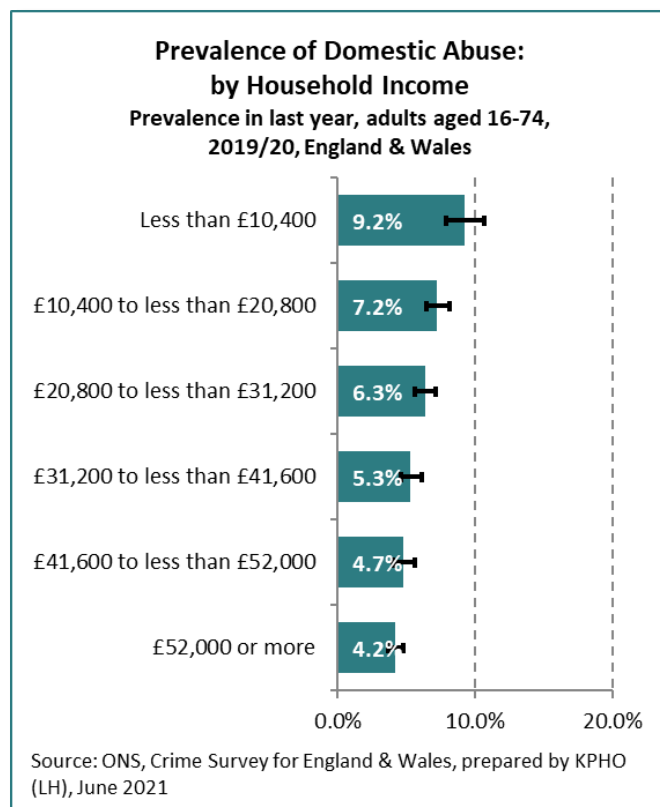


Socio-Economic Profile

- Domestic abuse prevalence
- Usage of refuge services

Income: Prevalence

Domestic abuse prevalence increases significantly as household income decreases.

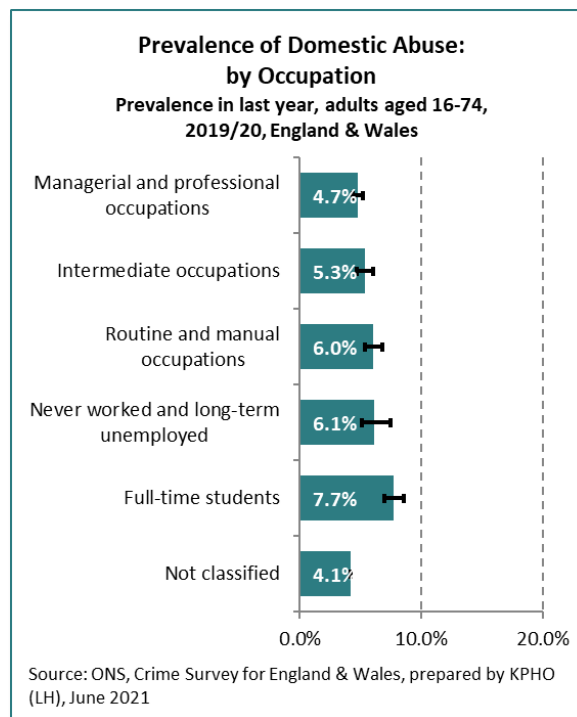
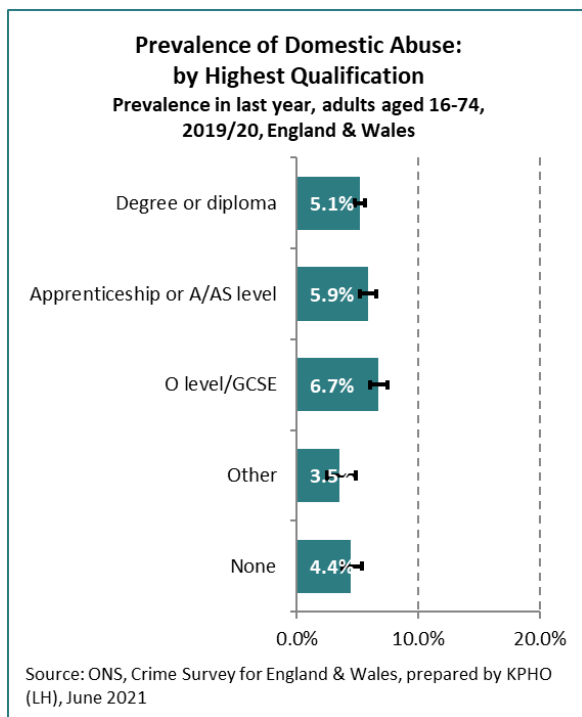


Those with a household income of less than £30,000 are more than twice as likely to experience domestic abuse than those with a household income of £52,000+

Research by Surviving Economic Abuse suggests that women who can't find £100 at short notice are 3.5 times more likely to experience economic abuse.

<https://survivingeconomicabuse.org/about-us/what-we-do/>

Qualifications & Occupation: Prevalence



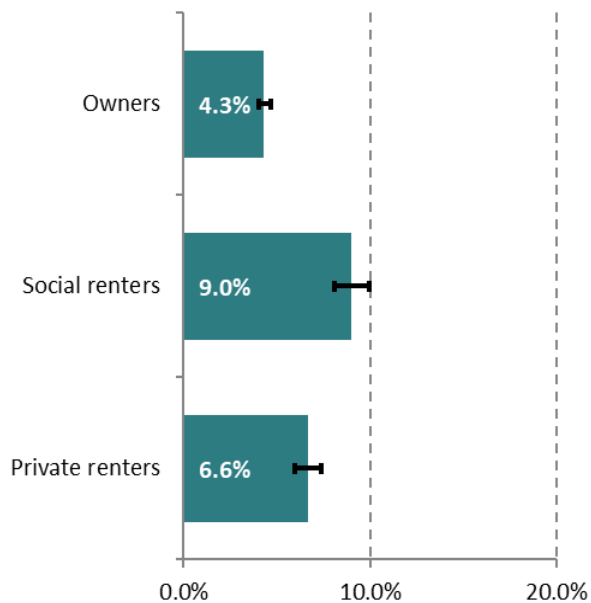
These figures show that no matter the education level or occupation domestic abuse is present at similar levels, with the highest level experienced by full time students.

Housing Tenure: Prevalence

It is estimated that just over half (53%) of domestic abuse survivors in Kent live in rented housing

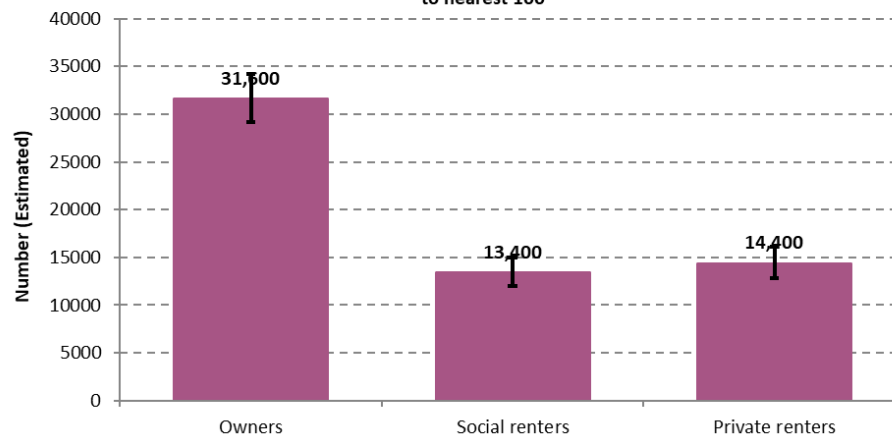
Prevalence of Domestic Abuse: by Tenure

Prevalence in last year, adults aged 16-74,
2019/20, England & Wales



Source: ONS, Crime Survey for England & Wales, prepared by KPHO (LH), June 2021

Estimated Number In Kent Experiencing Domestic Abuse: by Tenure
2019/20 prevalence, England & Wales modelled to Kent, 2011 Census, Kent, rounded
to nearest 100



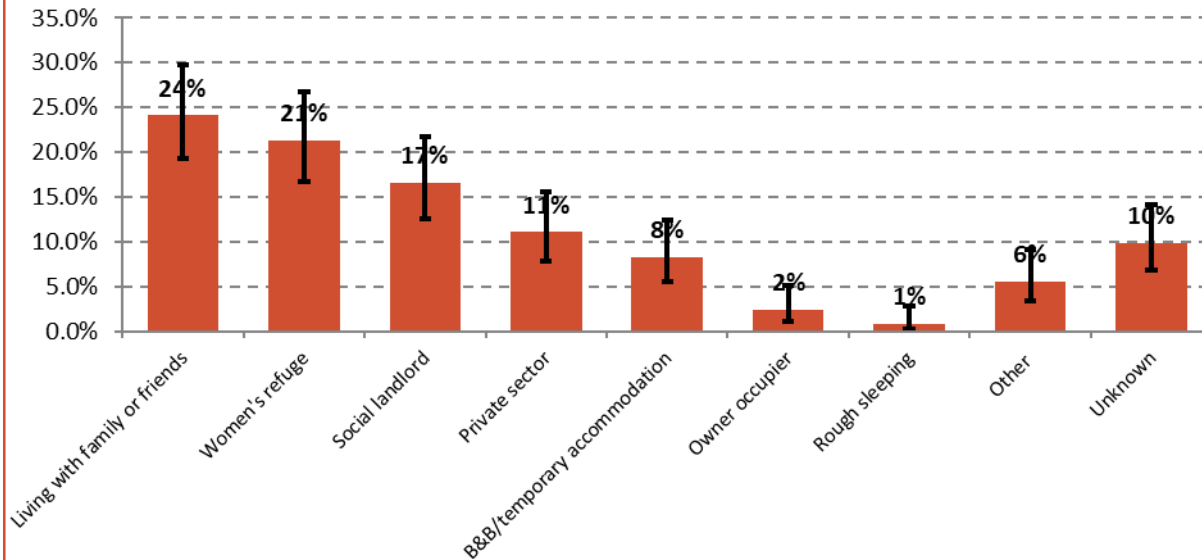
Source: CSEW (ONS), 2011 Census (ONS), prepared by KPHO (RK), June 2021

Housing Immediately Prior To Service: Refuge Services

More than half of refuge clients in Kent were either living with friends, in temporary accommodation, rough sleeping or at another women's refuge prior to entering the service

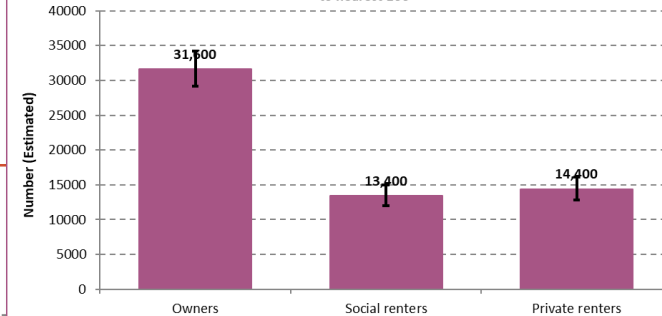
Client Profile For KIDAS Services: by Housing Immediately Prior To Service
2020/21, Kent

■ Refuge Services



Source: KIDAS provider data, prepared by KPHO (SS), June 2021

Estimated Number In Kent Experiencing Domestic Abuse: by Tenure
2019/20 prevalence, England & Wales modelled to Kent, 2011 Census, Kent, rounded to nearest 100



Source: CSEW (ONS), 2011 Census (ONS), prepared by KPHO (RK), June 2021

This shows that fewer owner/occupiers are accessing the refuge than expected and this may be a barrier - it is recommended that we explore this further and seek alternative safe accommodation and support options for this cohort (including Sanctuary).

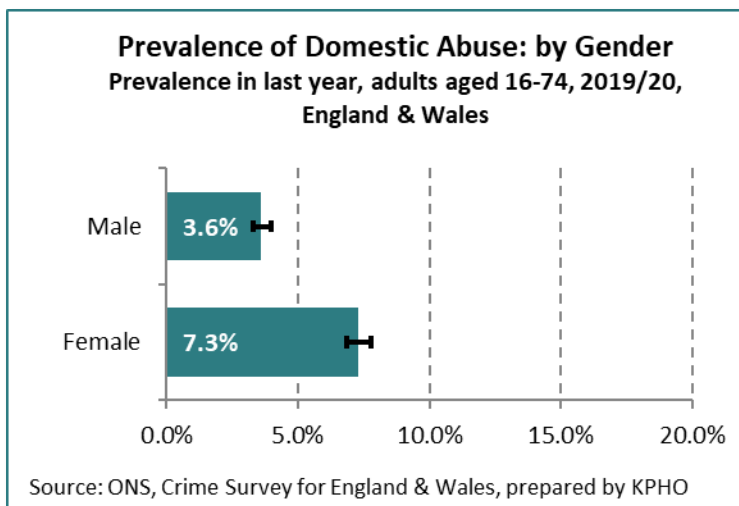


Gender

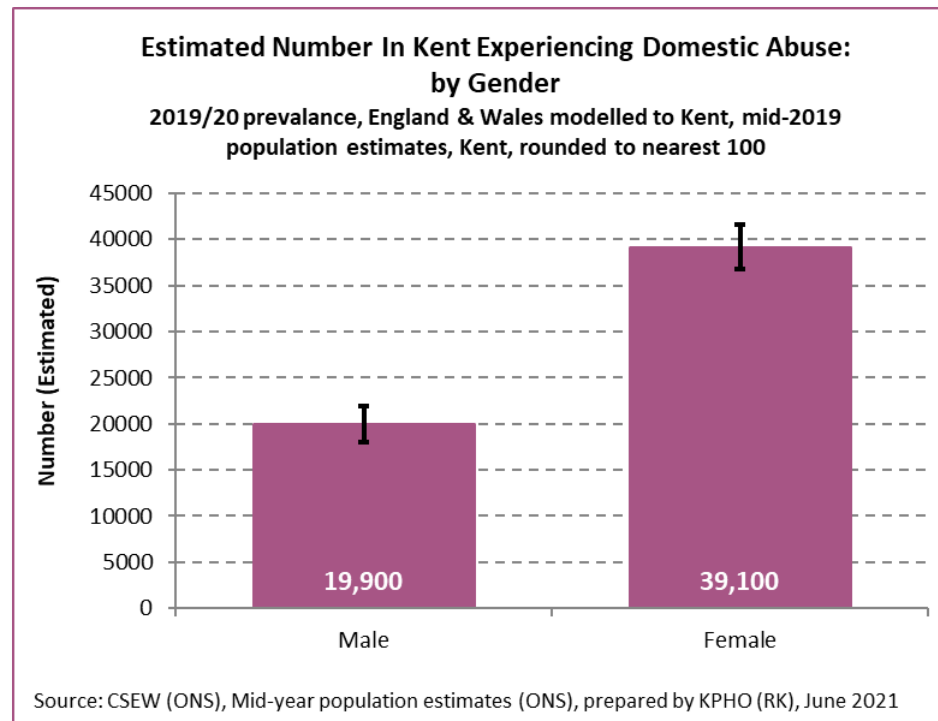
- Domestic abuse prevalence
- Police recorded victims
- Usage of refuge services

Prevalence: By Gender

Reported prevalence of domestic abuse is higher amongst women, but still at 3.6% amongst men aged 16-74

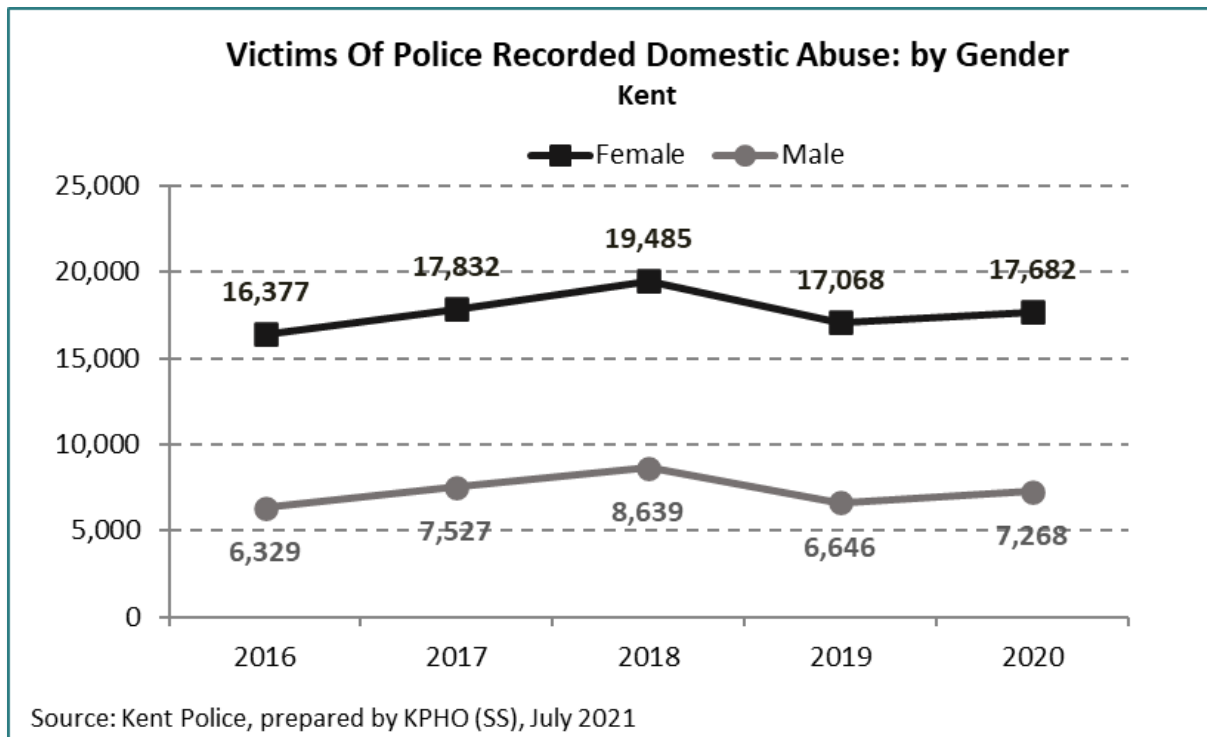


Applying national prevalence estimates to the Kent population suggests there were just under 40,000 female survivors of domestic abuse in Kent in 2019/20 (66% of survivors) and around 20,000 male survivors



Victims Of Police Recorded DA: By Gender

Around 30% of domestic abuse victims reporting incidents to the police each year are male



This is broadly in line with the proportion of the estimated population of Kent experiencing domestic abuse that are male (33% in 2019/20).

