

# SAFER CORNWALL

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## **Domestic Abuse: A Review of Refuge provision in Cornwall 2017/18**

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## Executive summary

### Refuge provision in Cornwall

Currently there are **three female and one male refuge** in Cornwall offering residential support for victims and their children. Women's refuges are run by Cornwall Refuge Trust (CRT), West Cornwall Women's Aid (WCWaid) and East Cornwall Women's Refuge (ECWR). The male refuge (Norda House) is also run by CRT. At **any one time 24 women and 5 men can be resident at a refuge** in Cornwall. This equates to 1 place per 18,000 populations for women and 1 place per 88,000 populations for men. This is under the recommended minimum.

Over the previous three years **331 women and 41 men have accessed** refuges in Cornwall. There has been a reduction in women and an increase in males entering refuge in 16/17, compared with 14/15. There has also been a **slight reduction in requests** for female refuge provision. A high number of requests are declined or suspended due to the clients support needs, for mental health issues and/or drug and/or alcohol misuse, being too high. This suggests there is a **gap in provision** for those fleeing domestic abuse with drug and/or alcohol misuse, a mental health issue.

There has been an increase in the proportions of **young women and older women** entering refuge suggesting refuges are now **more accessible** to these age groups. However, only a small proportion of **males entering refuge were between 25-34 years**, which is the most at risk group of being a male victim of domestic abuse.

Women within the **LGBT community** and those with a **disability** may be underrepresented suggesting refuges may not be as accessible to these groups.

**Planned exits from women's refuges have decreased** in 2016/17, compared with 2015/16. Women with alcohol misuse, a disability and mental health need have more unplanned exits than all women. **A shorter stay** in refuge is also indicative of unplanned exits. In 2016/17, the proportion of women leaving in **less than 6 weeks had increased** when compared with 2015/16. This may have had an impact on planned exits rates.

### Complex needs

**Refuges are not set up to accommodate people with complex needs.**

Refuges are currently **dry houses**, therefore, residents are not allowed to drink or use drugs on site. Additionally, current refuge policy dictates that residents are usually required not to have misused drugs and/or alcohol for **12 weeks prior to admission**. Refuges are also unable to accommodate those with high mental health needs due to staff levels of expertise in mental health and lack of 24 hour staff coverage for those who may need additional levels of support.

## Impact of benefit changes

The table below summarises changes to the benefit system and the **current, future and financial risks** to refuge provision.

Change	Current risks	Future risks	Financial impact	System impact
Local Housing Allowance	<ul style="list-style-type: none"> <li>• Move on for clients under 35 years of age</li> <li>• Resource for refuges in applying to multiple housing sources</li> </ul>	<ul style="list-style-type: none"> <li>• Top-up funding by local authorities</li> <li>• Transition to new funding arrangement</li> <li>• Unclear if refuge sits within short term transitional services</li> <li>• Viability of continuation of refuge services</li> </ul>	<p>Between a 30-63% reduction in income. Equating to a potential total <b>reduction in income of over £400,000</b> over 3 years across the three refuges:</p> <ul style="list-style-type: none"> <li>- Over £52,000 CRT</li> <li>- Over £250,000 ECWR</li> <li>- Over £98,000 WCWAid</li> </ul>	<p>In 3 years this would impact on:</p> <ul style="list-style-type: none"> <li>• over 300 high risk clients <ul style="list-style-type: none"> <li>- Over 50% with <b>mental health</b> problems</li> <li>- Over 15% with <b>drug and alcohol problems</b></li> </ul> </li> <li>• over 300 children and young people</li> <li>• 87 families</li> </ul>
Benefit cap	<ul style="list-style-type: none"> <li>• Move on for large families</li> <li>• Increase in victims staying with perpetrator</li> <li>• Financial pressures leading to increase in domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Viability of services for large families</li> </ul>	<p>A reduction in income equating to <b>over £131,000</b> over three years over the three refuges.</p>	<p>Increase in demand to other services:</p> <ul style="list-style-type: none"> <li>• Cornwall Housing Ltd</li> <li>• Police</li> <li>• Safeguarding &amp; CPP</li> <li>• EHSC Services</li> <li>• CAMHS</li> <li>• NPS &amp; CRC</li> </ul>
Universal Credit	<ul style="list-style-type: none"> <li>• Uncertainty of timeframes and processes</li> <li>• Payment directly to clients not landlords</li> <li>• 7 day waiting period</li> <li>• Sanctions</li> </ul>	<ul style="list-style-type: none"> <li>• Non-payment</li> <li>• Evictions for rent arrears</li> <li>• Viability of continuation of refuge services</li> </ul>	<p>Potential annual <b>shortfall of over £10,000</b> across the three refuges due to waiting period</p> <p>Potential shortfall of all income if women refuse/can't pay</p>	

## Key findings and recommendations

- Refuge provision is **under the recommended minimum** per 10,000 population. If this was to be increased to meet the recommended minimum, Cornwall would require a further 20 beds for women and 17 beds for men.
- In order to increase accessibility **underrepresented groups** it is recommended awareness raising of refuge provision is aimed at the LGBT and disability communities and services, and young males.
- It would be useful to **understand reasons for the reductions in numbers accessing refuge and length of stay**. It is recommended the refuges review this and the impact this has had on voids.
- The **reduction in planned exits** and support for those most at risk of unplanned exits should be reviewed to ensure we are meeting the needs of these clients. An **audit of refuges** in partnership with disability and mental health services and clients, to identify where improvements can be made, could help improve outcomes for those with a disability and/or mental health need.
- There is a **gap in provision** for those fleeing domestic abuse with drug and/or alcohol misuse and/or mental health needs. In order to accommodate those with complex needs, refuge provision in Cornwall would need some **fundamental changes**:
  - The **exclusion/inclusion criteria**, including the 12 week clean policy, would need to be amended so those with current alcohol/drug misuse could access refuge;
  - Staff would need **training** in order to be able to support those with more complex needs;
  - More **self-contained units** may be needed to accommodate those who cannot live in shared accommodation;
  - Better links with specialist services to enable support for staff or the employment of **specialist workers** within refuges;
  - Consideration would need to be given to the **staffing hours** within refuges.
- It is recommended an **options paper be completed to enable refuges to** cater provision to better fit the needs of those with drug and alcohol misuse and mental health needs.
- Cornwall Housing and Cornwall Council Housing services to consider **the risks for refuges** surrounding the changes to LHA, particularly the local top-up above the LHA rate. Consideration needs to be given to eligibility, future demand and need, risk, transition, and current provision.
- **Clarity and training** is needed for jobcentre staff and refuge staff around Universal Credit. Particularly in terms of timeframe and special arrangements.
- **A review of the local housing/ refuge pathway** is needed to ensure smooth move on for those under 35s and large families. It would be

important to include housing providers who are no longer part of housing options.

## Introduction

In the UK, it is estimated that **8.5% of women and 4.5% of men experienced domestic abuse** in the last 12 months. This is equivalent to 18,800 victims in Cornwall and the Isles of Scilly. The consequences of domestic abuse **are far-reaching and long-lasting**. Aside from **physical injuries**, the **psychological harm** can be complex and challenging. Responding to abuse to protect victims and their children from further harm **impacts across multiple services**, including social care, safeguarding, health and housing – the estimated costs to society of domestic abuse in Cornwall in 2014/15 is £99.1 million<sup>1</sup>.

The Safer Cornwall Strategic Assessment 2015/16 identified that domestic abuse and sexual violence continues to present the **highest overall risk** to communities in Cornwall and reported incidence of domestic abuse and sexual violence is higher locally than the average for similar areas elsewhere in the country.

Cornwall Council commissions a range of domestic abuse and sexual violence (DASV) services on behalf of Safer Cornwall; these services are all delivered by specialist DASV Providers within the voluntary sector. This commissioning activity is funded by partnership contribution to a pooled budget. The purpose of the pooled budget model is to ensure evidence based, system commissioning which responds to the Domestic Abuse and Sexual Violence Needs Assessment. These responses are **'above and beyond'** statutory and core business responses but should be viewed as an equally essential element to the collective response to domestic abuse and sexual violence. The services play a vital role in:

- Prevention
- Risk management and preventing escalation through being part of an early help offer
- Specialists in **crisis and risk management**.

The 2015/16 Domestic Abuse and Sexual Violence Needs Assessment reviewed the relative needs and harms for people affected by domestic abuse and sexual violence to establish whether current responses are meeting these needs. This report focuses on **crisis intervention** for domestic abuse in the form of **refuge** provision. It reviews **the demand for service provision**, the **profile** of those entering refuge, and **outcomes** for these residents. It includes a particular focus on **complex needs**; in terms of mental health and drug and alcohol misuse.

The absence of consideration to system impact was a fundamental learning point during the process to secure funding for domestic abuse and sexual service provision for 2016/17. The absence of a system approach is considered to be one of the greatest risks in our ability to future-proof safeguarding victims and their families. Changes to the **benefit system** could have a massive impact on support accommodation services including refuges. This report, therefore also, highlights a number of **current, future and financial risks** for refuges with

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<sup>1</sup> Domestic Abuse and Sexual Violence Needs Assessment 2015/16

regards to the changes to **Local Housing Allowance**, the **Benefit Cap** and the introduction of **Universal Credit**. It is important to recognise these risks and decide on action if responding to risk and safeguarding individuals, children and families at risk of being affected by domestic abuse is deemed a priority.

