Project Report

Title: Mental Health Deep Dive Project in Nottinghamshire (MHDDN)

Commissioned call

To undertake an evidence-based review and pathway mapping for mental health, counselling and therapy services for domestic abuse survivors

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Executive Summary

This work was commissioned as per an open tender by Nottinghamshire County Council and was awarded to The University of Sheffield in 2022. The tender was titled: *To undertake an evidence-based review and pathway mapping for mental health, counselling and therapy services for domestic abuse survivors.*

The work was undertaken over a 12-week period between 1st November 2022 and 31st January 2023 as determined in the tender. The team undertaking this work comprised Professor Julie McGarry (JM), Professor Parveen Ali (PA) from the University of Sheffield and Associate Professor Kathryn Hinsliff-Smith (KHS) from De Montfort University.

This report should be read with the understanding that the views shared in this report are not necessarily the views of everyone involved in the study. They are time specific and are based on offering a snapshot of views taken from data collected over a 12-week period. The methodology adopted was predominantly a qualitative approach incorporating focus groups and one to one interviews with identified local stakeholders (n=17). This was supplemented with desktop enquiry (for example, scoping of pertinent literature) and insight discussions with national domestic abuse charities and specialist organisations.

This study did not seek the views of the commissioners of the study. The findings and therefore the recommendations are solely based on the evidence gathered during this evaluation exercise and it would be useful for these to be considered in light of any other evaluations that might be underway or conducted in the future. The report findings aim to capture the essence of current provision within the remit for Nottinghamshire County Council (referred to as NCC in this report) and their requirement to provide life-saving support such as therapy, advocacy and counselling services to children and young people, women and male survivors of domestic abuse as a legal duty under the Domestic Abuse Act (2021).

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Key Findings

1. **Interpretation of the Act (part 4)**

Within the Act (part 4) there are some differences in interpretation applied by agencies when understanding what constitutes 'safe accommodation' (as stated in the Act). For survivors of domestic abuse (DA) and the commissioned providers this could result in a 'postcode lottery' of what services can be provided based on the living arrangements of women, men, children and young people regardless of their need. This clearly is not a transparent or appropriate approach to adopt.

2. **Commissioning of services**

The commissioning of services is still viewed as too little over too short a space of time by many of those interviewed. At best it provides some support to some referred clients and will reduce the waiting list, but only incrementally. As demonstrated in the report, there is growing demand, not least due to the effects of the pandemic and subsequent repeated lockdowns in the UK. Short term funding does not provide a sustainable approach for interventions in any situation. It is widely evidenced that for DA survivors their support needs do not travel in a linear way. Not least they may require support and interventions at different time points which could relate to mental, emotional or psychological needs. No one survivor suits one model of delivery or funding cycle and this presents challenges for providers in accepting referrals, whether directly or through other statutory parties. Moreover, the way in which current pathways are configured – this includes statutory mental health services - do not necessarily meet the particular needs of survivors of DA.

3. **Understanding the client need and responding - gaps and challenges**

It was clear that there are gaps in current provision offered locally and a diminishing pool of providers. There are currently limited providers of services which can and will offer therapy (including therapeutic services) for children and young people. Provision for counselling of women and men appears to be more widespread although there are extensive waiting lists both within commissioned services and statutory providers, such as the NHS. It was also

clear that DA specialist services for example, Refuge were placed in a position whereby they were filling a gap in mental health care albeit with limited knowledge or experience.

4. Providing trauma-informed care

Providing trauma informed care is not new within some fields of healthcare and has more recently gained traction when supporting DA survivors. Reviewing the nature of the provision locally within this trauma informed context will help to map the further gaps in provision and could result in better outcomes for the survivors and families.

Recommendations

Recommendation category: Defining aspects of the Act for implementation

1.Summarised: In commissioning of services if it imperative that there is a clear working definition of who might be supported under the duty of the Act.

The Local authority should establish a clear working definition of 'safe accommodation' which enables them to commission providers who can accept referred clients (and their families) under this criterion. It is suggested that liaison with the current local providers as well as seeking out best practice with other local authorities that border NCC would be advisable.

Recommendation category: Commissioning of services

2.Summarised: Commissioners need to be bold in deciding the model for future delivery of commissioned services and may wish to introduce a different approach, such as a triage service for survivors and families.

3.Summarised: Commissioners would be wise to review and look to implement staff who have a dual role and can access data across statutory and non-statutory providers.

4.Summarised: For appropriate use of duty funds, it is imperative that a partnership, whole system approach is developed between all statutory services (such as the NHS, housing, drugs and alcohol services) and non-statutory providers.

The models of commissioning of services needs to be reviewed in light of the growing local waiting list and to best provide longer term, more trauma-based approaches[1] interventions

[1] The term "trauma-informed" is often used but sometimes without a specific definition. Elliot et al. (2005) define trauma-informed services as "those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimisation on an individual's life and development." The London VAWG Consortium, defines trauma-informed services as those that "work at the client, staff, agency and systems levels from the core principles of: trauma awareness; safety; trustworthiness, choice and collaboration; and building of strengths and skills". These services "discuss the connections between trauma, gendered violence, multiple complex needs and offer support strategies that increase safety and support connection to services" (London VAWG Consortium, 2020:14).

for designing pathways of support. Fundamentally, our review suggests that current models of provision may not be appropriate and/or do not necessarily meet the needs of survivors of DA.

Recommendation category: Provision to meet the growing needs of children and young people

5.Summarised: To avoid future confusion and inappropriate provision the commissioners need to consider what is deemed therapy and therapeutic services in the context of survivors needs.

6.Summarised: Mapping needs to be conducted as to exactly what current provision looks like in the County, particularly around children and young people. Currently it is patchy or non-existent.

An urgent review needs to be undertaken which identifies the types of therapy (and therapeutic services), counselling and mental health provision specifically for children and young people. Speaking to national agencies has highlighted that the paucity of provision may in part stem from the relative 'newness' of the statutory duty. Seeking good examples may require linking to service provision outside of the region for best practice or looking to commission a very exacting service provision.

Recommendation category: Best practice model exploration

7.Summarised: There is currently a shortage of best practice from any LA so NCC should look to widely share their experiences and steps to implement the Duty as deemed in the Act.

We suggest a further detailed piece of work which seeks to utilise possible best practice models e.g., IDAS, PATH in the co-production and configuration of a programme of work with a robust evaluation component is required.

