



The *Safe at Home* recommendations to policy makers and housing providers

The following recommendations for policy makers and housing providers were developed during the Safe at Home project to provide policy makers at local and European levels with concrete suggestions how to improve support provided to survivors of domestic violence. Specific recommendations were drafted for housing providers who are explicitly addressed by the Safe at Home project as they can contribute greatly to the early identification and prevention of domestic violence and abuse.

This document provides specific recommendations for policy makers working at European level, recommendations for national and local authorities as well as for housing providers.

Recommendations to policy makers at EU-level

A- Encourage Member States to ensure sufficient shelter and housing provision

- Encourage Member States to ensure sufficient **shelter provision** and to **ratify the Istanbul Convention**, showing political commitment to combat and end DV/GBV. In the EU-28 countries, 38% of the number of shelter places, defined as minimum standards of provision, are missing (WAVE report 2015).¹
- Support Member States in **creating more housing options** for survivors. Priority should be given to permanent or at least transitional housing. Preferably a range of solutions that enable a personalized and user-oriented approach to better meet survivors' needs of safety and stability. In areas where there is a general lack of affordable housing solutions (for example as a result of tourism/AirB&B), new and creative solutions are necessary to achieve this. Reinforce existing processes of exchange of good practice in these challenging areas.

For instance, FEANTSA has been working on the '[Housing Solutions Platform](#)' which brings together cross-sectoral actors and experts on the development of affordable housing solutions.

- Encourage Member States to **establish barring orders**.

Barring orders have been established in many European countries. In low-risk situations, they support survivors and their children to remain in their homes.

B- Facilitate and promote exchange of knowledge and best practice to address DV

- Mainstream the **good practice of coordinated community response** to meet the needs of DV survivors (involving DV-specific and general support services, housing providers, homeless services and the whole community).
- Promote the **inclusion of new sectors** in the **early identification and prevention of DV**.

Relevant professionals to be involved are housing and homeless service sector staff, medical professionals, repair staff, police officers.

The 'Safe at Home' project contributes greatly to the better involvement of housing providers as a new stakeholder by delivering extensive training on the signs of DV to housing provider staff. More specifically, 'Safe at Home' provided the 'Guideline on Domestic Violence', a tailored reporting code for housing providers, which is based on the Dutch Reporting Code. The latter provides housing providers in the Netherlands with a clear guideline for handling suspected DV.

¹ The Istanbul Convention established a standard of one bed per 10,000 inhabitants (WAVE report 2015, p 27). Furthermore "the number of shelter places should depend on the actual need (Istanbul Convention, Council of Europe, 2012, p. 81).



- Encourage **exchange between professionals** who support survivors of DV from different Member States as knowledge and know-how differ greatly in the Europe. For instance, encourage the development and/or adaption of DV-specific training programs and train staff in MS.

Recommendations to national and local authorities

- Local authorities should ensure **immediate protection** of survivors, particularly in high- or medium-risk cases. Collaboration with the police, women's / GBV organizations and child protection services is fundamental.

The service first accessed by the survivor should ensure they have access to a safe place (shelter, refuge, safe house) as needed and inform all involved support services (DV support services, police, school when children are involved). **Communication** between women's refuges, DV-specific support services and the police has to be **fast and continuous**.

- Local authorities or, if competent, ministries / governmental bodies, should encourage involved services to provide a **coordinated community response** to survivors: Housing providers, homeless services, specific DV-support services and general support services, child protection services, schools, health care professionals, services working with perpetrators, police, and the wider justice system. Referral networks should ideally be coordinated by DV-expert organizations.

Local authorities should encourage services to collaborate via standardized '**inter-service agreements**' and involve DV-specific support services, homeless services, housing providers and other relevant local services (child protection services, school etc.). Efficient and fast referral to local DV-specific services is crucial for recovery from DV.

Ensure sufficient **shelter provision** to survivors of domestic violence (most Member States lack refuges and temporary housing, cf. Art. 20 Istanbul Convention). Establish **integrated housing and homeless strategies** which ensure that survivors access emergency and transitional housing.

However, **priority** should always be given to **permanent housing** or at least long-term transitional housing which better meet survivors needs of safety and stability. Survivors should get priority access to permanent housing which needs to be **affordable**. Furthermore, the establishment of **networks of local housing providers** contributes to a faster rehousing of survivors as such networks make more housing units available.