## Provision in Cornwall

Currently there are **three female and one male refuge** in Cornwall offering residential support for victims and their children. Women's refuges are run by Cornwall Refuge Trust (CRT), West Cornwall Women's Aid (WCWaid) and East Cornwall Women's Refuge (ECWR). The male refuge (Norda House) is also run by CRT. As well as emergency accommodation, refuges support clients through 1-1 support, crisis intervention, conflict resolution, advocacy, risk and needs assessments, emergency move-on, liaising with, and signposting to external agencies such as housing, health, legal and education. Women's Refuge provision is funded through the multi-agency pooled budget allocated to address domestic abuse and sexual violence. The services are commissioned by the Domestic Abuse and Sexual Violence (DASV) Strategy Manager in accordance to the DASV Strategy. Norda House is funded through the Big Lottery.

CRT refuge comprises of 6 bedrooms; some suitable for single women and others for families with up to 3 children; a total of 6 women and 10 children can be resident at any one time.

ECWR has 7 units of accommodation within the main refuge. 5 of the rooms contain 'triple bunks' which can sleep 3 persons and 2 of the rooms contain a triple bunk along with 2 single beds and therefore sleep 5 persons. The number of children accommodated at any one time will vary according to age but a limit of 14 has been set. There is also a two-bed self-contained flat attached to the refuge. The flat is usually used to accommodate families with teenage children, those for whom communal living is more challenging, or for women with low support needs.

WCWaid has 11 units of supported accommodation and can have 11 women and 16 children resident at any one time.

Women's refuges are able to offer accommodation for a period of **up to 20 weeks** with a review with the service user prior to this date, where support and accommodation may be extended in exceptional circumstances.

Norda house has 5 units and can house 5 males and 10 children.

Therefore, at **any one time 24 women and 5 men can be resident at a refuge** in Cornwall. The Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence recommends safe accommodation in specialised women's shelters, available in every region, with **one family place per 10,000 population<sup>2</sup>**. In Cornwall, the current women's refuge provision equates to **1 place per 18,000 population**. With the estimated prevalence of male victims being approximately half that of female victims, we could suggest a minimum male refuge provision of 1 place per 20,000 population. Cornwall's current male provision equates to **1 space per 88,000**. This suggests **more refuge provision is needed** for both females and males. In order to meet these minimum recommendations we would need **20 more female spaces** and **17 more male spaces**.

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<sup>2</sup> Explanatory Report: [http://www.coe.int/t/dghl/standardsetting/convention-violence/convention/Explanatory\\_Report\\_EN\\_210.pdf](http://www.coe.int/t/dghl/standardsetting/convention-violence/convention/Explanatory_Report_EN_210.pdf)

Over the previous three years **331 women have accessed** women's refuges in Cornwall. The table below shows the number of women accessing each refuge over the previous three years. There has been a 20% reduction of those entering refuge across the three years. This is mainly due to a large reduction in numbers **entering WCWAid refuge**.

<b>Refuge</b>	<b>14/15</b>	<b>15/16</b>	<b>16/17</b>	<b>Total</b>
CRT	37	24	27	88
ECWR	32	39	39	110
WcWaid	50	50	33	133
<b>Total</b>	<b>119</b>	<b>113</b>	<b>99</b>	<b>331</b>

Norda House; the male refuge, has been running since September 2014. From then until March 2017, **41 men have accessed the refuge**. The table below shows the number of residents by year. This shows a **steady increase in residents** since the start of the refuge.

<b>Year</b>	<b>No. residents</b>
14/15	8
15/16	15
16/17	18
<b>Total</b>	<b>37</b>

## Women's refuges

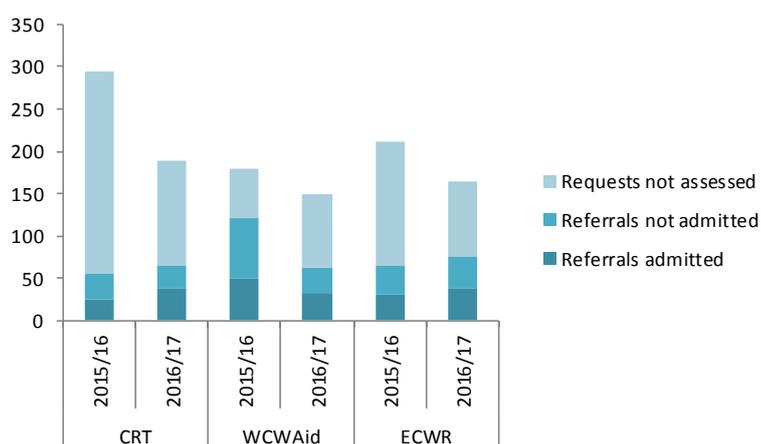
### Requests for service

Prior to entering refuge, a request for service will be made. Initial checks are run on this request to consider risk, support needs and suitability of refuge provision. A full referral is then taken before becoming a resident in a refuge.

In 16/17, there were 473 requests for service to women's refuges in Cornwall. This is a large reduction (214 requests) from the 687 requests in 15/16. All three refuges have seen a reduction in requests to service. The largest reduction has been to CRT (36% reduction), however, CRT still received more requests in 2016/17, compared with WCWAid and ECWR.

The graph below shows the total requests to each refuge in 15/16 and 16/17, broken down to show the number of requests not assessed, the number of referrals taken but not admitted and the number of referrals taken and admitted.

- **WCWAid** seem to refer a greater proportion of requests compared with CRT and ECRW. However, they also had fewer women admitted into refuge in 2016/17, compared with 2015/16 whilst CRT and ECWR had a slight increase.



The most **common reason for requests not being taken to referral** was due to **loss of contact** with the women or women **changing their minds**. These accounted for 27% of the total requests not taken to referral. Following this **no space** (16%), and **links to the local area** (11%) were also common reasons.

81 (11%) requests were not taken to referral due to **drug and/or alcohol misuse**. A further 56 (8%) of requests were not progressed due to **mental health** problems, mobility issues or the requirement of a self-contained unit. Other reasons include No Recourse to Public Funds, aggressive behaviour and no actual domestic abuse.

240 referrals were also declined or suspended after the initial referral was taken:

- The most common reason for a decline in referral was the **women changing their minds or loss of contact** (25%, 57 referrals);
- 10% (22 referrals) were declined as there was **not a suitable room available**, this includes those needing a self-contained unit;
- 6% (16 referrals) were declined due to their **drug and alcohol misuse**;

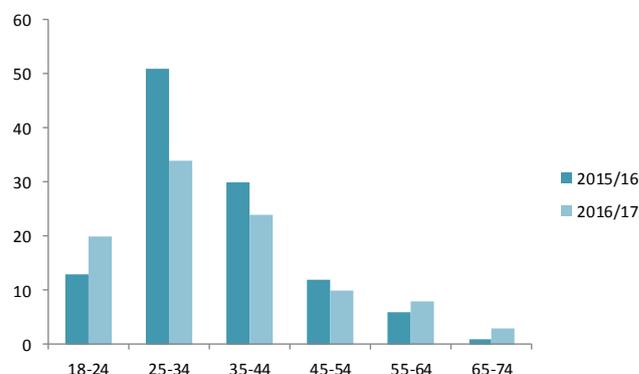
- A further 4% (9 referrals) were declined due to **high mental health needs or mobility issues**.

## Resident profile

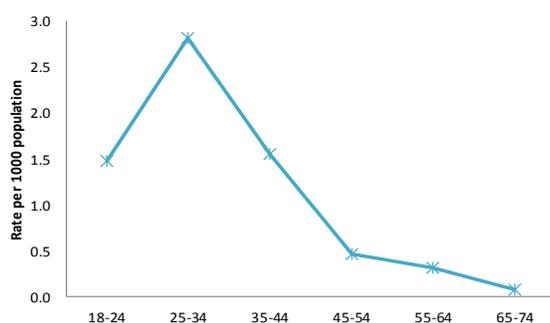
The following section reviews the profile of clients who have accessed a women's refuge in Cornwall over the previous 2 years.

### Age

The graph shows the number of women accessing refuge by age group. The greatest proportion of women accessing refuge were **25-34 years of age**. This group accounted for 40% of the total number of women accessing refuge across the two years. However, this age group has seen a 33% decline in 16/17 compared with 15/16. There has been an **increase in the proportion of 18-24 year old** women entering refuge, with an 53% rise from 15/16 to 16/17.



Based on population estimates **women aged 25-34 years are most likely to enter a refuge**; 40% of women in refuge were aged 25-34 years, whilst this age group makes up only 10% of the female population in Cornwall.



This shows a similar pattern to that of domestic abuse incidents in Cornwall for most age groups. Risk of victimisation was highest for those aged 25-34 years and 18-24 years and this risk decreased with age. **Young people were found to be most at risk** of victimisation, 20% of domestic abuse crimes involved victims aged 18-24 years, whilst this age group made up only 8% of the population. The increase in

women aged 18-24 years accessing refuge now reflects the proportion of crimes, suggesting young people now find refuges more accessible.

There has also been a slight increase in the number of women over 55 years of age entering refuge. The Femicide Census<sup>3</sup>, amongst other research findings, shows that domestic abuse is an issue for women of all ages, including older women, so the **increase suggests older women are also finding refuge more accessible**.

### Ethnicity

**90%** (191 women) identified themselves as **British or White British**. 4% (8 women) identified as white/Asian, white/Carrabean or white/African. This is

<sup>3</sup> Femicide Census, which has been developed by Karen Ingala Smith, Chief Executive of nia, in partnership with Women's Aid, with support from Freshfields Bruckhaus Deringer LLP and Deloitte LLP.

similar to **the 2% in the population** (Black, Asian, Mixed and Other ethnicities, 2011 Census). The other 6% did not have ethnicity recorded.