Scope of this report

The University of Sheffield was commissioned to undertake the following:

Within the defined locality of the county of Nottinghamshire and within the particular context of mapping counselling and therapeutic services offered, the aims of this work were agreed as:

1. To review of current national best practice in the delivery of counselling and therapy[2] for domestic abuse survivors including children and young people
2. To provide a thorough outline of current mental health, counselling and therapy services for survivors of domestic abuse within Nottinghamshire
3. (Based on objectives 1-2) To identify the gaps in current provision and present options for future delivery of counselling and therapy services for domestic abuse survivors within the locality

In compiling this report, we have undertaken interviews and focus groups with organisations who have been commissioned to provide counselling and therapy services as well as other key stakeholders such as NHS statutory providers and specialist DA agencies both locally and nationally in terms of further insight information.

[2] This generic term refers to a therapeutic services (such as formal counselling, support groups or group work programmes) (source Women's; Aid, 2023 pg. 59)

Background

The premise for this report aligns with the recent Domestic Abuse (DA) Commissioner 'Mapping of Domestic Abuse Services across England and Wales Report' published in 2022. The DA Commissioners report aims to support the discourse around the implementation of the Domestic Abuse Act 2021 and clearly states that:

> *"All victims and survivors should have access to the support and help that they need when they need it, and where they need it. This should not be determined by where they live, their race, age, sexuality, gender, immigration status, disability…[…]"* (DA Commissioner, 2022)

The UK picture of Domestic Abuse

In the UK there is a clearly defined definition of domestic violence and abuse (GOV, UK 2012, 2018):

> *Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial or emotional. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim." This definition, which is not a legal definition, includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.* Source: GOV, UK. 2012, 2018

The Domestic Abuse Act 2021 further details the definition of DA and this includes relationship elements and the recognition of children and young people as survivor/victims of DA in their own right: https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted

In the UK the most recent figures estimate that in one year (March 2019 - March 2020) 2.3 million adults aged 16 - 74 years experienced some form of DA accounting for 1.6 million women and 757,000 men (GOV. UK 2022). In addition, it is reported that one in five children live with domestic abuse in their household (DA Commissioner 2022).

The recently released report and annual audit from Women's Aid (2023), provides a useful barometer of the impact of domestic abuse on survivors' health and wellbeing including their recent literature review on mental health status (Women's Aid, 2021). The WA audit sample is from over 38,000 women who accessed support had an age profile between 15 to over 91, with the most common age group being 31-35 years (18.5%), closely followed by 26-30 years (16.8%) and 36- 40 (15.8%) (pg. 10), and the majority (75.6%) of survivors is between the ages of 21 and 45 (pg. 10). The audit reports that over 41% of survivors declared they had a mental health support need of with over 50% of these living in refuge. Furthermore, over 35% stated they felt depressed or were having suicidal thoughts (pg. 9).

There is strong and refutable evidence that those who experience DA report significant immediate and longer-term health conditions which affect both physical and mental health status (Howard et al., 2010, Lacey et al. 2013, McGarry et al., 2011, Newman et al., 2022, Women's Aid, 2021). This was sharply brought into focus during the pandemic - which will undoubtedly and significantly affect the demand for services and associated support such as counselling and therapeutic interventions post pandemic. Such exposure to violence and abuse has been shown to increase survivors risks of experiencing post-traumatic stress disorder (PTSD), depression, anxiety, substance use, and suicidal behaviours (Guality & Kelly, 2020, Howard et al., 2010, Newman et al., 2022), therefore requiring access to specialist services not just within the NHS but from across a range of specialist services not offered under statutory provision. There is also evidence that an impact of experiencing DA can lead to misuse of alcohol and drugs, for which a combination of the three is often referred to the 'toxic trio' (Murphy, 2021). Whilst this might present

stigma for survivors it is clear that many may be dealing with a combination of these addictions. The toxic nature of this is the impact upon families, especially children and young people (Murphy, 2021) therefore requiring services to be joined in their approach to supporting all survivors.

The economic cost of domestic abuse is estimated to be approximately £66bn for victims of domestic abuse in England and Wales for the year ending March 2017 (DA Act 2021).

The impact of the pandemic on domestic abuse

The global pandemic brought into sharp focus the needs of victims of domestic and sexual violence in all forms. The enforced 'stay at home' policy as well as the general fear of contracting the corona virus resulted in many services, including statutory services such as health care provision, operating restricted access (Anurudran, et al., 2020, Chiaramonte, et al., 2022, Bradbury-Jones & Isham, 2020). Fear of the virus resulted in many victims and survivors having enforced incarceration with their perpetrators and unable to readily access support services, including advocacy, counselling or therapeutic services. Lieberman (2020), stated that the COVID-19 pandemic should not be used as an excuse, as violence in any form is unacceptable, has no justification and it shouldn't be tolerated.

Sexual and gender-based violence (SGBV), and particularly Intimate Partner Violence (IPV), spiked dramatically during the coronavirus disease from 2019/20 (see COVID-19 and violence against women (who.int)). In the United States an increase of about 21–35% in

domestic abuse was reported (Peterman, P., O'Donnell, T., Shah O-P. & van Gelder, 2020), France reports of domestic abuse increased by 30% since the beginning of the lockdown on 17 March 2020 (Sikira & Urassa, 2015), whereas China witnessed a three-fold increase in domestic abuse cases after imposing quarantine (Davies & Bennett, 2016). The Covid-19 pandemic underscores the inadequacies of care and support for the victims of domestic abuse, as the true measure of social protection for survivors and victims' is not known. It is also reported that the number of reported cases of DA might have actually dropped during the pandemic not least because access to services became more difficult to manage, when often victims were living with perpetrators. This often allowed many perpetrators to get away with impunity over a sustained period of time leading to devastating impact to survivors and their families. Whilst here in the UK rising concerns were made about access to safe houses, support services and reporting of DA during 2020/2021 with the prolonged restricted movement of the UK population (Women's Aid, 2021, 2023). The UKs largest DA charity, REFUGE, reported a staggering increase in demand for its services including its call line and web site during the lockdown:

> *"700% increase in calls to its helpline in a single day and a 300%+ increase in visits to its National Domestic Abuse Helpline website"* (REFUGE, 2020)

Accessing police and crime data for reported cases of DA instances during the UK lockdown can provide some context (ONS 2021). However, this can only provide a limited picture as it only relates to the cases of DA reported and acted upon and for cases that will enter the criminal justice system in the UK. The police did record 206,492 violence against the person offences flagged as domestic abuse-related between March and June 2020, the period of the first UK lockdown, representing a 9% increase compared with the same period in 2019, but some caution is needed since prior to the lockdown reporting of DA instances and tagging as DA was steadily rising.

Whilst earlier we included the reported higher levels of demand for online services offered by a national DA charity (REFUGE), the true extent of DA for example, successful prosecutions, access to safe accommodation by survivors or violence-related homicides is still not fully known due to the complexity of DA. For example, survivors may have been unable to report the violence as there was also restriction in use of public transport and in

some cases limited access if any to Wi-Fi for use of mobile phones or home phones for privacy. The number of calls to emergency hotlines are not always a reliable source of information on the extent of violence experienced by women, but they do anecdotally indicate that only a small percentage were able to access their services (UN Women, 2020a).