- Ensure sufficient **funding for DV-specialist support services** which provide ongoing and post-crisis support for survivors. Specialist services need to have the means to accompany survivors towards more permanent housing and safety and to ensure support is provided in case of complex needs (trauma resulting from DV, mental health issues etc.).
- Establish **basic DV training as compulsory** for housing providers, particularly publicly funded ones, as well as for homeless service frontline staff, ensure training is high-quality, establishes connections to local specialist DV services and is available for free.
- Establish **compulsory basic DV training for a targeted group of professionals** identified as most likely to receive disclosures from survivors or be the first point of contact in emergency situations, such as health care professionals, social workers, general social service and school staff, police officers.
- Ensure housing providers and homeless services adopt and embed a **domestic violence policy** which specifies procedures for DV cases among residents, involving the whole organization and in particular senior management. Encourage organizations to set up **standardized procedures** for DV cases to ensure all survivors get proper support.



Existing research suggests that getting management ‘on board’ is crucial for an organization’s response to DV. The ‘Domestic Abuse Housing Alliance’ (DAHA) provides housing providers with a framework to look at and evaluate their whole organisation’s approach to DV.²

- Encourage homeless services to adopt a **gender-sensitive** and **trauma-informed approach**.

In several countries, DV-specific support services offer staff training and organizational development programmes to support services to become gender-sensitive and trauma-informed. FEANTSA is currently developing training guidelines on transforming homeless services into PIEs (Psychologically-Informed environments).³

- Promote and fund the **establishment of women-only homelessness services** or at least women-only spaces and/or women-only drop-in sessions. Local authorities should identify best practice, promote their implementation and provide necessary funding.

The UK-based homeless service Homeless Link does an annual review which suggests that a third of people accessing homeless services are women while only 11% of services are women-only. The review suggests that women with experience of DV do not feel safe in services which are mostly used by and designed for men, which applies to most homeless services.

- Commission and sustain commitment to **more behavioural change (perpetrator’s) programmes** and other support to perpetrators to change violent behaviour and create healthy relationships, also for men who have not been in touch with the justice system yet. They currently receive very limited, if any, support.

Recommendations to housing providers

- Ensure **sustainable housing** for survivors and their children. The lack of permanent housing is a huge stress factor for survivors.

Establish **priority ticketing** for DV survivors in need of housing is an effective way to support access to housing. In countries where legislation allows housing providers (HPs) to prioritize survivors, HPs should have a system in place which allows survivors to be prioritized on waiting lists.

- Ensure **fast access to a range of different and affordable housing options** for survivors and their children who need to be rehoused. Effective prioritisation, e.g. priority access to housing, and coordination between housing providers, housing agencies and local authorities contribute greatly to ensure permanent accommodation and long-term security for survivors. Housing providers should establish or, if existing, strengthen collaboration with other housing providers to support housing as quick as possible, e.g. through local referral networks.

Where permanent housing is lacking, housing providers should ensure survivors are provided with transitional housing, for instance through collaboration with homeless services. Furthermore, housing should be provided in the same community to allow women to maintain support networks, keep their job, children to stay in the same school and not have their education disrupted. However, the safety implications of this need to be thoroughly considered by the person and any professionals involved.

- All HPs should **establish DV policies at organizational level** which define DV-related procedures, data recording and protection, appropriate responses to (suspected) DV and referral pathways to specialist services, so that staff
 - can identify early signs of DV,
 - is very sensitive to the fact that tenancy-related issues such as anti-social behaviour, vandalism and rent arrears are potential key indicators of DV,

² DAHA involves two social housing providers (Peabody and Gentoo) and a second-tier DV specialist service (‘Standing Together against Domestic Violence’), all based in the UK: <https://www.dahalliance.org.uk/>.

³ The guideline will be available for free and training will be provided for free in Belgium, Hungary, Ireland, Italy and UK. More information about the PIE4shelters project is available [here](#).



- has the knowledge and network / resources to provide survivors with the necessary support, especially if survivors want to leave abusive relationships.
- Advocate for a clear **distinction between Anti-Social Behaviour and domestic violence**. Confusion of ASB and DV can hinder survivors to talk to housing providers about the ongoing DV. HPs can contribute substantially to identify **economic abuse** by explicitly addressing the issue with the tenant in the case of rent arrears as a form of economic abuse.