### **Lesbian Gay Bisexual and Transgender (LGBT)**

In 2013, the Office for National Statistics estimate that **1.6% of the population aged 16+** in the South West identify themselves as Gay, Lesbian or Bisexual; this equates to an estimate of **3,200 women in Cornwall**. However, other estimates, such as those provided by the Treasury assessment before the Civil Partnership Act in 2004 and those previously cited by Stonewall<sup>4</sup> indicate a **much higher figure of 5-7%** (27,000 to 38,000 people in Cornwall).

**1.8% (4 women)** identified themselves as **LGBT**. Depending on which estimate you use this could either represent the population or show an **under-representation** of this group within refugees.

### **Complex needs**

In this context "complex needs" means a person that experiences mental health, domestic abuse and/or substance use issues, all of which have a particularly negative impact on children living in the same household or in contact with the 'family unit'. The NSPCC has researched the relationship between these factors and babies born into these families. Brandon et al, (2008<sup>5</sup>) looked into 47 serious case reviews and found that families shared many characteristics; **domestic abuse, mental health difficulties and substance misuse issues were the most prevalent among parents and carers.**

- **57% (121 women) of refuge residents had a mental health problem** that was either self/keyworker diagnosed or had a clinical diagnosis. As discussed above, many more women were unable to enter refuge due to their high mental health needs and the support needed to accommodate them. This is a higher proportion than that found by Women's Aid in 2015, in which women with a mental health need made up 34% of those in refuge accommodation.<sup>6</sup> This could reflect differences in recording what constitutes a mental health need.
- **16% (34) had self or worker assessed drug and/or alcohol misuse.** This is higher than the proportion of clients in drug and alcohol treatment services that have domestic abuse identified as a risk (6%). This is also higher than the proportion found by Women's Aid in which 10% of women in refuge had drug and alcohol issues. This again could be due to differences in recording practices.

The proportion of survivors with specific complex support needs is likely to be substantially more than the figures above suggest, given that many referrals for domestic abuse support are declined because the service does not have the capacity or the resources to meet their specific needs (147 over the 2 years).

<sup>4</sup> Stonewall are a charity that campaigns for the equality of LGBT people across Britain.

<sup>5</sup> Brandon, M. et al. (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003–2005, DCSF RR023.

<sup>6</sup> Women's Aid annual survey 2015

This suggests there is a **gap in provision** for those fleeing domestic abuse with drug and/or alcohol misuse and/or a mental health issue.

## Disability

**9% (19 women) have a disability**; the majority of these were related to mobility but there were also some with a learning disability or autism. The 2011 Census provides an estimate of **25,300 women**<sup>7</sup> in Cornwall and the Isles of Scilly with a long term health condition or disability that restricts their everyday activities. Prevalence amongst this group equates to **6,700 victims of domestic abuse** in the last year, suggesting that they should make up around a third of our total estimate of victims. This suggests those with a disability are **underrepresented in refuges**.

Research by Women's Aid found that women with a physical health support need accounted for 6% of those staying in refuge. This is slightly lower than Cornwall's figure; however, other types of disability were included (as stated above).

A study<sup>8</sup> in 2014 found a formidable array of barriers were identified by disabled women when they tried to secure assistance and a violence-free life. Women were frequently dependent on perpetrators for assistance in their daily lives, both in their homes and in institutional settings. They were often hesitant to report perpetrators in case appropriate alternative assistance was not available. Specialised service providers often created barriers to access. Some women were not believed or were ignored; there was a lack of accessible information, inaccessible services, negative attitudes by service staff or a lack of funding for accessible support.

Recent service provider consultation suggested refuges are not set up to accommodate people with a disability. Most rooms are upstairs and therefore **do not have wheelchair access** and require residents to be able to climb stairs. Staff suggested a number of improvements that could be made currently, and in the future, to be able to better accommodate more clients with a disability:

Current:

- **Improve relationships** with specialist agencies
- Greater **information sharing** between refuge and specialist agencies;
- Designated **single points of contacts**;

Future:

- **24 hour** staffing;
- Accommodation for **carers**;
- More **ground floor** accommodation.

## Children

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<sup>7</sup> Office for National Statistics, Census 2011, men and women aged 16 to 64. A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months. This includes problems that are related to old age. People were asked to assess whether their daily activities were limited a lot or a little by such a health problem, or whether their daily activities were not limited at all.

<sup>8</sup> Access to Specialised Victim Support Services for Women with Disabilities who have experienced Violence (2014)

Across the two years **55% (116) of women had children**, this equated to **201 children** spending time in a refuge. A further **5% (8) of women were pregnant** when entering the refuge. The table below shows the number women accessing refuge by the number of children they had:

Number of women	Number of children
96	0
57	1
35	2
23	3
2	4

The impact of domestic abuse on children is wide and long-lasting:

- Around **1 in 5 children** have been exposed to domestic abuse;<sup>9</sup>
- Impacts on children include emotional trauma, **behavioural** problems, **mental health** issues and **risk taking** behaviour (running away, crime);<sup>10</sup>
- 62% of children are **directly harmed** in addition to the experience of witnessing the abuse of a parent or other family members (which is, in itself, abuse);
- Domestic abuse is a factor in **60% of serious case reviews**;<sup>11</sup>
- A quarter of children living in high risk households are **under 3 years old**.<sup>12</sup>

The link between pregnancy and domestic abuse is well documented – for example, the sixth report of the Confidential Enquiry into Maternal and Child Death<sup>13</sup> stated that **30% of domestic abuse begins during pregnancy**. Abuse of any kind during pregnancy can put a woman and her unborn child at heightened risk, because a pregnant woman is in a uniquely vulnerable position both physically and emotionally. If the abuse is physical, trauma can cause both **immediate injury** as well as increase risk of **haemorrhaging**, a uterine rupture, **premature birth**, complications during labour or **miscarriage** later in the pregnancy.

Each refuge currently has a **children's worker**. Each child is given the option of 1-2-1 support sessions with the Children's Worker. These sessions are led by the child and are an opportunity to talk to the worker about anything that they wish. This helps the child to feel supported independently of mum and gives an opportunity to express themselves without feeling they are burdening or

9 Radford, L. et al (2011) Child abuse and neglect in the UK today. Figures based on findings from 11 -17 year olds. 17.5% said they had been exposed to domestic abuse between adults in their home

10 Data from SafeLives Children's Insights National Dataset 2011 -14, drawn from 877 unique cases of children exposed to domestic abuse and supported by children's workers, from 4 projects around England. See [www.safelives.org.uk](http://www.safelives.org.uk) for full dataset

11 Brandon, M. et al (2012) New learning from serious case reviews: a two year report for 2009-2011 London: Department for Education. Based on analysis of 139 serious case reviews undertaken in England from 2009-2011. Domestic abuse was a risk factor in 63% of cases. Serious case reviews are commissioned when a child dies, or is seriously injured, as a result of abuse or neglect.

12 SafeLives Insights IDVA National Dataset 2013/14. 65% of IDVA clients have children, on average 2 each. 25% of these are under 3 years old.

13 Confidential Enquiry into Maternal and Child Health, Why Mothers Die 2000-2002 the Sixth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. London: RCOG Press; 2004.

upsetting mum. It also helps them to settle into refuge. Developing a trusting relationship with the child gives the Children's worker an opportunity to identify their support needs and action plan to ensure that they access appropriate external services, and are provided with the right support.

Group activities are also run which gives the children a chance to socialise in a positive way with others in the house, build relationships and manage conflict. The Children's worker also supports mothers with parenting skills, securing school placements, accessing health services for their child and referrals to external agencies such as CAMHS or CLEAR.

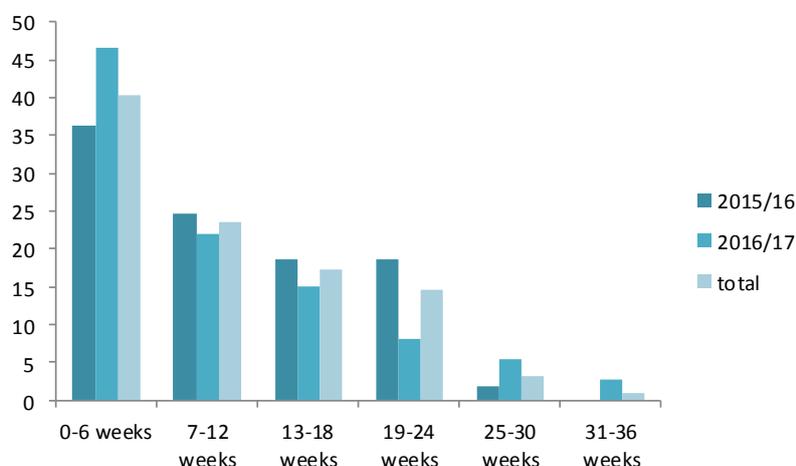
### Economic status

When entering refuge **96% (204) of women were unemployed**. It is unclear, however, whether this was their status while at home or whether they had recently become unemployed due to fleeing domestic abuse. Employment and finances affect the move on ability for women and their families following refuge. This is explored in more detail in the Impact of Benefit Changes section below.

### Length of stay

Over the 2 years, 186 women left refuge. The average length of stay for women in refuge was **10 weeks**. This has remained the same in 2016/17, compared with 2015/16. The graph below shows the proportion of women by their lengths of stay in refuge over the two years and for both years together.

The greatest proportion of women (40% or 75 women) stayed **between 0-6 weeks**. This increased from 36% of all women leaving refuge in 2015/16, to 47% in 2016/17. The proportion of those staying between 7-12, 13-18, and 19-24 weeks have all reduced.



Due to the increased proportion of women staying for less time at refuge there would be greater capacity to house more women. However, as stated above, there has been a reduction in the number of women entering refuge in 2016/17, compared with 2015/16. Therefore, there has been **less women staying for shorter periods of time**. This is at odds with 16% of requests being refused due to no space. However, due to the nature of refuges, requests and vacancies do not always coincide.

