

# Leicester Domestic Abuse Safe Accommodation Strategy 2022-25

Keeping Victims of Domestic Abuse Safe  
*under Part 4 of the Domestic Abuse Act*  
2021

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## 1. Introduction

1.1 Under Part 4 of the Domestic Abuse Act 2021 ("the Act"), local authorities are required to prepare and publish a strategy for the provision of accommodation-based support for victims of domestic abuse in their area.

1.2 The Crime Survey for England and Wales (CSEW) for the year ending March 2020 estimated that 20.7% of the population aged 18-74 years had experienced domestic abuse since the age of 16, and approximately 5 in 100 adults had experienced domestic abuse in the last year<sup>1</sup> (7.3% of women and 3.6% of men<sup>2</sup>).

1.3 Based on these levels of prevalence and a mid-2020 population estimate for Leicester of 354,036, a level of local domestic abuse-related need can be deduced. It is estimated that in Leicester, since the age of 16:

- At least 35,529 females have been affected by domestic abuse
- At least 18,156 males have been affected by domestic abuse

1.4 The Act sets out the following statutory definition of domestic abuse:

- Behaviour of a person ("A") towards another person ("B") if:
  - A and B are each aged 16 or over and are personally connected to each other, and
  - The behaviour is abusive.
- Behaviour is abusive if it consists of:
  - Physical or sexual abuse
  - Violent or threatening behaviour
  - Controlling or coercive behaviour
  - Economic abuse (behaviour that has a substantial adverse effect on B's ability to acquire, use or maintain money or property, or obtain goods or services)
  - Psychological, emotional, or other abuse
- It does not matter whether the behaviour consists of a single incident or a course of conduct.
- A's behaviour may be behaviour 'towards' B even if it consists of conduct directed at another person (such as B's child).

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<sup>1</sup> [Domestic abuse prevalence and trends, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-and-population/health-and-safety/articles/domestic-abuse-prevalence-and-trends-england-and-wales)

<sup>2</sup> [Domestic abuse victim characteristics, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/people-and-population/health-and-safety/articles/domestic-abuse-victim-characteristics-england-and-wales)

- Two people are considered to be 'personally connected' to each other if:
  - They are, or have been, married to each other
  - They are, or have been, civil partners
  - They have agreed to marry one another, whether or not the agreement has been terminated
  - They have entered into a civil partnership agreement, whether or not the agreement has been terminated
  - They are, or have been, in an intimate personal relationship
  - They have, or have previously had, a parental relationship to the same child
  - They are relatives
- References to victims of domestic abuse include references to a child (someone under 18) who sees, hears, or experiences the effects of the abuse, and is related to A or B.

1.5 This strategy will guide the work of the Leicester Domestic Abuse Locality Partnership Board ("the Board").

1.6 The Board will work to support, advise and work in partnership with Leicester City Council to ensure that victims of domestic abuse have access to adequate and appropriate support, and in particular safe accommodation, as defined in the Domestic Abuse Act 2021. Members of the Board will work together to improve outcomes for victims of domestic abuse, including their children, through a strategic approach.

1.7 The Board will include representatives of the following key partners:

- Leicester City Council (including housing services)
- Criminal justice services
- Victims of domestic abuse
- Children of domestic abuse victims
- Charities and other voluntary organisations that work with victims of domestic abuse in Leicester
- Healthcare services

## **2. Vision and Strategic Objectives**

### **(A) Vision**

2.1 This strategy will support and contribute to the vision and strategic objectives of the Leicester Domestic Abuse Locality Partnership.

“To provide an effective Leicester locality partnership response to the requirements of the Domestic Abuse Act 2021.”

### **(B) Strategic Objectives**

2.2 The Strategic Objectives of the Leicester Domestic Abuse Locality Partnership Board emerge from the Domestic Abuse Act 2021 and are to:

- (i) Assess, or make arrangements for the assessment of, the need for accommodation-based domestic abuse support in Leicester for all victims and their children who reside in relevant safe accommodation, including those who come from outside of the area.
- (ii) Prepare and publish a strategy for the provision of such support to cover the Leicester area having regard to the needs assessment.
- (iii) Give effect to the strategy (through commissioning/decommissioning decisions).
- (iv) Monitor and evaluate the effectiveness of the strategy.
- (v) Report back annually to central government.
- (vi) Have regard to the statutory guidance in exercising its functions under Part 4.

### 3. National and Local Drivers

#### 3.1 Leicester's domestic abuse safe accommodation strategy intersects with the following key local documents:

- Homelessness and rough sleeping strategy

[Homelessness and Rough Sleeping Strategy 2018-2023 \(leicester.gov.uk\)](https://leicester.gov.uk/homelessness-and-rough-sleeping-strategy-2018-2023/)

Victim-survivors of domestic abuse are likely to experience homelessness and be at risk of rough sleeping. One of the City Mayor's key priorities in Leicester is "to support further work to meet complex needs experienced by women and BAME communities who may not be sleeping on our streets but are homeless".

- Tenancy strategy

[Tenancy Strategy \(leicester.gov.uk\)](https://leicester.gov.uk/tenancy-strategy/)

Some domestic abuse victim-survivors will be Leicester City Council tenants or live in council properties. Perpetrators of domestic abuse may also be council tenants who are in breach of their Conditions of Tenancy.

- Joint health and wellbeing strategy

[The Joint Health and Wellbeing Strategy 2019-2024 \(leicester.gov.uk\)](https://leicester.gov.uk/the-joint-health-and-wellbeing-strategy-2019-2024/)

Experiences of domestic abuse can have a significant and detrimental impact on victim-survivors' physical and mental health and those with existing health inequalities can be at additional risk of domestic abuse and unsafe accommodation.

- Equality and diversity strategy

[corporate-equality-strategy-2018-2022.pdf \(leicester.gov.uk\)](https://leicester.gov.uk/corporate-equality-strategy-2018-2022.pdf)

Domestic abuse is generally understood to operate through abuse of power and control and have a 'cause and effect' type of relationship with inequality. An understanding of barriers to accessing safety and appropriate services will be critical in providing safe accommodation to those affected by domestic abuse.

- Early Help strategy

[Leicester Early Help strategy](#)

Nationally, between 25-30% of children in the UK live in households with domestic abuse, and a third of all households in Leicester include dependent children<sup>3</sup>. Children who have been affected by domestic abuse of a parent are now recognised as victims under the Domestic Abuse Act 2021, and in order to reduce the likelihood of harm, it is crucial that early help and support is available and effective.

- Safer Leicester Partnership (SLP) plan

[Safer Leicester Partnership Plan](#)

Reducing the harm caused by domestic abuse forms part of the wider SLP vision to “Work together to reduce crime, disorder and vulnerability so that individuals and communities in Leicester feel safe and are safe in their homes, on the streets and in the places they go”, and is understood as an area requiring complex problem-solving and often involving serious violence.

- Alcohol harm reduction strategy

[Draft Leicester Alcohol Harm Reduction Strategy 2021-2026](#)

Increased use of alcohol can increase the risk of harm where there is domestic abuse, in terms of severity and likelihood. Alcohol can also become a coping mechanism for managing the impact of domestic abuse and be a barrier to securing and sustaining safe accommodation.

- Knife crime and serious violence strategy

[Leicester Knife Crime and Serious Violence Strategy 2021-2023](#)

Domestic abuse may involve physical and/or sexual violence, including violence using weapons. Several Leicester domestic homicide reviews have been into deaths resulting from knife injuries. The current strategy therefore overlaps with the strategy to address knife crime and other serious violence in Leicester.

