

CAMBRIDGESHIRE SHARED LIVES DASV PROJECT : INTERIM PROGRESS REPORT



**AUGUST
2023-
JULY
2024**



Cambridgeshire
& Peterborough
Domestic Abuse & Sexual
Violence Partnership



Cambridgeshire
County Council

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Project Outline

What is the Shared Lives DASV Project?

In August 2023 we launched the Cambridgeshire Shared Lives Domestic Abuse and Sexual Violence (DASV) Project. This project is a result of partnership working between Cambridgeshire's County Council's Cambridgeshire Shared Lives Scheme and the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership.

Shared Lives DASV Project is a care and support service for adult survivors of domestic abuse who have a learning disability. This project supports people who want to live a more independent life in their community, with the support of a family and community network. It offers a high level of care and support whilst comprehending the complex impact of abuse on survivors with learning disabilities. This project is the first of its kind nationally to address care and support needs and needs of a survivor of abuse under one service, using the established Shared Lives model of support.

The project addresses the localised needs outlined in the Safe Accommodation Needs assessment undertaken from the Domestic Abuse Act 2021. It was recommended there are suitable accommodation options for victims over 60, with or without care and support needs, where residential or respite care would not be appropriate and including where the victim needs domiciliary care. The assessment also outlined the importance for survivors to maintain social capital and access flexible support which highlights their choice.

In the Shared Lives DASV Project, a survivor is supported in the trained Domestic Abuse Carers home, providing a safe space for people to feel they belong. Using the model of support from Shared Lives, this project offers day support, respite and long-term support. Shared Lives is fully regulated by the CQC, which consistently rate it as the best quality and safest form of social care.

One of the key elements to the Shared Lives model is that each person being supported is matched with their carer, which involves all parties in a personalised decision-making process.

This project supports adults with a learning disability that has experience of domestic abuse, current or historic. If the abuse is current, it can be



beneficial for the survivor to have a form of respite from the abuse, a safe space from the abusive behaviour. If the abuse is historic, an opportunity to spend time with someone who has a sympathetic ear to what they have experienced is going to be just as beneficial. We understand the need for more tailored support for people with learning disabilities and their experience of abuse as they are more likely to be in an abusive relationship for longer, and therefore the impact more profound. We focus on the importance of everyday support, uplifting survivors to increase self-esteem, confidence and empowerment.

Existing Data

External research

The Shared Lives DASV Project aims to address the needs of survivors of domestic abuse with a learning disability. For the project to proactively address this aim, it was important to understand current knowledge and provision within the United Kingdom (UK) for survivors who have a diagnosed learning disability. Literature searches were made using key terms to provide a broad spectrum of academic work and research. Research focused on current prevalence, the unique experiences and impact of abuse and how they can differ from those without a learning disability and what services there are addressing this.

Prevalence Rates

Overall data gathered for prevalence rates of domestic abuse and learning disability are sparse. Many historic projects had not specifically addressed the needs of a survivor with a learning disability but had a generalised disability categorisation. This lack in research historically has led to a gap in understanding, and therefore provision. Equally, there were no significant statistics available for male survivors with a learning disability, however it is important to note that the Shared Lives DASV project provides support to all adult survivors of abuse. From an extensive literature review, there are only small amounts of tangible research that can be used to inform this project. However, the research that has been conducted emphasises the need for focus.

Research shows that women and girls with learning disabilities are three times more likely to experience domestic abuse than their non-disabled peers (ONS, 2021).



We also know that people who have a learning disability are more likely to experience abuse for a longer period of time, compared to their non-disabled peers (ONS, 2022).

People with learning disabilities are made more vulnerable to violence due to “how oppressive social systems and processes facilitate conditions within which violence is more likely to occur” (Hollomotz, 2012).

In a small qualitative study, interviewing 6 women with learning disabilities it was found that physical violence common “often to a level requiring hospitalisation”. It was also found that financial abuse also very common, as well as perpetrator induced social and physical isolation (Douglas and Harpur, 2016).