## Outcomes

Outcomes for refuges are identified using the following measures:

- Proportion of women who leave a refuge in a **planned way**
- **Departure reasons**
- Improvements on the **empowerment star**
- **Value for money**

### 1. Planned exits

Circumstances may arise where a resident may have to leave the Refuge earlier than 20 weeks, but without accommodation to move to, this is known as an **unplanned exit**. This may arise as a result of a number of reasons but mainly will be:

- The residents **support needs are too great**;
- The residents location may be known to the perpetrator and therefore put the **refuge at risk**;
- The resident's behaviour has led to **their eviction**.

Over the two years, 186 women left refuge, of these **66% had a planned exit**. The proportion of planned exits has **decreased** from 70%, in 15/16, to 53% in 16/17. This is a large decrease from the baseline of 76% in quarter 4 of 2014/15.

Analysis was undertaken to ascertain factors that had an impact on unplanned exit rates.

Strongly associated factors	Moderately associated factors
<ul style="list-style-type: none"> <li>• More likely to have alcohol misuse</li> <li>• More likely to have left refuge in under 6 weeks</li> <li>• Less likely to have drug misuse</li> <li>• Less likely to have stayed in refuge for over 19 weeks</li> <li>• More likely to have been evicted or returned to previous home</li> <li>• More likely to be aged between 45-54 years</li> </ul>	<ul style="list-style-type: none"> <li>• More likely to have a disability</li> <li>• More likely to have a mental health issue</li> <li>• Less likely to be aged between 35-44 years</li> </ul>

### 2. Departure reasons

The table below shows the **departure reasons** for those leaving refuge:

Departure reason	Count	%
Evicted	11	6
Local authority tenancy	10	5
Moved into accommodation as owner occupier	2	1
Moved to B&B	4	2
Moved to supported housing	28	15
Not known	5	3
Renting privately owned accommodation	26	14
Returned to previous home	29	16
RSL tenancy	14	8
Staying with family members	10	5
Staying with friends	3	2
Blank	44	24
<b>Grand Total</b>	<b>186</b>	<b>100</b>

22% (40 women) were either evicted or returned to their previous home. Reason for evictions include a **breach in location, drug and alcohol misuse, support needs too high, and violent and aggressive behaviour**. 29 (73%) of these exits were unplanned.

Of the 40 women who were evicted or returned to their previous home; **9 (23%) had drug and/or alcohol misuse and 24 (60%) had mental health issues**. This is slightly higher than the proportions of all women with mental health and drug and/or alcohol misuse.

29 (73%) of those who were evicted or returned to their previous home **stayed under 6 weeks**.

### 3. Empowerment star

The empowerment star is a self-rating outcome tool specifically designed to be used by services working with people who have experienced domestic abuse. The star looks at 9 areas of the client's life which are rated from 1-10:

- Accommodation
- Support networks
- Money
- Safety
- Empowerment and Self-esteem
- Health and well-being
- Children
- Legal issues
- Work and learning

There were improvements on all self-rated outcomes using the empowerment star for those that left the refuges in a planned way. The **greatest improvements were seen in accommodation, support networks, money, safety and self-esteem outcomes**. The lowest improvements were seen in legal issues, health and well-being and children outcomes, although these still showed some improvement.

#### 4. Value for money

**Social return on investment is** one measure of an organisation's effectiveness, showing the relationship between costs and benefits. In pure economic terms, anything above 1:1 is considered economically efficient at creating outcomes.

Refuge UK have previously carried out some research<sup>14</sup> to identify the social **return on investment for Women's refuges**. Positive indicators associated with refuge provision were translated into indicative financial value by assigning a monetary value reflecting how much each stakeholder valued each outcome. Although there is no conclusive way to '**price**' **positive changes** in an individual's life, some standard techniques are used to arrive at an approximation. One technique is to estimate what people would be prepared to pay to achieve an outcome, or to avoid a negative outcome (for example, estimating a willingness to pay figure to avoid harassment or stalking). Another technique is to assign a market price, if one exists, or to use an appropriate financial approximation (for example, using the indicative price of a financial advisor to represent the value of financial supports offered through Refuge).

Through this process it was found **refuge provision** provides a **social return on investment ratio of 1:1.99**.<sup>15</sup> For example; if £1 was invested in refuge provision, the return on investment we would expect to receive would be £1.99. The research highlighted significant individual and **wider social and economic impact** as a result of women survivors and their children accessing support and that by funding refuge provision we are getting double our investment back in positive outcomes. The greatest value accruing to women and their children came through **increased safety**. State savings were highest in the area of **health**, followed closely by safety through reduced **criminal justice system costs**.

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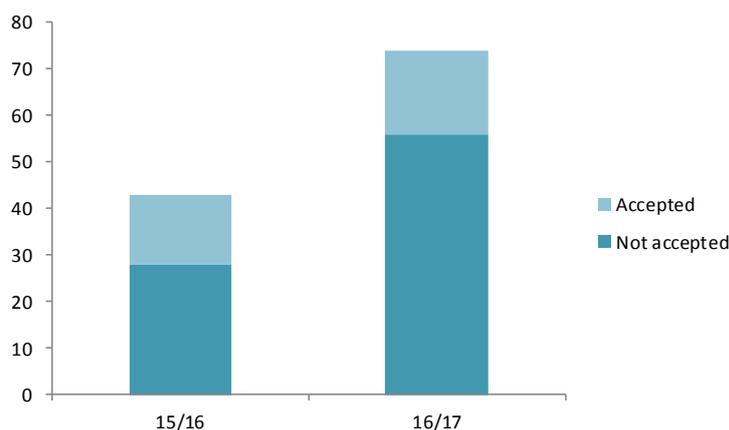
14 Social valuation of Refuge services for survivors of domestic violence. Refuge (2013)

15 N.B. When the cost of inputs for refuges is adjusted to take into account women who came into our services who were already in receipt of housing benefit, the SROI ratio increased from 1.99 to 2.69, reflecting the fact that the entry of these women into our services came at no increased cost to the State.

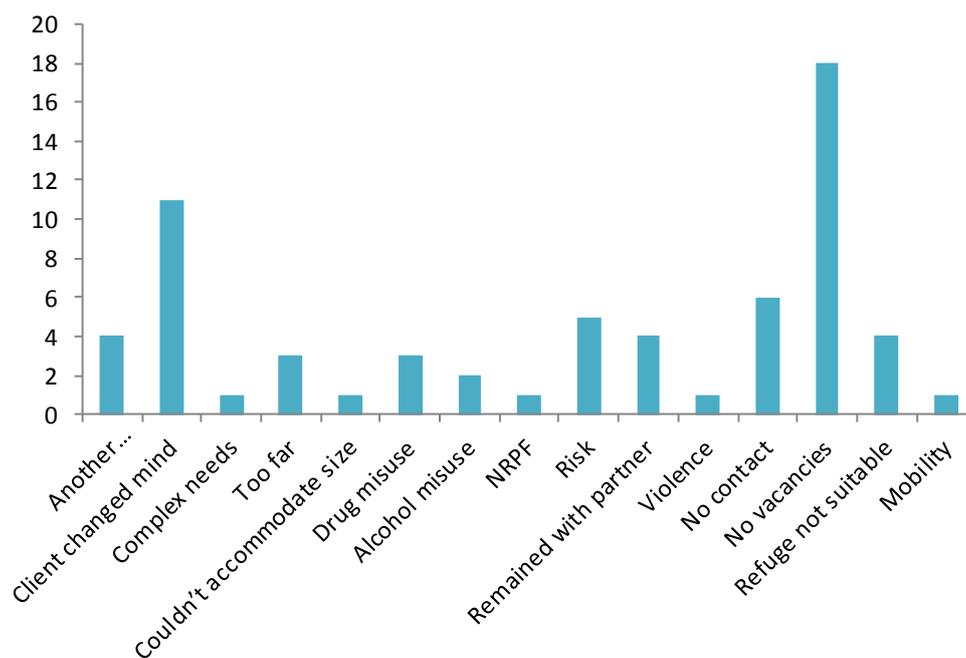
## Male refuge

### Requests for service

From April 2015-March 2017, there have been **117 requests** for service. The graph below shows the total number of requests over the two years and the proportion that was accepted and became residents. **Requests have increased** by 72% in 16/17, compared with 15/16.



The most **common reason for requests not being taken into refuge** was due to **no vacancies**. These accounted for 28% of the total requests not admitted into refuge. Following this; the client **changing their mind** (17%), **no further contact** (9%), drug and alcohol misuse (8%), and **risk** (7%) were common reasons.



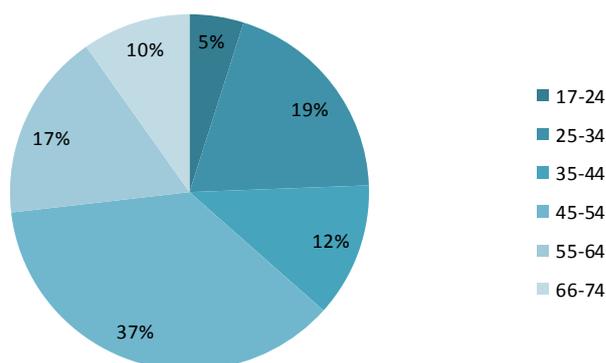
## Client profile

The following section reviews the profile of clients who have accessed Norda House in Cornwall over the previous 3 years.

### Age

The greatest proportion (37%) of men accessing refuge were **45-54 years of age**. There were a similar proportion of all other ages, except for under 24 years which had saw a much smaller proportion accessing refuge.

