Kent & Medway Domestic Abuse & Additional Barriers Framework

Date: **April 2026**

Organisations:

Contents

1. Objectives

To provide effective multiagency support to clients who present with a domestic abuse need (victim or abusive party) with an additional barrier such as homelessness, drug or alcohol support needs or mental health support needs.

To reach clients who experience additional barriers and domestic abuse that are not currently receiving holistic support.

2. Overview and Purpose

The aim is to improve joint and multi-agency working between services and provide a way for specialist support to reach the client even if they are not able to engage in direct support.

Organisations signed up to this should also be signatories of the Kent and Medway Information Sharing Agreement. Information sharing about clients and their support needs is vital to joint working and having that positive impact on clients. This includes information about what may make it easier or harder for a client to engage.

There will be clear directions of support for those who disclose using abusive behaviours.

The Framework is presented in two formats: **Process for support** (section 4), and **The Quadrant Model** (section 5).

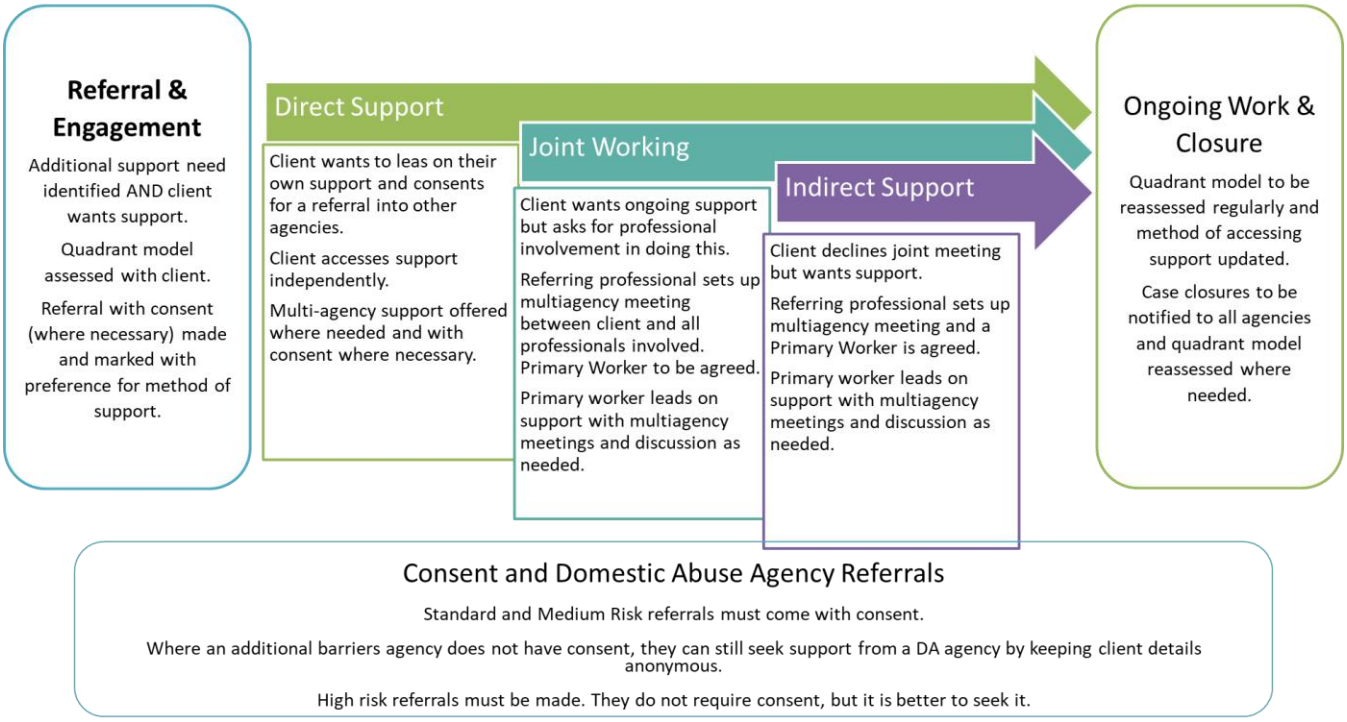
The Framework provides clarity to clients and professionals about joint working for cases where clients are experiencing domestic abuse and an additional barrier to support.

3. Participating Agencies

Agencies who work in a homelessness, drug and alcohol, mental health or domestic abuse capacity have been invited to sign up to the framework. The logos of organisations who have agreed to work in this way is shown on the front page.