Research also showed that not only high levels of prevalence, but also that there was a disconnect in recognising the abuse occurring itself. This potentially indicates that the prevalence rates are higher than outlined. The Us Too Project (2021) carried out a survey amongst women and girls with learning disabilities and/or autism and found that 24% thought it is OK if their partner assaults them, if they say sorry and buy them chocolates. They also found 23% thought it is OK if their partner tells them what to do all the time. Issues from recognising abuse are indicated to be from the survivor themselves and professionals lacking awareness to recognise the signs of abuse from interview statements such as “our supporters have not been trained” and “the police don’t think it happens to us” (Us Too Project, 2021).

Within the Cambridge and Peterborough Safe Accommodation Needs Assessment (2021) it was found that data on disability was recorded poorly across agencies who provided data. From the data they were able to collect, they found that 40% of people using the IDVA service had a disability.

Overall, we understand that there is nothing about having a learning disability which protects women from extreme domestic violence (McCarthy et al, 2016). Therefore, historic overshadowing and lack of research has caused prevalence to perpetuate further and create a culture whereby its existence has not been acknowledged and standardised data recording is yet to be distinguished. From the limited research we do have, we can surmise that the prevalence rates for domestic abuse and learning disability are high and provisions are needed to address this.

Impact of Abuse

The widespread, profound impact of domestic abuse is well established within research. However, it is important to acknowledge the unique experiences of survivors with learning disabilities to inform us on the need for specific services to address these complexities.

Research shows that women with learning disabilities experienced multiple forms of abuse from their partners, much of it severe, including the use of weapons, and it was found that this abuse, harassment and threats continued after the end of the relationship (Walter-Brice et al, 2014).

The SafeLives (2021) national dataset shows that survivors with disabilities are significantly more likely to be experiencing mental health issues and are twice as likely to have planned or attempted suicide.

When we discuss learning disabilities and domestic abuse, we must acknowledge that ableism contributes to not only the abuse itself by the perpetrator, but the recognition or justification of abuse by the survivor, deep rooted in ableist notions. Within interviews with 5 women with learning disabilities and experiences of domestic abuse, they found that they had all experienced rejection in their childhoods and sought a sense of belonging in adult intimate relationships, even if they were abusive (Pitka and Wendt, 2014). The research conducted by the Us Too Movement (2021) also echo this notion, stating that participants spoke of a “trade off” of being in a relationship with someone disabled is inevitably going to experience abuse and it should be expected.

Additionally, the everyday nature and the dehumanising implications of the violence that structures the lives of people with learning disabilities, produce a process of normalisation whereby people with learning disabilities may accept violence as given and “normal” (Wiseman and Watson, 2022). Us Too Project (2021) found that 29% of people they interviewed had never heard of the term domestic abuse. This was suggested to be due to the lack of education provisions for people with learning disabilities. However, it was also suggested this was because professionals were equally dismissing signs of abuse.

People with learning disabilities are also concerned that they will not be seen as credible, or they face barriers to reporting as the person “supporting” them may also be the perpetrator (Sin, 2014).

Current Provision

The current UK research suggests that women with disabilities are often seen by perpetrators as 'easy targets' for abuse. This risk is therefore made greater by the fact that disabled women (despite their greater need), have less access to specialist and general domestic violence services (Thiara et al, 2011). The need for more specialised provision and accessible services is apparent, but this is also followed with the need for professionals to recognise the unique experiences of survivors with learning disabilities and advocate for their specific needs.

It was found during interviews, women who have experienced abuse with a learning disability said that responses from Police and Social Services were minimal and the women were left unprotected, although children were removed from their mothers (Walter-Brice et al, 2014). Despite significant policy recognition of the rights and wellbeing of people with learning disabilities, violent victimisation, and community exclusion is commonplace (Power and Bartlett, 2018).

Wiseman and Watson (2022) found that support workers, residential staff, and family members can also disregard acts of violence and encourage people with learning disabilities to "ignore" them. Research shows that the full range of mental, physical and sexual cruelty, which is inflicted on other women, is also inflicted on women with learning disabilities (McCarthy et al, 2016); therefore, this response is unjust and causes further harm. These responses have also contributed to the lack of research and recognition of the experiences of these survivors resulting in less accessible services. The Us Too Project (2021) found within their research that 100% of participants didn't know how to contact their local domestic abuse services.

This lack of provision was also found locally and was outlined in the Safe Accommodation Needs Assessment in Cambridgeshire and Peterborough. Therefore the Shared Lives DASV Project was established to create a service for those who are statistically less likely to access the wider DASV services.