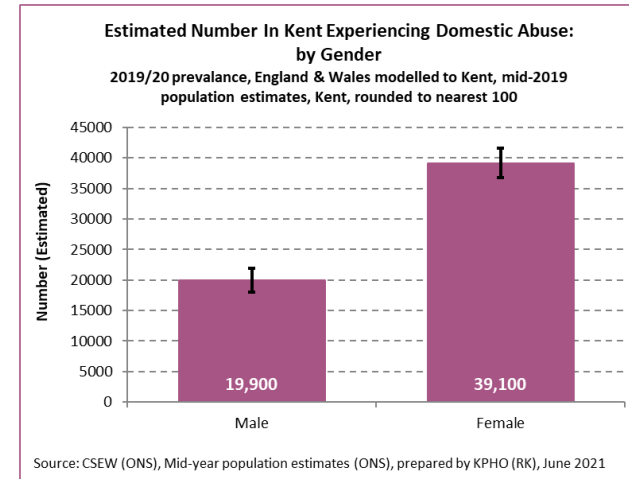
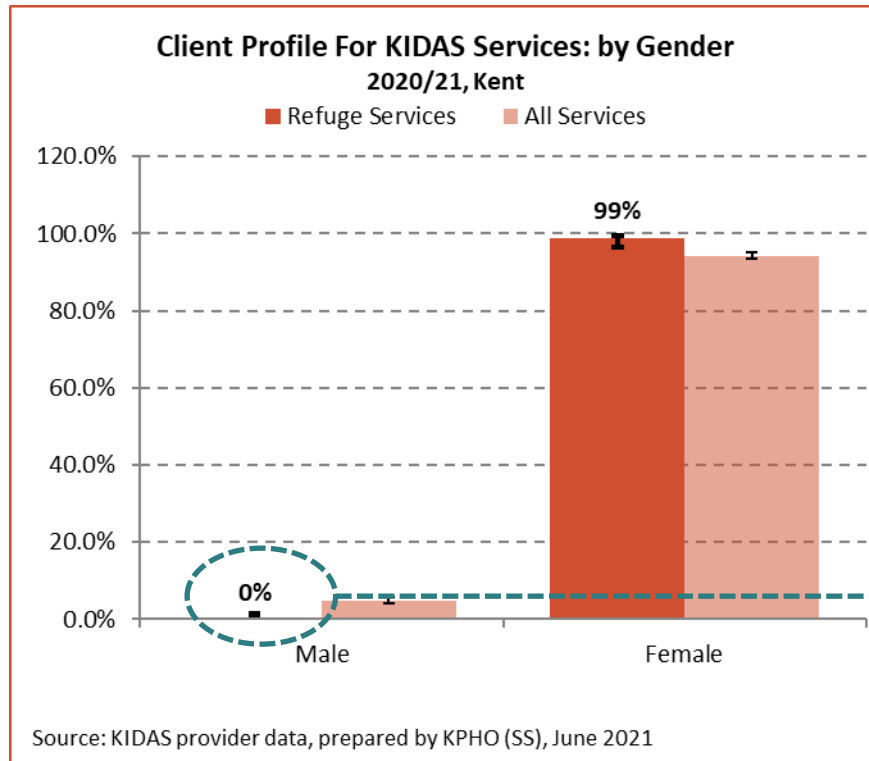
Gender & Risk

Nationally most domestic homicide victims between 2017 and 2019 were female (77% or 274 victims) and most of the suspects were male (263 out of 274; 96%). Of the 83 male victims of domestic homicide, the suspect was female in 39 cases (46%), and male in 44 (54%) cases. (Published online: ONS)

Nationally there has been a general downward trend in the number of domestic homicides over the last 10 years. Males were much less likely to be the victim of a domestic homicide, with only 7% (33) of male homicides being domestic in the latest year (2020).

Women were significantly more likely than men to be victims of each type of abuse, with the exception of sexual assault by a family member where, although higher, the difference was not significant (DA victim characteristics, England & Wales: year ending March 2020 ONS)

Refuge Service Usage: By Gender



- None of the refuge clients in Kent were male in 2020/21, as current refuge services are not open to men

Usage of refuge services by transgender clients is monitored, but the figures for 2020/21 have been suppressed due to low numbers

What Safe Accommodation Services Are Available In Kent For Men?

- Whilst there is not currently a traditional refuge service available to men there are other safe accommodation options and community support available. These include Sanctuary, housing options, rent deposit schemes and temporary accommodation.
- The commissioned service offers IDVA and Outreach support for men and women. In 2020/21 men represent 5% of KIDAS service users across the county. The Hospital IDVA service has shown a higher representation (9%). The HIDVA service is embedded in hospital teams creating a link between the hospital and community services and ensuring that patients accessing the service in the clinical environment have the onward support they need.
- The Domestic Abuse Media and Communications group have created a targeted suite of social media messages that encourage men to self refer into KIDAS services.



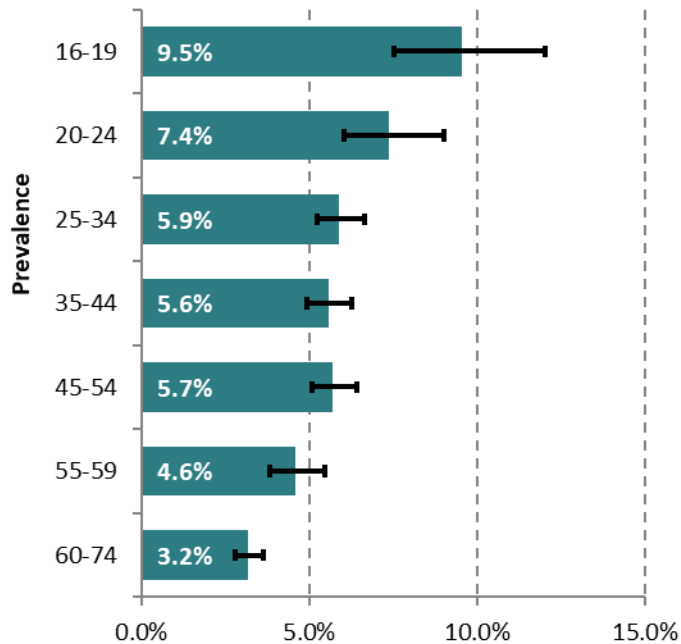
Age

- Domestic abuse prevalence
- Police recorded victims
- Usage of refuge services

Prevalence: By Age *(as reported to CSEW)*

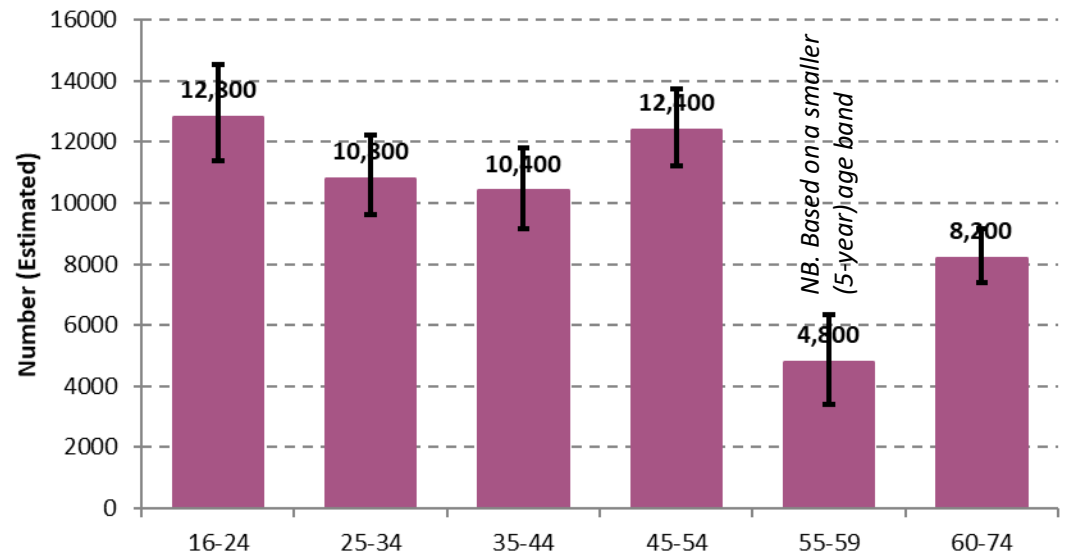
Prevalence of domestic abuse is highest amongst younger adults and lower amongst adults aged 60+

Prevalence of Domestic Abuse: by Age
Prevalence in last year, adults aged 16-74,
2019/20, England & Wales



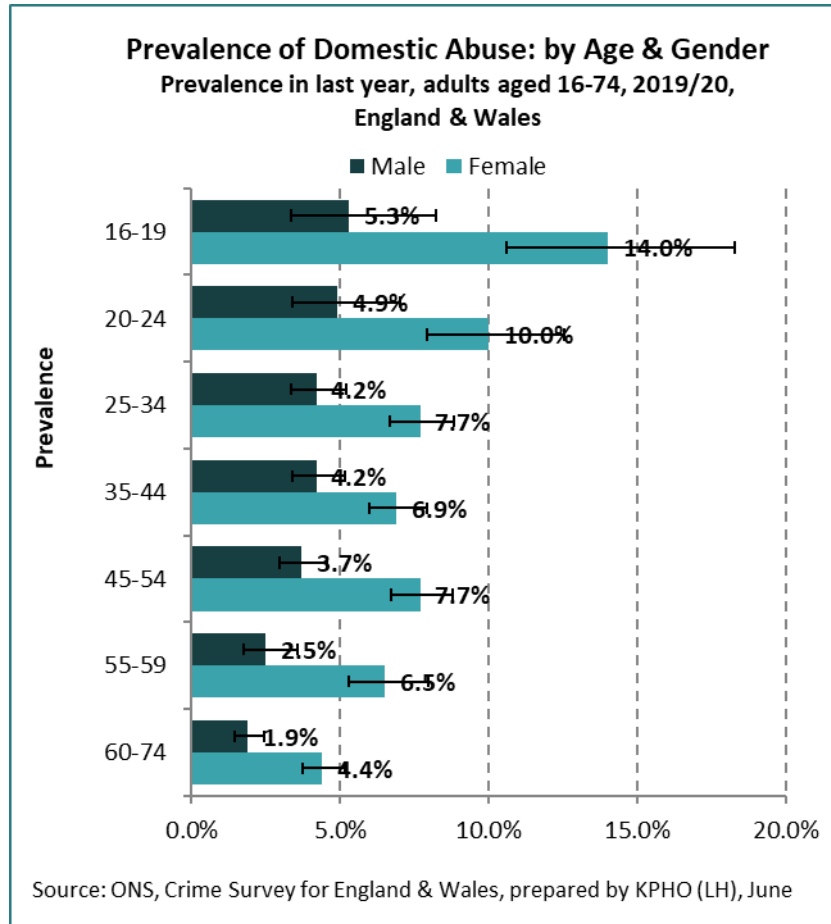
Source: ONS, Crime Survey for England & Wales, prepared by KPHO (LH), June 2021

Estimated Number In Kent Experiencing Domestic Abuse: by Age
2019/20 prevalence, England & Wales modelled to Kent, mid-2019
population estimates, Kent, rounded to nearest 100



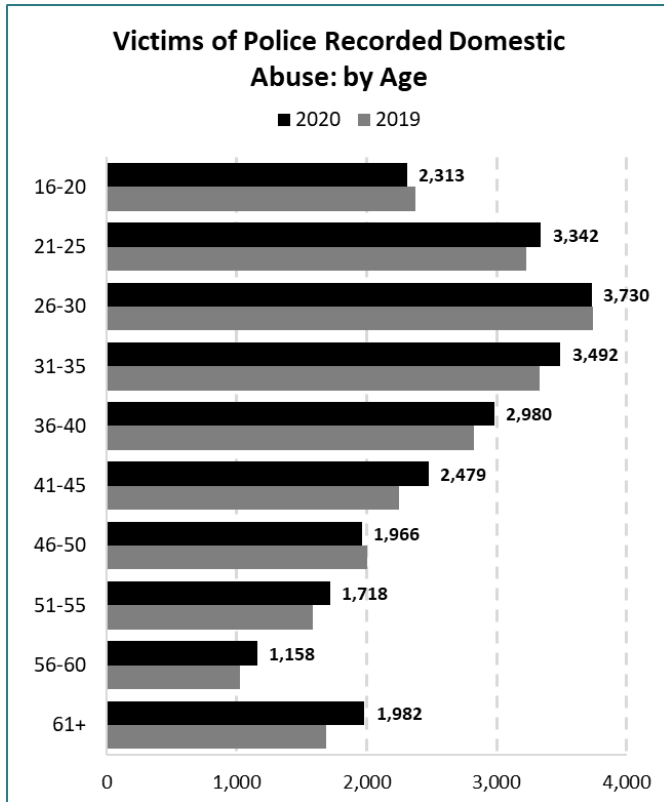
Source: CSEW (ONS), Mid-year population estimates (ONS), prepared by KPHO (RK), June 2021

Prevalence: By Age & Gender *(as reported to CSEW)*



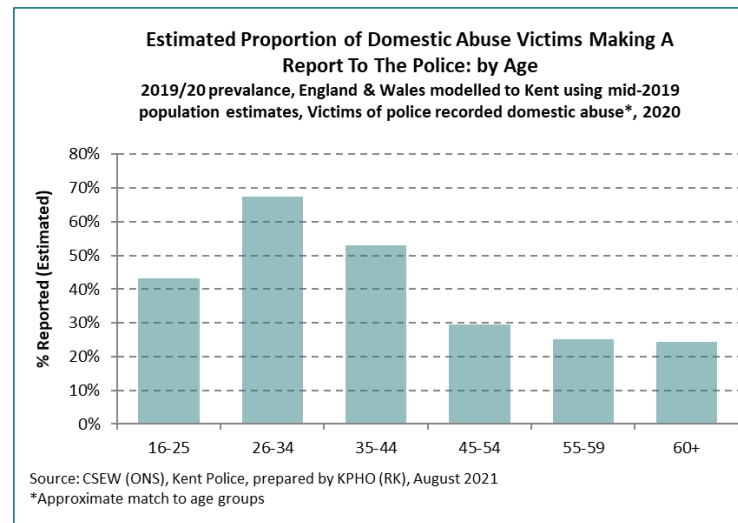
Prevalence of domestic abuse is highest amongst the younger age groups for both men and women

Victims Of Police Recorded DA: By Age



There is some evidence to suggest that older victims are less likely to report incidents to the police

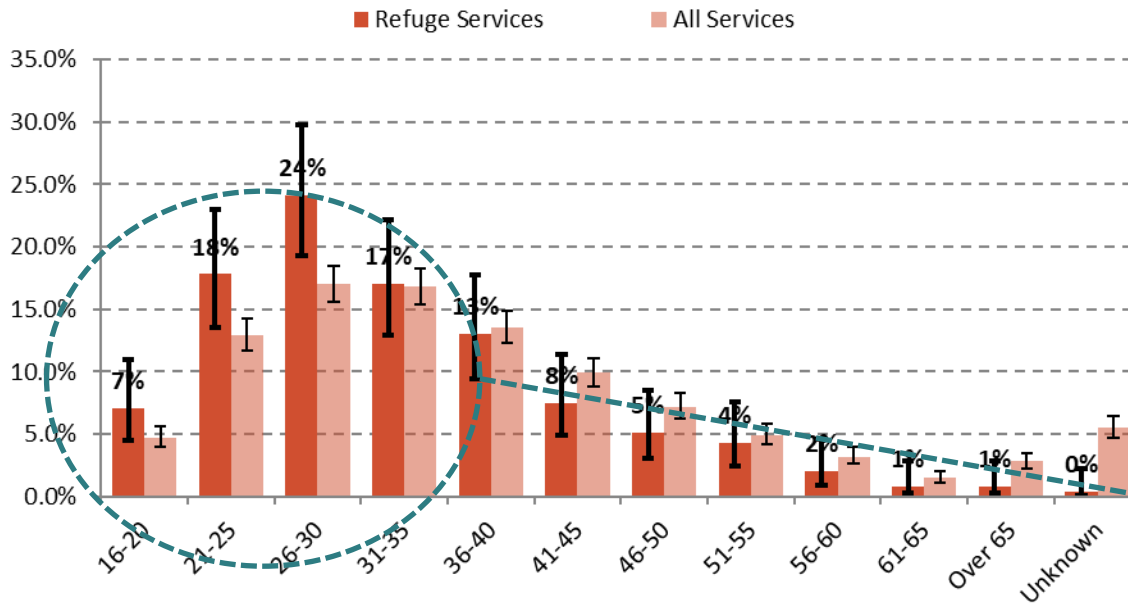
- In 2019, 11% of victims of police recorded domestic abuse were aged 56+
- 2019/20 prevalence figures applied to the Kent population suggests that 21% of those experiencing domestic abuse were aged 55+



This suggests that older victims are less likely to report domestic abuse to the police