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<sup>3</sup> Office of National Statistics – Mid-Year Population Estimates 2020

3.2 The local domestic abuse agenda also links into the following national strategies:

- Violence against women and girls (VAWG) strategy

[Tackling violence against women and girls strategy \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

This national strategy aims to promote understanding of violence against women and girls, to prioritise prevention of such violent offences by supporting victims and pursuing perpetrators, and to build a stronger cross-system approach.

- Victims of Abuse (Support) Bill

[Victims of Abuse \(Support\) Bill - Parliamentary Bills - UK Parliament](#)

This Bill, which has been started in the House of Commons and is currently at second reading stage (December 2021), aims to establish a right to specialist sexual violence and abuse support services for victims of sexual, violent and domestic abuse.

- Police, Crime, Sentencing and Courts Bill

[Police, Crime, Sentencing and Courts Bill - Parliamentary Bills - UK Parliament](#)

This Bill has progressed to the House of Lords and is currently at report stage (December 2021). It makes a range of provisions in relation to policing, offences and sentencing, including provisions about collaboration between authorities to prevent and reduce serious violence, offensive weapons homicide reviews, and management and rehabilitation of offenders. The Serious Violence Duty will require local authorities, the police, fire and rescue authorities, specified criminal justice agencies and health authorities to work together to formulate an evidence based analysis of the problems associated with serious violence in a local area, and then produce and implement a strategy detailing how they will respond to those particular issues. Domestic abuse and sexual offences can now be included in this duty following an amendment announced in December 2021.



- Domestic Abuse Act

[Domestic Abuse Act 2021 \(legislation.gov.uk\)](https://legislation.gov.uk)

This recent piece of legislation set out a statutory definition of domestic abuse; introduced the role of Domestic Abuse Commissioner; created additional powers for dealing with domestic abuse; placed new duties on local authorities with regard to supporting victims of domestic abuse, convening local partnership boards and reporting; provided additional protection for victims and witnesses in legal proceedings; created a number of new offences relating to abusive acts; and made a number of further provisions, including polygraph testing for offenders released on licence. A national strategy and comprehensive perpetrator strategy will follow.

- Integrated health

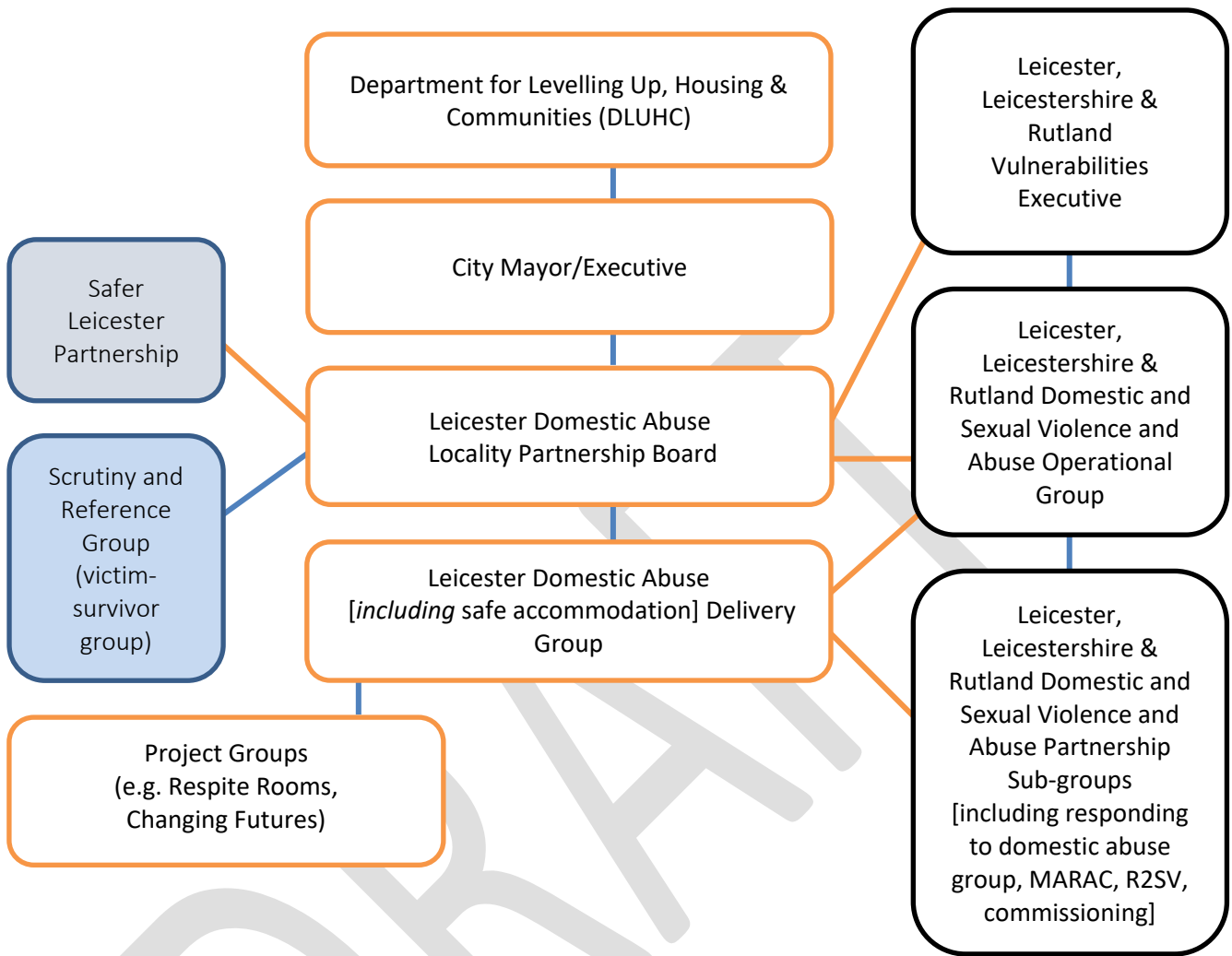
[Integrated Care: Our Shared Commitment - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

National and local health and care organisations have undertaken to deliver person-centred and coordinated care and support, communicating and collaborating with other services to improve outcomes for service users and ensure they are receiving services that meet their needs.

#### **4. Governance**

- 4.1 In September 2021, the City Council made the decision to create a city specific Domestic Abuse Locality Partnership Board to fulfil its specific accommodation related obligations under Part 4 of the Domestic Abuse Act 2021.
- 4.2 The Board will work together to support, advise, and work in partnership with Leicester City Council to ensure that victims of domestic abuse have access to adequate and appropriate support, and in particular safe accommodation, as defined in the Domestic Abuse Act 2021.
- 4.3 The Board will work together to improve outcomes for victims of domestic abuse, including their children, through a strategic approach that will also recognise the relationship with the wider Leicester, Leicestershire and Rutland Sub-Region and broader domestic abuse agenda.
- 4.4 The Leicester Domestic Abuse Locality Partnership Board will formally report to Leicester City Council, who will retain overarching responsibility for ensuring that the obligations placed on the local authority are met.

4.5 Diagram of the local and sub-regional governance structure



4.6 Meetings of the Board will have sections for open and closed business, with the closed section addressing matters relating to commissioning and City Council administration.

4.7 A delivery group of key departments in the City Council, and partners, will support the work (required actions relating to the strategy) of the Leicester Domestic Abuse Locality Partnership Board.

4.8 The Board will link into other key partnership bodies:

- Children's Trust Board

[Family Information | Our vision \(leicester.gov.uk\)](#)

Part of the Leicester Safeguarding Children Partnership Board (LSCB), which also includes the Early Help Strategic Board, the strategy aims to provide early stage help to children in Leicester, enabling them to "support – strengthen – thrive".

- Health and Wellbeing Board

[Health and Wellbeing Board \(leicester.gov.uk\)](#)

Leicester's Health and Wellbeing Board works in partnership with local communities and healthcare providers to develop and deliver health and wellbeing strategies.