Shared Lives Plus Pilot Project

Shared Lives Plus, which is the UK membership organisation and charity supporting local Shared lives schemes, ran a pilot project called Shared Lives domestic abuse pilot which launched in 2017. Within this pilot, they used the shared lives model of support, that being carers providing support and accommodation in their own homes, for survivors of domestic abuse. This pilot supported any female survivor of abuse to stay with a Shared Lives 'host' as an alternative to or as a move-on from refuge.

This pilot asked all local schemes if they had existing carers who wished to participate, and then each individual local scheme took upon the 'matching process' which is a key element of the Shared Lives model of support.

Between February 2020 and March 2021, the pilot supported 10 survivors with varying needs across multiple locations. 50% of people using the service stayed with their Shared Lives host for two-three weeks whilst 30% stayed longer than 10 weeks. The pilot did not have a specific focus on learning disabilities, although they did support people within the project who had care and support needs. One of the key findings from the pilot was the need for alternative provisions to mainstream services specifically for people with care and support needs.

As part of the research undertaken by the Cambridgeshire Shared Lives DASV Project, we conducted interviews with those involved with the pilot. We found that the pilot focused more on emergency placements some of which only lasting a couple of nights. Because of short timeframe they were operating the pilot to, they did not recruit any new carers and only used existing carers to provide this service. From interviews held we also found that the Shared Lives hosts did not receive any domestic abuse specific training or support. This is something we have addressed in the project we are running.

There was a cost analysis undertaken as a part of this project and found that this form of provision was cheaper than the average costs of refuge.

Although they did not exclusively support those with a learning disability, the cost analysis also compared the pilot to the cost of residential long-term support for someone with a disability. The pilot on average cost £30,420 per year, whereby they found that residential long-term support cost £76,732.76 per year.

The pilot was widely considered a success, however had to end due to lack of long-term funding. Within the conducted interviews, the coordinator stated the initial objective for this pilot scheme was for emergency circumstances, and not the more long-term solution Cambridgeshire Shared Lives DASV Project is looking at. Therefore, most arrangements did not remain for long periods of time which enabled them to manage the ending of the pilot successfully, assisting people in arrangements to get to their next step. Where this was not possible, applications were made to local authorities.

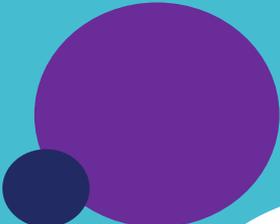
Project Aims

Cambridgeshire Shared Lives Domestic Abuse Project aims to provide a Shared Lives approach to support adult survivors of domestic abuse. The project will provide support to survivors who have a learning disability.

Survivors supported by the project will have a formal diagnosis of a learning disability and will have a care and support needs assessment. Survivors can access this project even if their care and support needs do not meet the council threshold for support. Survivors do not have to be open to Adult Social Care services to access the project. The project will only accept professional referrals, and each referral will be individually assessed for eligibility.

All survivors using the project will be offered specialist domestic abuse support from the Independent Domestic Violence Advisory Service (IDVAS) or the specialist Domestic Abuse Support Service (DASS Outreach) – the Shared Lives Carer will not be expected to provide support and advice around domestic abuse.

Shared Lives Carers will offer a range of solutions depending on their circumstances – this could include



overnight stays or day visits to their home for a couple of hours (i.e. meeting for a coffee). It could also include supporting the survivor to access services or support to increase their confidence and independence.

Each Survivor and Shared Lives Domestic Abuse Carer will be matched to ensure support is fully person centred. This matching process will look at a multitude of factors including the persons support needs, level of risk, mutual interests and lifestyle. This project aims to bridge a gap in provision for survivors who are not classed as High risk and do not have emergency support needs. This project is aimed to provide emotional and practical support for survivors who fall within Medium and Standard risk categories (as determined by the DASH Risk Indicator Checklist). Equally, this project aims to address the longer-term needs and complexities experienced from being in an abusive relationship for an extended period with a learning disability. There is a focus on emotional safety, processing trauma, independence, empowerment and establishing healthy boundaries.