There may be other professionals invited to multi-agency meetings who should be aware of this protocol. They include: Housing Options, Adult Social Care, Children's Social Care, Probation Services, Police, Frequent Flyer Teams (acute hospitals), CAFCASS, Homeless Safeguarding Teams at Hospitals, Drug and Alcohol Teams at hospitals (QEQM and Darent Valley), Primary Care.

4. Process for Support



5. Quadrant Model of Support

The Quadrant Model is designed to identify the best way to work with clients experiencing domestic abuse alongside mental health, drug and/or alcohol or homelessness support needs.

The vertical axis describes a person's ability or want to currently engage with domestic abuse services. The horizontal axis describes a person's ability or want to currently engage with those dual complexity/ additional barrier services.

There are two versions of the quadrant model – one for use by professionals, one for use with clients when discussing prospective support.

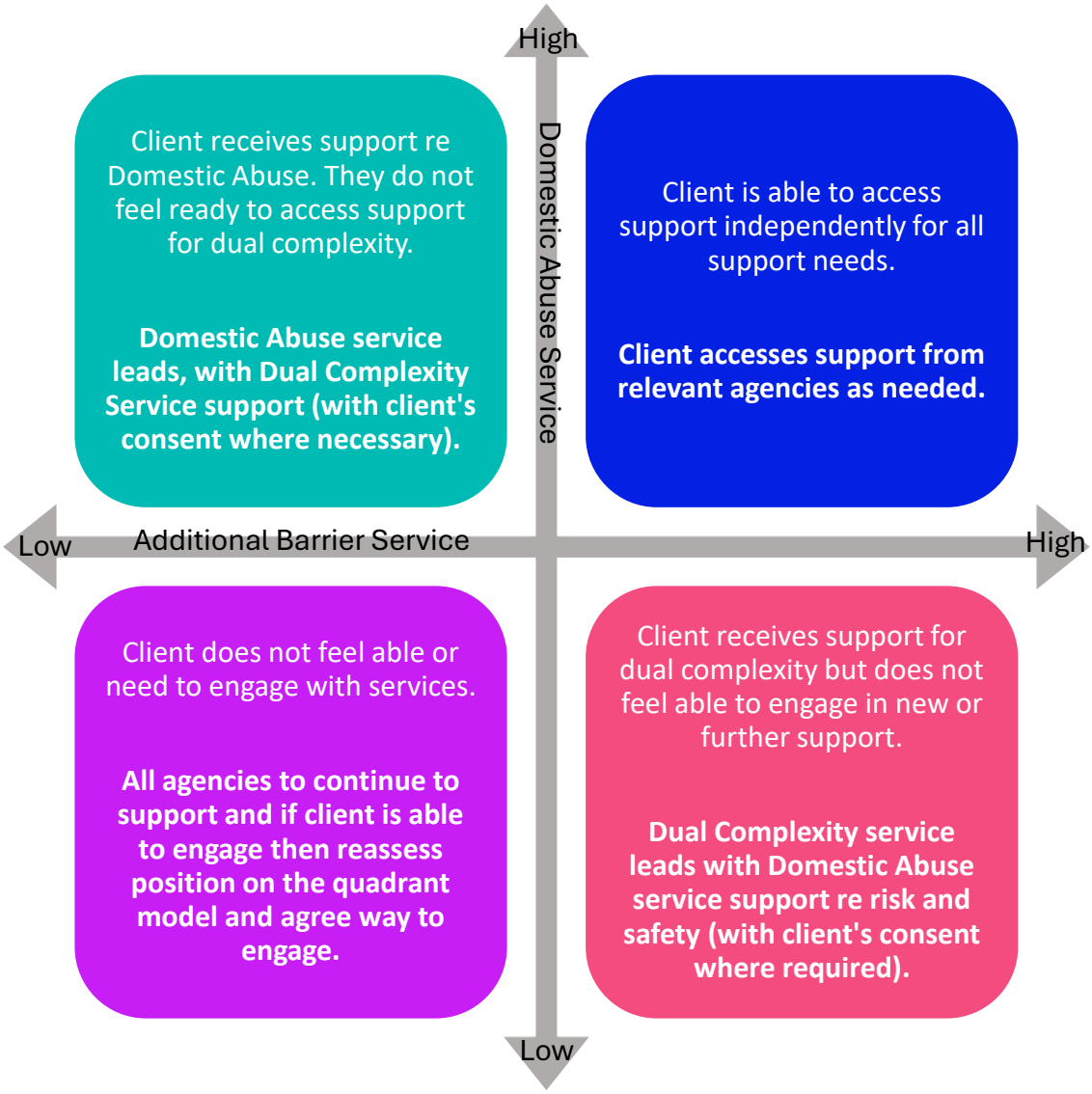
The quadrant model should be used to inform referral into other agencies and also discussed at the resulting multi-agency meeting to agree primary worker.