The Covid-19 pandemic has impacted and interrupted specialist services of all kinds, including medical care, psychosocial support or counselling, and access to shelters. It is now well evidenced (Howard et al., 2010, Newnham et al., 2022) that the impact of domestic abuse can also lead to a lasting and sustained period of mental health concerns for survivors and their families (Su et al., 2021, Women's Aid, 2021). The pandemic and the associated nationwide lockdowns brought into clear focus the cumulative effects of DA and mental health for survivors (Su et al., 2021). Which will in turn, as reported (Newnham et al, 2022) "*significantly increase a need for trauma-informed services"* (pg.1). We also acknowledge that a cause or outcome for some survivors is often linked or described as their mental health and wellbeing, and this is true within the literature (Women's Aid, 2021). However, classifying all instances of mental wellbeing as mental health per sa could result in encompassing a wide variety and range of conditions such as mental health, mental illness, mental health problems or challenges, emotional or psychological distress and mental disorders. This is problematic as clearly not all these associated conditions require specialist statutory services currently provided by the NHS.

Legal processes are also affected, with some survivors reporting that court closures make it impossible for them to seek legal redress. This raises important questions about what survivors who were unable to access such services were supported during the lockdown period (UN Women, 2020a) which continues to thread through the ongoing nature of support offered to survivors in whatever context or location; locally, regionally or globally.

As a result of the pandemic the United Nations (UN) referred to the rise of domestic abuse as a '*shadow pandemic within the pandemic'* urging countries to address this with urgency (UN 2020) or a 'twin pandemic' (Diamini, 2021). In the UK during the Covid-19 pandemic significant additional pressure has been experienced in the domestic abuse sector with services being delivered remotely and also increased opportunity for abuse with

families being locked down in their homes with perpetrators. This has resulted in high levels of complex trauma and high waiting lists for counselling provision.

Domestic Abuse Act (2021) - a brief overview

The Domestic Abuse Act (2021) places a legal duty on councils across England across a number of domains as laid out in the Act. This includes a statutory definition of domestic abuse, raising awareness of domestic abuse and the requirement of monitoring local responses to domestic abuse.

One key aspect of the Act relates to Part 4 which directly relates to provision for families, this includes children and victims of domestic abuse and clearly places a duty on all English local authorities to perform some specific tasks and these include:

- to convene a Domestic Abuse Partnership Board,
- carry out a needs assessment
- prepare and publish a relevant strategy from the assessment
- commissioning support to victims of domestic abuse and their children within safe accommodation services in the area

Whilst all local authorities have already established DAA partnership boards, as a result of the implementation of the Act local authorities are devising and publishing the other three aspects which relate to part 4 (see Domestic Abuse Act 2021 (legislation.gov.uk).

Local context

Nottinghamshire has produced a detailed Joint Strategic Needs Assessments (JSNAs) as an assessment of current and future health and social care needs and as stated from its web site:

> *"The aim of the JSNA is to improve the health and wellbeing of the local community and reduce inequalities for all ages through ensuring commissioned services reflect need" (NCC, 2022)*

The JSNA is used to help to determine what actions local authorities, the NHS and other partners need to take to meet health and social care needs and to address the wider determinants that impact on health and wellbeing (NCC, 2022). The evidence within the JSNA is used to inform the priorities within the Health and Wellbeing Strategy for Nottinghamshire.

Nottinghamshire County's JSNA contains 46 chapters each considering a particular health and social care issue or the health and social care needs of specific groups including DA. Alongside this commitment stated in the JSNA Nottinghamshire County Council has a DA strategic vision where survivors are supported to feel safe and rebuild their lives following domestic abuse.

The provision of therapeutic support and counselling is part of the recovery process. Therapeutic support and counselling services are a key component for DA survivors and their children to process, manage and recover from the significant trauma of DA. Survivors of domestic abuse can be women, men and children. Survivors of DA may have experienced all or some of the following types of abuse, physical or sexual abuse, violent or threatening behaviour, controlling or coercive behaviour, economic abuse and psychological, emotional or other abuse.

Project aim

The purpose of this project is to undertake an evidence-based review and pathway mapping of mental health, counselling and therapy services for survivors of DA within the NCC catchment area. The aim is to utilise local knowledge and identify national best practice to build the evidence required to develop a new approach to commissioning counselling and therapy services in Nottinghamshire. This is to support the requirement for NCC to meet the overarching requirements of the Act but also, in particular for this study, to explore this within the context of section 4 of the Act.

Project objectives

1. To review of current national best practice in the delivery of counselling and therapy for domestic abuse survivors including children

2. To provide a thorough outline of current mental health, counselling and therapy services for survivors of domestic abuse within Nottinghamshire

3. (Based on objectives 1-2) To identify the gaps in current provision and present options for future delivery of counselling and therapy service for domestic abuse survivors within the locality.

Methods

In order to undertake the commissioning landscape, for those currently offering services for survivors of domestic abuse and their families, a number of activity strands were undertaken.

We arranged a number of interviews (either in person or online) with either commissioned or 3rd party providers of services and support within the catchment area of Nottinghamshire County Council. Some of these interviews were conducted as a focus group (with 2+ participants) facilitated by a member of the study team (JM, KHS).

Since an aim of this work was to conduct a review of current national best practice, we engaged the LGA who work extensively with all local authorities alongside national

specialist charities and agencies. This was a fruitful engagement in order to discuss and understand the current landscape and dilemmas posed by the Act. Within the discussions with the LGA agreement was gained to circulate a brief (10 question) online survey via an established emailing list (this is described later under limitations).

Ethics

This work was undertaken in line with good governance practice and ethical approval was gained from The University of Sheffield at the outset of this work. All participants included in this report consented to be involved and were assured of confidentiality and anonymity. As such, no named organisations or individuals have been included in this report. We have where necessary applied a deliberately broad approach to attributed quotations included in this report.

Contributions

As described, we gathered data, via interviews, from a range of contributors including those who manage commissioned services funded by Nottinghamshire County Council, 3rd party providers who had been contracted by commissioned services, statutory service providers (the NHS) and associated providers of services for DA in the locality and nationally.

Findings

In conducting this commissioned work and in completing this report in 2023 we used a range of approaches. We conducted interviews with organisations which were identified as commissioned to provide DA related services or pathways for individuals or families including male survivors. We also conducted interviews with organisations that may have received time limited funding from the NCC in relation to providing services and DA support. Some of this later funding was time capped (i.e., 6 months).