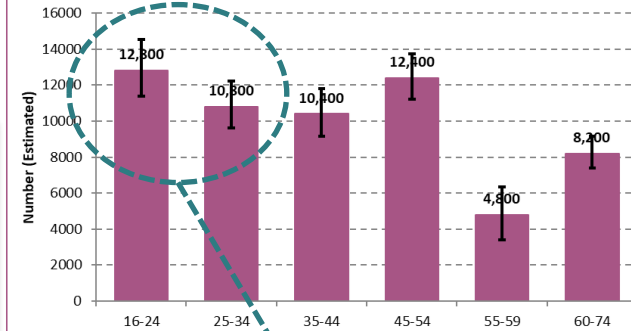
Refuge Service Usage: By Age

Client Profile For KIDAS Services: by Age
2020/21, Kent



Source: KIDAS provider data, prepared by KPHO (SS), June 2021

Estimated Number In Kent Experiencing Domestic Abuse: by Age
2019/20 prevalence, England & Wales modelled to Kent, mid-2019
population estimates, Kent, rounded to nearest 100



Source: CSEW (ONS), Mid-year population estimates (ONS), prepared by KPHO (RK), June 2021

Two-thirds (66%) of those using refuge services in Kent in 2020/21 were aged 35 or under. It is estimated that only around 2 in 5 adults (40%) experiencing domestic abuse in Kent are aged under 35



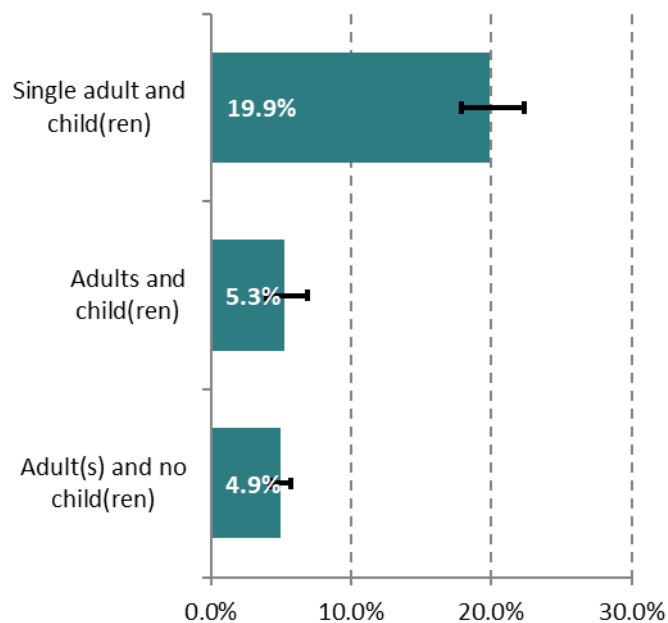
Household Composition

- Domestic abuse prevalence
- Police recorded incidents
- Usage of refuge services

Household Structure *(prevalence as reported to CSEW)*

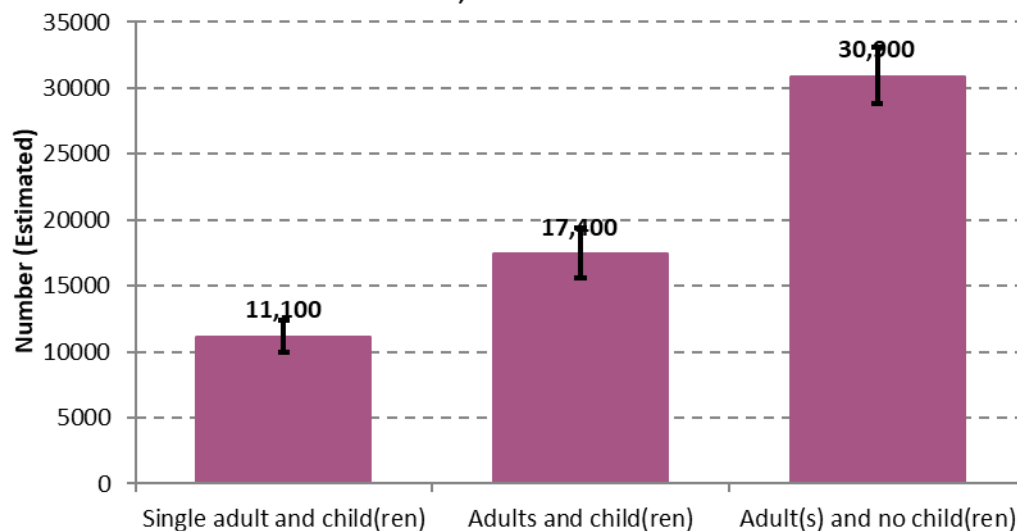
Domestic abuse prevalence is particularly high amongst single adult households with children. It is estimated that in 2019/20 around 28,500 adults (aged 16-74) in Kent experienced domestic abuse and live with children

Prevalence of Domestic Abuse: by Household Structure
Prevalence in last year, adults aged 16-74, 2019/20, England & Wales



Source: ONS, Crime Survey for England & Wales, prepared by KPHO (LH), June 2021

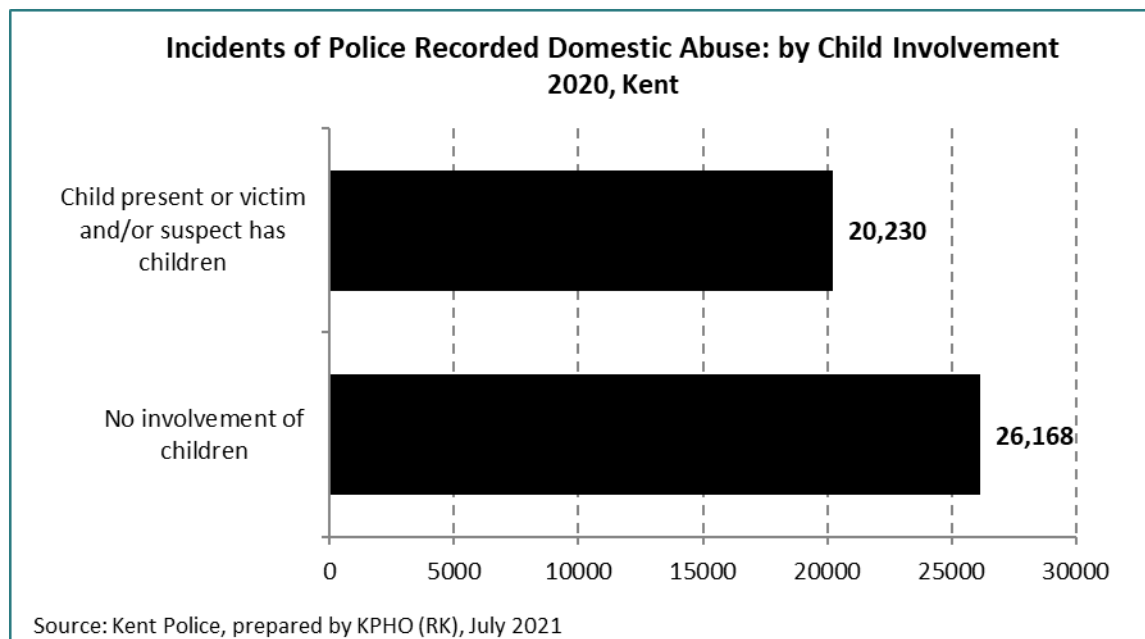
Estimated Number In Kent Experiencing Domestic Abuse: by Household Structure
2019/20 prevalence, England & Wales modelled to Kent, 2011 census, Kent, rounded to nearest 100



Source: CSEW (ONS), 2011 Census (ONS), prepared by KPHO (RK), June 2021

Victims Of Police Recorded DA: By Child Involvement

In 2020, 44% of domestic abuse incidents reported to the police are recorded as either having a child present or within hearing shot, or involve a victim and/or suspect with children

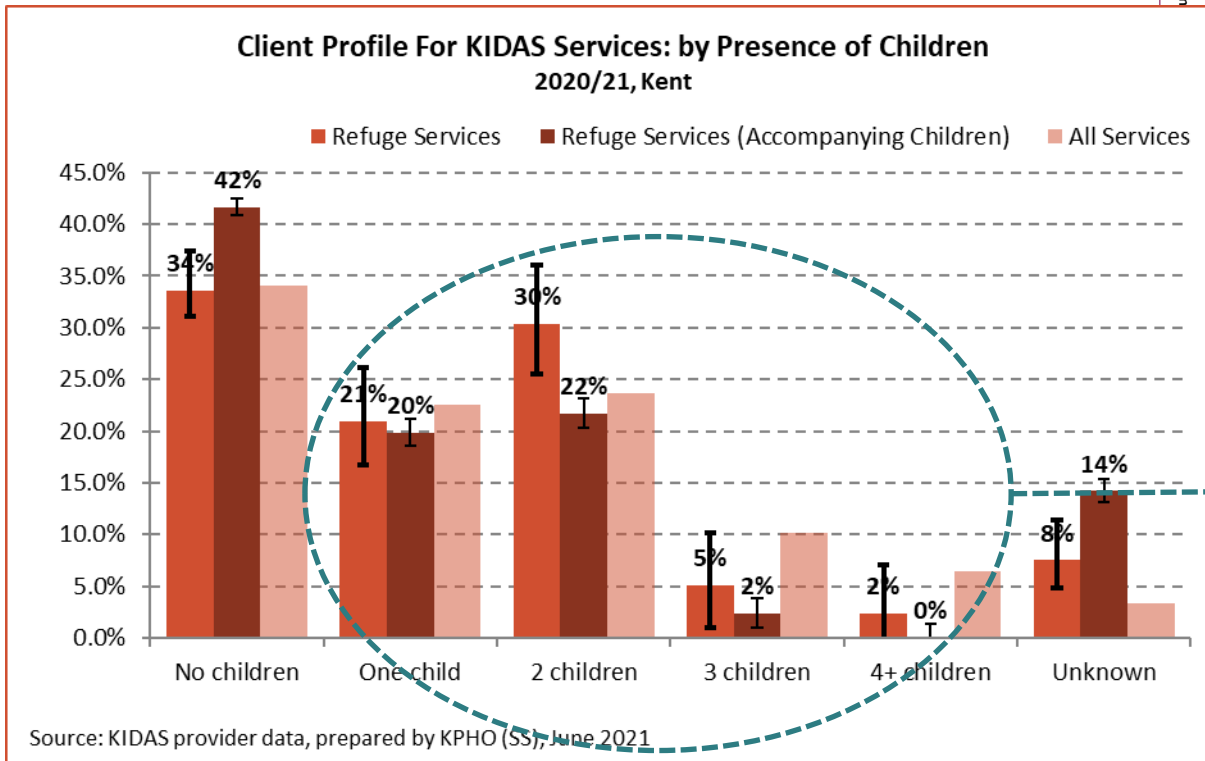
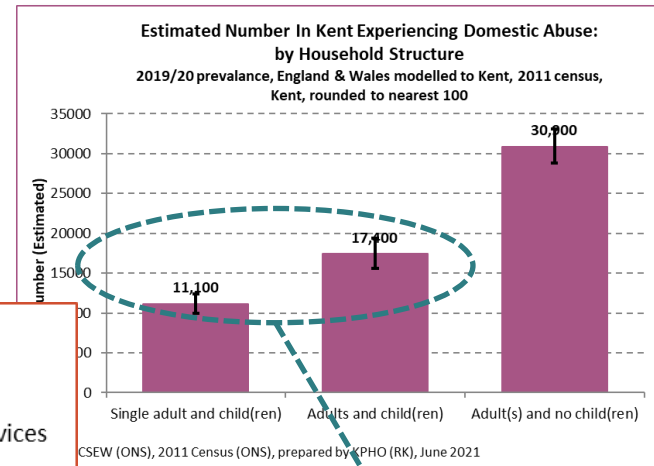


The Domestic Abuse Act 2021 now recognises children that see, hear or witness domestic abuse as a victim in their own right.

Data includes all reports where children were either present, within hearing shot or are the child (or under the care) of the victim and/or suspect involved.

Refuge Service Usage: Clients With Children

7% of refuge clients in 2020/21 were pregnant



59% of refuge clients in Kent in 2020/21 have children, which is slightly higher than the estimated 48% of adults experiencing domestic abuse in Kent having children.

Not all refuge clients with children have their children living with them in the refuge. Where information was recorded, around half had children with them.

Children in High Risk Situations

One in seven (14.2 per cent) children and young people under the age of 18 will have lived with domestic violence at some point in their childhood.¹

- The Department for Education found that domestic violence was identified as a factor at the end of Child in Need assessments in 169,860 episodes of need nationally and remains the most common factor.²
- Multi-Agency Risk Assessment Conference (MARAC) discusses the highest risk victims (including children in their own right) of domestic abuse. Between March 2020-2021 Kent and Medway MARAC discussed 2762 adults and 3581 children who were risk assessed at high risk of murder or serious harm.³
- The ONS found that around half of adults (52%) who experienced abuse before the age of 16 years also experienced domestic abuse later in life; compared with 13% of those who did not experience abuse before the age of 16 years.⁴

Domestic violence and abuse are highlighted as one of the key adverse childhood experiences (ACEs). Children experiencing four or more of these events are more likely to develop mental health problems, as well as behaviours such as risky sexual activity, drug and alcohol dependency, and violence. There are also links to the physical implications of these types of behaviours such as diabetes, teen pregnancy and cardiovascular disease.⁵

1 - Radford, L, Aitken, R, Miller, P, Ellis, J, Roberts, J, and Firkic, A, *Meeting the needs of children living with domestic violence in London Research report* Refuge/NSPCC research project Funded by the City Bridge Trust November 2011 (London: NSPCC and Refuge, 2011)

2 - <https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020>

3 - Data provided by the Kent & Medway MARAC team at Kent Police

4 - <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/childabuseinenglandandwales/january2020>

5 - Bellis, M.A., et al. (2016). Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. Cardiff: Public Health Wales NHS Trust. Available from <http://www.wales.nhs.uk/sitesplus/888/page/88504>

Gaps In Service Provision: Families

Whilst support for the adult victim is commissioned via the KIDAS contract, therapeutic support for children did not fall within the contract. Services for children such as play therapy were funded through short term grants from Early Help, PCC, Lottery etc resulting in an inequitable offer across the county.

There is a need for sustainably funded, equitable support for children in commissioned refuge.

This gap has been filled in the short term and future full procurement activity will take place in line with this needs assessment. An immediate area identified is sustainably funded, equitable support for children in commissioned refuge.

There is still an existing gap in other forms of safe accommodation where children may be in need of specialist support.

“Not all refuge has specialist support for say children. In one location because of our landlord, we can access play therapy for children via that landlord. But our other refuges the landlords don't have that provision. So, it can depend on where you are geographically”

“We would (like to) have sustainable funding for the children's work and family support across the board”



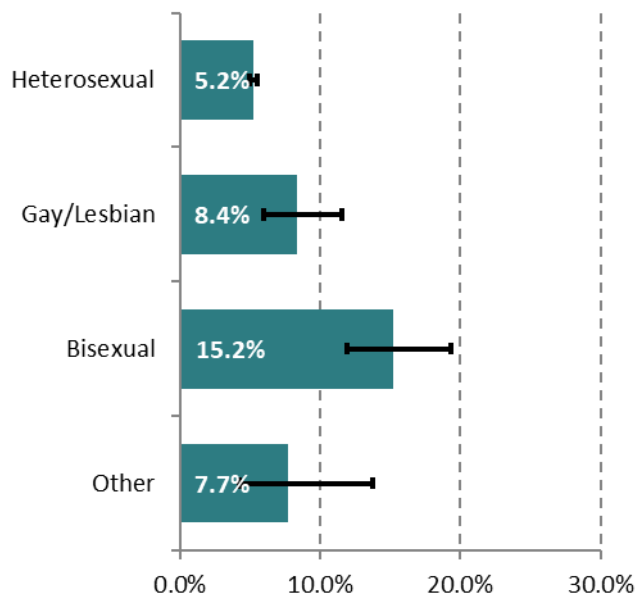
Sexual Orientation

- Domestic abuse prevalence
- Usage of refuge services

Sexual Orientation *(prevalence as reported to CSEW)*

There is some evidence to suggest that domestic abuse prevalence is higher amongst those identifying as gay/lesbian or bisexual

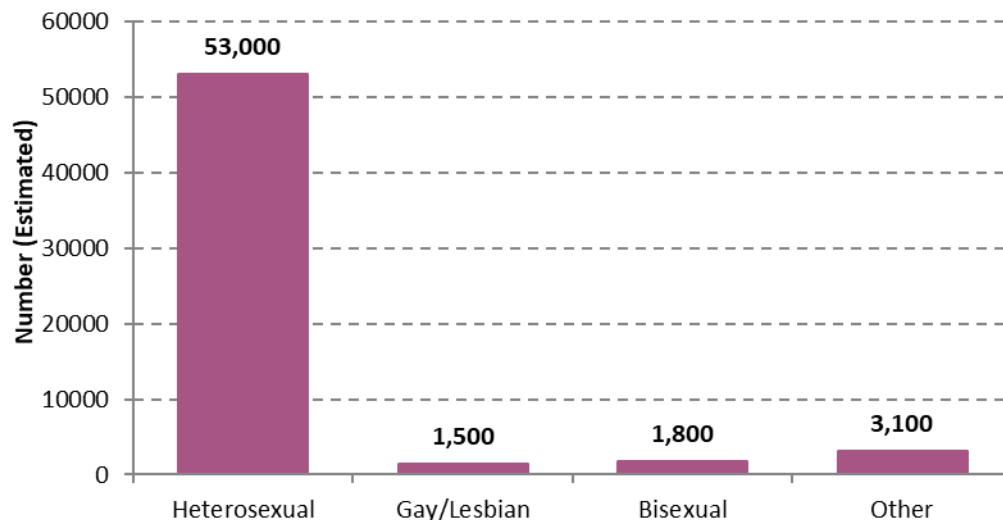
**Prevalence of Domestic Abuse:
by Sexual Orientation**
Prevalence in last year, adults aged 16-74,
2019/20, England & Wales