- Homelessness Charter

[Leicester's Homelessness Charter \(leicesterhomelessnesscharter.co.uk\)](#)

Leicester's Homelessness Charter aims to improve the way organisations and individuals work together to tackle homelessness in the city, and to harness the enthusiasm of those who want to get involved but don't know how.

4.9 Delivery plan

To ensure delivery of the Leicester Domestic Abuse Safe Accommodation Strategy, a delivery plan will be developed with partners. This will be supported by the Leicester Domestic Abuse Safe Accommodation Delivery Group that reports into the Domestic Abuse Locality Partnership Board.

#### 4.10 Data updates

Quarterly performance monitoring headline data specific to Leicester and from across the sub-region will be provided to the Locality Partnership Board.

#### 4.11 Review of progress

An annual review of progress will be carried out and reported to the Department for Levelling Up, Housing & Communities (DLUHC).

The Board will receive quarterly updates on progress in line with an agreed performance reporting structure.

#### 4.12 Accountability

Overall accountability for the delivery of this strategy (once approved) will rest with the City Mayor at Leicester City Council.

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## 5. Needs Assessment

The Leicester Domestic Abuse Needs Assessment 2021 contains a full overview of the data available regarding domestic abuse relating to victims. It builds on previous needs assessments for the locality published in 2019 and 2017 and references the Leicester Domestic Homicide Review Data Report. Some information from the full needs assessment is included here for ease.

### 5.1 Current service model for domestic abuse specific commissioned services

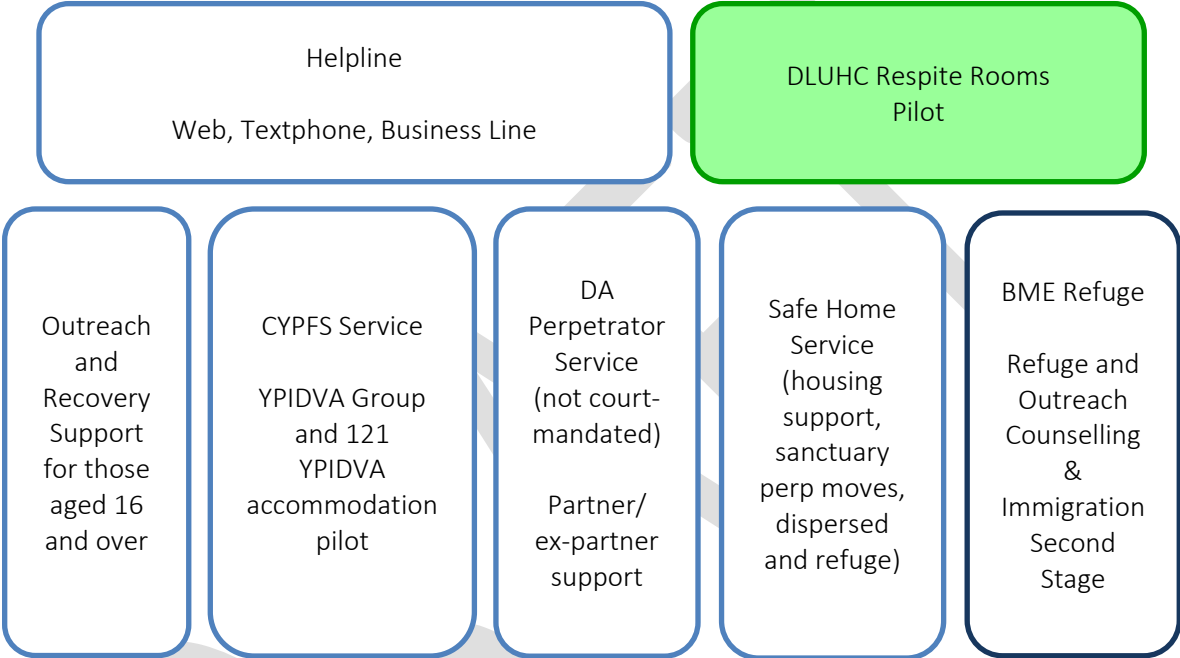
In 2021 United Against Violence and Abuse (UAVA) deliver the provisions outlined in blue in the diagram below, having done so since December 2015. UAVA is a cooperative consortium of Women's Aid Leicestershire Limited (WALL), Living Without Abuse (LWA) and Freeva (Freedom from Violence and Abuse), formed in 2015.

Panahghar Safehouse deliver the services outlined in black and have done so directly commissioned by the city council since April 2021, previously through a partnership DLUHC project. They provide a 'safe home service' specifically by and for victim-survivors from Black and Minority/Minoritised Ethnic (BME) communities.

The service coloured in green below is a DLUHC funded pilot project, which Leicester City Council was successful in securing, to run from October 2021-September 2022.

There is wider provision of Council housing and homelessness provision which might not be classed currently as 'safe accommodation' within the remit outlined in the statutory guidance.

5.2 Diagram of current service model for domestic abuse specific commissioned services



5.3 Table summarising commissioned and non-commissioned domestic abuse accommodation related support in Leicester 2021

Service Name	Brookes House	Leicester Refuge	Juno House	Dispersed	247 Locks	Refuge (Panahghar)	Respite Rooms	Second Stage	Action Homeless	Zinthiya Trust
Commissioner/ Funding	LCC/Budget	Unknown	Unknown	Unknown	PCC	LCC/Budget	LCC/ DLUHC	LCC/ DLUHC	Unknown	Unknown
Specialism (if applicable)			Young women			BME	BME	BME	Specialist play worker, DV coordinator	
Number of units	19	11	8	3	-	15	5	6	7	20
Type of units	Self-contained and dispersed				-	Shared and self-contained				
DA support provider	WALL	WALL	WALL	WALL	-	Panahghar	Panahghar & NDND	Panahghar	Action Homeless	Zinthiya Trust
Number of wheelchair accessible units	5	0	0	0	-	7	1	0	1	4
Largest family size	4	4	2	5	-	5	3	3	4	3
Upper age limit for male children	14-16	12	12	None	-	14 (shared), 16 (self-contained)	16	14	11	9
Take victims with NRPF	Yes	No blanket policy			-	Yes	Yes	Yes	Yes	Yes
Support for male victims	No	No	No	Yes	-	No	No	No	No	No
Pets accepted	No	No	No	Yes (2 units)	-	No	Yes	Yes	No	No
Overnight on-site security staff	Yes	No	Yes	No	-	No	Yes	Yes	No	No
Quality Standards (DA specific)	WAFE & SafeLives high/medium risk services	WAFE	WAFE	WAFE	WAFE	Imkaan	Imkaan	Imkaan	-	



## 5.4 Prevalence of domestic abuse in Leicester

- 5.4.1 The Crime Survey for England and Wales<sup>4</sup> (CSEW) population estimates of domestic abuse prevalence amongst adults since age 16 would equate to at least 18,000 men and 35,000 women in Leicester. The actual figure is likely to be far higher. Over 27,000 children in Leicester might be affected as victims, through domestic abuse being inflicted against their parent or caregiver.

In 2020-21, 483 referrals were made to the city council commissioned service for victims at high risk of homicide or serious injury and 684 to those assessed as being at medium to standard risk of homicide or serious injury.

Leicestershire Police recorded 3,230 domestic abuse related incidents and 7,700 domestic abuse related offences in Leicester during 2020-21.

There is a higher number of victim-survivors accessing services with no recourse to public funds (27%) in the City compared to figures available nationally (13%). There is a lower level of need related to alcohol and drugs than that identified in the national dataset. The severity of abuse is higher in Leicester data than from other projects using the Insights monitoring service.