This is different to the age profile of **domestic abuse crimes** for male victims, in which ages 25-34 years were the most at risk. This suggests **young male victims** find it difficult to access refuge provision.



### Children

Only 2 clients entered refuge with a child. A further 4 clients had children but not with them in refuge.

### Length of stay

The average length of stay for male residents is **15 weeks**, however the greatest proportion of residents stayed between 0-12 weeks. The table below shows the length of stay of all clients. 11 clients were still resident at the time of this review.

Length of stay	Count
0-12 weeks	13
13-24 weeks	8
25-36 weeks	2
37-52 weeks	3
still in refuge	11

## Outcomes

### Move on

Most clients moved into private accommodation following a stay in refuge.

- 4 clients returned to the perpetrator, of these 3 stayed in refuge only 3 weeks;
- 5 were moved to a different refuge or emergency accommodation due to breach in location

## Accommodating those with complex needs

### Key findings and recommendations:

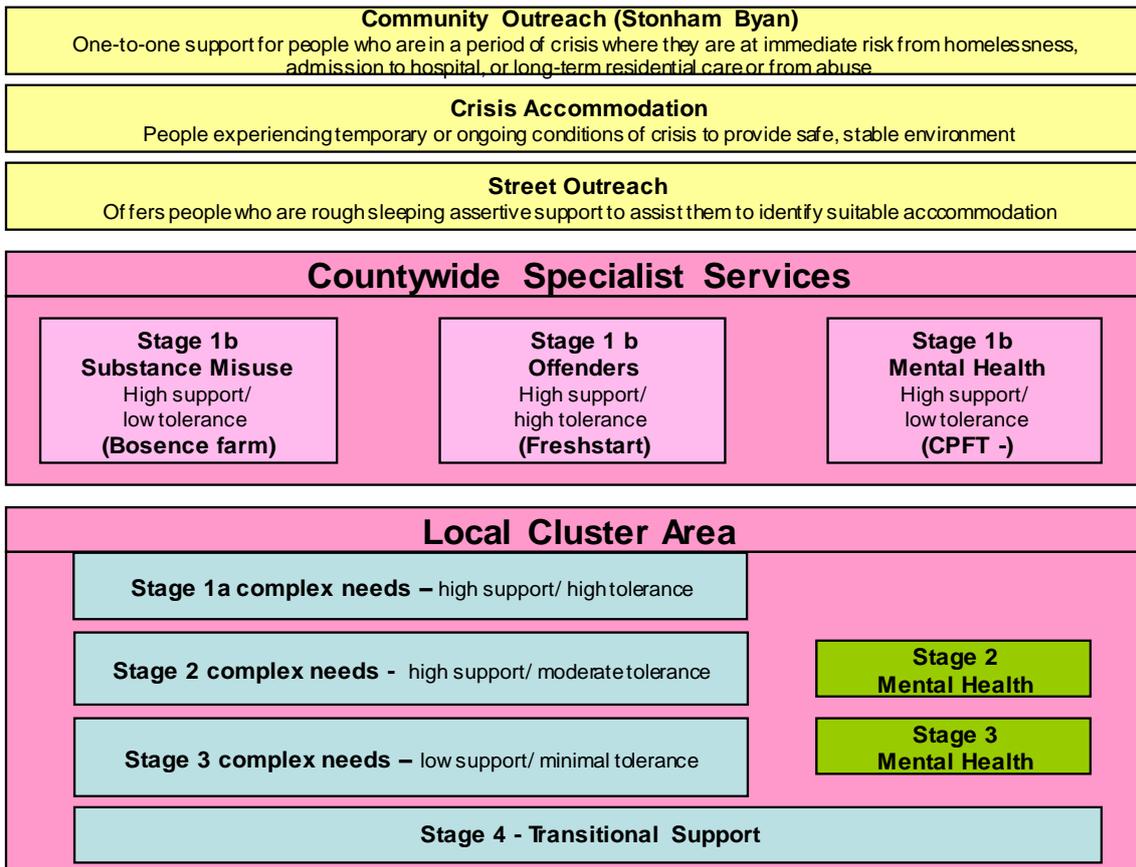
In order to accommodate those with complex needs, refuge provision in Cornwall would need some **fundamental changes**:

- The **exclusion/inclusion criteria**, including the 12 week clean policy, would need to be amended so those with current alcohol/drug misuse could access refuge;
- Staff would need **training** in order to be able to support those with more complex needs;
- More **self-contained units** may be needed to accommodate those who cannot live in shared accommodation;
- Better links with specialist services to enable support for staff or the employment of **specialist workers** within refuges;
- Consideration would need to be given to the **staffing hours** within refuges.

## Current provision for complex needs in Cornwall

Recent service provider consultation suggested **refuges are not set up to accommodate people with complex needs**. Refuges are currently **dry houses**, therefore, residents are not allowed to drink or use drugs on site. Additionally, current refuge policy dictates that residents are usually required not to have misused drugs and/or alcohol for **12 weeks prior to admission**. Refuges are also unable to accommodate those with high mental health needs due to staff levels of expertise in mental health and lack of 24 hour staff coverage for those who may need additional levels of support.

The provision of all accommodation for those with complex needs was mapped by the Drug and Alcohol Action Team in 2013. The map below shows the **complex needs accommodation delivery model for Cornwall** and the provision for each stage as commissioned by Cornwall Council is scoped in the tables below; firstly for adults and then for the gateway services for young people. The stages identify the level of tolerance a provider has for both mental health and drug and/or alcohol use.



Stage	Details	Provision	Location	Units
1a complex needs	High support (11 hours)/ high tolerance of substance use and any defined level of mental health and/or offending behaviour	Home group	Penzance	4
			Redruth and Camborne (Midway/ Moreton house)	6
			Falmouth (Midway)	3
			Newquay (Luke House)	3
		Liskeard (Kekewich)	4	
		Cosgarne Hall	St Austell	5
			Truro	5
		Newstart		
2 mental health	Medium level of support need with minimal tolerance to substance misuse and/or moderate or low offending	Homegroup	Redruth and Camborne	5
			St Austell	3
		Independent futures	Newquay	3
			East Cornwall	2
			Truro	3
		Colbrooks	East Cornwall	3
3 mental health	Low level of support with minimal tolerance to substance use and/or offending.	Homegroup	Redruth and Camborne	5
			St Austell	3
		Independent Futures	Newquay	3
			East Cornwall	2
			Truro	2
		Colbrooks	East Cornwall	2
2 complex needs	Medium support (7 hours) / moderate tolerance of substance misuse and/or moderate or low mental health and/or moderate or low offending	Home group	Penzance	11
			Redruth and Camborne (Trevenson/Midway/Green Lane)	15
			Falmouth (Midway)	3
			Newquay (Luke House/ Edgumbe Avenue)	9
			Liskeard (Kekewich)	2
		Coastline	Redruth and Camborne	4
		St Petrocs	Bodmin	6
			Truro	
	Cosgarne Hall	St Austell	21	
			5	
		Newstart	Truro	
3 complex needs	Low support (4.5 hours)/ minimal tolerance to substance use and/or mental health and/or offending	Homegroup	Penzance	15
			Newquay (Edgumbe avenue)	3
			Launceston (Bosvean)	5
		St Petrocs		6
			Bodmin	

		Cosgarne Hall	Newquay Falmouth Truro	9
		Independent futures - Kernow Court	St Austell Newquay	4 12
		Glen Carne (male only)	Truro	25
		Coastline	Redruth and Camborne	
4 transitional support	2 hours – provided by various supported housing providers when moving to another supported or independent accommodation	Home group	Penzance Redruth and Camborne Falmouth Newquay North and East Cornwall	
		Cosgarne Hall	St Austell Newquay	
		Independent futures	Newquay Falmouth Truro	
		St Petrocs	Redruth and Camborne	
		Coastline	Truro	
		Glen Carne		

Project	Organisation	Location	Criteria for referrals
The Gateway	Housing Ltd	Countywide	All young people
YMCA	YMCA Cornwall	Penzance	Mixed 18-24 years
The Coach House*	DCH	Penzance	Mixed 18-24 years
Carn Brea Foyer		Pool	Mixed 18-24 years
Redruth Foyer		Redruth	Mixed 18-24 years

Truro Foyer		Truro	Mixed 18-24 years
Bodmin Foyer		Bodmin	Mixed 18-24 years
Hendra Lodge		Liskeard	Mixed 18-24 years
Fairholme	Stonham	St Austell	Mixed 18-24 years
Truro Young Womens Centre	Westward Housing	Truro	Females only 18-24 years
Youth Move on Scheme	Partnership - Shelter (lead)	Countywide	Those moving out of supported housing
Turnaround Project**	Newquay Christian Centre	Newquay	Males only 18-24 years

### Promising practice

A study in 2014<sup>16</sup> found one of the most **persistent concerns** raised by practitioners is the **lack of refuge space** for women who are affected by **substance use and/or mental ill-health**. A London survey found that whilst most refuges work on a case by case basis there is still a blanket approach to working with women with drug and alcohol misuse and mental health with regards to exclusions for certain types of drugs and diagnosis. A number of recommendations were made from this report:

- **Service specifications** for domestic violence refuge provision should include specific provisions in relation to supporting women who have substance use problems and mental health problems.
- **Contract monitoring** of refuges for survivors of domestic violence should include:
  - The number of survivors accommodated who have intersecting needs in relation to problematic substance use and mental health.
  - The number of survivors with these needs that have been refused from refuge accommodation and the reason for the refusal.
- Funding for all refuge services should include the **costs of capacity development** in order to improve existing provision, including **staff training, development of policies, procedures and partnerships and equipment** such as sharps bins and locked boxes.
- Funding for **specialist workers and/or more refuge spaces** for women with substance use and/or mental health problems should be made available. This could include commissioning of specialist substance use or mental health support workers that can float between all refuges.