All the organisations (with the exception of national agencies approached for insight discussions) that we approached were based within the NCC commissioning area and who provide support for survivors and families living in a NG county postcode. Within Nottingham and Nottinghamshire there are two local authorities, Nottingham City (single tier, Unitary authority) and Nottinghamshire County Council (NCC) (2-tier) (see Local government structure and elections - GOV.UK (www.gov.uk). There are clearly defined boundaries for City and County LA and with which each LA operates and therefore the population they provide DA commissioned services. The following map provides an overview of the splits geographically.

The findings reported here solely relate to the interviews conducted, reviewing any available empirical studies published, retrieving and reviewing any relevant reports and any

good practice guidance available. Our findings integrate the extensive interview data and desk research that was conducted and described.

1. **The Act (part 4) - provider understanding and implementation**

In conducting our interviews, we were keen to capture a consensus on the understanding of key wording and interpretation. One area we explored with individuals and organisations related to the implementation of providing support for those in "safe accommodation". It was clear from our interviews that there was no one consensus on how, within the Act, safe accommodation is defined:

> *"So, kind of my understanding about safe accommodation is where a survivor or survivors are in a safe place. And so obviously in terms of the social security and a domestic abuse bill, my understanding would be that there's a statute to put women and children into safe accommodation. So, if that's a refuge, whether that's alternative, accommodation elsewhere, but it could also be making their home safe"* (specialist provider)

> *"Our role was really about providing the counselling….to provide the therapeutic support and the client circumstances we do take that into account, but that's not a major factor for us [accommodation status]. The major factor is that they can engage with the therapy"* (specialist provider)

When asked further with this specialist provider to define who might be included, they responded:

> *"So, I guess that they're not sofa surfing. Or they're not rough sleeping. And they've got some regular safe accommodation. ….in safe accommodation, either safe or secure accommodation provided by a housing association or housing agent that would really be my understanding. Or they have been referred into those services by another organisation that they're working with"* (specialist provider)

Another specialist provider was also asked similar questions about the meaning and application of the term 'safe accommodation' for their services:

"I mean we don't deal with refuge, but I understand in terms of the definition of safe accommodation is not just in relation to refuge anyway, it's just about them being in their safe environment and the obviously therapy should then start when at that point of safety and not at the point of crisis" (specialist provider)

When exploring further their clients they have supported recently it was clear that clients might not be classed as living in 'safe accommodation' predominantly because they do not track this in detail:

"So many of our clients won't access refuge anyway, and I think that would then exclude all of those other clients that are affected by domestic abuse that aren't going down that refuge route. So, for me it would be those ones that access sanctuary" (specialist provider)

"You've helped rehouse them, so it's safe accommodation, but not refuge safe accommodation. So, for me I kind of interpreting it that it's at that safe point" (specialist provider)

To be clear, the interpretation of "safe accommodation" in our desk searches also highlighted some differences in interpretation and therefore responses by the LA. For example, the Greater London Authority (GLA) in referring to section (57) of the Act refers to "accommodation-based support" and then provides their interpretation and definition of this as "relevant accommodation" used by DA victims and their children citing a recent amendment in the regulations related to benefits and sanctuary provision (see A8/2021: The Domestic Abuse Support (Relevant Accommodation and Housing Benefit and Universal Credit Sanctuary Schemes) (Amendment) Regulations 2021 - GOV.UK (www.gov.uk).

2. Commissioning of services (in relation to the Act)

In conducting this commissioned evaluation, the authors explored, in their interviews with providers (not including the statutory providers), the commissioning process, outcomes and meaningful engagement with DA referred clients. One specialist provider described how they report any commissioned work:

"There's no formal requirement then for us to do a report, but we like to actually look at these things because we have to learn from it. Presumably there have been new commissioning opportunities and so we'll evaluate what we've done and what we've learned from this contract then to help us if we decide if there is another (grant)" (specialist provider)

The same provider also shared a view in relation to the current commissioning process:

"The commissioning process is somewhat flawed. In the sense that, you know, commissioners like to work with larger providers, because they've got the financial systems, presumably, that can scale up a lot quicker. But in my opinion, I would say many have the financial systems and staffing and can scale up and they may not be any good at delivering what people actually want and that I do find quite frustrating because there are smaller providers that are excellent, really super excellent at delivering what people (survivors) want…..rather than recognizing that you got competitors knocking on your door and we have a more innovative approach and are delivering what people actually want" (specialist provider)

Furthermore, they expressed their view on current provision:

"My personal view, is that people's needs are not being met…. It's a statutory duty to provide a service all the time" (specialist provider)

"For men wishing to access counselling services up to recently. We have been referring to a counselling service in Nottingham who provided a free service but due to their funding expiring, I believe that they now charge for this. So that obviously becomes a barrier to men going on to access that support" (specialist worker)

Further potential barriers were also highlighted in relation to men accessing counselling and support:

I think where we work with men as well. They're probably quite anxious about that and they're not going to be understood as kind of a male survivor. they're not gonna be understood or they're not going to understand their experiences of abuse and that might be because they've maybe spoken to another kind of health professional or another professionals, some kind who will say didn't really understand it or didn't

believe that they could be experiencing it. So I think maybe there's that reluctance and that maybe wouldn't be there if it was kind of sold as specialist counselling (specialist worker)

We sought views from the major commissioned services in the region as well as other specialist providers. Some of these specialists often provided a whole host of services not just related to therapy and counselling but financial aid, safeguarding, safety planning and advocacy services. For the purposes of this evaluation, we focussed on the services in relation to part 4 of the Act – therapy and counselling - under a broad umbrella of mental health and the provision of their services under the current funding model in the region:

"Well, it's made a difference to the independent domestic abuse services cause obviously it's made our time difficult; we're then chasing money to be able to provide the services when in fact we should be providing the services. The poor clients, you know if they're sitting on waiting lists and you know the kind of commissioning criteria is so and quite rightly, it doesn't need to be, but it's so tight there isn't any room to be bespoke...there isn't any room to be out-of-the-box" (specialist provider)

3. Gaps and challenges in current provision

In conducting this evaluation, we interviewed a number of stakeholders who we identified as providing services for DA survivors in the locality. In doing this no specific data was obtained on the number of clients supported or extent of support provided as the aim to gather information about the nature of their provision and the type of clients they supported, for example, women, men, children or families (collectively). As a result, we are not able to identify in any detail the ethnicity, gender, diversity or protected characteristics of the client groups or any individual client need. This is something that could be obtained by the commissioners and their commissioned providers and the 3rd party providers separately. The factor of 'by and for'[3] was touched upon in the interviews but we are aware

[3] The 'by and for' expert sector: For this report Women's Aid uses the definition of the 'by and for' expert sector as set out by Imkaan in the Alternative Bill (Imkaan, 2018). This definition is aligned with the principles of the Women's Aid National Quality Standards, the Shared Sector Standards1 and the National Statement of Expectations2. "We define women-only VAWG specialist organisations as the by and for expert sector (sometimes written as by and for expert services or organisations). This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for Black and minoritised women, Deaf or disabled women, LGBT+ women, etc. In

that some of the providers in this evaluation albeit briefly – and were located in Nottingham City:

> *"I think definitely language as well and an understanding of the language, you know, if you're not a native, you know, in English speaking is not your mother tongue, you will struggle getting counselling…. There are good examples of services… [names Nottingham city services]* (specialist provider).