## 5.5 Accommodation related need

- 5.5.1 The city council commissioned specialist domestic abuse 'Safe Home Service' recorded 789 referrals in 2020-21. This figure has risen for each of the last three years.

The Hope Project<sup>5</sup> recorded 264 referrals in 2020-21 of domestic abuse victim-survivors who had an accommodation related need plus another need such as immigration support, language support, mental health related need or substance misuse. Mental health related need was more prevalent than substance misuse need.

Housing need amongst the victim-survivor population known to the city council commissioned specialist domestic abuse support and information service is showing a year on year increase and is higher than the national figures available.

Mental health figures for Leicester show as higher than the national figures (57% compared to 44%) and show an increase in 2020/21.

Housing need for adults with children appears to be increasing at a faster rate than previously. Insights data shows that housing need is the highest need

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<sup>4</sup> Year ending March 2020

<sup>5</sup> DLUHC funded partnership project 2018-2021

among victims (73% in 2020-21), followed by mental health related need (57%), financial need (14%) and alcohol need (4%).

Referrals to the sanctuary scheme delivered through the Safe Home Service have dropped over the last three years. Additional security measures are also available through a Police and Crime Commissioner funded service.

The most common reason the Safe Home Service recorded being unable to accommodate a victim in Leicester promptly was due to their "support needs", meaning they were not suitable for the available safe accommodation (in 29 of 110 cases in 2020-21, or 26%).

The second most common reason was recorded as 'no current domestic abuse' (20 cases, or 18%). The third most common reason recorded was a lack of suitable safe accommodation (with 19 cases seeking a specific area and 13 having no suitable accommodation available; 17% and 12% respectively).

Reasons for victim-survivors being asked to leave refuge accommodation in 2020-21, resulting in unplanned moves to hostels and other services, included persistent breaches of 'house rules' and lockdown regulations, lack of engagement with staff, and disclosing the location of the refuge. Other reasons that victims have been required to leave over the past three years include unauthorised nights out, failure to attend appointments, ongoing contact with perpetrators, non-payment of rent and/or personal contributions, accommodation being kept in poor condition, damage to refuge property, storing/consuming illegal drugs and alcohol on site, and offending/violent behaviour towards other residents.

In 2020-21 19% of accommodation directly provided through the Safe Home Service was not available due to cleaning or maintenance, exacerbated by the Covid-19 pandemic.

In 2020-21 the 'waiting list' for refuge accommodation known to the Safe Home Service (which is wider than those victim-survivors from Leicester) ranged from 10 to 24 cases. Over the past three years, the average length of those searching for refuge accommodation at any one time has been 13 (range of 5 to 26 cases).

Barriers faced by victim-survivors on the Safe Home Service waiting list have been recorded as: complex mental health issues, including suicidal thoughts and self-harm; physical health and/or disability needs, such as being pregnant or having accessibility requirements; previous refuge evictions; substance misuse; being male; being a carer for a family member; financial and/or immigration issues; having a learning disability; not speaking English and requiring an interpreter; being considered 'high risk' or having high support

needs; family size or demographics (for example, having a teenage son above the accepted age or a dependent adult daughter); wanting a particular type or location of accommodation, which is not available or not appropriate; and criminality, including being subject to a probation order, having a history of assaulting professionals, and being unable to be around children.

Timely move on from the Safe Home Service occurred in 50-60% of cases, meaning that victims are staying in refuge accommodation longer than they would wish and less emergency access refuge spaces are available for those needing safe accommodation.

In 2020-21 the Leicester City Council Housing Tenancy Team supported 87 victim-survivors of domestic abuse. This is a significant increase compared to previous years.

There was a 22% increase in Domestic Violence and Abuse (DVA) led presentations to city council Homelessness Services from 2019-20 to 2020-21. Overall presentations to the service increased by 9% in the same period, meaning DVA-led presentations were 13% over trend, and therefore statistically significant. DVA presentations in 2020-21 accounted for 5.8% of all presentations to the service compared to 5.2% in 2019-20, a 12% increase.

Homelessness applications where domestic abuse was recorded increased to 248 in 2020-21. There has been a year on year increase for those with physical ill health and disability.

Police figures consistently show that around 74% of reports of domestic abuse offences are made by females. Females account for 95% of referrals to UAVA's Support and Information Service and for 71% of victims of domestic homicides in Leicester. Women also account for the highest proportion of repeat victims.

Over the past three years, 2.2% of victims accessing the Safe Homes Service have been male. This represents a total of 50 men.

Performance narratives submitted by the Safe Home Service describe the circumstances of individual male victim-survivors they have supported:

- A male with a terminal illness who was supported into dispersed accommodation
- A trans male service user who had started their journey through transitioning at the time of accessing support
- A male fleeing his female partner who was also supported into dispersed accommodation.

Data collected by UAVA support and information contract shows 3% of cases where the victim identified as Lesbian, Gay, Bisexual or Transgender. In 89% of cases service users identified as heterosexual, and in the remaining 8% of cases they did not disclose this information.

Referrals to domestic abuse (not accommodation specific) victim-survivor services show slightly lower referrals from those of an Asian Indian background compared to the census population. This gap is not evident for other Black and Minority/Minoritised Ethnic (BME) populations.

BME groups may be at risk of experiencing longer lengths of abuse compared to the White British population, with an average length of abuse of 6.5 years compared to 5.0 years.

An interpreter was required for 11% of victim-survivors who accessed the UAVA Support and Information service during 2020-21. The languages an interpreter was most frequently required for included Gujarati, Polish, Punjabi and Hindi. Language, and isolation, was identified as a significant barrier in engagement work undertaken by the Zinhiya Trust with local British Asian Indian women.

Meetings took place between Leicester City Council and key stakeholders over the summer of 2021 to explore the complex needs of women from Black, Asian and Minority Ethnic communities who “may not be sleeping on our streets but are homeless”. Representatives from the police, the council’s Housing and Community Safety teams and voluntary sector organisations were consulted. Many barriers were shared during these discussions, including racism (perceived, systemic and individual), accessibility of online processes, language and isolation, lack of trust and lack of awareness of the services available.

Both UAVA and police data show gaps in identification for those aged over 54 years. Insights data also suggests that older victim-survivors are more likely to suffer longer terms of abuse.

There are indications from numerical and qualitative data that younger victim-survivors (16-24 years) might be at risk of high levels of abuse, including severe abuse, and also be less likely to sustain or access safe accommodation.

## 5.6 Future locally commissioned services for domestic abuse

New services have been procured to begin April 2022. This follows a coordinated commissioning exercise undertaken across the sub-region with the Police and Crime Commissioner, Rutland County Council and

Leicestershire County Council and builds on significant learning and consultation. These core foundation services are contracts lasting three years with a potential extension of a further 24 months.