Source: ONS, Crime Survey for England & Wales, prepared by KPHO (LH), June 2021

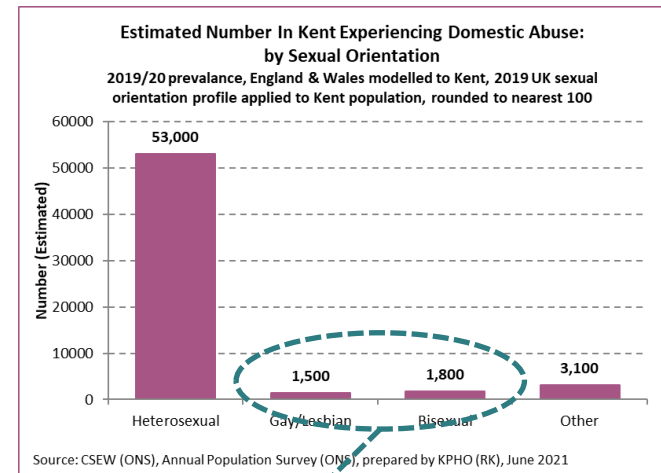
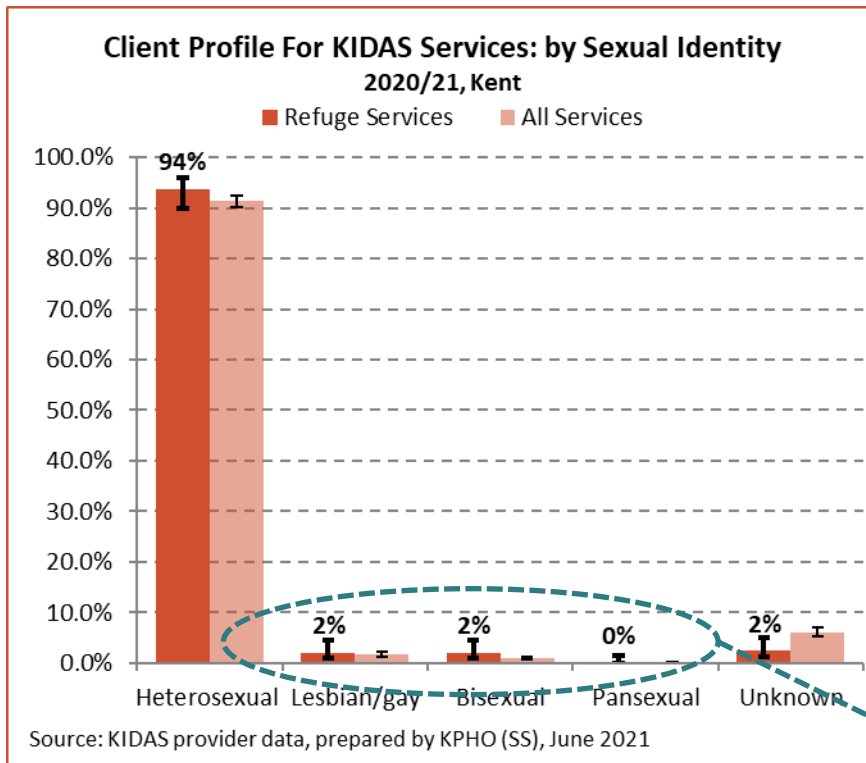
**Estimated Number In Kent Experiencing Domestic Abuse:
by Sexual Orientation**

2019/20 prevalence, England & Wales modelled to Kent, 2019 UK sexual orientation profile applied to Kent population, rounded to nearest 100



Source: CSEW (ONS), Annual Population Survey (ONS), prepared by KPHO (RK), June 2021

Refuge Service Usage: Sexual Orientation



4% of refuge clients in Kent in 2020/21 were lesbian/gay, bisexual or pansexual (95% confidence interval 2%-7%). This is similar to the estimated 6% of adults experiencing domestic abuse in Kent identifying as lesbian/gay or bisexual.

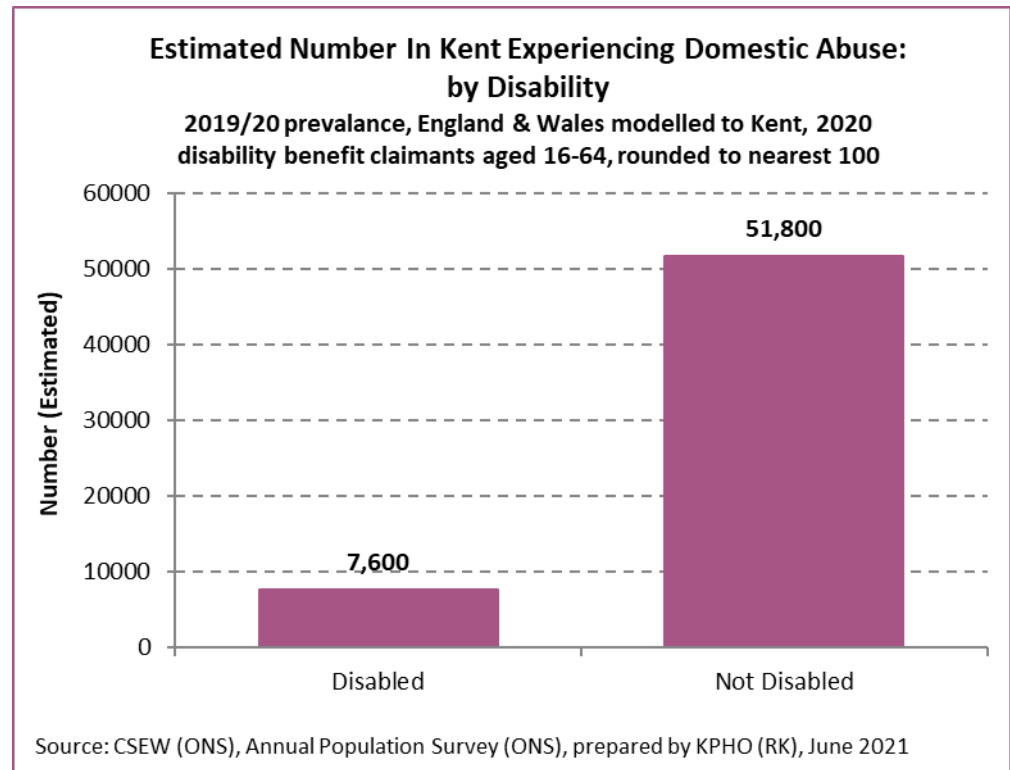
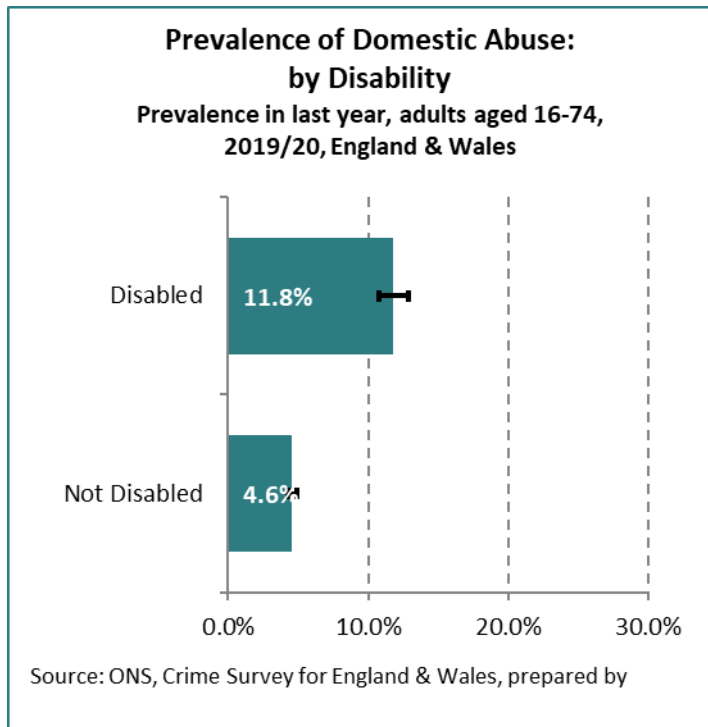


Disability

- Domestic abuse prevalence
- Usage of refuge services

Disability *(prevalence as reported to CSEW)*

Domestic abuse prevalence is higher amongst those with a disability. It is estimated that in 2019/20 7,600 adults with a disability in Kent experienced domestic abuse

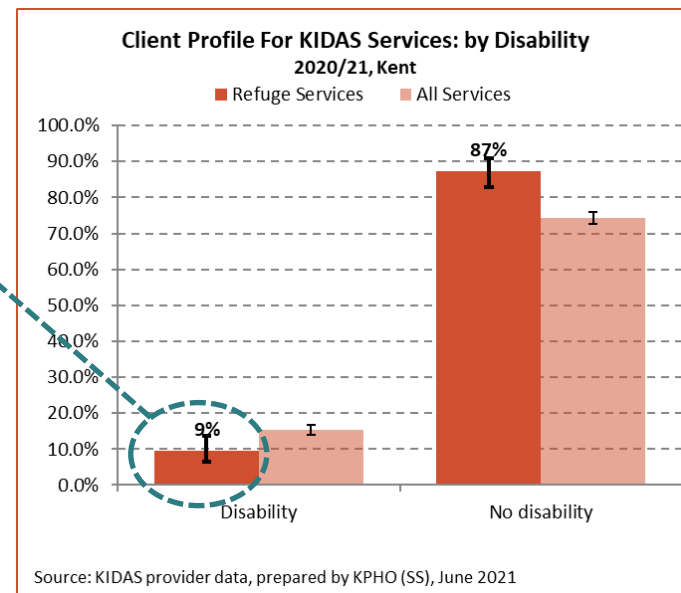
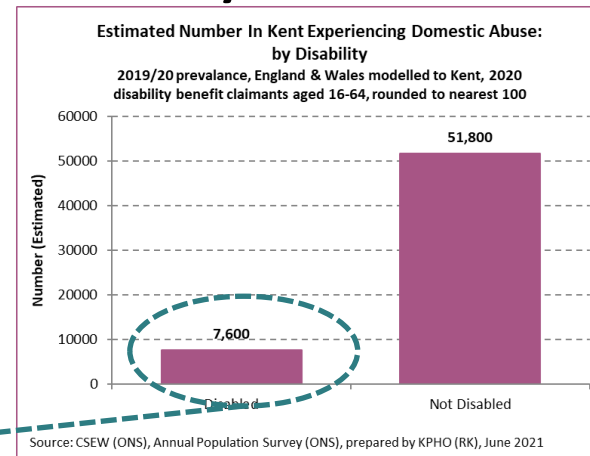


Refuge Service Usage: Disability

Around 80% of refuge clients with a disability have a physical or sensory impairment

Approaching 1 in 10 refuge clients in Kent in 2020/21 had a disability (95% confidence interval 6%-14%). This is similar to the estimated 13% of adults experiencing domestic abuse in Kent having a disability.

However, in refuge services nationally 24.8% of service users were disabled; most common were mental health disabilities (18.0%), 6.8% had a physical disability and 4.4% had more than one disability. (Women's Aid Annual Audit 2020)



Refuge Provision In Kent & Disability

People with a disability experience additional barriers to reporting and accessing support and are more likely to be experiencing abuse from a current partner or family member than a non-disabled victims. See the EqIA for more detail.

- Within the commissioned refuge provision there are ground floor rooms available, however not all rooms are accessible.
- In the past year referrals have been declined as provision was 'unable to meet mobility needs' but this may be that an accessible room was not advertised as available at that time via Routes to Support, suppressing the number of referrals.
- Increasing the availability of Sanctuary and the associated support and increasing flexible housing options will benefit this group but access to suitable refuge rooms should also be further explored

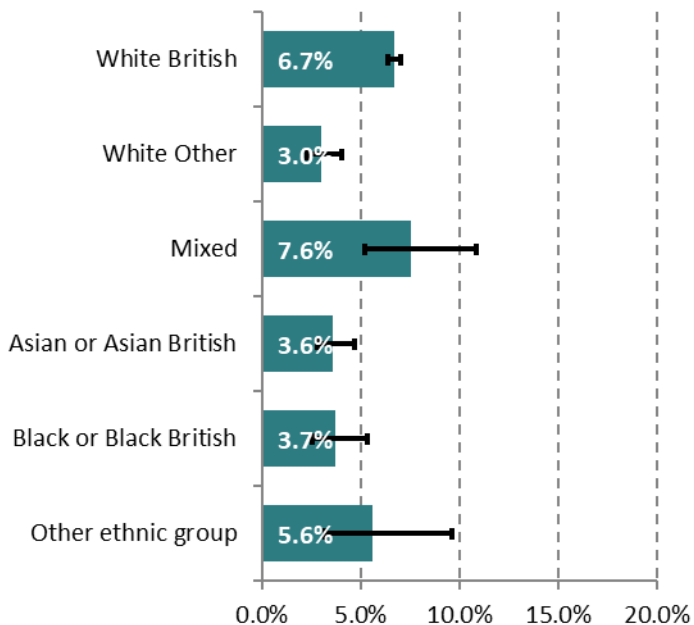


Ethnicity

- Domestic abuse prevalence
- Police recorded victims
- Usage of refuge services

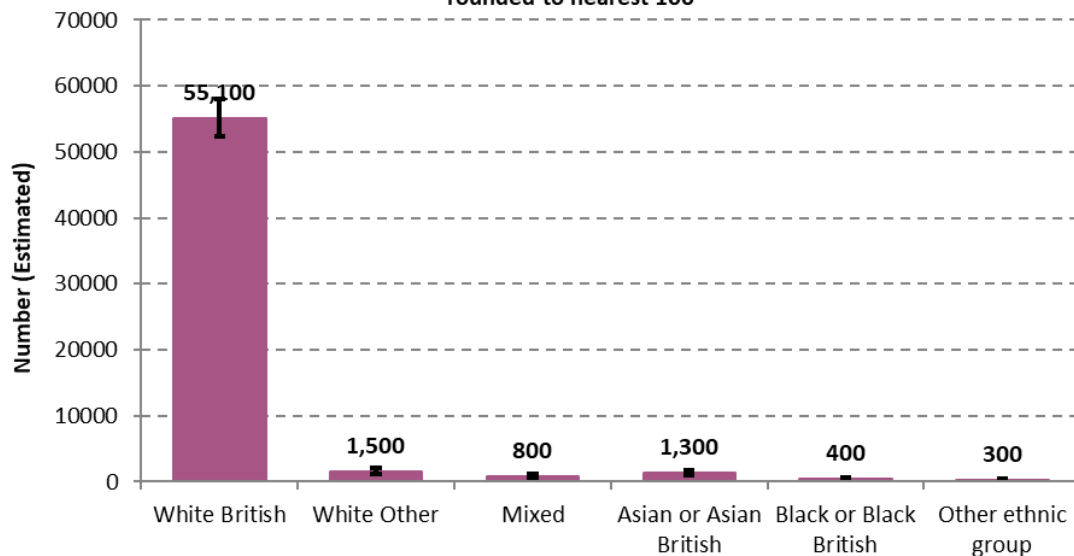
Ethnicity *(prevalence as reported to CSEW)*

Prevalence of Domestic Abuse: by Ethnicity
Prevalence in last year, adults aged 16-74, 2019/20, England & Wales



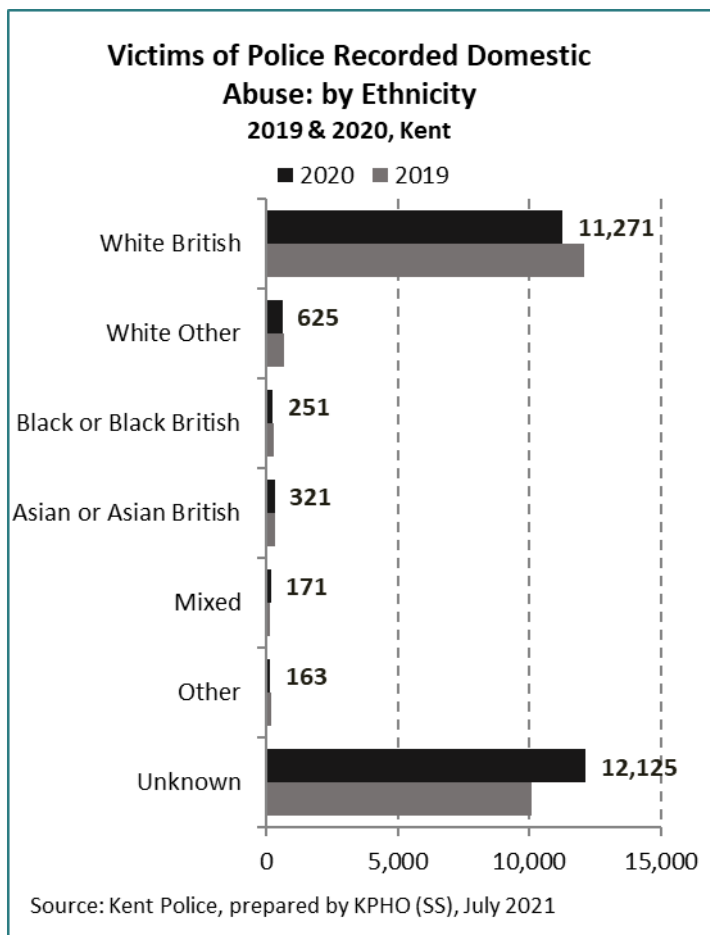
Source: ONS, Crime Survey for England & Wales, prepared by KPHO (LH), June 2021

Estimated Number In Kent Experiencing Domestic Abuse: by Ethnicity
2019/20 prevalence, England & Wales modelled to Kent, 2011 Census, Kent, rounded to nearest 100



Source: CSEW (ONS), Mid-year population estimates (ONS), prepared by KPHO (RK), June 2021