We are also aware of the report findings in the recent DA Commissioner report, *Mapping of Domestic Abuse Services across England and Wales,* that clearly identifies a lack of provision in this type of provision:

> *"Specialist 'by and for' services are disproportionately underfunded, with considerable gaps in provision across England & Wales. 'By and for' services were 5 times less likely to receive statutory funding than mainstream domestic abuse or violence against women and girls organisations, and almost half of all 'by and for' services are based in London and the South East of England"* (Mapping of Domestic Abuse Services across England & Wales pg. 2)

In our interviews we have sought input from some statutory services locally in terms of referral routes between and from services providers and these statutory providers. In all cases there are established routes and pathways for clients to be referred and multi-agency working is evident:

> *"We don't get referrals from the police very often because a lot of the statutory organisations have to refer on to the commissioned services because that's the referral pathway. That's not to say that they don't come to us because they know that we are going to give a better-quality service and they are going to be dealt with faster than if they go to the commission services"* (specialist provider)

Statutory services are clearly available, but there is widespread acceptance that current waiting lists, for example with CAMHS or adult mental health services, are long or referrals did not meet the required threshold:

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the context of VAWG we refer to women-only VAWG services as manifesting specific expertise designed and developed to address VAWG" (Imkaan, 2018).

"And the threshold [for CAMHS] is so high. Lots of people get referred in and they never get picked up. So, then they're waiting for, you know, more generic services, and for that specific therapeutic counselling and then they're waiting months, months, possibly a year. So, I think that is a big issue because we're then failing those children because when they've come in and they might not be ready initially anyway, when they come out of that situation or away from a perpetrator. But you need to strike while the irons hot really and start that intervention quickly when they're young" (specialist provider)

"I think for children and young people that is I mean there's gaps everywhere, there are gaps everywhere" (specialist provider)

"I think what I want to say is and we have the same provision as any other member of the public. We don't we don't jump cues waiting lists or anything like that because they're in secure accommodation. And we have to join the queues when we're looking at and mental health services, GPS, hospitals and any crisis team, we're just there's no difference for women and children who are in those secure accommodation, which is extremely frightening and worrying for us" (specialist provider).

Often the needs of DA client groups require targeted support at specific time points (deemed by either the survivor or other professionals) and such delays and the nature of the survivor trajectory often makes this an unsatisfactory situation – either add to a waiting list and see if the timing aligns with the survivor need at the time of acceptance or offer support now through other means. The essence of this regardless of whether a client is referred to statutory services for commissioned services is that individual cases are often complex, challenging to address within multiple inputs and do not occur in linear fashion - there is no one model of how a survivor will require ongoing support after experiencing DA, as illustrated by one provider:

"Clients will come in as a referral and they might then access all different services within our organisation. So, they might spend some time with the family worker. They might, if there's teenagers involved, be with the teen outreach worker or children with the children's outreach worker" (specialist provider)

They also illustrated their approach to providing support:

> *"We take a whole family approach. I would say with xxxx we are not just focusing on managing risk and crisis management. We very much focus on rebuilding lives after abuse. So, where a lot of organisations will reduce the risk and manage that crisis and probably rehouse and things like that"* (specialist provider)

And linked to short term funding and continuing to meet client need one specialist provider shared their frustration:

> *"Tailoring a service to and meeting the needs, it's all about the system. The system says well, this is what you're entitled to. You've come to the end of it (funding) and you know there's nothing we can do. It doesn't feel like it's very compassionate and it doesn't seem as if it's geared towards the individual. People talk about it, you know, coming from a person-centred approach but the reality is how the services are commissioned and the system"* (specialist provider)

From the perspective of specialist safe accommodation services, we also found that there were further gaps identified in terms of mental health and complex needs. This was coupled with the recognition by specialist workers that they were not trained to provide professional mental health support:

> *"The teenagers self-harming. And I mean, thank God. We don't get that many of them. But when you do, it's again, we have had some very, very basic training on how to deal with it, but that isn't professionally. I'm not comfortable. Dealing with it…"* (specialist services)

As highlighted in the following, specialist workers also explained that they were asked to provide 'safe accommodation' in order to fill gaps and where the referral was not appropriate:

> *"Sometimes, our accommodation has been abused by referrals because it's like, I won't mention agencies, but, you know, ten to five on a Friday afternoon. Suddenly, this woman needs refuge accommodation. Because the agencies couldn't find her anywhere else to go. And we've admitted them, they've arrived but [we haven't been*

told] the truth the woman is not appropriate for refuge. You failed that woman as well, you know? [the woman says] I don't know why I'm here, you know, it's not really the violence. It's just when I'm with him, he encourages me to drink and…" (specialist worker)

"Yes, times we've had referrals from the police saying well, is it 24-hour Staff? No. 24-hour staff for her that sort of thing… it would need to have mental health workers, you need to health and drug workers, actually, physically on site…and a 24-hour service. If we do accept them and then they're really struggling, the other women are saying, she's still smoking ganja or drinking outside but we wouldn't have anywhere to refer the woman on to. That is a gap and…people struggle, terribly to place women with serious, mental health, issues, psychotic episodes, schizophrenic, that sort of thing. And when you're in a, in a shared house, even if you're not a shared house, if you've got individual flats and it may not be appropriate for the woman" (specialist worker)

"We still get mental health referrals [names hospital] …So, I'm making myself clear, we do get really bad inappropriate referrals" (specialist worker)

3. **Different informed methods for services**

Whilst the local authorities, sourced for this evaluation, had a visible declaration in relation to domestic abuse, pathways and identified sources of support, very few could be interrogated for their model of delivery or more importantly how this would be delivered by their commissioned providers. We conclude that due to the embryonic nature of the Act, LAs are still at a shaping stage of ensuring and testing what models of delivery and how best to use the duty placed upon them, particularly in relation to part 4 of the Act, particularly for children and young people:

"Counselling and support services for children and young people. I think they're often very short term. And if you're talking about someone who's experienced early trauma, then not only have you got the experience of the trauma, but it becomes a developmental trauma as well. So it can impact on emotional development. So any

kind of therapy that aims to change that needs to focus on that. And six sessions of talking therapy, 10 sessions of brief intervention is not going to make a difference" (mental health services)