Consultation feedback on commissioning the accommodation related support services element supported the proposals outlined, with some concerns. A selection of comments is listed below:

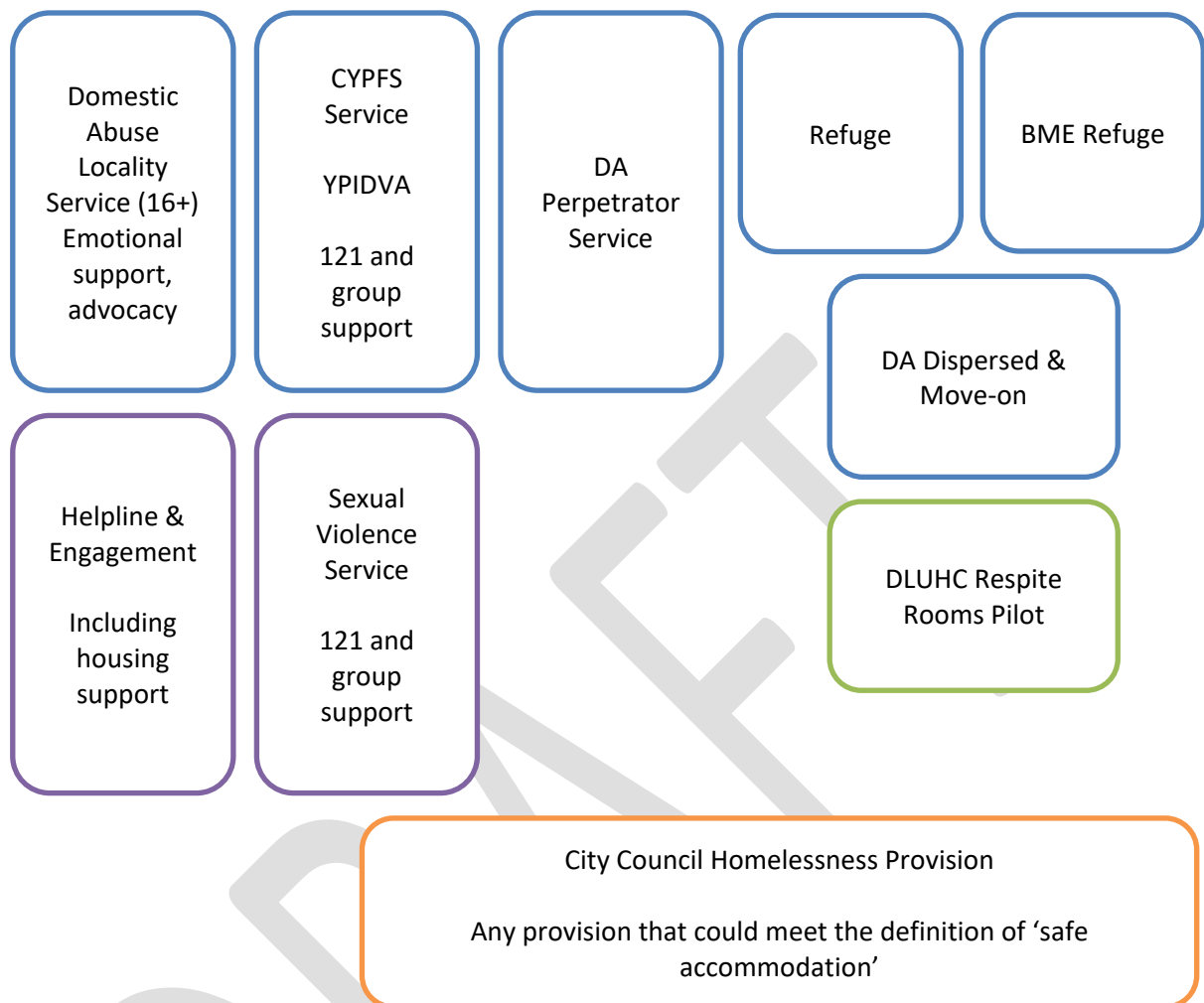
- "Refuges and sanctuary safety is paramount"
- "Housing is a massive pressure point for domestic violence and being vulnerably housed can lead to sexual exploitation and abuse"
- "There is very limited service for men"
- "Limited service, very few bed spaces for Leicester residents [mentioned multiple times]"
- "It's taken hours to find space and each time I've been told I cannot take my dog. I will not leave her in the hands of a violent abuser which is why I am stuck"
- "Focus on ... removing the perpetrator" [mentioned multiple times]
- "Accommodation needs to be in the city centre where it is easy to access other services"
- "Providing different types of accommodation to suit the different needs of individuals is particularly welcomed and ensure victims have a range of accommodation options" [mentioned multiple times]

For the shorter consultation specific to the safe accommodation strategy, undertaken Oct-Nov 2021, comments relating to the safe accommodation element of commissioned services included:

- That providers feel the priorities outlined in the current safe accommodation strategy are the correct ones
- That standards in safe accommodation must be strictly adhered to and enforced, with checks to be carried out on a provider's track record to ensure that suitable accommodation is provided in safe areas and with appropriate support
- That providing a range of accommodation, including communal and dispersed accommodation, is important

- That services should be funded to provide support for victims to move on to permanent accommodation or return home safely
- That victims having no resource to public funds (NRPF) is a major issue
- That all professionals should be aware of how to access safe accommodation options
- That there should be effective collaboration between agencies where the needs of victims are at the heart of decision making, without 'passing the buck'
- That complex needs, such as substance dependence and mental health, can be a barrier to accommodation provision and that support for such needs can be costly due to high staff ratios and 24-hour on site provision (further exacerbated by the Housing Benefit cap)
- That there are concerns about the current amount of safe accommodation and ability to meet victims' needs
- That consideration should be given to how victims can remain in their homes when it is safe to do so, e.g. removing perpetrators
- That accommodation support should fully meet the needs of individuals (as opposed to, for example, health needs being a barrier to accessing accommodation)
- That accommodation for people who need to receive care and support should be addressed and available, with descriptions of accommodation types and support offers specifically covering people who may have additional needs (e.g. physical, sensory or age)
- That access to safe accommodation should be 24/7 and provision needs to be in place for accepting high priority cases immediately
- That strong, clear pathways must be in place between providers to ensure a simple journey for victims

5.7 Diagram of domestic abuse service system from April 2022:



Key:

Blue = city council commissions 2022-25 (possible extension up to 24 months)  
 Purple = PCC commissions

## 6. Best Practice

6.1 The following assessment of existing provision in Leicester can be used to inform the safe accommodation strategy:

Safe Accommodation	Needs, gaps and priorities
Refuge provision	Data might indicate a need for more variety of locations, so those not safe in one area of the city can flee to another to be safe, and a need to expand the diversity of provision.
Specialist safe accommodation	Data might indicate a need for a specialist safe accommodation option for young people, and more specialist accommodation for Asian women. High levels of jealous and controlling abuse, high severity physical abuse and high mental health related needs might indicate the need for specialist accommodation in these areas.
Dispersed accommodation	Data on those not being placed might indicate a greater need for this type of accommodation, that can be used for those in employment, male victim-survivors, those victim-survivors less suited to communal living, and those with older male children or other adult dependants.
Sanctuary scheme properties	This is in place to some extent but not currently tracked or used widely outside of 'target hardening'.
Second stage accommodation	This is not routinely commissioned at this point but has been included in the 2021-22 pilot with the BME specialist provider.
Other forms of DA emergency accommodation	Respite Rooms is a pilot for 12 months starting October 2021.
Support Type	
Advocacy	Delivered to those victims of domestic abuse with a housing need through in-house staffing and through other domestic abuse provision such as the helpline, outreach and recovery services.
Prevention advice	As above.
Specialist support	There is specialist CYPFS and BME specialist domestic abuse support provided, including a pilot of specialist immigration support. The picture is not currently clear about referrals and



	support provided from across the range of provision into those in safe accommodation but should emerge through the revised data set.
Children's support	There is a service provided, with a specific remit to support CYP within safe accommodation.
Housing related support	Core service within all accommodation related service specifications. Might be a need to expand dedicated provision/ points of contact in homelessness services [for those in safe accommodation] as this has worked well with the Safe Home Service.
Advice service	As above.
Counselling and therapy including group support and emotional support	Provision of services (outreach and emotional support) is contained within the current support and information service contract and the future domestic abuse locality service contract. There is also a pilot 2021 project for emotional support and trauma informed accommodation provision, and specialist counselling pilots.