The client's view should be used and listened to when discussing process for support and primary worker.

How a person engages with services will be a changing dynamic and how they want or are able to engage will move around the quadrant. A person-centred approach will be needed to identify and understand the best way to work with someone. Reviews of the Quadrant Model will be useful to informing this.

Where a client does not want or is not able to engage, where there is concern around risk because of reduced or non-engagement or where there are issues around multi-agency working then a referral can be made into the Co-occurring Conditions Guidance Panel.

5.1 Quadrant model for professionals:



5.2 Quadrant model for work with clients:

6. Process Chart for Support

Disclose
- Client is receiving your support and discloses another support need.

Info Sharing
- Confidentiality and Information Sharing to be discussed as per your organisational policies.

Referral
- Referral made into agency for identified support need (and MARAC if threshold met), with consent where required.

Quadrant Model
- Discuss Quadrant Model with client and discuss where they sit on it.
- Use process for support to discuss method of engagement (Direct, Joint, Indirect)

Invite
- Plan a multi-agency meeting with yourself, new agency and other involved professionals.
- Ongoing support to be offered prior to meeting.

Meet
- Meeting to discuss ongoing support needs and to include:
- Where the client fits on the Quadrant Model and method of support (Direct, Joint, Indirect)
- A named primary worker (where necessary) to best promote client engagement

Support
- Ongoing support provided as agreed.
- Multi-agency liaison as agreed.
- Quadrant model to be reviewed and repeat multi-agency process if client expresses a wish to change

Review
- Multi-agency liaison as agreed.

Escalation
- Case closure or disengagement: Quadrant Model should be reassessed and the multi-agency process repeated.
- Issues re client engagement or multi-agency work: a referral can be made into the Co-occurring Conditions Guidance Panel

7. When clients disclose they are using abusive behaviours

If a client discusses behaviour identified as being abusive then the professional should maintain boundaries in relation to purpose of appointment and role. They should address the issue in a respectful and direct way, maintaining boundaries around what is acceptable behaviour in a relationship. Where the client is seeking support around their behaviour then referrals or signposting to Interventions Alliance, Respect, CDAP can be made.

Find 'Responding to clients who are using abusive behaviour in their relationships' here.

8. Supporting clients with cognitive impairments - alcohol related (ARBD/ARBI) or brain injury

If there is concern around a potential cognitive impairment, due to Alcohol Related Brain Damage/Injury or as a result of physical abuse or strangulation, impacting a client's understanding, then a checklist of red flags can be completed and assessments undertaken to establish whether there is any frontal lobe damage and ensure that the client is supported in an appropriate way.

Cognitive:	**Behavioural:**	**Physical:**
Memory loss Poor processing of information Depression and Irritability Poor judgement and loss of inhibition Language Erratic behaviours Poor concentration Poor decision making Confabulation	Non-engagement with professionals Consistently not attending appointments Physical and/or verbal aggression	Frequent falls Traumatic head injuries Damage to liver Damage to stomach Damage to pancreas Pins and needles Numbness Burning sensation Poor temperature control Muscle weakness Disturbed sleep patterns

You can also use the BrainKind Brain injury screening index - a validated tool to help identify people with a brain injury which may have occurred as a result of physical abuse such as strangulation or blows to the head.

9. Supporting clients who are neurodiverse

People accessing domestic abuse services, as well as those receiving support for additional and complex needs such as poor mental health, substance use, or other social barriers, are statistically more likely to include individuals who are neurodivergent.

This means staff may encounter a higher prevalence of ADHD, autism, dyslexia, and other forms of neurodiversity within their client groups. To foster effective engagement

and ensure support is accessible and equitable, practitioners should be prepared to adapt their communication, environment, and approaches accordingly.

The Change Grow Live Neurodiversity Staff Toolkit offers practical guidance and strategies that can help teams strengthen their confidence and skills when working with neurodivergent clients. Using this resource can support more inclusive practice and lead to better outcomes for the people you work with.