What is becoming clear from conducting this evaluation and with direct contact with providers, the evidence base and statutory providers, there is a need to review the model of providing interventions and the survivor outcomes:

"Someone presenting with emotional dysregulation, which is kind of how a lot of survivors do present, they present with trauma, they present with dysregulation, and that doesn't always fit with a more medical diagnosis of depression, diagnosis of psychosis, type approach to understanding mental health, which a lot of our services and a lot of the gateways into services there are about having that diagnosis and therefore having that service. And so, I'm not sure we've always got the right types of services to meet that need in the way that we now see it [trauma informed is what I'm saying] Does that make sense?" (mental health services)

One such overarching approach is that of providing services and interventions which are based on a model of trauma informed practice (GOV, UK 2022). Whilst this is still some controversy (Wilson et al., 2015), such an approach does need to be concerned in light of the current levels of provision and how commissioned could respond to this type of model. We would guide to a recent Cochrane review which reports:

"There is evidence that for women who experience IPV, psychological therapies probably reduce depression and may reduce anxiety. However, we are uncertain whether psychological therapies improve other outcomes (self-efficacy, post-traumatic stress disorder, re-exposure to IPV, safety planning) and there are limited data on harm. Thus, while psychological therapies probably improve emotional health, it is unclear if women's ongoing needs for safety, support and holistic healing from complex trauma are addressed by this approach. There is a need for more interventions focused on trauma approaches and more rigorous trials (with consistent outcomes at similar follow-up time points), as we were unable to

synthesise much of the research. Source: Psychological therapies for women who experience intimate partner violence - Hameed, M - 2020 | Cochrane Library

This is also an area that has been explored within Scotland and the development of a tool kit in 2021 see Introduction - Trauma-informed practice: toolkit - gov.scot (www.gov.scot). In addition, work in Australia has led to a recognised perpetrator programme for refugees, see: Best practice principles for interventions with domestic and family violence perpetrators from refugee backgrounds - ANROWS - Australia's National Research Organisation for Women's Safety.

Discussion

In considering the scope of this project in the round – within the context of counselling and therapy - we acknowledge that a cause or outcome for some survivors is often linked or described as their mental health and wellbeing, and this is true within the literature (Su et al., 2021, Women's Aid, 2021). However, classifying all instances of mental wellbeing as mental health per se could result in encompassing a wide variety and range of conditions such as mental health, mental illness, mental health problems or challenges, emotional or psychological distress and mental disorders. This is problematic as clearly not all these associated conditions require – nor arguably appropriate - specialist statutory services currently provided by the NHS (Su et al., 2021). One route might be to explore other interventions and nationwide programmes such as the PATH Psychological Advocacy Towards Healing, which offer a "therapeutic approaches to empower recovery from domestic violence" (see for details PATH | DVT Ltd). In relation to mental health support for survivors, Women's Aid (2021) reported that a lack of mental health workers in refuges but also the disclosed mental health conditions from survivors (2020-2021):

> *"Approximately 46% of women in refuge services described "feeling depressed or having suicidal thoughts as a direct result of the domestic abuse they had experienced. However, women also conveyed that mental health services did not meet their needs for example, women were often referred to generic services where there was limited understanding of the complexity surrounding domestic abuse and mental health. Moreover, despite a clear need, Women's Aid also highlighted that less than 1 in 5 refuges had trained mental health support workers in place"* (WA 2021 Deserve To Be Heard campaign)

It would appear that there is no one clear definition of what 'safe accommodation' means, not just within the wording of the Act (and guidance) but how this is interpreted not only the different providers, but commissioners and other local authorities. Providers interviewed confirmed that if 'safe accommodation' was to only refer to those clients who are already living in a refuge then none of those interviewed felt they would meet a strictly applied criteria for 'safe accommodation'. In all cases they could recall they had received

referrals and were supporting clients who might have been living at home or within a home with a sanctuary scheme[45], but this level of detail was either retained by the provider or was not readily available to describe in the interview conducted with the authors of this report. In the provider interviews, except for those offering commissioned REFUGE, they were all able to confirm confidently that they had not supported clients from REFUGE accommodation. For the local authority, NCC, working towards a clearly defined definition of 'safe accommodation' feels crucial for utilising the funds from the duty and ensuring that there is no postcode lottery for survivors, children and young people.

In terms of commissioning of DA services, locally and nationally but predominantly in relation to local authorities, this is not a new issue but a recurring issue that percolates within the sector. A secondary theme is the nature of short term (6 months to 24 months) contracts, often considered piecemeal funding for DA services, often provided by third sector organisations and charities. Indeed, many national charities working in this sphere, including Women's Aid, have raised the ongoing issue of the commissioning of services (WA, 2023):

> *"Increases in the length and complexity of cases, trying to ensure long-term and sufficient funding, the Covid-19 pandemic, recruitment and retention of staff, and the cost-of-living crisis more generally have presented significant challenges for services over the past year"* (WA, 2023 pg. 52)

This was further echoed by the DA commissioner and the recent report '*Mapping of Domestic Abuse Services across England and Wales*':

> *"Services in England & Wales are unable to meet demand. Fewer than half of survivors were able to access the community-based support that they wanted, and there were particular gaps in type of provision, access to specialist support, and*

[4] Sanctuary schemes aim to support victims of domestic abuse to remain in their own homes by installing additional security to the property. The Whole Housing Approach Sanctuary Scheme Toolkit provides further information

[5] A Sanctuary Scheme is a multi-agency victim centred initiative which aims to enable households at risk of violence to remain safely in their own homes by installing a 'Sanctuary' in the home and through the provision of support to the household. https://www.gov.uk/government/publications/sanctuary-schemes-for-households-at-risk-of-domestic-violence-guide-for-agencies

across different regions" (Mapping of Domestic Abuse Services across England & Wales pg. 2)

As aspects of our findings indicate there are two major types of providers, those that are commissioned directly by the local authority (NCC) and other specialist providers who either receive referrals from the commissioned services or bid for additional, more short-term funds. Whilst some of the stakeholders we interviewed are represented at a national level, for example affiliated to WA, there appeared to be a patchy network or sustained network of providers working in partnership, locally with the commissioners of services. This has led to misunderstandings about the provision of services, future funding and supporting the requirements of the Act on the local authority (NCC), or other commissioners of services. Although accepting that NCC has an established partnership board, as required by the Act, some of those interviewed did not attend these forums. All these aspects which were described in this evaluation work echoes those presented by WA (2023) in their annual audit:

"Service provider experiences around the new statutory duty were mixed, including optimism for service expansion from the increase in dedicated funding, alongside concerns around the commercialisation of commissioning and the erosion of specialist services. There appeared to be considerable variation in the way that local authorities were interpreting the regulations and guidance" (WA, 2023 pg. 52)

Whilst we were not able to gather data in this evaluation, the total number of survivors supported in the current service indicates there is high demand which is being managed to the best that funding allows. This includes exact numbers for supported provision for children and young people. In some cases, providers did share that they are continuing to provide services despite some aspects of funding ceasing. There is patchy provision of services in relation to mental health, therapy and counselling specifically aimed at children, young people or family units. This is not a new issue but which will need addressing by the commissioners if there is indeed an intention to ensure all those referred to in part 4 of the Act. One solution would be to like to other important schemes such as Making Every Adult Matter (see Home - MEAM) for which some survivors very much fall under as either vulnerable, homeless, experiencing mental health issues. For many survivors

or those under these MEAM categories they often fall between gaps in services or organisations. It is well documented that survivors often have an interface with many different services which can lead to retraumatising for the survivor and can lead to a mistrust of services and those providing help.