## 6.2 Whole Housing Approach

The Whole Housing Approach (WHA) is a framework for addressing the housing and safety needs of victim-survivors in an area. It brings together under one umbrella all the main housing tenure types alongside the housing options and support initiatives needed to help people experiencing domestic abuse to either maintain or access safe and stable housing<sup>6</sup>. It is an approach established by the Domestic Abuse Housing Alliance (DAHA), a national partnership made up of two housing associations and London-based charity Standing Together Against Domestic Violence (STADV), whose mission is to improve the housing sector's response to domestic abuse through the introduction and adoption of an established set of standards and an accreditation process. DAHA seeks to embed the best practice learned and implemented by its founding partners and has established the first accreditation for housing providers<sup>7</sup>.

<sup>6</sup> [What is the Whole Housing Approach? - daha - Domestic Abuse Housing Alliance \(dahalliance.org.uk\)](https://dahalliance.org.uk)

<sup>7</sup> [DAHA - Domestic Abuse Housing Alliance \(dahalliance.org.uk\)](https://dahalliance.org.uk)

The WHA has been effective in other Community Safety Partnerships that are similar and local to Leicester's, such as Nottingham<sup>8</sup>. Central to its successful implementation is the role of WHA Coordinator who ensures the initiatives are delivered in a safe, consistent and coordinated way.

The WHA aims to:

- Improve access to safe and stable housing across all tenure types (social, private rented and private ownership), including the need for move on from refuge services and other temporary/emergency accommodation into settled housing;
- Ensure access to a range of housing options tailored for domestic abuse, giving choice for victim-survivors to relocate or remain in their existing accommodation.

The WHA includes 14 components, divided into tenure types (green circles) and white circles (the housing options, initiatives and support offered to victim-survivors across the tenure types):

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<sup>8</sup> [Nottingham Safe Accommodation Strategy 2021- 2024 | Equation](#)



6.3 The recommendations arising from Leicester’s 2021 needs assessment reflect the four key WHA aims:

WHA aim	Delivery in Leicester
To create earlier identification and intervention for domestic abuse through mobilising social and private landlords and key institutions involved in private ownership	<ul style="list-style-type: none"> <li>• Early identification/intervention is a priority</li> <li>• Partnership work with other social landlords</li> <li>• Partnership training</li> <li>• Selective licensing scheme for private landlords</li> </ul>
To reduce the number of people who are made homeless as a result of domestic abuse	<ul style="list-style-type: none"> <li>• Perpetrator moves</li> <li>• City Council Housing tenancy approach</li> </ul>

	<ul style="list-style-type: none"> <li>• Increased safe accommodation options for victim-survivors who are made homeless (e.g. Respite Rooms)</li> <li>• Changing Futures initiative – designed to support those with complex support needs/ multiple disadvantage, including homelessness</li> </ul>
<p>To increase tenancy sustainment options so that people experiencing domestic abuse can remain safely in their home when it is their choice to do so or not lose their tenancy status if they relocate</p>	<ul style="list-style-type: none"> <li>• Tenancy sustainment and choice for victim-survivors is a priority</li> <li>• Leicester City Council and other social housing landlords take action to remove perpetrators from properties through enforcement and positive engagement activities</li> </ul>
<p>To bring together the housing and domestic abuse sectors through a Coordinated Community Response (CCR) to keep victim-survivors safe and hold abusers to account</p>	<ul style="list-style-type: none"> <li>• Mapping against CCRs identified by Standing Together Against Domestic Abuse (STADA) in their report “In Search of Excellence” (see below)</li> </ul>

## 6.4 In Search of Excellence

Mapping against components from Standing Together Against Domestic Abuse's "In Search of Excellence" report 2020<sup>9</sup>:

Key questions	Recommendations	Baseline/RAG rating
<b>CCR component: Survivor engagement and experience</b>		
<p>1. Are a diverse range of survivor's voices heard within the partnership?</p> <p>2. Is survivor engagement safe and trauma informed?</p> <p>3. Is there a system and process for embedding the experience of survivors into the CCR?</p>	<ul style="list-style-type: none"> <li>• All stages of service delivery should be informed by survivor experience and engagement, using co-production.</li> <li>• Attention should be paid to ensuring a diversity of survivor voices are heard. Specialist services can help with this.</li> <li>• Survivors should be consulted across a range of mediums.</li> <li>• Engage with local services e.g. women's centres, disability and migrant rights organisations and 'by and for' services.</li> <li>• The voices of children as survivors should be heard and reflected in survivor engagement processes.</li> <li>• All survivor engagement must be safe and trauma informed. Using the Survivor Voices Charter can support this.</li> <li>• Building financial and safeguarding arguments to support the need for survivor informed change is key.</li> <li>• A formal system to ensure the results of survivor engagement are embedded is key for an effective CCR.</li> </ul>	<p><b>GREEN</b></p> <p>Victim-survivors are represented in the partnership and measures are in place to ensure their voices are heard.</p> <p>Engagement is safe and trauma informed.</p> <p>There is a system for embedding experiences.</p>
<b>CCR component: Intersectionality</b>		
<p>1. Do all members of the partnership have an understanding of intersectionality and how it relates to the experiences of survivors?</p> <p>2. Is intersectionality a genuine strategic priority?</p> <p>3. Does your CCR include a wide range of communities?</p>	<ul style="list-style-type: none"> <li>• Intersectionality should be treated as a true priority. This means being practical, flexible and learning to meet the specific needs of different local communities.</li> <li>• Staff and volunteers at all levels should be given appropriate and comprehensive capacity building to ensure a better understanding of intersectionality.</li> <li>• Engagement with 'by and for' and community groups can help to greater understand the local population, survivor's help seeking methods, and barriers to accessing support. 'By and for' agencies should be properly remunerated for their work.</li> <li>• Working with communities in an intersectional way means empowering survivors so that they know where they can go to receive support, without them losing their existing networks.</li> </ul>	<p><b>AMBER</b></p> <p>Intersectionality is understood to differing levels across the partnership.</p> <p>The CCR includes a wide range of Leicester's diverse communities.</p>

<sup>9</sup> [In+Search+of+Excellence+2020.pdf \(squarespace.com\)](#)

CCR component: Shared vision and objectives		
<p>1. Is there a shared vision? 2. Can partners name the objectives? 3. Do they recognise the need to collaborate on equal terms?</p>	<ul style="list-style-type: none"> <li>• Ensure a shared vision, with identified outcomes, which goes beyond deliverables and data, is in place.</li> <li>• The vision will be a snapshot of the ambition of the partnership and is underpinned by the objectives of the CCR.</li> <li>• Shared responsibility across the partnership, which takes into account differing dynamics between partners and which articulates clear contributions from each agency and organisation involved in the CCR, is essential.</li> <li>• A shared theory of change should be in place – for all partners to be able to effectively engage with developing the vision, training may be needed to increase knowledge of the impact of DA, trauma informed practice and survivor engagement.</li> </ul>	<p><b>GREEN</b></p> <p>There is a shared vision and partners have a good understanding of the objectives, which are simply expressed.</p> <p>Partners recognise the need to collaborate on equal terms.</p>
CCR component: Structure and governance		
<p>1. Do all partners understand the governance structure? 2. Does the governance structure allow for challenge from smaller agencies? 3. How do you know the structure is effective?</p>	<ul style="list-style-type: none"> <li>• DA/VAWG governance and the CCR should be reflected in all local governance structures and strategies.</li> <li>• A Terms of Reference and Business Delivery Plan should be used to agree roles and responsibilities of partners.</li> <li>• Having both strategic and operational authority and structures should be in place to make and enact decisions.</li> <li>• There should be a bi-directional flow of information and influence between strategic and operational groups.</li> <li>• Appropriate representation on both strategic and operational governance structures across partners, agencies and all relevant organisations is essential.</li> <li>• Clear monitoring and evaluation frameworks should be in place to assess how effectively the CCR being delivered to meet local need and whether the roles and responsibilities and corresponding allocation of resources, enable this.</li> </ul>	<p><b>AMBER</b></p> <p>The governance structure is in the process of being updated to reflect the fact that the locality partnership board will be city only.</p> <p>It is expected that the revised structure will allow for challenge and will be effective, but this needs to be tested.</p>
CCR component: Strategy and leadership		
<p>1. Do the strategic objectives of the partnership and action plan include prevention and early intervention alongside high-risk responses? 2. Are all statutory agencies aware of their responsibility to deliver multi-agency responses effectively as well as the specialist sector?</p>	<ul style="list-style-type: none"> <li>• A strategy/strategic plan with SMART (specific, measurable, attainable, relevant and time-bound) strategic aims, agreed by all partners, should be in place.</li> <li>• Strategies that connect to the shared vision and objectives (section 3) of the CCR and the structure and governance of the CCR (section 4).</li> <li>• A strategy/strategic plan which is formulated with reference to the national policy landscape, but grounded in local context, knowledge and the intersecting experience of survivors is essential.</li> </ul>	<p><b>GREEN</b></p> <p>The strategic objectives and action plan include preventative as well as responsive work.</p> <p>Agencies are aware of their responsibilities.</p>