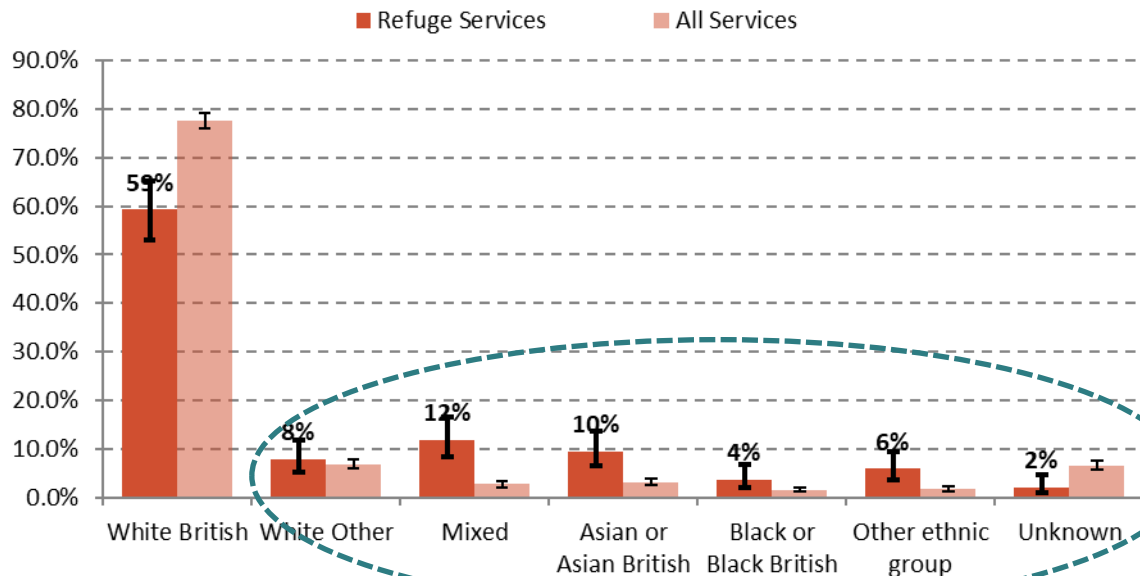
Victims Of Police Recorded DA: By Ethnicity



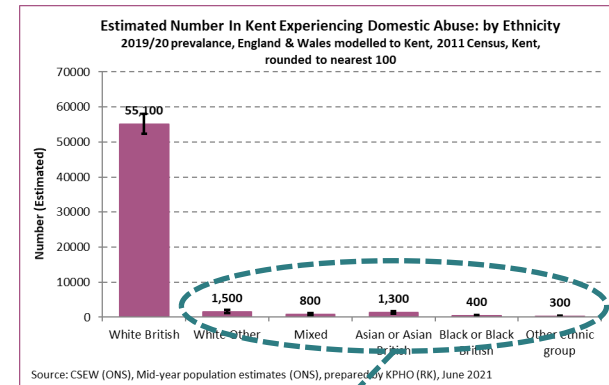
- The high levels of missing data on ethnicity make it difficult to draw any conclusions

Refuge Service Usage: Ethnicity

Client Profile For KIDAS Services: by Ethnicity
2020/21, Kent



Source: KIDAS provider data, prepared by KPHO (SS), June 2021



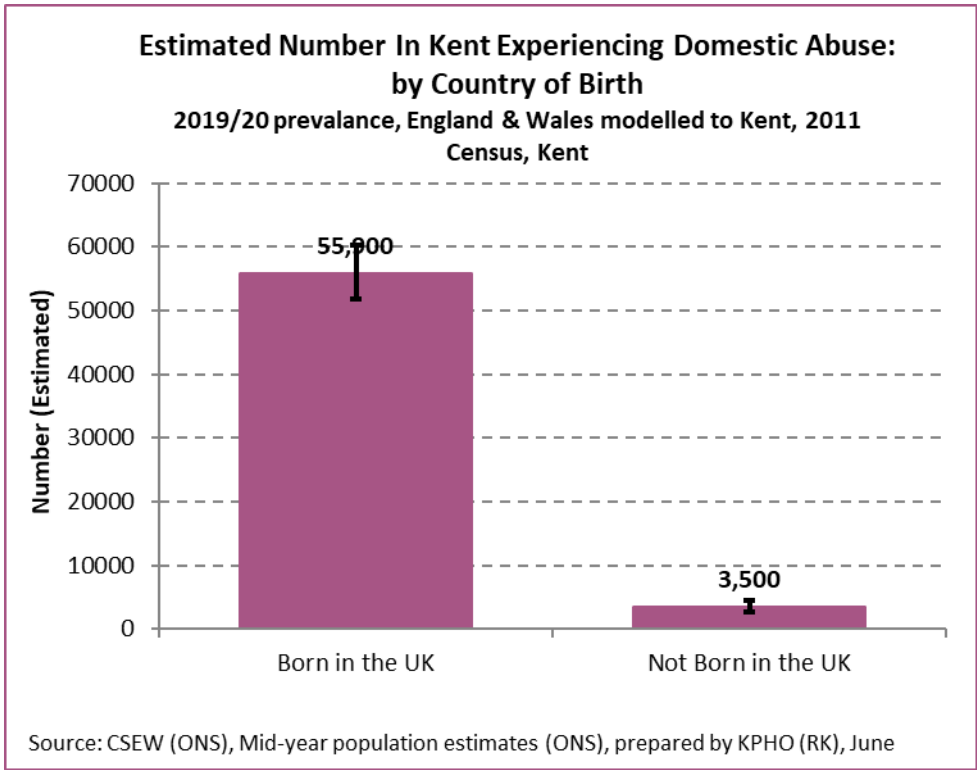
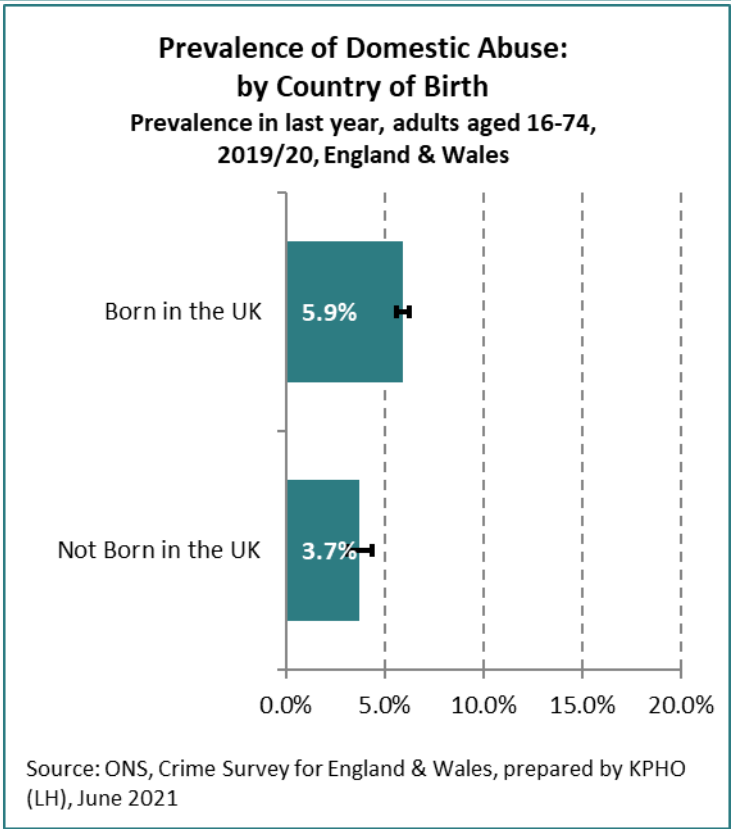
Source: CSEW (ONS), Mid-year population estimates (ONS), prepared by KPHO (RK), June 2021

Nearly 40% of refuge clients in Kent in 2020/21 were from non-white British groups. Based on Kent's ethnicity profile for 16-64s's drawn from the 2011 Census and the national DA prevalence rates, it is estimated that only around 6% of domestic abuse survivors in Kent are from non-white British backgrounds.

Clients coming from more ethnically diverse areas outside of Kent to use refuge services should be considered when interpreting this result

Country of Birth *(prevalence as reported to CSEW)*

There is some evidence to suggest that domestic abuse prevalence is higher amongst adults born in the UK





Toxic Trio

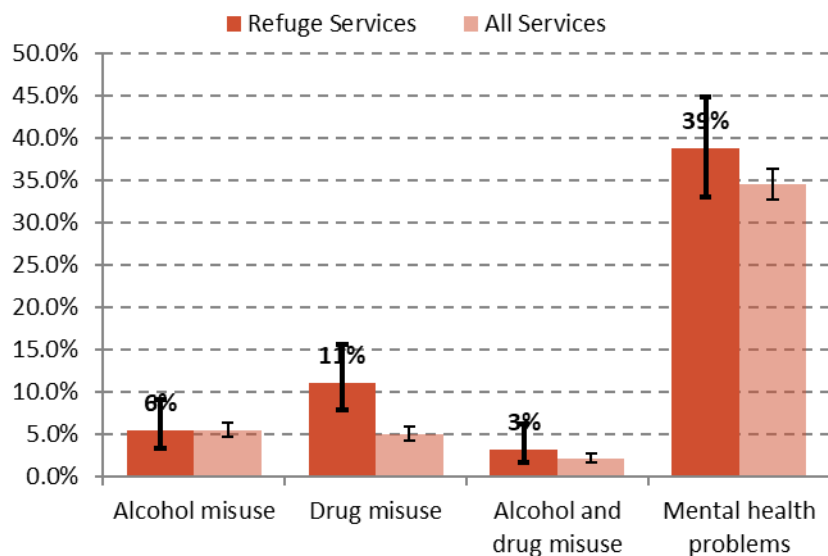
- Usage of refuge services

Refuge Service Usage: Toxic Trio

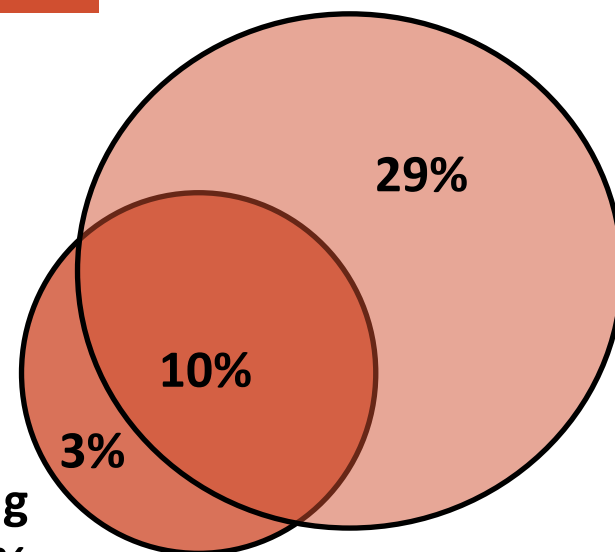
1 in 10 refuge clients in 2020/21 had mental health and alcohol and/or drug misuse support needs as well as experiencing domestic abuse

Mental health support needs - 39%

**Client Profile For KIDAS Services:
Substance Misuse & Mental Health
2020/21, Kent**



Source: KIDAS provider data, prepared by KPHO (SS), June 2021



Alcohol or drug misuse - 13%

In refuge service nationally in 2019/20, 48.9% of service users had support needs around mental health and 5.6% had a dual diagnosis for alcohol/drugs misuse and mental health issues (*Women's Aid, 2021*)

Gaps In Service Provision: Toxic Trio

“There is a challenge when people come into refuge and they are being supported with their mental health when they come in from a different area it can be difficult to keep that support going. We do speak to those who are supporting them, but once they move in they can all of a sudden be told that we are not supporting you any more because you have moved out of area and there is quite a gap in that support, it has a real effect on those people, need continuity of care. That goes for addiction as well, sometimes they can be without substance mis-use prescriptions which is not good. We have to step in and chase these thing up”



Safe Accommodation

- Service Mapping
- Referrals (Refuge)
- Clients (Refuge)
- Barriers to Access (Refuge)
- Moving On (Refuge)



Service Mapping

Safe Accommodation

The draft statutory guidance for Delivery of Support to Victims of Domestic Abuse, including Children, in Domestic Abuse Safe Accommodation Services specifies safe accommodation as falling into 6 broad categories....

Refuge accommodation

Specialist safe accommodation

Dispersed accommodation - refuge

Refuge

Dispersed accommodation – semi-independent

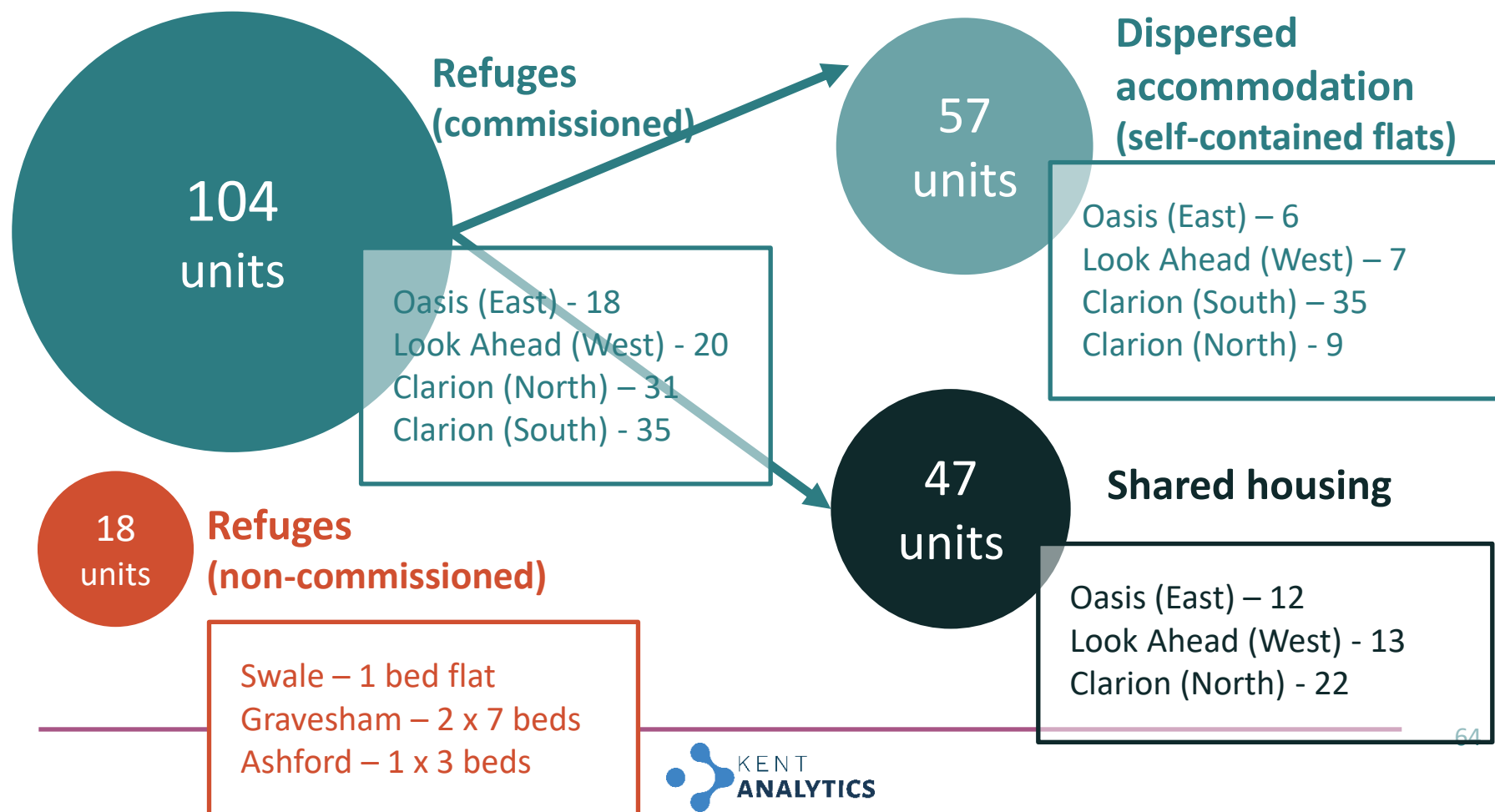
Sanctuary Schemes

Move-on and / or second stage accommodation

Non-refuge

Safe Accommodation: Refuge

The following services are available in Kent that offer refuge services (i.e. including the additional, DA-specific support required of refuge services)



Safe Accommodation: Refuge

The Council of Europe recommendation is for one space per 10,000 population. At 122 units, Kent has 0.77 spaces per 10,000 population, whilst this is just below the recommendation it is higher when compared with England as a whole (0.69)

<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabusevictimservicesenglandandwales/november2020>

Qualitative research amongst providers evidenced a perceived need for flexibility in accommodation type

“We want communal and independent. I think a level of dispersed accommodation will be very helpful for some. Although I don’t think we will ever be talked out of the fact that communal refuge is a good thing because we can see the benefits. However, it does prevent you from housing certain groups of too many of that group so I think, in terms of complex multiple disadvantages we want somewhere where we can have two or three women and work much more therapeutically with them.”