It is clear that this matter has been raised and reported by the DA commissioner:

> *"Gaps in support for children, and in access to perpetrator programmes, were particularly notable. Just 29% of survivors who wanted support for their children were able to access it, and only 7% of survivors who wanted their perpetrator to receive support to change their behaviour were able to get it"* (DA Commissioner Mapping of Domestic Abuse Services across England & Wales pg. 2)

A final aspect to discuss is the models of care that are being provided by statutory and commissioned services (and their contracted providers). In our interviews there was no one overarching approach that the providers were using for any of their interventions with survivors and families. They were all clearly providing different forms of therapy and counselling but the nature varied, not simply because of the client's need but was often based on the time, resources and ultimately funding provided. Therefore, an approach for consideration is to provide specialist DA trauma-informed care[6]. This is not new within some fields of health and has more recently gained traction when supporting DA survivors, children and young people. Reviewing the nature of the provision locally within this trauma-informed context will help to map if there are further gaps in provision, locally, but ultimately could result in better outcomes for survivors and families.

[6] The term "trauma-informed" is often used but sometimes without a specific definition. Elliot et al. (2005) define trauma-informed services as "those in which service delivery is influenced by an understanding of the impact of interpersonal violence and victimisation on an individual's life and development." The London VAWG Consortium, defines trauma-informed services as those that "work at the client, staff, agency and systems levels from the core principles of: trauma awareness; safety; trustworthiness, choice and collaboration; and building of strengths and skills". These services "discuss the connections between trauma, gendered violence, multiple complex needs and offer support strategies that increase safety and support connection to services" (London VAWG Consortium, 2020:14).

Recommendations

In light of our evaluation, undertaken in late 2022 and early 2023, which involved desk research as well as conducting interviews with a range of stakeholders, these are the authors' overall recommendations for Nottinghamshire County Council to consider. A presentation and discussion of these is planned for February, 2023.

1. Within the Act (part 4) there are some differences in interpretation applied to what constitutes 'safe accommodation' (as stated in the Act). For survivors of domestic violence and the commissioned providers this could result in a 'postcode lottery' of what services can be provided based on the living arrangements of survivors, children and young people regardless of their need. This clearly is not a transparent or appropriate approach to adopt.
2. The commissioning of services is still viewed as too little over too short a space of time, by some providers interviewed. At best it provides some support to some referred clients and will reduce the waiting list, but only incrementally. As demonstrated, there is growing demand, not least due to the effects of the pandemic and subsequent repeated lockdowns in the UK. Short term funding does not provide a sustainable approach for interventions in any situation. It is widely evidenced that for DA survivors their support needs do not travel in a linear way. Not least they may require support and interventions at different time points which could relate to mental, emotional or psychological need. No one survivor suits one model of delivery or within a funding cycle, this presents challenges for providers in accepting any referrals, whether direct or through other statutory parties. Survivors often experience different levels of need which is complex, challenging and can result in crisis for the survivor and families.
3. An urgent review needs to be undertaken which identifies the types of therapy (and therapeutic services), counselling and mental health provision available specifically for children and young people. This may require linking to service provision outside of the region, for example IDAS in Yorkshire (See What we do - IDAS) for best practice or looking to commission very exacting service provision for these vulnerable. This is particularly pertinent for the LA to meet the requirements of the

Act. Our conclusion is that very limited provision is available which currently meets demand and with the implementation of the Act there will be a higher demand for services. Providers are struggling to meet the demands of clients within the funding models and this is likely to present further challenges with a wider remit under Part 4 for children and young people.

4. We suggest a further detailed piece of work which seeks to utilise possible best practice models e.g., IDAS, PATH in the co-production and configuration of a programme of work with a robust evaluation component is required.

Limitations

This work was undertaken over a short 12-week commissioned period from November 2022 to January 2023. Such a short timescale was a limiting factor in not being able to conduct more in depth or follow up interviews or extending the information gathering beyond that of desk research for best practice. We were for example, in this commissioned work, not focused on speaking to recipients of support services. Likewise, we did not make contact with the national government office with have responsibility for the Act or the Minister for Safeguarding Victoria Atkins MP. The brief for this commissioned work is also only related to previous commissioning by Nottinghamshire County Council and not services that are separately commissioned by Nottingham City Council.

An online survey was initially distributed and then a follow reminder was circulated by the LGA. The authors of this report have no direct means of communicating with all the relevant and current individuals who may have responsibility and knowledge of the Act from the perspectives of their local authority. Use of the LGA to circulate an online survey link with covering email seemed an appropriate means to generate and gather a range of views, actions and understanding about their LA response to the Act. In line with good practice only two further follow up emails were sent to LAs. At the time of writing this report the authors have received no completed survey responses. This lack of responses is disappointing, if understandable given the current pressures on staff. Engaging with LAs and the survey is an aspect which could be followed up to aid decision making for good practice. The Women's Aid audit report (2023) had successfully conducted a FOI request to 350 LAs but this concerned obtaining data related to provision of refuge accommodation (Women's Aid, 2023 pg. 16). We would also note the paucity of supporting best practice evidence for male survivors of DA – this is well documented within the literature (Taylor et al., 2022) - remains an area of deficit which also needs to be considered in future commissioning arrangements.