<p>3. Does your strategy incorporate an intersectional, gendered, survivor-led and trauma-informed approach?</p> <p>4. Do you have a VAWG/DA Strategic Coordinator to support strategy delivery?</p> <p>5. How is the learning from DHRs embedded in your local strategy?</p>	<ul style="list-style-type: none"> <li>• Ensure proper analysis of data sets which can evidence need and measure progress, alongside a living, breathing action plan which is also aligned to the learning and action plans resulting from local domestic homicide reviews, takes place.</li> <li>• A strategy that highlights and outlines the critical role and value of specialist services and the unique expertise they bring to the partnership is crucial.</li> <li>• A focus on early intervention and prevention, alongside high risk interventions in order to keep people safe, prevent DA from taking place, and provide cost savings opportunities. This means ensuring a strong focus in the strategy both on the role of the statutory sector which is where survivors at the early stages of their abuse are most likely to come into contact with services, and on specialist, expert services.</li> </ul>	<p>The approach is intersectional, gendered, survivor-led and trauma-informed.</p> <p>A process for learning from DHRs is embedded in the strategy.</p>
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**CCR component: Specialist services**

<p>1. Is there sustainable funding for specialist services?</p> <p>2. Are there gaps in service provision for survivors?</p> <p>3. Is the statutory sector playing its part in responding to survivors?</p>	<ul style="list-style-type: none"> <li>• Service commissioning should take into account the expertise of small specialist organisations and be sustainable to ensure resources are used most effectively.</li> <li>• Provision for women only support should be ensured.</li> <li>• Needs should be assessed on an ongoing basis in each area as part of the CCR.</li> <li>• All those who have a responsibility to survivors should act as advocates for these people, including with other agencies.</li> <li>• Existing resources need to be used in the most effective and joined up way e.g. through partnership working.</li> <li>• Funding should be protected and extended for DA services, including those prioritising prevention and early intervention.</li> <li>• Survivors who have no recourse to public funds must be supported appropriately.</li> <li>• Agencies need to work together to provide a range of seamless services to victims, working to overcome any gaps or potential gaps in service delivery.</li> <li>• Work with perpetrators, and training staff to do this work effectively, is important from both a reduction in DA and cost saving perspective.</li> <li>• Partnerships must address the needs of children as victims.</li> <li>• A range models of support and funding, such as sanctuary schemes, mobile advocacy, colocation work and flexible funding programmes, should be piloted and evaluated and where successful integrated across CCRs.</li> </ul>	<p><b>GREEN</b></p> <p>Funding for specialist services is currently secure.</p> <p>There are some gaps in service provision which have been identified and work to address these is ongoing.</p> <p>The statutory sector is playing its part in responding to survivors.</p>
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	<ul style="list-style-type: none"> <li>Local specialist services will be best commissioned, funded and delivered where there is real understanding of the diversity of local need and where specialist organisations are resourced appropriately.</li> </ul>	
<b>CCR component: Representation</b>		
<ol style="list-style-type: none"> <li>Are key agencies represented at the relevant level?</li> <li>Is strategic leadership supported by resources?</li> <li>Are 'by and for' agencies able to engage meaningfully?</li> </ol>	<ul style="list-style-type: none"> <li>Each Clinical Commissioning Group and Foundation Trust should map out the best person to participate via their domestic abuse and / or safeguarding lead.</li> <li>Exclusion of voluntary sector agencies in CCR partnerships can be addressed by separating out commissioning decision making from the business of strategic meetings.</li> <li>Partner dynamics should be mapped and managed to ensure that partners from the voluntary sector can be heard and included.</li> <li>Strategic leads from different agencies should be held accountable in meetings, not just for attending but for agreed actions and contributions.</li> <li>Clear terms of reference which map out partner representation should be in place.</li> </ul>	<p><b>GREEN</b></p> <p>Key agencies are represented.</p> <p>Strategic leadership is supported by resources.</p> <p>'By and for' agencies are able to, and do, engage meaningfully.</p>
<b>CCR component: Resources</b>		
<ol style="list-style-type: none"> <li>Does the CCR grasp the scale and costs of the problem?</li> <li>Is DA embedded within each agency's own planning?</li> <li>Are strategic partners working to improve capacity within specialist services?</li> <li>Are commissioning practices undermining partnership working?</li> </ol>	<ul style="list-style-type: none"> <li>The added value brought by local, specialist services should form part of the overall funding and resourcing strategy.</li> <li>Ensure partnerships take a broader view, recognising the wider effects of VAWG on society, public services and the economy.</li> <li>Take time to make the business case for increased and more strategic resource allocation for DA and connected services.</li> <li>Ensure partners and agencies are aware of the costs of not addressing DA or putting it into their strategic plans.</li> <li>Commissioning cycles and processes should be longer and more collaborative to prevent competition and to enable partners to coordinate and integrate their work.</li> </ul>	<p><b>GREEN</b></p> <p>The scale and costs are well grasped by the CCR.</p> <p>DA is embedded within agency planning.</p> <p>Partners are working to improve capacity within specialist services and partnership work is not undermined by commissioning practices.</p>



CCR component: Coordination		
<p>1. Are partners aligned with the principle of a coordinated approach?  2. Are partners committed to collaboration?  3. Is the significance of the coordinator's role acknowledged and supported?</p>	<ul style="list-style-type: none"> <li>• Each CCR should recognise the importance of having a coordinator to bring agencies together.</li> <li>• Don't over rely on one person to coordinate everything; this won't work. Getting the balance right between having a coordinator and coordinating role but not overloading them or passing all responsibility to them, is important.</li> <li>• Ensure all partners are clear on their roles in the coordination process, as well as the wider work to address DA/VAWG.</li> <li>• Each CCR should give agencies and partners time and resources to address and mitigate for any coordination issues in order to improve joint working.</li> </ul>	<p><b>AMBER</b></p> <p>A coordinated approach is valued by partners but the structure is in the process of change.</p> <p>Partners are committed to collaboration and roles are acknowledged and supported.</p>
CCR component: Training		
<p>1. Is there a common understanding amongst staff of the dynamics of domestic abuse?  2. Do colleagues at all levels have the skills and knowledge to identify and respond to domestic abuse?  3. Is there a policy for service users and staff?</p>	<ul style="list-style-type: none"> <li>• The partnership should discuss and decide key training messages regarding the nature, scope and impact of DA.</li> <li>• Managers and supervisors should be trained first.</li> <li>• Ensure trainers are well briefed on current local and operational issues for each agency.</li> <li>• Deliver multi-agency training where appropriate, to strengthen partnership links in this setting.</li> <li>• Utilise multiple opportunities to continually upskill staff.</li> <li>• Ensure training covers the expected standards for each service, is trauma-informed and intersectional, and has the survivor experience at the heart of it.</li> <li>• Use information given by participants in training sessions to provide detailed feedback about operational and systemic gaps that need to be addressed. Training should be continually revised and updated based on feedback.</li> <li>• Ensure that participants leave the training with a clear idea of what is expected of them, what is possible, and what is safe in their practice around domestic abuse issues.</li> <li>• Boost participants' confidence and competence through training that builds awareness and understanding of DA dynamics, a knowledge base about procedures, resources and legal requirements, and skills they can put to use.</li> <li>• Organisational processes must keep domestic abuse on the agenda e.g. is domestic abuse part of assessments, referral pathways, supervision sessions and staff meetings?</li> </ul>	<p><b>GREEN</b></p> <p>There is a common understanding among staff of the definition and dynamics of DA.</p> <p>Colleagues have the skills and knowledge to identify and respond to DA, and access to refresher training.</p> <p>Relevant policies are in place for service users and staff.</p>