Safe Accommodation: Non-Refuge

The following services are available in Kent that offer safe accommodation for DA survivors, but are not refuge services

c.65
(estd
annual
clients)

Sanctuary schemes (own home)

Ashford: 20
Look Ahead (West): c.30
Gravesham: 1-10
Tonbridge & Malling: 2-3
Folkestone & Hythe: 5-10

7+
beds

Dispersed accommodation (semi-independent)

(can be accessed by DA survivors)

New Leaf: 2 flats
Porchlight: estd. 10% of clients DA
Rising Sun (East): 5 beds (not yet open)

3

Move on accommodation

Look Ahead (West): 3

Sanctuary Schemes

An audit of sanctuary schemes in Kent has illustrated a high degree of variation across the County in terms of provision of sanctuary schemes

c.65
(estd
annual
clients)

Sanctuary schemes (own home)

Ashford: 20

Look Ahead (West): c.30

Gravesham: 1-10

Tonbridge & Malling: 2-3

Folkestone & Hythe: 5-10

- 4 of the 12 Kent Districts do not appear to have sanctuary schemes
 - Canterbury, Dover, Thanet, Tunbridge Wells
- Look Ahead provide a sanctuary scheme in West Kent. There was one report of Clarion having a small resource for sanctuary schemes
- Estimates of client numbers were provided by 4 Districts and Look Ahead, amounting to c.65 per year
- In all Districts providing a Sanctuary Scheme, this sits within the Housing Team
- There is variation across Districts in terms of who provides the labour
 - District Housing teams, Housing Associations, commissioned providers (e.g. Look Ahead) or the referring agency



Referrals (Refuge)

Referrals To Refuge

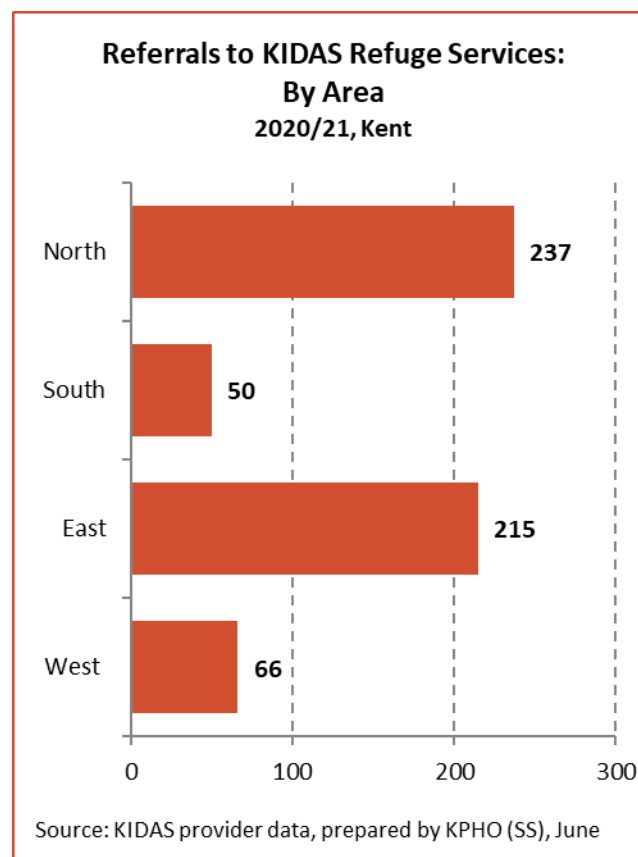
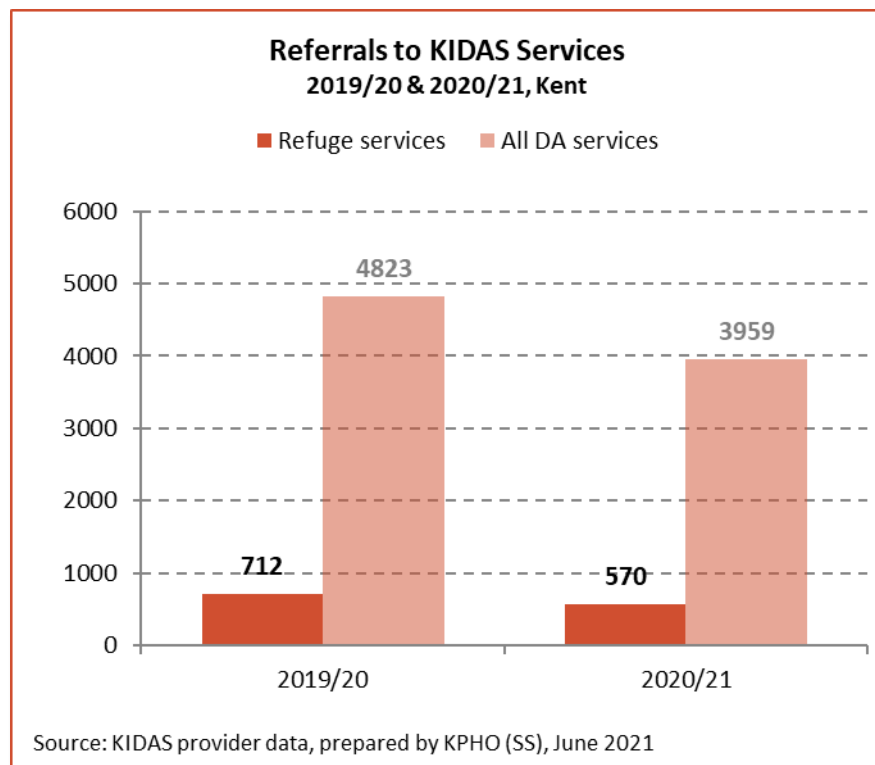
Refuges are designed to meet the needs of domestic abuse survivors and their children with trained and experienced staff, in an environment which empowers a person, promotes their autonomy, and is led by their needs and their recovery.

In order for a person to go to a refuge space it must be available at the time they need it, in the location they need. It must also match their requirements, such as having space for children, a cot for a young child and the appropriate professional support to meet needs.

Access to refuges in Kent is managed through the National DA helpline via the Routes to Support database. Providers advertise vacant room through this database and this information is passed on to victims calling the national DA helpline for them to self refer directly to the refuge.

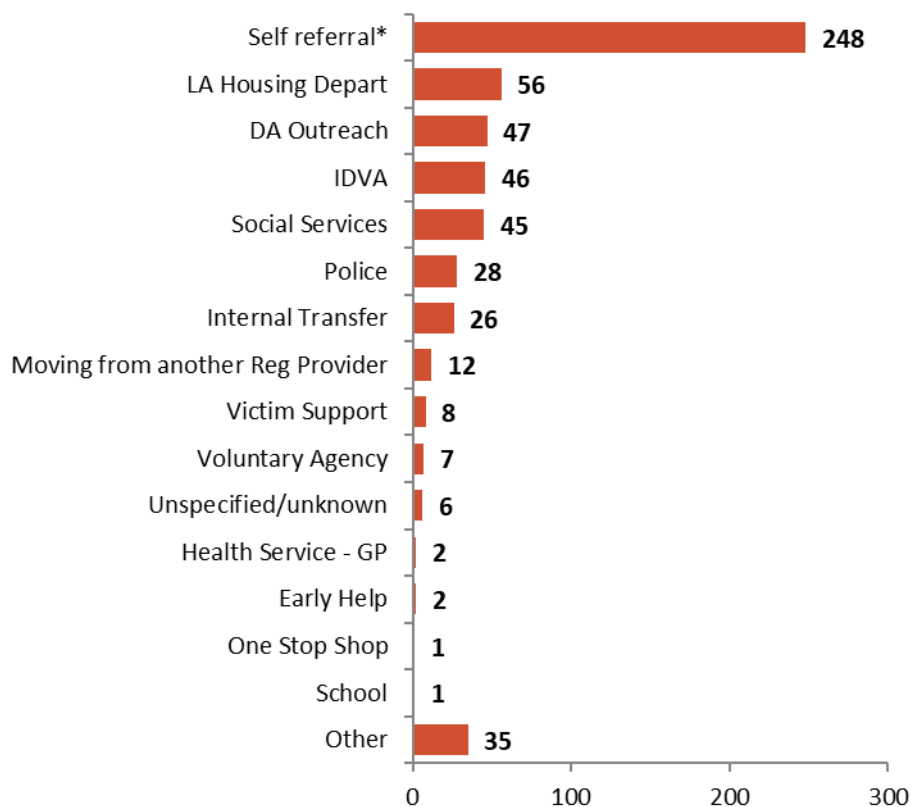
Referrals to Refuge (Commissioned)

Referrals to KIDAS refuge services and KIDAS services overall were lower in 2020/21 than in 2019/20 – this may be due to COVID-19



Referral Sources


Referrals to KIDAS Refuge Services: By Referral Source
2020/21, Kent



Source: KIDAS provider data, prepared by KPHO (SS), June 2021

The most popular source of referrals to refuge services in 2020/21 are those classified as 'self referrals' (44%). This will include survivors who call the national DA helpline and are referred to a refuge with vacancies identified via the Routes to Support database.

Victim support referred 1% of potential clients

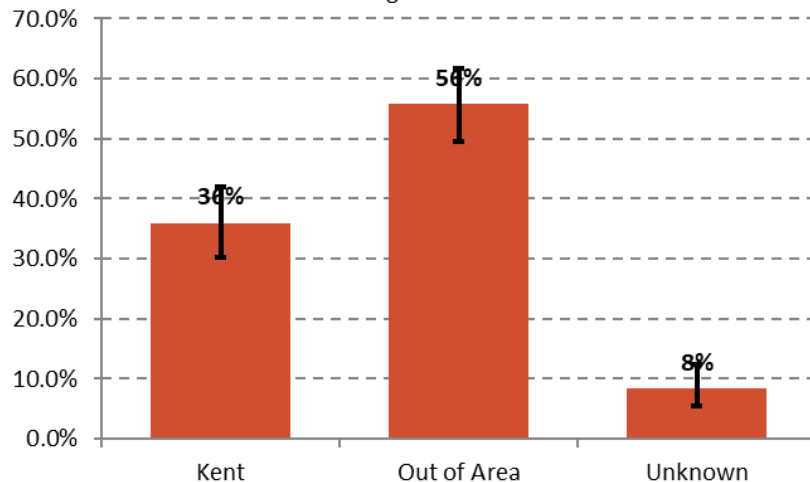


Clients (Refuge)

Area Of Origin

Client Profile For KIDAS Services:
Area Residing At Point of Contact
2020/21, Kent

■ Refuge Services



Source: KIDAS provider data, prepared by KPHO (SS), June 2021

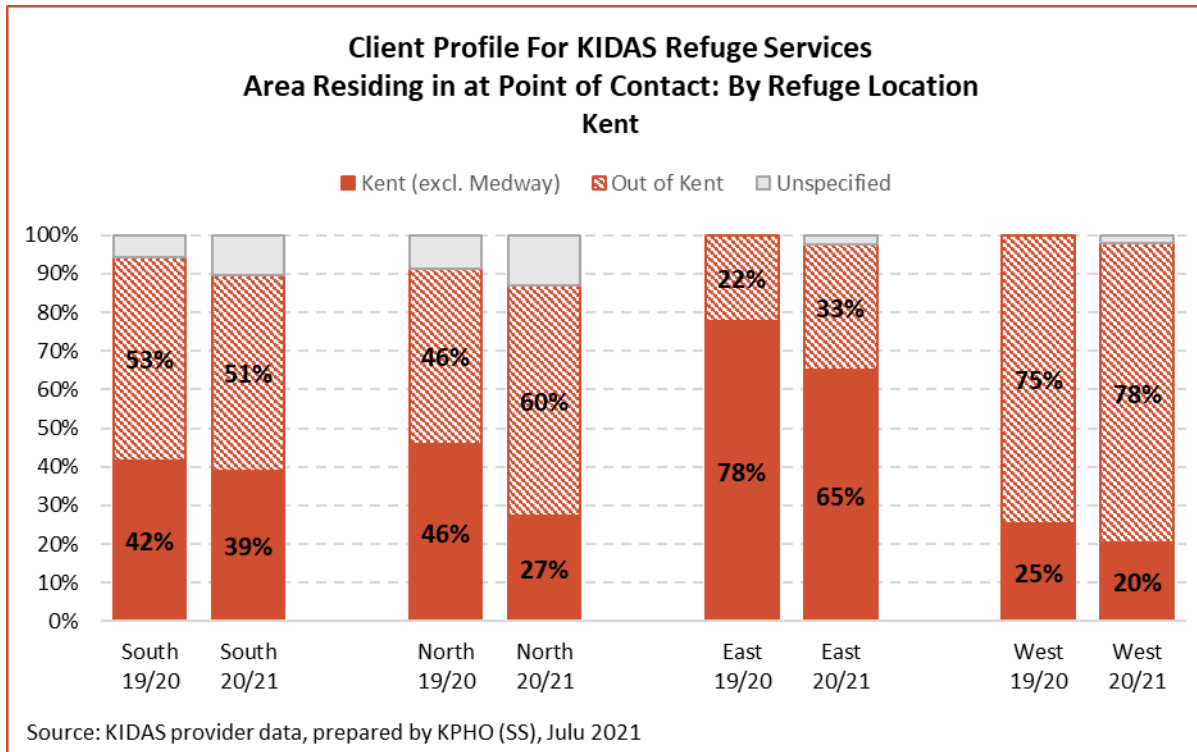
“Coming into refuge is a bit of a balance, they want to still be close to links, which is maybe a friend or relative, but that is really dangerous as that is the first place the perpetrator will look”

Many survivors fleeing domestic abuse will travel across borders in order to seek help and move away from the perpetrator. More than half (56%) of refuge clients in 2020/21 were from outside of Kent

Tier One local authorities must meet the needs of all victims including those who present from outside of the locality.

Area Of Origin: By Refuge Location

Refuges in West Kent have a particularly high proportion of clients from outside of Kent, whilst in East Kent the majority of clients come from within the County



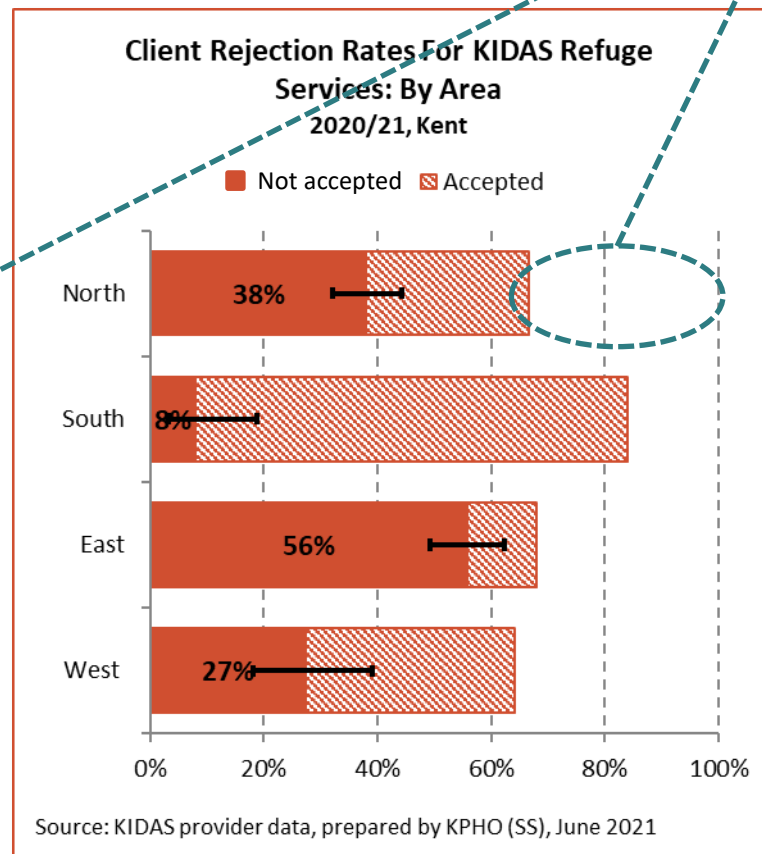
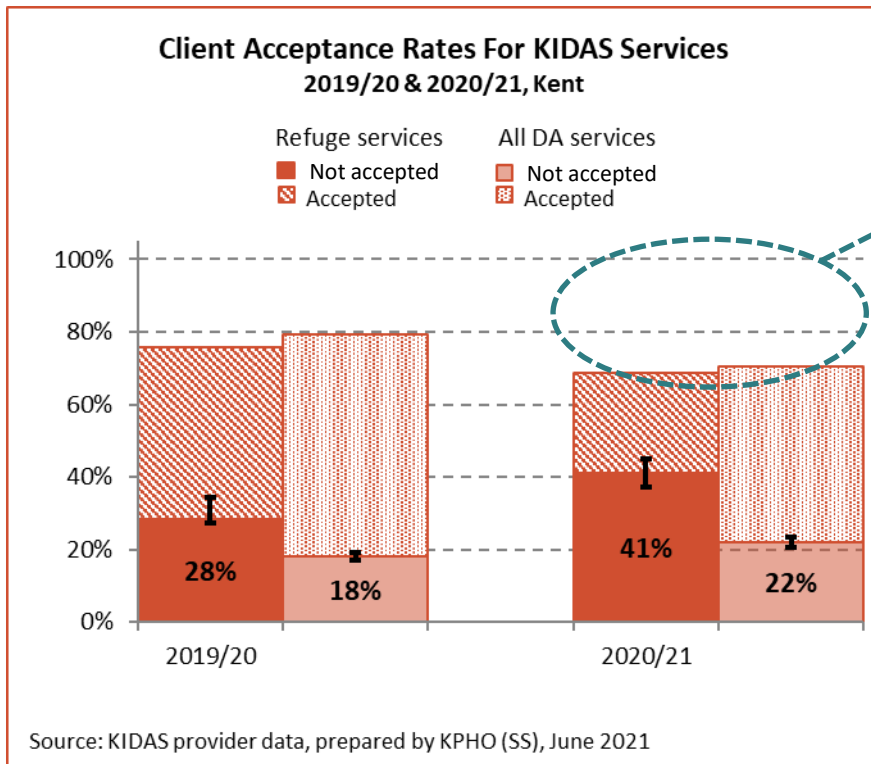


Barriers (Refuge)

Referrals to Refuge Not Accepted

Remaining referrals were mostly accounted for by situations where the service user declined the service, but also includes pending and 'unspecified' outcomes

Around 2 in 5 referrals to commissioned refuge services were not accepted in 2020/21, but this varied considerably by area/provider



Refuge Referrals – Not Accepted

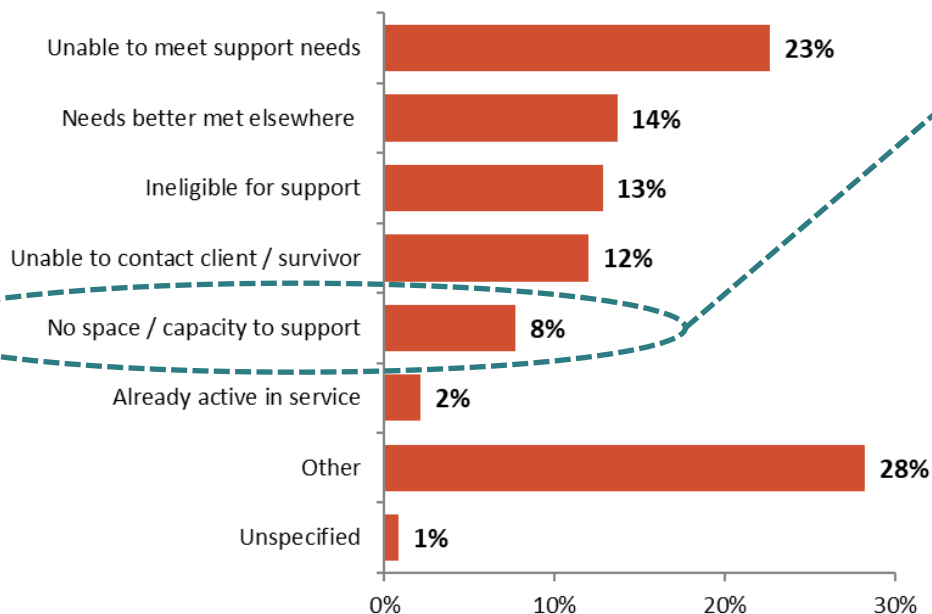
- The high demand for refuge space means that advertising on Routes to Support often leads to a number of enquiries and referrals for each space in a short period of time, meaning that by the time a woman contacts a refuge space, it may have already been taken or that a woman or that a woman has made several referrals to different refuges and can only accept one.
- Accepting a referral for a communal refuge is complex - it includes balancing the needs of the referred victim with the needs of those already residing in the refuge.