<sup>16</sup> Case by Case: Refuge provision in London for survivors of domestic violence who use alcohol or other drugs or have mental health problems (2014).

- Investigate options for **move-on accommodation for single women**, as limited access to alternative temporary or longer-term accommodation is a barrier to accessing refuge services.
- Develop **service level agreements** (SLAs) between refuges and substance misuse and mental health services to promote stronger partnership working and clearer pathways between agencies.
- All service providers should have a **clear policy** on working with women who have these particular support needs, even if there are two separate policies covering drugs/alcohol and another for mental health.
- Service providers should introduce a more **comprehensive approach to assessing the risks** associated with problematic substance use and mental ill-health, rather than using substance type or diagnosis as a means of deciding whether a woman is accepted into the refuge. This will ensure that a 'case by case' approach is not used to discriminate against this group of survivors.
- **Training for all refuge staff and managers** who are involved in the assessment of referrals and supporting service users who have substance use and/or mental health problems.

### **Nia Project**

The Nia's Emma Project in London is a **six-bed specialist refuge for women fleeing gender-based violence with the additional vulnerability of substance use**. The women in the house have a variety of additional needs including mental health, emotional health, physical health, learning difficulties and other needs associated with poverty, poor housing conditions, homelessness and experiences of abuse. **24 hour support** is provided, with a sleeping shift from 10pm to 8am for emergency cover.

The Emma Project engages with women in holistic wrap around support planning which includes extensive needs assessment and risk assessment with the service user. Risk management in the shape of a support plan is devised from the assessment with the support worker offering information and advice on how to address and minimise the identified risk through safety planning, harm minimisation advice, issuing panic alarms and multiagency involvement. **Risk assessments are regularly reviewed** so that any changes are captured and addressed. This can be as practical and functional as referring into local prescribing services, transferring methadone prescriptions to the local area, registering with a GP, referrals to counselling services, supporting residents to initial meetings with services and registering for personal benefits. Women are empowered to be able to identify and express their own needs.

### **Manchester Women's Aid**

Manchester Women's Aid (MWA) currently has a **Mental Health Worker and Substance Misuse Practitioner who work across five refuges** and various community settings. Refuges are only staffed on a **9-5 basis**, but they still successfully manage risk and support women who have multiple needs. MWA actively challenges the widely held belief that survivors who have mental health and/or drugs and alcohol problems are 'too risky', 'too high need' or 'too chaotic', particularly for refuge services. The specialist practitioners **support generic domestic violence workers** to assess clients more effectively and identify possible risks: this reduces concerns about unknown or unmanageable risks amongst generic workers.

Through this joint working approach, staff have been supported to utilise **greater holistic knowledge** in developing safety plans in creative and meaningful ways, both in community and refuge settings. Clients also benefit from **improved relationships with external agencies**. For example, clients accessing shared care services at the GP can meet with a domestic violence worker to discuss concerns about keeping their methadone script or withdrawing from substances in the refuge. As refuge providers increasingly take on the management of multiple refuges, rather than just one, this is a model that could be replicated elsewhere.

### **Solace Women's Aid**

Solace Women's Aid (SWA) has adopted a culture of good practice and risk management for working with women with multiple needs. Solace Women's Aid now manages an **8-bed specialist refuge for women affected by domestic and sexual violence experiencing complex health needs**. Funded by London Councils, the refuge takes referrals from across London, supporting risk-assessed women with priority mental health and substance use needs. The refuge provides a **24-hour service**, including individual and group support covering safety, harm reduction and recovery from problematic substance use and mental health needs as well as addressing needs relating to domestic violence.

Staff work closely with other services to deliver holistic and collaborative support prioritising the women's needs. There is also **community-based outreach and advocacy** for women with these additional needs, alongside specialist parenting support. All SWA refuge workers are **trained in mental health and substance use and are familiar with local services**. A comprehensive risk assessment is used in the refuge from which the service user and worker can formulate an individual support plan that is reviewed on a regular basis.

Good partnership working is encouraged by **inviting workers from mental health and substance use agencies to house meetings** so women are familiar with local services and what they offer. In addition strong partnership links mean staff are able to **gain advice from specialists** when they need extra support in successfully engaging women who have multiple support needs. SWA has a **comprehensive drug and alcohol policy** that was developed by taking the Stella Project recommendations into consideration. The policy is reviewed every two years to ensure recent trends or changes in working practice are included. A multiple needs policy has also been devised.

### **St Mungo's**

St Mungo's North London Women's Project is a **29-bed hostel for single homeless women with complex needs such as physical or mental health problems, drug or alcohol issues and involvement in prostitution**. Many of the women at the project became homeless because of domestic violence, but were unable to access refuge provision because of their high support needs. The location is kept confidential to ensure security. The project supports residents through assessment and planning to meet their individual needs, and to access other services such as GPs, substance use, education and domestic violence services.

## Impact of benefit changes on refuge provision

### Key findings and recommendations:

- Cornwall Housing and Cornwall Council Housing services to consider **the risks for refuges** surrounding the changes to LHA, particularly the local top-up above the LHA rate. Consideration needs to be given to eligibility, future demand and need, risk, transition, and current provision;
- **Clarity and training** is needed for jobcentre staff and refuge staff around Universal Credit. Particularly in terms of timeframe and special arrangements;
- **A review of the local housing/ refuge pathway** is needed to ensure smooth move on for those under 35s and large families. It would be important to include housing providers who are no longer part of housing options.

## Introduction

This section of the report reviews changes to the benefit system and highlights a number of **current, future and financial risks** to refuge provision around the changes to **Local Housing Allowance, the Benefit Cap and the introduction of Universal Credit**. It is important to recognise the following risks (summarised in the table below) and **decide on action** if responding to risk of safeguarding individuals, children and families at risk of impact by domestic abuse and/or sexual violence is deemed a priority.

Change	Current risks	Future risks	Financial impact	System impact
Local Housing Allowance	<ul style="list-style-type: none"> <li>• Move on for clients under 35 years of age</li> <li>• Resource for refuges in applying to multiple housing sources</li> </ul>	<ul style="list-style-type: none"> <li>• Top-up funding by local authorities</li> <li>• Transition to new funding arrangement</li> <li>• Unclear if refuge sits within short term transitional services</li> <li>• Viability of continuation of refuge services</li> </ul>	Between a 30-63% reduction in income. Equating to a potential total <b>reduction in income of over £400,000</b> over 3 years across the three refuges: <ul style="list-style-type: none"> <li>- Over £52,000 CRT</li> <li>- Over £250,000 ECWR</li> <li>- Over £98,000 WCWAid</li> </ul>	In 3 years this would impact on: <ul style="list-style-type: none"> <li>• over 300 high risk clients               <ul style="list-style-type: none"> <li>- Over 50% with <b>mental health</b> problems</li> <li>- Over 15% with <b>drug and alcohol problems</b></li> </ul> </li> <li>• over 300 children and young people</li> <li>• 87 families</li> </ul>
Benefit cap	<ul style="list-style-type: none"> <li>• Move on for large families</li> <li>• Increase in victims staying with perpetrator</li> <li>• Financial pressures leading to increase in domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Viability of services for large families</li> </ul>	A reduction in income equating to <b>over £131,000</b> over three years over the three refuges.	Increase in demand to other services: <ul style="list-style-type: none"> <li>• Cornwall Housing Ltd</li> <li>• Police</li> <li>• Safeguarding &amp; CPP</li> <li>• EHSC Services</li> <li>• CAMHS</li> <li>• NPS &amp; CRC</li> </ul>
Universal Credit	<ul style="list-style-type: none"> <li>• Uncertainty of timeframes and processes</li> <li>• Payment directly to clients not landlords</li> <li>• 7 day waiting period</li> <li>• Sanctions</li> </ul>	<ul style="list-style-type: none"> <li>• Non-payment</li> <li>• Evictions for rent arrears</li> <li>• Viability of continuation of refuge services</li> </ul>	Potential annual <b>shortfall of over £10,000</b> across the three refuges due to waiting period  Potential shortfall of all income if women refuse/can't pay	

## Local Housing Allowance

**Local Housing Allowance (LHA)** was introduced on 7 April 2008 to provide Housing Benefit entitlement for tenants renting private sector accommodation in England, Scotland and Wales. The LHA system introduced **significant changes** to the way Housing Benefit (HB) levels are restricted and how benefit is paid. It did not replace Housing Benefit - it is a different way of calculating entitlement under the existing Housing Benefit scheme. LHA rates relate to the area in which the housing benefit claim is made. These areas are called Broad Rental Market Areas, defined as "**where a person could reasonably be expected to live taking into account access to facilities and services.**"-LHA rates were set up so as to ensure tenants in similar circumstances and areas could claim similar amounts; i.e. based on their **needs rather than based on their property**, and so that it was possible to know how much rent for an area could be covered by housing benefit, in advance. LHA is usually paid directly to the landlord.

LHA is calculated on the basis of the **number of bedrooms that tenants are assessed as needing**. One bedroom is allocated for:

- every adult couple (including civil partners)
- every adult aged 16 or over (including lodgers or boarders)
- any two children of the same sex under age 16
- any two children regardless of their sex under age 10
- any other child

An **extra room** may be allowed for:

- a severely disabled child who needs their own room but would be expected to share under the rules above
- a non-resident carer
- a foster child or children
- a child who is away on duty with the Armed Forces but intends to return to live

**The number of bedrooms needed sets the LHA rate** and hence the maximum amount that Housing Benefit will pay. The table below shows how much LHA is awarded based on the number of rooms for Cornwall.