CCR component: Data		
<p>1. Has the partnership mapped existing data?  2. Do all partners contribute data that is collated for the whole partnership?  3. Does the partnership have an agreed method of defining and measuring success?</p>	<ul style="list-style-type: none"> <li>• Map existing data collection within agencies and assess that alongside what data the wider partnership needs.</li> <li>• Agree a CCR wide definition of what success looks like, to ensure better data collection and effective use of resources.</li> <li>• Look to specialist services as experts in data collection and monitoring and evaluation within your CCR.</li> <li>• Ensure a dedicated member of staff exists who can collate data and monitor performance on behalf of the partnership.</li> <li>• Ensure every partner is clear on what data they should be collecting, why and what it is used for, including enabling the partnership to show the value of the work it does.</li> <li>• Make sure that data is collated and analysed centrally in the CCR as well as by partner agencies and organisations.</li> <li>• Address concerns around confidentiality and competitiveness through training in GDPR and changes to commissioning processes to encourage collaboration.</li> </ul>	<p><b>GREEN</b></p> <p>Existing data has been mapped.</p> <p>All partners contribute data that is collated for the partnership.</p> <p>The partnership has agreed methods of defining and measuring success.</p>
CCR component: Policies and processes		
<p>1. Does the partnership have policies and protocols to work with other strategic boards effectively?  2. Are policies and procedures evidence based and survivor informed?  3. Do all partners have a clear understanding of information sharing?</p>	<p>The following should be in place across partner agencies and organisations, and for the CCR partnership itself:</p> <ul style="list-style-type: none"> <li>• Safeguarding policies &amp; processes</li> <li>• Risk assessments</li> <li>• Assessment Conferences</li> <li>• Domestic abuse policy for staff</li> <li>• Governance policy – see section 4 on structure and governance.</li> <li>• Communication policy – this policy and accompanying procedures will define how messages (and information on data) will be agreed and published internally and externally,</li> <li>• Domestic Homicide Reviews – see section on DHRs.</li> </ul> <p>An effective CCR will have a clear process and procedures agreed for commissioning, delivering, and implementing learnings for any DHR they are involved in.</p>	<p><b>AMBER</b></p> <p>The partnership has appropriate policies/ protocols but will need to adjust to recent changes in structure.</p> <p>Policies/procedures are evidence based and survivor informed.</p> <p>Partners understand information sharing.</p>

CCR component: Domestic Homicide Reviews		
<p>1. Are DHRs embedded within the CCR?</p> <p>2. Does your area have processes in place to communicate lessons learned and ensure accountability?</p> <p>3. Are there structures in place to measure the impact of action plans?</p>	<ul style="list-style-type: none"> <li>• Attempts to engage family and friends in the DHR process should be considered, constructive, supportive and timely.</li> <li>• DHR panels should include a DA specialist and specialist community agencies. This will better reflect communities' specific needs and experience and be able to better ensure intersectional and trauma-informed analysis in the report.</li> <li>• Panel composition and equity should be ensured throughout, including during report writing.</li> <li>• DHRs should not be rushed.</li> <li>• Local areas should have a system in place to ensure action- plans are completed; goals should be SMART.</li> <li>• DHR panel chairs should be victim-led, and able to facilitate panel discussions to identify meaningful lessons.</li> </ul>	<p><b>GREEN</b></p> <p>DHRs are embedded within the CCR.</p> <p>Processes are in place to communicate lessons learned.</p> <p>There are structures in place to measure the impact of action plans.</p>

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## 7. Key Priorities for Leicester

7.1 A delivery plan will be developed over the first three months of the strategy and will be reviewed regularly. The delivery plan will take account of the areas of unmet need and pressure outlined in the previous sections of the strategy.

7.2 The delivery plan will work to four themed priority areas for the next three years:

- i. Establishing the Leicester Domestic Abuse Locality Partnership Board;
- ii. Improving our understanding of need in Leicester, and barriers to meeting those needs;
- iii. Developing and supporting the workforce responding to accommodation related support for victim-survivors of domestic abuse in Leicester;
- iv. Expanding the accessibility and suitability of the safe accommodation available in Leicester. This will include culturally appropriate promotion of available services and engagement activity.

### 7.3 Priorities

Strategic Objectives	Summary of unmet need/gaps	Priorities 2022-25	Indicators of success
Prepare and publish a strategy for the provision of accommodation based domestic abuse support in Leicester	New strategy and structure – work will need to be done to embed correct representation	Establish the Leicester DA Locality Partnership Board	Formulation of new Locality Partnership Board and sign off Leicester Domestic Abuse Strategy
Commissioning relevant services to meet local need	Under-reporting (areas/risk populations) particularly in housing management and homelessness figures  Decline in MARAC cases and MARAC referrals against recommended volume	Commission the appropriate services	Improved identification of forced marriage and 'honour'-based abuse  Service access reflects the local population  Average length of abuse reduces

	<p>Lack of use of sanctuary schemes</p> <p>Lack of move-on from safe accommodation</p> <p>Lack of single-sex temporary accommodation outside of refuge/Respite Rooms</p> <p>Disproportionality in repeat victim populations</p> <p>Delays in accessing support</p> <p>Barriers to securing occupation orders/staying in own home safely</p> <p>Young people accessing/ sustaining safe accommodation</p> <p>Not all safe accommodation currently meets WAFE/Imkaan quality markers (commissioned services do)</p>		<p>Mental health support/trauma informed supported accommodation offer</p> <p>Needs identified can be evidenced as met</p> <p>There is a reduction in the number of victims who could not be safely accommodated</p> <p>Increase in the number of victims safely accommodated</p> <p>Learning from the Respite Rooms project</p>
<p>Monitor and evaluate the effectiveness of the strategy</p>	<p>Review the data performance sheet in light of the new safe accommodation strategy</p>	<p>Establish and sustain an effective performance management structure for delivery of the domestic abuse safe accommodation strategy</p>	<p>Numbers of victims in and sustaining safe accommodation increases</p> <p>Understanding of barriers to securing and sustaining safe accommodation increases</p>

- 7.4 The delivery plan will measure progress in the above areas. Priorities will be reviewed over the first 3-6 months of the strategy. Commissioning intentions will be shaped in line with the findings.
- 7.5 The performance worksheet for domestic abuse will be reviewed to reflect the priorities of this strategy and monitored quarterly by the Leicester Domestic Abuse Locality Partnership Board.

## **8. Annual Review Document**

- 8.1 An annual review document, giving an update on progress as the strategy is implemented, will be produced, and published, on the Leicester City Council website.

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