Although the project focused on respite and day support, further aims developed once the project launched. It became apparent that this project was also able to address the needs of young people with learning disabilities who had profound experiences with trauma in childhood, and its impact during their transition into adulthood. This then established the third service provided within the project, long-term support. This type of support aims to support young people during their transition into adulthood, comprehending the impact of early childhood experiences of abuse. This route of support is focused on upskilling existing foster carers into Shared Lives Domestic Abuse Carers, ensuring all the young person's needs are addressed during this transition period. The young person referred into the project would still be required to have a diagnosed learning disability and experienced of domestic abuse. The project would only start supporting the young person and the Shared Lives Domestic Abuse Carers once the young person has turned 18. However, the scheme will work with the household to ensure carers are fully trained and prepared for this transition.

There will be a trial period at the start of every arrangement to ensure the match is working for each party. The length of the trial period will be determined on a case-by-case basis.

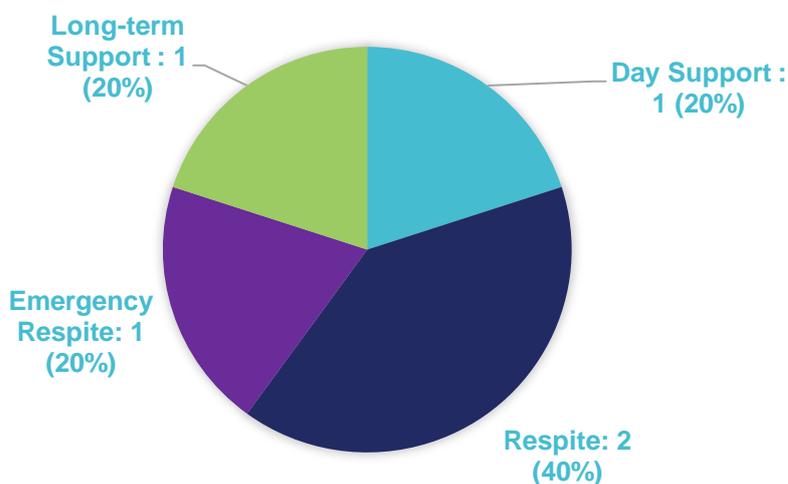
Data Discussion:

Gathering tangible data to be discussed within this report in itself can prove challenging. Due to the nature and flexibility of the different support offered, it is difficult to quantify and draw comparisons. The data is presented through different perspectives of the support provided, to give further context to the figures.

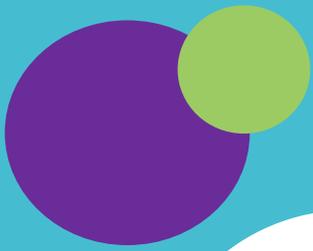
It is key from the outset to draw attention to the small number of people who accessed this support on year one. Overall, we had three people enter the service and receive support. However, some people being supported accessed multiple forms of support through the service. This small number of referrals in is also of note, and something the report aims to address for the project entering year two.

The data presented below displays the different types of support accessed in year one of the project:

TYPES OF SUPPORT ACCESSED



It is important to expand on this preliminary data to comprehend the different level of support each service provides. On the next page is the data of how much support occurred within each service category:



Type of Support Accessed	Days/nights per month	Hours per month	Days/nights per year	Hours per year
Day Support	1 day	4 hours	12 days	48 hours
Respite	3.25 nights*	78 hours	39 nights	936 hours
Emergency Respite	3 nights	72 hours	**	**
Long-Term Support	30.4 nights *	730 hours	365 days	8760 hours

**Please note that where there are variables to each service an average was taken. For example, the long-term support occurs for 365 days a year, but each month will differ due to the length of the month.*

*** No annual average of emergency respite as the service was only accessed once.*

It is important to note that the support did not commence immediately for each person using the service. A large element of the shared lives model is to allow opportunity for introductory meeting, namely the 'matching process'. With this in mind, the figures above reflect the service that has been funded in the persons care package and not the exact hours that have been completed to date. Due to the age of the project, we do not have figures for a complete year of someone being supported.

From the people that are in service, their needs have differed, specifically their needs around their experience with domestic abuse. Two thirds of the people being supported had historic experiences of abuse and one third being current.

Every person using the service is female, and the perpetrator has been male. However, the relationship of the perpetrator has differed. Two thirds of people being supported experienced domestic abuse from their intimate partner, and one third from a family member.