Area Name	1 Bed Shared	1 Bed Self-Contained	2 Beds	3 Beds	4 Beds
Kernow West	£67.00	£104.89	£132.32	£151.50	£185.29
North Cornwall and Devon Borders	£66.70	£93.23	£120.06	£139.84	£168.00

For those living in shared accommodation, the shared accommodation rate of Local Housing Allowance (LHA) applies, even if they would otherwise be allowed the one bedroom rate of LHA under the bedroom allowance rules. Those who are younger than 35, single with no children, are also restricted to the shared accommodation rate of LHA, even if they live in a self-contained property. There are exemptions, for example, severely disabled people, care leavers under 22 years of age or those with a bedroom used by care workers providing overnight care.

There are a number of groups who are **currently exempt or protected** from Local Housing Allowance:

- Local Authority tenants
- Tenants of registered social housing providers
- Tenants who have a registered or 'fair' rent
- Tenants whose tenancies commenced after January 1989 and have been in continuous receipt of Housing Benefit since 7 April 2008 or before
- Protected tenants, such as those in supported housing provided by social landlords, charities or voluntary organisations or those who receive board or attendance (Housing Benefit (eligible rent) will be decided by rules on Rent Officer Decisions)
- Tenants with tenancies of caravans, mobile homes, houseboats or hostels

For a social sector tenant (council or housing association) claiming Housing Benefit and signing tenancies from 1 April 2016, LHA will be introduced from 1 April 2019. For a social tenant claiming Universal Credit, LHA will be introduced from 1 April 2019 regardless of when a tenancy was signed.

**Supported accommodation is exempt until 2019**, in which government are set to introduce a new system:

- From 2019 it is proposed to **apply the LHA cap** to all claims in supported and sheltered housing with a **top-up paid by the local authority**.
- There will be **no Shared Accommodation Rate** in the calculation of the LHA rate for tenants in the new system. The one-bedroom LHA rate will be used for people under 35 living in supported housing.
- The Government believes a **different system** needs to be worked out for **short-term transitional services** and it will consult on this.

**Refuges** for people fleeing domestic abuse are currently **covered under the exemption** from LHA under supported accommodation. The following table shows the current and future risk to refuges of LHA.

Current risks of LHA	Potential risks of LHA (post 2019)
<p><b>Moving on</b> for clients under 35 years of age is being affected as only afford shared housing with the LHA rate. This may not be appropriate for domestic abuse victims.</p>	<p>The <b>devolving of responsibility</b> to local authorities to pay the top-up above that of LHA poses risks for all supported accommodation including refuges. It is currently <b>unclear how this funding model will work</b> in Cornwall in terms of:</p> <ul style="list-style-type: none"> <li>- Commitment to current provision</li> <li>- Eligibility</li> <li>- Consideration of demand and risk</li> </ul> <p>The tables below shows the potential <b>shortfall refuges would have incurred had they been subject to LHA</b> over the previous three financial years. The first is based on families being eligible for LHA rate depending on the number of children they have.<sup>1718</sup> The second is based on all refuge clients receiving the one-bedroom LHA rate.</p>

<sup>17</sup> Based on the new system – all supported accommodation single under 35s will get the one-bedroom LHA rate

	<table border="1"> <thead> <tr> <th></th> <th>14/15</th> <th>15/16</th> <th>16/17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CRT</td> <td>12894</td> <td>13942</td> <td>13091</td> <td>39927</td> </tr> <tr> <td>ECWR</td> <td>38822</td> <td>104008</td> <td>85061</td> <td>227891</td> </tr> <tr> <td>WCWAid</td> <td>32965</td> <td>30997</td> <td>18586</td> <td>82547</td> </tr> <tr> <td><b>Total</b></td> <td><b>84681</b></td> <td><b>148947</b></td> <td><b>116738</b></td> <td><b>350366</b></td> </tr> </tbody> </table> <p>The above shortfalls represent a 30% reduction in income for CRT, a 56% reduction in income for ECWR and a 36% reduction in income for WCWAid.</p> <table border="1"> <thead> <tr> <th></th> <th>14/15</th> <th>15/16</th> <th>16/17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CRT</td> <td>14348</td> <td>19151</td> <td>19210</td> <td>52709</td> </tr> <tr> <td>ECWR</td> <td>41852</td> <td>117986</td> <td>94477</td> <td>254315</td> </tr> <tr> <td>WCWAid</td> <td>36837</td> <td>40215</td> <td>21616</td> <td>98668</td> </tr> <tr> <td><b>Total</b></td> <td><b>93036</b></td> <td><b>177352</b></td> <td><b>135302</b></td> <td><b>405691</b></td> </tr> </tbody> </table> <p>The above shortfalls represent a 39% reduction in income for CRT, a 63% reduction in income for ECWR, and a 43% reduction in income for WCWAid.</p>		14/15	15/16	16/17	Total	CRT	12894	13942	13091	39927	ECWR	38822	104008	85061	227891	WCWAid	32965	30997	18586	82547	<b>Total</b>	<b>84681</b>	<b>148947</b>	<b>116738</b>	<b>350366</b>		14/15	15/16	16/17	Total	CRT	14348	19151	19210	52709	ECWR	41852	117986	94477	254315	WCWAid	36837	40215	21616	98668	<b>Total</b>	<b>93036</b>	<b>177352</b>	<b>135302</b>	<b>405691</b>
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<p>Housing providers are being more selective with who they provide for due to long term affordability. It is therefore <b>harder for single people under 35 to secure accommodation.</b></p> <p>For example; Coastline have withdrawn from housing options. This further produces another risk for refugees in terms of the resource in applying to multiple housing sources.</p>	<p>Risk that there is not a <b>smooth transition</b> to the new funding arrangement. This may provide an <b>interim shortfall and put vulnerable clients at risk.</b></p>																																																		
	<p>Risks around whether refuge is included as a short-term transitional service or not. For all short-term accommodation, <b>housing costs need to be reactive and timely</b> as clients are normally in resident for limited periods of time. Any delay of payments for these clients would impact on the viability of the scheme. The additional burden of having to access gap funding for any element of top up will result in an unsustainable financial burden for the providers of refugees</p>																																																		
	<p>There is a risk around <b>viability of continuing the services</b> with over 30% reduction in income. In 3 years this would impact on over <b>300 high risk clients</b> and over 300 children and young people. Lots of these clients have other needs:</p> <ul style="list-style-type: none"> <li>- Over 50% of these would have Mental health problems</li> </ul>																																																		

18 Calculations based on number of children – age of children not included so may be slightly different

	<p>(self-identified or diagnosed)</p> <ul style="list-style-type: none"> <li>- Over 15% with Drug and alcohol problems (self-identified or diagnosed)</li> </ul>
	<p>There is a risk of an <b>increase in demand to other services</b> due to loss of support from refuges:</p> <ul style="list-style-type: none"> <li>- Cornwall Housing Ltd</li> <li>- Police</li> <li>- Safeguarding &amp; CPP</li> <li>- EHSC Services</li> <li>- CAMHS</li> <li>- NPS &amp; CRC</li> </ul>

## Benefit cap

The benefit cap is a **limit on the total amount of benefit** that most people aged 16 to 64 can get. The Benefit Cap only affects people getting Housing Benefit or Universal Credit.

The cap applies to **combined income** from:

- Bereavement Allowance
- Child Benefit
- Child Tax Credit
- Employment and Support Allowance - except where it's paid with the support component
- Housing Benefit - although there are some exceptions
- Incapacity Benefit
- Income support
- Jobseeker's Allowance
- Maternity Allowance
- Severe Disablement Allowance
- Widowed Parent's Allowance
- Widowed Mother's Allowance
- Widow's Pension.

The following benefits **aren't included**:

- Council Tax Reduction
- Pension Credit
- State Retirement Pension
- one off payments made by your local authority to help you out in a crisis
- Winter Fuel and Cold Weather Payments
- a short term benefit advance from the DWP to help you out over a crisis until your first benefit payment
- non-cash benefits, for example, free school meals
- Statutory Sick Pay
- Statutory Maternity Pay, Paternity Pay, Adoption Pay, Statutory Shared Parental Pay.

The tables below shows the **maximum amount of benefits** single people, couples and families can acquire.

### **Reduced Benefit Cap - November 2016**

£257.69 per week for a single person

52 week rates	Single parent, 1 child	Single parent, 2 children	Single parent, 3 children	Single parent, 4 children	Single parent, 5 children
Income Support/ JSA/ ESA	73.10	73.10	73.10	73.10	73.10
Child Benefit	20.70	34.40	48.10	61.80	75.50
Child Tax Credits	63.94	117.40	170.87	224.33	277.79

Total from Benefits	157.74	224.90	292.07	359.23	426.39
Total allowed in Benefits	384.62	384.62	384.62	384.62	384.62
Allowance remaining for Housing Benefit	226.88	159.72	92.55	25.39	0.00

	Couple, 1 child	Couple, 2 children	Couple, 3 children	Couple, 4 children	Couple, 5 children
Income Support/ JSA/ ESA	114.85	114.85	114.85	114.85	114.85
Child Benefit	20.70	34.40	48.10	61.80	75.50
Child Tax Credits	63.94	117.40	170.87	224.33	277.79
Total from Benefits	199.49	266.65	333.82	400.98	468.14
Total allowed in Benefits	384.62	384.62	384.62	384.62	384.62
Allowance remaining for Housing Benefit	185.13	117.97	50.80	0.00	0.00

The Chartered Institute of Housing (**CIH**) has carried out an in-depth analysis of the lowered cap. The cap was lowered from £26,000 a year to £23,000 in London and £20,000 in the rest of England. The CIH estimates that while the £26,000 cap on total housing benefits only affects around 20,000 families, the **new cap will hit 116,000 families, affecting 319,000 children**. While the previous cap has mainly affected those in high-value areas and those with the largest families, the CIH said the new caps will hit thousands of people even in areas of the country with the **lowest housing costs**.