“Someone might already be living in the refuge who is from their area. We are seeing an increasing number of Kent and Medway women in our refuge. We have to be mindful. For example, if we had a traveller woman and we knew that she had connections to certain places, and we had another traveller women from the same place apply then the risk might be too great”

Referrals Not Accepted: Reasons

Being 'unable to meet the support needs' or the feeling that 'needs are better met elsewhere' are the key reasons for referrals not being accepted

**Referrals to KIDAS Refuge Services Not Accepted: By Reason
(Broad Categories)
2020/21, Kent**



Source: KIDAS provider data, prepared by KPHO (SS), June 2021

Capacity issues only apply in 8% of cases – rising to 13% in the East.

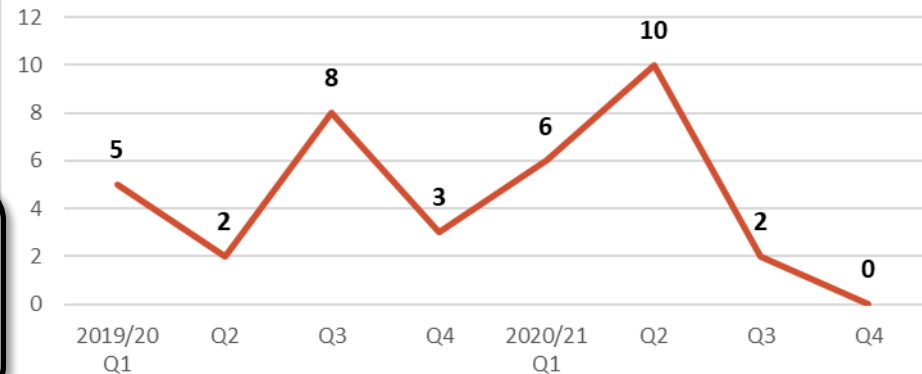
This is lower than nationally

Referrals Not Accepted: Capacity

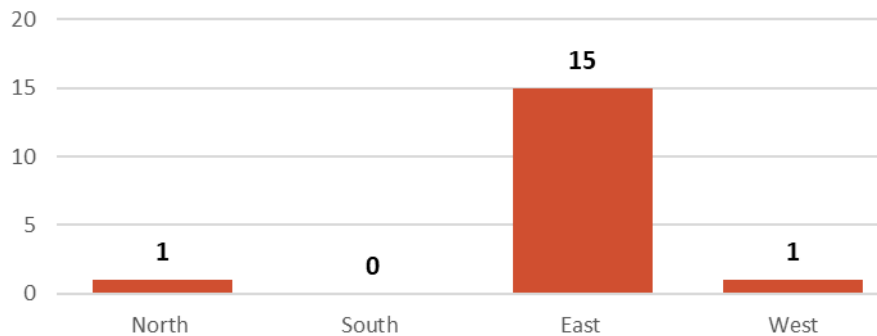
During 2020/21 not accepting referrals due to lack of capacity was concentrated in the first two Quarters of the year, and in the East

“So being full is one reasons we might refuse a referral but that is less the case these days”

Referrals Not Accepted Due To Lack Of Capacity
KIDAS Refuge Services, Kent, 2019/20-2020/21



Referrals Not Accepted Due To Lack Of Capacity
KIDAS Refuge Services, Kent, 2020/21

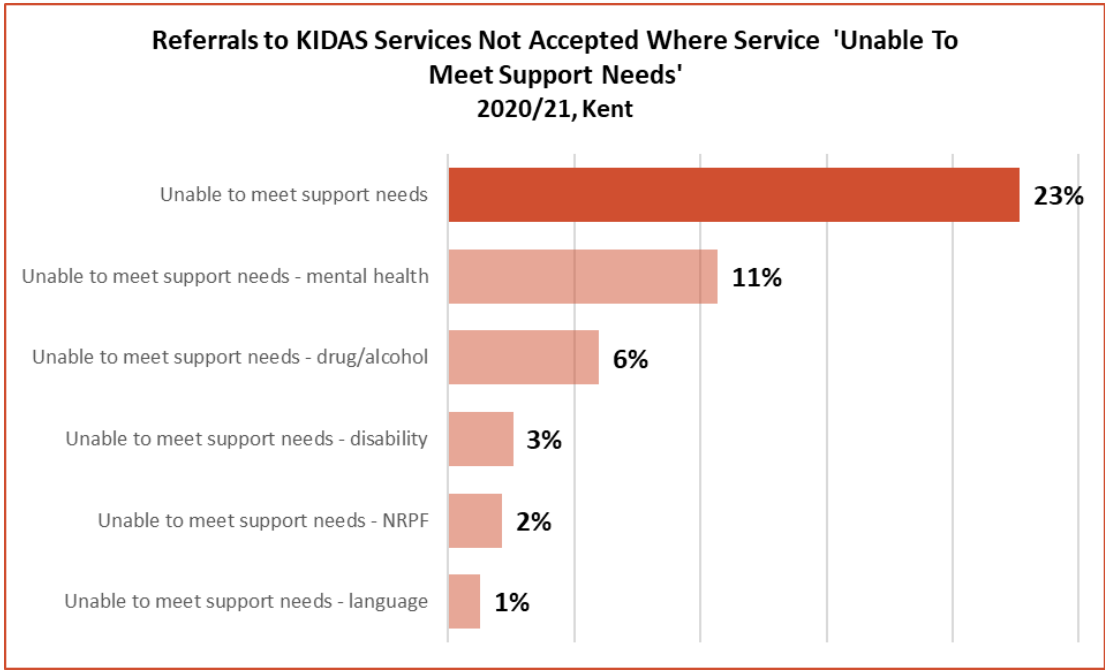


“Don’t turn that many away in terms of lack of capacity, its fits and starts we do have times where suddenly, lots of people move on and we might have 6 or 7 voids, but right now we haven’t got any. If we had another refuge building we would likely fill it, but equally at other times we would likely be sitting with a vacancy”

Referrals Not Accepted: Unable to Meet Needs

Support needs around mental health or drugs/alcohol are the key need types that lead to unsuccessful referrals to commissioned refuge services in Kent

Around 1 in 4 (23%) of referrals that weren't accepted in 2020/21 were due to an inability to meet the support needs



Referrals Not Accepted: Complex Needs

Various reasons for declining referrals were identified, but by far the most common reasons identified were declining clients with complex needs, including clients with mental health concerns, drugs and alcohol misuse or complex care needs or disabilities. Clients may have been declined for different reasons relating to their complex needs including having to consider existing residents well-being, not having accessible facilities or the appropriate support from other services could not be secured.

Providers identified a need to develop further relationships with other service providers, especially in relation to mental health and drugs and alcohol support to provide not only continuity of service but a more integrated service.

“Turning people away with more complex needs is one of the biggest reasons.”

The balance of the women already resident in the refuge may also impact upon the decision to accept a resident with mental health support needs, for example if there is already another woman in the refuge with very high mental health support needs.

Referrals Not Accepted: Complex Needs

Nationally, only 16% of all refuge services have a specialist mental health support worker, 10.4% have a specialist alcohol use worker and 10.8% have a specialist drug use worker (*Women's Aid, 2020*).

Service providers in Kent highlighted how they it was not that they did not want to work with women with complex needs, but that they did not always have the correct facilities or support from other agencies to be able to ensure the safety of individuals.

Service providers were keen to continue to upskill themselves to be able to work with more individuals who have complex needs, for example training more staff to become 'mental health first aiders', but also highlighted how they need the support of other agencies to address really complex needs. Issues were raised in connection with clients from outside of Kent around information sharing in relation to those with mental health and/or substance misuse needs.

Anecdotal feedback from specialist domestic abuse services which evidences that cuts to other services and COVID has resulted in an increase in the complexity of the needs of the survivors they support

Referrals Not Accepted: Mental Health

Nationally 3.9% of referrals were rejected due to the safe accommodation being unable to meet needs related to mental health (*Women's Aid, 2021*)

11% of Kent rejections, Anecdotally providers reported higher levels of referrals with complex MH needs as a result of COVID

"From our perspective when we decline it is mental health. The challenge is that we rarely have the commitment from mental health services...when they go into crisis there doesn't seem to be the commitment from services to provide that crisis support"

"If they have really complex mental health needs we usually have to turn them away because we cannot give them all the support that they need and it might not be the right environment for them"

"It is really quite difficult to manage mental health. And it is very difficult as assessment stage to get the information, if we have someone who rings up who tells us that they have schizophrenia and we need to understand how to support them on a day to day basis and we go to the MH services to get a bit of background they are really reluctant to share. Then it is very difficult for us to make an informed decision as to whether or not we can manage them coming into the refuge or if we can't"

Referrals Not Accepted: Substance Misuse

Nationally 4.5% of referrals were rejected due to not being able to meet drugs or alcohol needs (Women's Aid, 2021)

6% of Kent rejections

"It can take a long time to find a place for someone with complex needs, for example if they have drugs and alcohol issues, there needs to be more spaces and support."

"If we turned them down for example for mental health or drug and alcohol issues we would look if there was anywhere else that could take them that could offer a higher level of support. It is quite a tough decision because you want to keep someone safe, but you have got to think about the whole dynamics of everybody, keeping your staff safe, keeping the other residents safe as well as trying to keep that person safe. Refuge is great but it isn't the answer to everything."

"If MH or drug and alcohol needs are very high we would consider that it wouldn't be fair to them to take them in. We are not giving high levels of support 24 hours. I always used to look at it in terms of if it was a weekend and somebody had a suicide attempt how safe would they be, would someone know it had happened. It wouldn't be fair to them because we can give that level of support"

Referrals Not Accepted: Dual Diagnosis

“Dual diagnosis support is very scarce, you cannot engage with MH services because you are engaged with substance misuse services, you cannot engage with substance misuse services because you have got a prior MH need, real lack of services...so those individuals are not picked up by DA organisations because the level of complexity is too high, they don't have the provision to support them”

Referrals Not Accepted: Complexity

“Turning people away with more complex needs is one of the biggest reasons. We are not shy about working with people who have levels of complexity but we obviously can’t fill the building with people with high levels of complexity. We have to be mindful of the dynamics”

“If they have a history of arson or a current history of violence”

“When people need 24 hour care we have had to turn them away, there is a big difference between care and refuge. We are not a care home we are a refuge”

“If they have any type of additional needs, such as drugs, alcohol or severe MH, if they have attempted suicide for example, it is very difficult for us to find that person a space.”

Referrals Not Accepted: Disability

Nationally 1.4% of all referrals to refuge were declined due to the inability to meet the needs of the client due to disability (Women's Aid, 2021)

3% of Kent rejections

"We can accommodate people with disabilities in one of the refuges, we might have to make some adjustments, but we can and we would. However, we cannot do this at our other locations"

"We need a fully accessible unit so someone with physical disabilities or an older person can be catered for"

"We do have a ground floor bedroom in a couple of places, but all of the other accommodation you have got to go up the stairs to get to the rooms. So, if we have someone who is 75 with a hip replacement we have to ask if they can get up the stairs."

"There is a gap for people with learning disabilities...I can think of clients on outreach services who would benefit from coming into refuge, but I think coming in to refuges is really hard for people with learning disabilities."

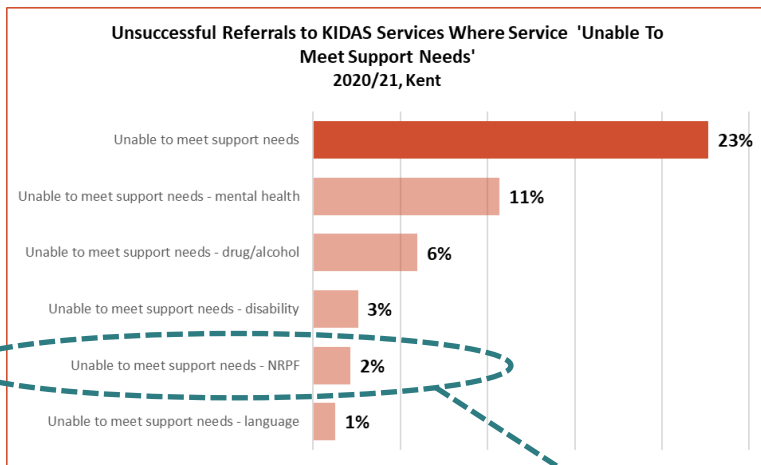
Referrals Not Accepted: Families

Refuge spaces can accommodate a women and 2 children, some can accommodate up to 4 children. Women with more than two children may be turned away due to lack of space but this wasn't reported as a common occurrence. Those with male children over 14 can be accommodated in a self contained flat however cannot be accommodated in a communal refuge.

"The refuge could be too small, they might have four children plus, whilst we might be able to squeeze them in that isn't really conducive to their recovery"

"If they had a boy over 14, we could accommodate them in the self-contained flats but not in the shared accommodation"

Referrals Not Accepted: No Recourse To Public Funds



“What we do not have is women with no recourse to public funds. We have accepted some people with no recourse, when we had additional funding but that came from the public funding. We are open to accepting these women, but if they are then not successful with their indefinite leave to remain, we must ask them to leave because we can’t move them on.”

“Reasons for decline, would be no recourse to public funds, that is a big one, a massive gap.”

2% of rejected referrals in 2020/21 were due to the survivor having no recourse to public funds (5 referrals)

In 2020/21, 587 migrants contacted the Karma Nirvana national helpline, and 25% of these did not have access to public funds. (Karma Nirvana, 2020/21)

Referrals Not Accepted: No Recourse To Public Funds

- It is known that perpetrators of domestic violence can use insecure immigration status as a way to inflict abuse on the victim, for example by way of threatening to tell the police
- The reliance on housing benefit for refugees' income means that they are often unable to accept women who are ineligible for housing benefit without securing specific funding for this or using their charitable reserves.
- The commissioned refuges in Kent do accept referrals for individuals with NRPF who can apply for the destitution domestic violence (DDV) concession to claim public funds (benefits) for up to 3 months while UK Visas and Immigration considers their application to settle in the UK. If their application is declined though this results in them using their charitable reserves so this is done on an exceptional basis.
- In 2021 the government launched the Support for Migrant Victims Scheme, run by Southall Black Sisters. This is designed to provide support to those individuals who fall through the gaps of other support mechanisms, such as the DDVC and provides a safety net of support through provision of accommodation in a refuge or other relevant accommodation – this scheme covers Kent and is being accessed by the providers.

Referrals Not Accepted: Client Declines

Nationally, 18.4% of referrals declined were recorded as the client or survivor does not want support (*Women's Aid, 2021*)

"The majority I would say are because they were accepted elsewhere"

"There are quite a percentage that change their mind. They are sort of pushed in to enquiring for refuge but once they have spoken to us and got a jist of what it is like and how they would be living in shared accommodation they change their mind"

"We might get people decline because it is too far away from their support network. So we might get a referral for someone who lives in Manchester say and the thought of moving to Kent, moving the children having to leave their job, it is a lot of upheaval."

"Another barrier for women is not being allowed to take pets, in the past we could take pets but this isn't something that is allowed anymore and there are lots of women who don't want to leave without their pet."