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Appendices

Appendix 1 - The Domestic Abuse Act (2021)

The Act will:

- create a statutory definition of domestic abuse, emphasising that domestic abuse is not just physical violence, but can also be emotional, controlling or coercive, and economic abuse
- establish in law the office of Domestic Abuse Commissioner and set out the Commissioner's functions and powers
- provide for a new Domestic Abuse Protection Notice and Domestic Abuse Protection Order
- place a duty on local authorities in England to provide accommodation-based support to victims of domestic abuse and their children in refuges and other safe accommodation
- prohibit perpetrators of abuse from cross-examining their victims in person in the civil and family courts in England and Wales
- create a statutory presumption that victims of domestic abuse are eligible for special measures in the criminal, civil and family courts
- clarify the circumstances in which a court may make a barring order under section 91(14) of the Children Act 1989 to prevent family proceedings that can further traumatise victims
- extend the controlling or coercive behaviour offence to cover post-separation abuse
- extend the offence of disclosing private sexual photographs and films with intent to cause distress (known as the "revenge porn" offence) to cover threats to disclose such material
- create a new offence of non-fatal strangulation or suffocation of another person
- clarify by restating in statute law the general proposition that a person may not consent to the infliction of serious harm and, by extension, is unable to consent to their own death
- extend the extraterritorial jurisdiction of the criminal courts in England and Wales, Scotland and Northern Ireland to further violent and sexual offences
- provide for a statutory domestic abuse perpetrator strategy

- enable domestic abuse offenders to be subject to polygraph testing as a condition of their licence following their release from custody
- place the guidance supporting the domestic abuse Disclosure Scheme ("Clare's law") on a statutory footing
- Provide that all eligible homeless victims of domestic abuse automatically have 'priority need' for homelessness assistance
- ensure that where a local authority, for reasons connected with domestic abuse, grants a new secure tenancy to a social tenant who had or has a secure lifetime or assured tenancy (other than an assured shorthold tenancy) this must be a secure lifetime tenancy
- prohibit GPs and other health professionals in general practice from charging a victim of domestic abuse for a letter to support an application for legal aid
- provide for a statutory code of practice relating to the processing of domestic abuse data for immigration purposes

Source: Domestic Abuse Act (2021)

Appendix 2 - extracted Part 4 of the domestic abuse Act (2021) link

source: Domestic Abuse Act 2021 (legislation.gov.uk)

Appendix 3 - Cross section of English LA searches for best practice

(Search: Domestic Abuse Act 2021 + good practice local authority + policies)

Cambridgeshire and Peterborough https://www.cambsdasv.org.uk/web

Cheshire East
https://www.cheshireeast.gov.uk/search.aspx?search_keywords=domestic%20abuse

Cheshire West https://www.cheshirewestandchester.gov.uk/your-council/policies-and-performance/council-plans-policies-and-strategies/domestic-abuse-strategy/governance-and-accountability

Cumbria
https://cumbria.gov.uk/communitysafety/DomesticViolence/default.asp?cookies=disable

Devon https://www.devon.gov.uk/dsva/the-dsva-strategy-and-action-plan/

Dorset https://www.dorsetcouncil.gov.uk/your-community/community-safety/dorset-community-safety-partnership/draft-dorset-domestic-abuse-strategy

Hants https://www.hants.gov.uk/socialcareandhealth/hantsdomesticabuse/domestic-abuse-act2021

East Riding https://www.eastriding.gov.uk/living/crime-and-community-safety/domestic-violence/east-riding-domestic-abuse-strategy/#strategy

Gloucestershire https://www.gloucestershire.gov.uk/inform/community-safety/domestic-abuse/

Hampshire
https://www.hants.gov.uk/socialcareandhealth/hantsdomesticabuse/partnership-board

Herefordshire https://www.warwickshire.gov.uk/domesticabuse

Knowsley https://www.knowsley.gov.uk/residents/crime-and-safety/support-with-domestic-violence

Lancashire https://www.lancashire.gov.uk/health-and-social-care/your-health-and-wellbeing/domestic-abuse/

Lincolnshire https://www.lincolnshire.gov.uk/employment-policies/domestic-abuse-policy/1

LGA https://www.local.gov.uk/publications/domestic-abuse-act-2021-get-act

London Councils https://www.londoncouncils.gov.uk/our-key-themes/crime-and-public-protection/sexual-and-domestic-violence-including-vawg/domestic

London (Greater) https://www.london.gov.uk/publications/londons-draft-domestic-abuse-safe-accommodation-strategy-consultation-response-report

Midlands West https://westmidlands.procedures.org.uk/pkost/regional-safeguarding-guidance/domestic-violence-and-abuse

Newham https://www.newham.gov.uk/health-adult-social-care/domestic-violence-support

Norfolk https://www.norfolk.gov.uk/safety/domestic-abuse/information-for-professionals

Norfolk (Schools)
https://csapps.norfolk.gov.uk/csshared/ecourier2/misheet.asp?misheetid=52619

Northamptonshire North - https://www.northnorthants.gov.uk/community-safety-and-emergencies/domestic-abuse/domestic-abuse-strategy

Northamptonshire https://www.northamptonshiresab.org.uk/resources/Pages/legislation-guidance-and-toolkits.aspx

Northamptonshire West https://www.westnorthants.gov.uk/community-safety-and-emergencies/domestic-abuse-strategy

Yorkshire North https://www.safeguardingchildren.co.uk/domestic-abuse-practice-guidance/

Northumberland https://www.northumberland.gov.uk/Protection/Violence.aspx

Shropshire https://www.shropsdas.org.uk/

Suffolk https://www.suffolk.gov.uk/care-and-support-for-adults/protecting-people-at-risk-of-abuse/adult-abuse-and-safeguarding

Surrey https://www.healthysurrey.org.uk/domestic-abuse/professionals/surrey-against-domestic-abuse-strategy

Sussex West https://www.westsussex.gov.uk/fire-emergencies-and-crime/domestic-abuse/domestic-abuse-information-for-professionals/

Tyneside South https://publications.southtyneside.gov.uk/strategies/domestic-abuse-strategy/

Warwickshire https://www.warwickshire.gov.uk/domesticabuse

Worcestershire https://www.warwickshire.gov.uk/domesticabuse

Wiltshire https://www.wiltshire.gov.uk/community-safety-domestic-abuse

Wirral https://www.wwaca.org/news/domestic-abuse-bill-latest

Appendix 4 - Links to relevant DA organisations

Equation https://equation.org.uk/domestic-abuse/da-act-updates/

IDAS What we do - IDAS

PATH - PATH | DAT Ltd

Parental Education Growth Support https://www.pegsupport.co.uk/welcoming-the-new-domestic-abuse-act-guidance-document

Safeguarding Children Partnership (SEFTON)
https://www.gloucestershire.gov.uk/inform/community-safety/domestic-abuse/

Shelter
https://england.shelter.org.uk/professional_resources/legal/housing_options/housing_options_for_people_experiencing_domestic_abuse/housing_rights_of_domestic_abuse_survivors

Solace Women's Aid https://www.solacewomensaid.org/policy-campaigns/domestic-abuse-act

Surviving Economic Abuse training https://survivingeconomicabuse.org/training/economic-abuse-awareness-for-local-authorities/

Women's Aid https://www.womensaid.org.uk/get-involved/campaign/domestic-abuse-bill/