The research shows that **private renters with large families** will face the most severe cuts, with couples renting privately with three children being hit by losses of £75 per week or more on average in 75% of local authority areas, and being hit by losses of £100 per week in 50% of areas. A single parent with three children would lose £75 a week in 41% of areas. Although the losses are less severe for council tenants, a couple in council housing with three children would stand to lose £100 per week or more in 18% of local authority areas.

It is estimated that in the **South West a total of 9272 families and over 24,000 children** will be affected<sup>19</sup>:

- 89 one child families
- 3882 two children families
- 4284 three children families
- 1017 four children families

In Cornwall, DWP have estimated **460 families** will be affected by the change to the Benefit cap. The table below shows the number of 1, 2, 3 and 4 children

<sup>19</sup> Chartered institute of housing

families in refuge that would have been affected by the benefit cap over the last three years. This represents a total of **325 children**.

Number of children	Number of families
1	96
2	55
3	30
4	6
5	1

In certain types of supported accommodation, **Housing Benefit isn't included** when working out total benefit income. This applies to the following types of accommodation, known as specified accommodation:

- a resettlement place
- accommodation where the accommodation provider or someone acting on their behalf provides care, support or supervision
- accommodation admitted to in order to meet needs for care, support or supervision
- temporary accommodation for people who've **left home because of domestic violence**
- a hostel.

1. A resettlement place is a place in temporary accommodation for those who haven't got a settled way of life. The accommodation aims to ensure clients lead a more settled way of life. The accommodation must have originally been funded through the resettlement grant from the government, although this grant is no longer available.

2. This means accommodation that one of the following organisations provides:

- a non-metropolitan county council
- a housing association
- a registered charity
- a voluntary organisation

The accommodation provider or someone acting on their behalf must also provide care, support or supervision. Examples of these types of accommodation include sheltered housing, adapted housing for disabled people, or a supported living complex for people with mental or learning disabilities, but not care homes.

3. This means accommodation where care, support or supervision is provided. It does not matter whether the accommodation provider, someone acting on their behalf, or someone else altogether provides the care, support or supervision.

One of the following organisations must provide the accommodation:

- a county council in a county where there is a district council for each part of the county
- a housing association
- a registered charity
- a voluntary organisation.

4. Temporary accommodation for people who've left home because of domestic violence is accommodation that meets the following conditions:
- a local authority, housing association, registered charity, or voluntary organisation has provided it
  - they provided it because a client left home as a result of domestic violence
  - it's in a building or part of a building which is used or mainly used as temporary accommodation for people who've left home because of domestic violence.

This **includes refuges** for women/men suffering from domestic violence.

The Government has also confirmed that 18-21 year olds in supported accommodation claiming Universal Credit will retain Housing Benefit after April 2017.

The following table shows the **current and potential risks** for refuge provision in Cornwall with regards to the Benefit Cap:

Current risks of Benefit cap	Potential risks of benefit cap																									
<p><b>Moving on after a refuge stay for large families</b> may be affected as only the benefit cap would limit the accommodation they could afford. Families may end up living in <b>deprivation</b>, risk living in inappropriate unsafe accommodation or returning to the perpetrator.</p>	<p>If the exemption to including housing benefit in the benefit cap for those in supported housing is withdrawn there would be a huge financial risk to refuges. Based on the number of families in refuges over the previous three years there would have been a total shortfall of <b>over £131,000 across the three refuges</b>. The table below shows the annual shortfall by refuge:</p> <table border="1" data-bbox="683 1182 1444 1373"> <thead> <tr> <th></th> <th>14/15</th> <th>15/16</th> <th>16/17</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>CRT</td> <td>1051</td> <td>4298</td> <td>4218</td> <td>9567</td> </tr> <tr> <td>ECWR</td> <td>31780</td> <td>41454</td> <td>29674</td> <td>102908</td> </tr> <tr> <td>WcWaid</td> <td>9737</td> <td>6519</td> <td>2764</td> <td>19020</td> </tr> <tr> <td><b>Total</b></td> <td><b>42568</b></td> <td><b>52272</b></td> <td><b>36656</b></td> <td><b>131495</b></td> </tr> </tbody> </table> <p>The above shortfalls represent a 7% reduction in income for CRT, a 26% reduction in income for ECWR, and a 8% reduction in income for WCWAid.</p>		14/15	15/16	16/17	Total	CRT	1051	4298	4218	9567	ECWR	31780	41454	29674	102908	WcWaid	9737	6519	2764	19020	<b>Total</b>	<b>42568</b>	<b>52272</b>	<b>36656</b>	<b>131495</b>
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<p>There is an increased risk that victims will <b>not leave a domestic abuse situation/perpetrator</b> due to the financial risk involved, particularly when moving on with children.</p>	<p>Risk that refuge will not be able to provide services to:</p> <ul style="list-style-type: none"> <li>- <b>92 families</b></li> <li>- <b>229 children</b></li> </ul>																									
<p>The financial burden associated with the benefit cap may actually <b>increase domestic abuse incidents</b> and therefore the demand for services such as refuges.</p>	<p>There is a risk of an <b>increase in demand</b> to other services due to loss of support from refuges:</p> <ul style="list-style-type: none"> <li>- Cornwall Housing Ltd</li> <li>- Police</li> <li>- Safeguarding &amp; CPP</li> <li>- EHSC Services</li> <li>- CAMHS</li> <li>- NPS &amp; CRC</li> </ul>																									



## Universal credit

Universal Credit is a **means-tested benefit** for people of **working-age** who are on a low income. It replaces six existing means-tested benefits:

- Income Support
- Income-based Jobseeker's Allowance
- Income-related Employment and Support Allowance
- Housing Benefit
- Child Tax Credit
- Working Tax Credit

Universal Credit is intended to be simpler than the current system of benefits and tax credits. Entitlement is worked out by comparing basic financial needs that the government says people need to live on, with an individual's/families financial resources. Universal Credit is different to other benefits as it will usually be paid in a **single monthly payment** into a Bank, Building Society or Credit Union account.

Universal Credit is being introduced gradually and was **introduced in Cornwall from 18th May 2015**. Currently, in Cornwall, Universal Credit only affects single people between the ages of 18 and 60 who have recently become unemployed or who are on a low income, and meet certain conditions for claiming Universal Credit. However, **it is expected that in 2019, Universal Credit would be fully rolled out to couples and families**. The government expects the national roll-out to be completed by September 2019. From July 2019 the government will then begin migrating all remaining existing benefit claimants to the full Universal Credit service. This part of the process is intended to be completed by March 2022.

For couples and families universal credit will be paid into a suitable account of choice, which could be a joint account or a single account in either of the couple's name.

The following table shows the risks of universal credit for refuge provision:

<b>Risks of universal credit</b>
It is still very <b>unclear how Universal Credit will work in practice</b> and how it will impact on refuge clients. Refuge staff need <b>training</b> in order to be able to support clients in applying for universal Credit when necessary but jobcentres are unclear themselves due to the changing timeframes around implementation of the new system. During the time it takes to address and apply for universal Credit, refuges are unlikely to be receiving any rent from clients. This will create a <b>shortfall in income</b> .
Unlike housing benefit which goes directly to landlords, universal credit (which includes housing benefit) will be <b>paid to clients directly</b> . There is a risk that women will fail to pay this to refuges resulting in massive shortfalls. Currently available is a special arrangement for refuges in which they can apply for the housing benefit part of Universal Credit to be paid directly to them, however, <b>staff at jobcentres seem to be unaware of this rule</b>

<p>therefore creating resource implications for refuge staff in trying to organise clients finances.</p> <p>If women fail to pay for rent there will be <b>enormous income implications which will threaten the viability of refuges</b>. Women will also <b>risk eviction</b> which in turn <b>increases their risk and the demand on other services</b>.</p>
<p>There is currently a <b>waiting period of 7 days</b> from application till start of the benefits. Clients wouldn't be entitled to Housing Benefit in this time. This would create a <b>shortfall for refuges</b> and would also impact on other costs (for example; amenities) they could pay for.</p> <p>Based on the number of clients in 2016/17, if all refuge clients were unable to pay rent for one week a <b>shortfall of over 10,500</b> would be incurred across the three refuges.</p>
<p>If a resident entering refuge <b>already has debt</b> this will be taken from the benefits they receive. This will impact of the amount of rent they can pay.</p>
<p><b>Sanctions are high in Cornwall</b>, and deductions can also be made from UC at source from previous debts, without the agreement of the claimant, from a range of organisations including Credit Unions. <b>Up to 40%</b> can be removed without claimant agreement. In addition sanctions can be up to 40% of UC payments. Therefore up to 80% of benefits can be removed which will greatly affect an individual's ability to pay current rent or even buy food.</p>
<p>There is a risk around all benefits going to one person's bank account. Perpetrators may use this as <b>another form of abuse</b> and control. This may impact on the number of people <b>willing/able to leave a perpetrator</b>.</p>
<p>Due to the reliance on women paying the rent rather than Housing Benefit being paid directly to landlords there is an <b>increased risk of incurring more evictions for rent arrears</b>. This has already started occurring in other supported housing areas.</p>
<p>The <b>protective factors</b> associated with Housing Benefit going directly to landlords in terms of client's vulnerabilities <b>would be lost</b>. This may be a particular risk for complex clients suffering from drug and alcohol misuse and mental health problems.</p>