In spite of the project having scope to fund support for those whose care and support needs do not meet the council's threshold, 100% of the people supported were funded through the persons care and support package. In the same vein, all of the accepted referrals have come from the local authority (Learning Disability Partnership or the Young Adults Team). The project did receive referrals from other agencies and teams, such as the Health IDVA team, however they were rejected due to the abuse sitting at High Risk (as determined from the Domestic ASH Risk Assessment).

For the people who have been receiving support through the project, we have gathered feedback on the support they have received so far:

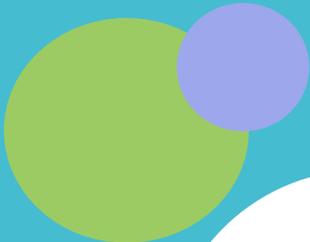
“When I went to see Kate, it was the day my ex left the house we had together. I was quite upset, but Kate was kind to me, and I talked to her about what was going on.”

“I feel safe when I am with Keri. I struggle with trusting new people because of what I have been through, but Keri is happy to go at my pace.”

The Ministry of Justice have determined outcomes for victims of crime that are used when assessing the effectiveness of domestic abuse support and it is proposed to use these for this project:

- Do you feel safer after support from this project?
- Do you feel more able to cope after support from this project?
- Has your health and wellbeing improved?
- Would you know where to go for help around Domestic Abuse in the future?

From the feedback gathered in the first year of the service, we can establish that this model of support is effective in making survivors of abuse feel safer, and specifically safe when they are with their carer. We can also see that this project provides a space whereby they can discuss their health and wellbeing freely and be supported in such. The model of support that this project is based upon also addresses the persons long term needs of future support, as their carer would consistently be the person available to them for further support. Expanding on this, we seek



for this support model in the future to also act as a preventative measure to possible future experiences of domestic abuse. This could be support in recognising red flags in new relationships, or support in establishing healthy boundaries.

Another important piece of data to capture in this report is the recruitment of Shared Lives DASV Carers. With most Shared Lives schemes, it takes between 3-6 months to recruit a Shared Lives carer, as they have to be screened, trained and assessed before being presented to an independent panel for approval. With this in mind, at the end of year one, the Cambridgeshire Shared Lives DASV Project has 4 Shared Lives Domestic Abuse carers, with 3 new carers awaiting panel in September. The 4 approved carers were evenly split between existing Shared Lives Carers who upskilled into this project, and new carers into the scheme. The three carers due to be presented at panel in September are all brand new to the scheme.

In line with other Shared Lives Schemes nationally, recruitment often relies on word of mouth. As a new project, we had to adopt a different approach to ensure we were able to recruit enough carers to make the project feasible in offering the support we have outlined. Throughout the first year we have taken a multitude of approaches to recruitment.

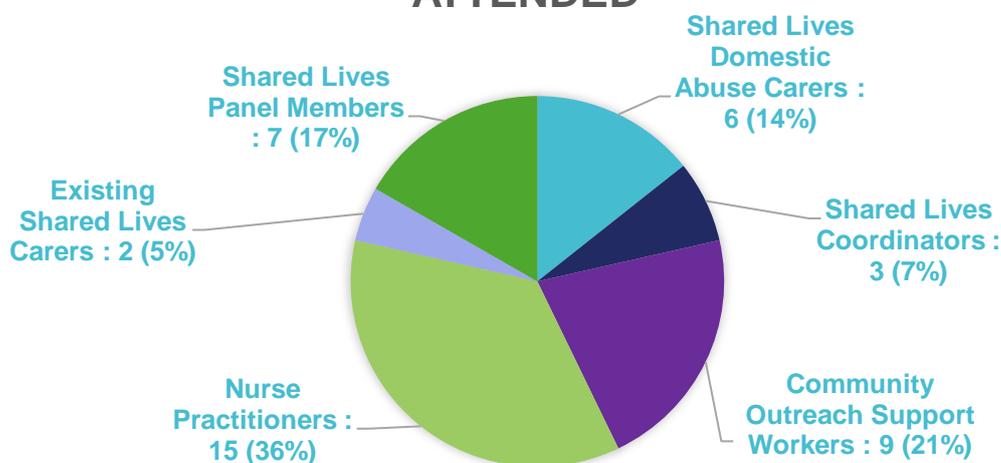
Namely:

- Internal communication articles with Cambridgeshire County Council
- Cambridgeshire County Council social media posts
- Internal communication articles with Peterborough County Council
- Official press release with Cambridgeshire County Council being published on multiple platforms
- Approaching parish councils to display posters for recruitment
- Taking at local community groups
- Distributing leaflets and posters at all libraries in Cambridgeshire

Amongst the recruitment process, it was recognised that there was no existing training for carers to understand the unique experiences people with learning disabilities have with domestic abuse. Therefore, within the

scope of the project, we developed a specific training course for all Shared Lives Domestic Abuse carers to attend. Again, because a course had not been created prior to cover this important topic, we soon realised that the training could be of benefit to a multitude of front-line staff. Therefore, within the first year of the project we have trained 42 frontline professionals. Below is a breakdown of what professionals attended the course:

LEARNING DISABILITY AND DOMESTIC ABUSE TRAINING - PROFESSIONALS ATTENDED



As well as the certificated course discussed above, the project has run talks for a multitude of professionals and organisations over the year. These talks were often for a shorter length of time, varying from 30-45 minutes to an hour, compared to the full-length course discussed above being minimum 2 hours. This shortened training provided a condensed version for overall awareness of the impact of abuse and learning disability, the signs of abuse and what the Shared Lives DASV Project is doing to provide support. The aim of this condensed training was to be able to reach a larger audience of potential referrers to make them aware of the topic and how they can refer in if they do identify abuse in the people they work with. Compared to the above in-depth training, this was not certificated. Equally, often online sessions were held by the team/organisation themselves, so the project doesn't have access to the explicit figures of those attended. However, the project ran 23 of these sessions in the first year of the project, this includes three guest speaker talks for the DASV Champions Network and a talk at the Cambridgeshire

and Peterborough Health Equality Conference.

From the full training sessions delivered, feedback was gathered from participants. Below are some of the comments received:

“I enjoyed the training very much. It was extremely interesting, informative and I think it was pitched at the right level. It will definitely get carers thinking about things and linking it to the other training they have received such as the safeguarding training etc.”

“I will definitely now be more aware of signs of potential domestic abuse whereas before I would perhaps not think a gesture/comment could be a sign that something would happen once a meeting was finished or when I left someone’s home.”

Within the feedback, attendees were asked to rate the training overall out of 10. Out of the 8 feedback forms completed, 6 rated the training 10 out of 10, and the other two rated it 9 out of 10.

Discussion/Moving Forward

As with any first year of a project, it is expected to encounter some unexpected challenges and changes to the project. Continually throughout the first year, we have taken an embracing approach to these challenges and identified them as opportunities to adapt, gain knowledge and further develop the support we provide.

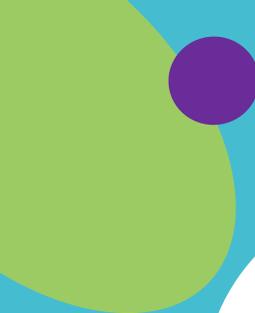
One of the key examples of this was established early in the first year of the project. It was identified that there seemed to be a gap of knowledge with frontline professionals in understanding and recognising domestic abuse for people with learning disabilities. It was identified that this would have a knock-on effect into the service as potential referrers were not recognising behaviours as abusive, in order to refer them into a domestic abuse service. From this, we saw an opportunity to develop and deliver some tailored training to professionals on domestic abuse and learning disability. As you can see from the data discussed above, we have managed to access a

multitude of professions with this training and received very positive feedback. We are hoping that the training offer we have in place will overtime produce more referrals into the project. The aims of the training were two-fold, firstly to address the gap in knowledge identified, but to also reiterate the importance of people being able to access domestic abuse support.