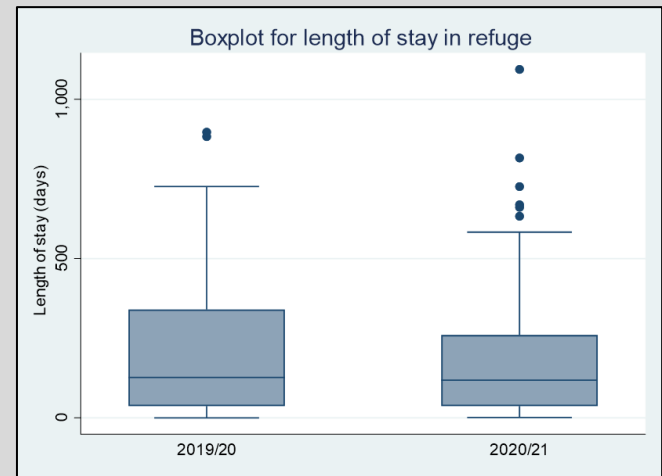
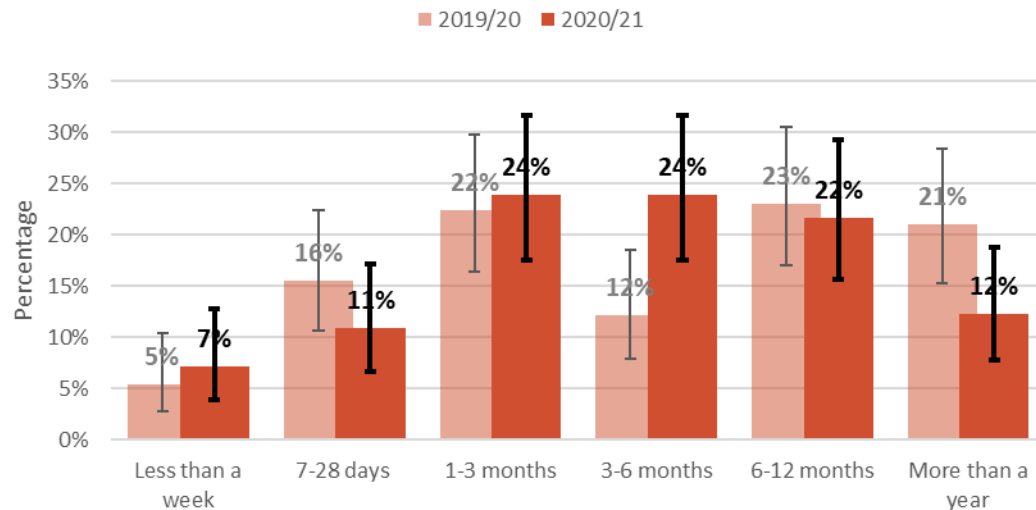


Moving On (Refuge)

Duration of Stay: Clients Moving On

The vast majority of refuge clients who moved on during 2020/21 (more than 80%) stayed for more than a month, and a third (34%) for more than 6 months

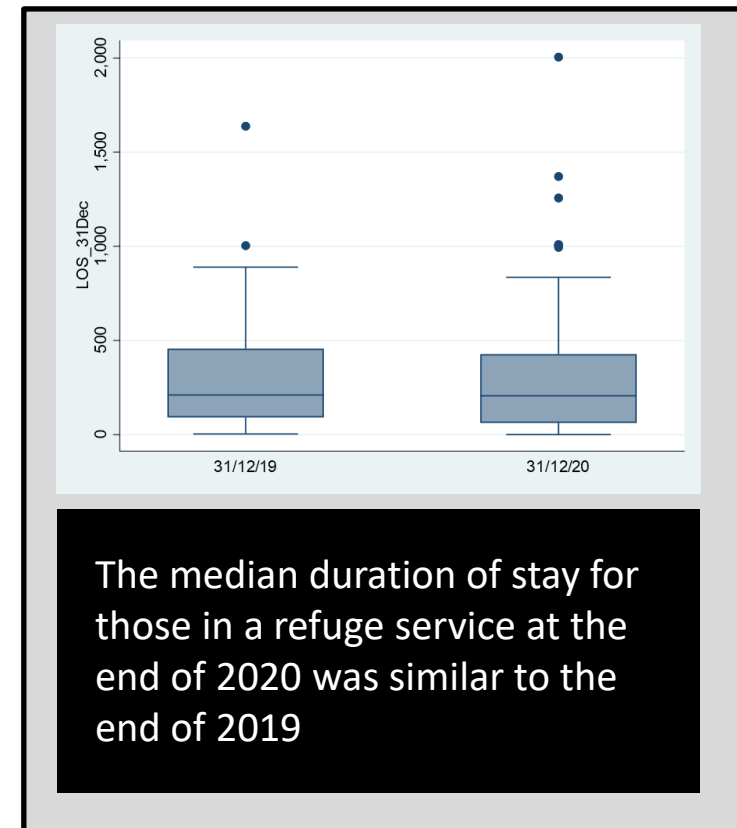
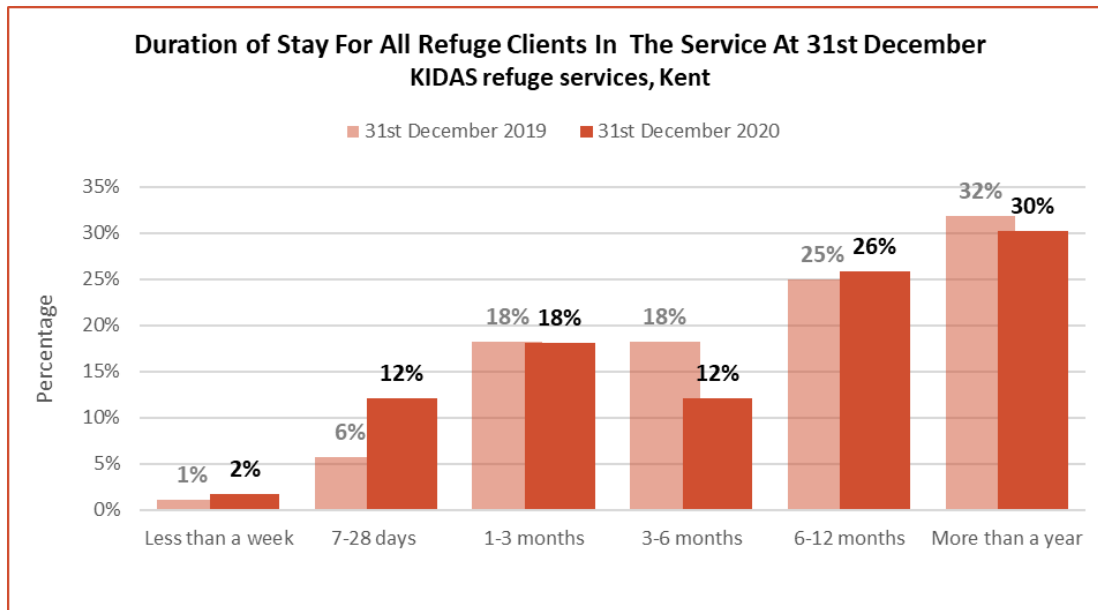
Duration of Stay For Refuge Clients Moving On During The Year
KIDAS refuge services, Kent



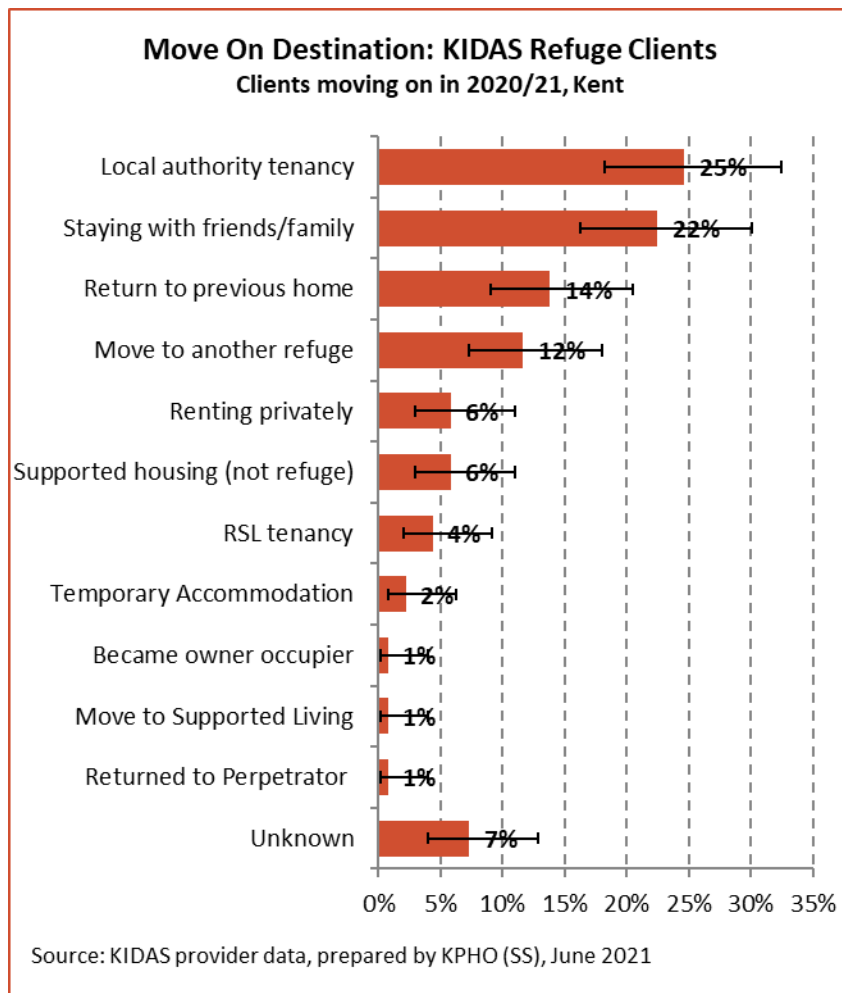
The median duration of stay for those leaving the refuge during 2020/21 was similar to that of those leaving in 2019/20

Duration of Stay: All Clients

At any one time, more than half of the clients in commissioned refuge services have been there for more than 6 months



Destination: Refuge Service Leavers



More than half of refuge clients in Kent were either living with friends, in temporary accommodation, rough sleeping or at another women's refuge prior to entering the service.

Amongst those moved on during 2020/21, just over a third (36%) are known to have moved on to staying with friends/family, temporary accommodation or another refuge.

There was agreement amongst providers that additional 'move on' type accommodation where survivors could be housed to regain some independence when they are ready to leave the refuge setting would be advantageous.

Barriers To Moving On: Securing Housing

Securing suitable housing is barrier to moving on and is identified by providers as contributing to longer lengths of stay in refuge accommodation

Lack Of Available Housing

“When I first started working here our average length of stay was 4.2 months. We moved people on and gave them outreach support so they didn’t get institutionalised. Now the average stay would be 6 to 8 months, as there isn’t the housing to move them on to”

“Not enough housing provided for women to move on into”

“The lack of housing and how long it takes”

Debt

“We used to have a lot of problems of women with debt because of abuse, who were then declined by housing authorities.”

“If one of the residents has rent arrears, the housing authority will reject them if they have missed payments or on the basis of rent arrears”

Barriers To Moving On: Reluctant To Leave

Reluctant To Leave

“With the self-contained flats some women don’t want to move on, they get very comfortable and it becomes home to them”

“Once in a while we get women who don’t want to leave. But really we are working with the concept of move on from the moment they come in. It is emergency accommodation and move on is what we are all about.”

Managing Expectations

“One of the key things is managing the expectations of the women, that is the big one, it is tough. They might not get the lovely house in the lovely area”

“They might decline the accommodation because they want a house, and they are offered a flat. We have had situations where someone has been offered appropriate accommodation suitable for her need but she declined.”

Providers noted how the challenge of ‘moving on’ those in self-contained flats can be greater. There is a reluctance to leave, especially if the accommodation they have been offered is not as nice as the accommodation in which they are currently staying.



Case Studies

Case Study 1

Background

- This survivor came into services almost two years ago and was at incredibly high risk. The perpetrator of her abuse was actively seeking her and if found, the survivor and her children's lives were in danger.

Support Provided

- Due to the profession of her perpetrator the provider had to work really carefully in order to keep the survivors identity secret to all but very few professionals during her support.
- This has involved liaising with interpreters, getting her three children into education using aliases, working with the court system, to get benefits and a housing application.

Result

- The support recently received from the local District Council as been brilliant.
- The Provider worked with the survivor to make housing applications to ensure that she has a safe home. The survivor is receiving 'move on' support from the provider.

Case Study 2

Background

- A survivor in her late 60s came to the Refuge.
- This customer had endured many years of abuse, mentally, emotionally and physically. She was anxious, needed lots of emotional support, and had other health needs.

Support Provided

- A good rapport was established, the provider identified a need to develop support networks to rebuild her confidence.
- Staff looked at sheltered accommodation. Customer chose accommodation that she felt was most suitable for her, this was a building where she could be independent, and had activities to access.
- In addition, staff supported her in looking at the local events around the village and supported her to join these events.

Result

- Following 17 months in refuge the survivor has reintegrated back into the community, her confidence has increased, and she is now going on coach trips, trips to London, and holidays abroad.

Case Study 3

Background

- Single lady with no dependent children from out of area. No contact with immediate family due to the isolation she experienced while in the relationship.

Support Provided

- To ensure all needs met other supporting agencies were involved including Change Grow Live (CGL), Debt advise, MIND and Family Matters.
- Universal credit was applied for and support to work referral with Job coach was completed.
- Housing needs were explored, and housing application was completed with 2 local authorities of survivors choice - Survivor was supported with the bidding due to under lying health issues.
- Home support plan for move on was developed and essential items needed were listed and sourced when survivor was coming close to being offered a property.

Result

- Survivor was offered a property out area during the lockdown - viewing took place via whatsapp video call due to restrictions.
- KIDAS provider covered first month's rent, removal costs and provided all essential item not in the house eg, Beddings, Kitchen items, Hygiene products and Bedroom Fan due to heat during the summer move in period.
- Staff members went with customer in a separate car on the move in day to support customer and also a follow up.

Case Study 4

Background

- Moved into the refuge with her 2 children, from out of area. Has no family or support network nearby.

Support Provided

- A support plan was built around getting school places for the children and engaging the survivor with a job coach.
- To improve the finances, Universal credit was applied for and the survivor was supported with food bank, hygiene bank products when needed.
- Different areas were explored, and 2 areas were decided upon by survivor who was supported to complete housing application to enable bidding on properties.
- Move on plans were discussed and a home support plan developed, essential items were listed that were needed but not affordable by the survivor. Items such as White goods, Bedroom furniture and beddings, Kitchen items & Sofa.
- Survivor was offered a property, viewed it and moved in 2 weeks after signing the contract.
- Survivor was offered a property out area during the lockdown - viewing took place via whatsapp video call due to restrictions.

Result

- During the 2 weeks after signing the contract, the change of circumstances was reported to Universal credit; All items needed and listed on the home support plan were ordered and scheduled for delivery on moving in day and some weeks after moving in.
- Survivor has moved in and now settled. They are being offered 3 month follow up support and longer term support as needed.
- Weekly call was given and support with changing of utilities, new school application and follow up items ordered and ensuring all deliveries were received.

Case Study 5

Background

- Came into service with her two children, both under 5 years after fleeing domestic abuse from her husband.
- Had undiagnosed learning difficulties and needed daily support for everyday tasks.
- Suffered 7 years of abuse including emotional, physical, sexual, verbal and psychological. The children were witness to some of this abuse and the father also physically abused the children on occasions.
- Changed her religion to Muslim for her husband and was rejected by her own family. Had tried to leave her husband on multiple occasions but each time he located her and would lock her up.

Support Provided

- Support to register with local housing register, help with benefits and finances, support with finding local schooling and nursery placements, support with solicitor contact, appointments and completing court documentation.
- Support to register with local Doctors surgery and personal and child welfare.
- Support to access counselling services.
- Support to re-engage with local church and to be re-instated back into the chosen church community.

Case Study 5

Support Provided (Continued)

- Support to re-engage with family members.
- Liaise with Social Services and other services.
- Advice on internet safety, not divulging the location of the refuge to family and friends and general safeguarding.
- Assessment and Support planning.
- Identified support needs to set achievable goals. Domestic Abuse Risk Assessment completed alongside regular support meetings.
- Client Involvement and Empowerment.

Result

- Client and the children engaged very well with all support offered to them. They regularly joined in with activities and events at the refuge. The children attended school regularly and showed signs of improvement in their social skills.
- After 6 months at refuge, they were supported in finding and moving into their own Housing Association Accommodation.
- 3 months outreach support was offered and accepted.
- Client is no longer reliant on daily support and is managing well unsupported.



Learnings from DHRs

Learnings from DHRs

The lack of information sharing across health and from health to partner agencies is a common and key theme in many of the active Domestic Homicide Reviews. Kent and Medway currently have 18 active Domestic Homicide Reviews, 21 Child Practice Reviews and 29 Serious Adults Review (SARs), Kent and Medway are an outlier for SARs.

Recent DHRs have highlighted a need to raise awareness, and understand or develop suitable ways to identify and/or respond to various themes relating to domestic abuse:

- **Recognising domestic abuse, coercive control and economic abuse:** Professionals need to understand the different forms of domestic abuse, recognise when it is taking place, and be able to respond to it. Economic abuse is recognised as a form of domestic abuse under the Domestic Abuse Act 2021, more training is needed for agencies to recognise coercive control and economic abuse and how they can work safely with victims of these forms of abuse.
- **Stalking:** Recognising the risk that stalking poses and how quickly it can escalate to homicide. Knowing where to refer for stalking and cyber-stalking victims for support. The Kent and Medway domestic abuse website is being updated to signpost people to different websites for support.
- **The Voice of the child:** The child is now recognised as a victim in their own right, as well as recognising the risks to them. The DASH risk assessments for example ask if there are children in the household, this was not filled in correctly and therefore no support was given. Focus was on the adult victim, there was no follow up on how this was impacting the child in the household.

Learnings from DHRs

- **Adolescent to Parent Violence and Abuse:** This DHR recommendation was for agencies to incorporate Home Office Guidance on recognising APV and signposting parents for support. It was noted that parents are generally uncomfortable seeking help for APV, therefore professionals need to make support easily accessible to them.
- **Barriers that prevent disclosure or engagement with services:** This deals with the issues of Was Not Brought(WNB) and Did Not Attend(DNA). Professionals need to be curious as to why a client is not engaging, before recording DNA or WNB. Recognising that service users may not be engaging, may be withdrawing from services because of coercive control, mental health, or secondary links like accommodation mean that they can get extra support to overcome the barrier and engage with services.
- **A need to improve MARAC in Kent and Medway for domestic abuse victims:** The frequency of MARACs across Kent has now been increased, previously some victims waited so long for their case to be heard at MARAC that it was too late by the time it was heard. Also, it was identified that the MARAC Minutes and actions/procedures needed to be updated. This has now been improved as resources and capacity has increased.

Learnings from DHRs

- **Develop suitable ways to work with perpetrators:** There were no programmes or services available that worked directly with non-convicted or alleged perpetrators. Funding has now been received for perpetrator programmes so hopefully this is being addressed.
- **Strengthening training:** This is training to recognise and work with perpetrators. A lot of the training available is on recognising and supporting the DA victim but not the perpetrator. Supporting the perpetrator is indirectly supporting the victim, and should be explored.
- **Information sharing, Risk assessments and Professional curiosity:** Lack of information sharing between agencies working with different members of the family unit, such as Probation, Children's and adults services, means that risk assessments are not fully informed.