Another challenge we have identified is that domestic abuse needs are being deemed as secondary to the persons primary care needs. As a project, we see the importance at looking at someone's needs as a whole, considering the whole context of people's lives. Therefore, we understand that although the project itself addresses each need equally, we are having to prompt or further enquire with referrals made for further details of domestic abuse. In once instance a referral was made into the main shared lives service, and only when we as a scheme questioned if the individual had experienced domestic abuse that the referrer disclosed the persons vast history of domestic abuse. Equally, we also encountered challenges around family members of the person using the service recognising the need for the service to be commissioned. Although family members were not involved in the abuse, they played a key role in the persons care and support. We found that some family members struggled to see the long-term impact that the abuse experienced. This led them to not understand the need for an additional domestic abuse provision when the person already had support in place for their learning disability. After some work around establishing trust and gaining regular feedback of the support, these concerns from the family did ultimately diffuse. Throughout these challenges faced, we are continuing to champion the voices of survivors throughout the project and ensuring their voice is at the centre of all support. We specifically wish to continue highlighting the importance of addressing domestic abuse needs at the same time as the persons care and support needs.

Moving forward, this project wishes to continue to address the current fragmented approach to support between domestic abuse needs and learning disability needs.

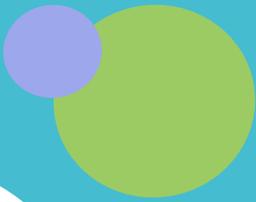
As discussed above in the data, our referral in numbers are low and this is something we are hoping picks up in the following years of the project. We are hoping that the training offer will assist in the project's recognition, but we are also looking to further engage with the LDP's



going into year two of the project. We initially introduced the project to the teams in the first few months, so going forward we plan on re-engaging our key referrers by delivering project updates to them. We are hoping this will not only establish our project as an ongoing service, but it will continue to vocalise the importance of survivors accessing the most appropriate service for them to address all their needs.

Another key development the project is going to adopt going into year two is widening the eligibility criteria for referrals. Entering year two, we are going to accept referrals for those who have or are experiencing domestic abuse with a learning disability and or autism. This project expansion seems natural to the project's growth and recognition. As we have established, there is a lack of research and knowledge around this topic area, however in the research we do have, data is not distinguished between learning disability and/or autism; it encompasses both. Therefore, we only saw it fitting to reflect this in our project criteria moving forward.

Within the first year of the project, we have become too familiar with the lack of provision nationally there is for survivors with care and support needs. Throughout our engagement with professionals, families and people in the service, we have been told far too often stories of people being placed in inappropriate services such as nursing homes, or not being able to find a refuge. These sentiments outlined the growing need for dynamic services to address people's needs, and how this can differ for each individual. Equally, we recognise that having to go to a carers home can also be a barrier for support and therefore the Shared Lives model is not appropriate for everyone's support needs. Therefore, we have been looking into other established forms of adult social care and if they can also be adopted to equally address the needs of survivors with learning disabilities and/or autism. Cambridgeshire Shared Lives scheme is positioned within Countywide Community Services, whereby another service also sits, Cambridge Outreach service. Cambridge Outreach service flips the Shared Lives model of support on its head. The Outreach service provides support to individuals in their own community and/or home. We believe this model of support could also be an effective option for survivors with care and support needs. The need for addressing a person's care and support needs as well as their needs as a survivor of abuse would still be addressed through carers who would be trained and supported in understanding the impact of domestic abuse.



Within the Cambridge Outreach service, carers would be able to address those needs around the survivors own community. Using the dynamic and flexible approach of the Cambridge Outreach service could enable survivors to access a more skilled service that comprehends their overall needs, rather than having a fragmented approach as outlined. Equally, this would therefore give more choice to survivors around how they wish to be supported through their experience and enable us to offer support to those where the Shared Lives model of support is not appropriate. This expansion would enable more services to address the unique experiences of survivors of domestic abuse who have a learning disability and/or autism. It would position further services to be accessible in addressing multiple needs and understand the context of their support in the persons wider experience of the world. Ultimately, making established adult social care services more flexible in their approach to address the needs of a survivor, enables a more comprehensive service and acts to provide safe environments for people in their own homes and communities.

Ultimately, we can see that the Cambridgeshire Shared Lives DASV Project has shown great successes in its first year. Entering year two there is a clear pathway to further establish this new arm of support to survivors which comprehends their needs as a whole. We seek to grow through recruiting more carers and receiving further referrals. We will continue our training offer to professionals and advocate for the voices of survivors. We also seek to further research how an expansion into other Countywide Community Services would be feasible; how we would practically sustain the Shared Lives DASV Project whilst exploring a new model of support within the Cambridge Outreach service.

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