



SafeLives Written Evidence for the Domestic Abuse Bill Committee

Introduction

1. SafeLives is a UK charity dedicated to ending domestic abuse, for everyone and for good. We combine insight from survivors, frontline services and data to support people to become safe, well and rebuild their lives. Since 2005, SafeLives has worked with organisations across the UK to transform the response to domestic abuse – in particular we pioneered the use of Idvas (Independent Domestic Violence Advisors) and the Marac (Multi-Agency Risk Assessment Conference) at which they represent the victim's voice.
2. We hold the largest UK datasets exploring adult and child experiences of accessing frontline domestic abuse services and multi-agency support and are known for high quality innovations in practice. This data and expertise – and close work daily with experts and survivors - informs our response to the Public Bill Committee.
3. We recognise that the voices of survivors tell the most compelling story of domestic abuse. In preparing for our engagement with the Bill, we created Every Story Matters – an online opportunity for people to tell us in their own words what needs to change. Hundreds of people responded to that call, from those who lived with abuse as children, to those who have managed to leave it behind, to those still experiencing it. Our response to the Committee's call for evidence honours their views.

Requirement for a statutory duty on local authorities

4. SafeLives welcomes the Domestic Abuse Bill – it represents an important opportunity to make progress. We are concerned, however, that the Bill does not address the issue of the chronic under-provision of services for adult and child victims and perpetrators of abuse and the proposed statutory duty risks damaging this provision further by taking a very narrow approach and focusing only on accommodation based services. **This is why we are jointly supporting an amendment with Barnardo's to introduce a full statutory duty on local authorities to commission specialist domestic abuse services in the community as well as refuge alongside a requirement to fund those services.**
5. Our 2019 Practitioner Survey¹ found that adult and child victims face a postcode lottery in accessing specialist domestic abuse support of all kinds. For example, across the country we are short of nearly 300 Idvas who support survivors at the highest risk of serious harm or murder – last year the current Idva provision supported over 60k people, alongside 12k supported in refuge. Meanwhile, for those victims and survivors who require early intervention or recovery support, outreach provision remains patchy and inconsistent. Specialist children's support has also been declining, with evidence showing that the percentage of domestic abuse services providing dedicated support to children and young people fell from 62% in 2010 to 52% in 2017. Young people (teenagers aged 13-17) experience some of the highest rates of domestic abuse, at high levels of severity. Despite this, almost one in five police force areas have no specialist support for young people experiencing domestic abuse in their own relationships. Finally, fewer than 1% of perpetrators receive an intervention to change their behaviour. A lack of funding for perpetrator programmes was identified as the biggest issue by frontline practitioners.

¹ <http://safelives.org.uk/news-views/practitioner-survey>

6. The Government has proposed to give local authorities in England a duty to provide accommodation-based support as part of the Domestic Abuse Bill, though the amendment has yet to be tabled². We think this doesn't go far enough: the statutory duty should be extended to cover the full range of support for adult and child victims as well as for perpetrators of abuse. Without this, we fear services for the majority of victims will be further squeezed. We also believe that it's time for domestic abuse services to be properly funded. The Government's own figures show that domestic abuse cost society £66bn in 2016/17 – it is imperative that frontline services are sufficiently resourced to provide the full range of services that victims require to be safe and well.
7. The current scope of the duty proposed fails to encompass a whole family approach and will have perverse consequences in encouraging cash strapped local authorities to only focus on accommodation-based serviceability, missing out the vast majority of victims and survivors. As mentioned above, our data shows that last year refuges in England supported just over 12,000 victims of domestic abuse³ while we estimate that Idva services supported approximately 60,000 victims and 75,000 children⁴.
8. We face the prospect that services not linked to accommodation-based support (up to 61% of frontline services according to SafeLives' 2019 Practitioner Survey) could lose crucial funding and the survivors who rely on them will go without a vital lifeline. Frontline services provide a hugely important range of accommodation and non-accommodation based services – there is a real fear that with such a narrow statutory duty, only accommodation-based provision will be seen as deserving or indeed appear to be supported as the best practice aspiration by the Government, potentially costing the public purse even more.
9. We believe there is a danger that vulnerable victims will be forced into unsuitable support. with a statutory duty only for accommodation-based services. For example, one frontline service CEO we spoke to told us that their refuge often received inappropriate referrals, often from local authority children's or housing services. Such referrals waste money because victims leave the next day if they feel forced to go to a refuge when they don't want to. Our Insights data indicates, for example, that 20% of clients only stay one week in refuge while 23% stay one week to a month. In particular, one CEO told us *"children's services will threaten victims that their kids will be removed if they don't go into refuge, but if victims are not in the right frame of mind, dumping them across the other side of the country is not the solution. That's why the Idva role is so vital."* If local public sector professionals such as children's social care workers or housing options team are told that they have a statutory duty to ensure a victim's access to domestic abuse support is through a refuge, that is the likely route they will offer to victims, ignoring the possibility that they might need other more appropriate specialist support.
10. As well as potentially increasing risk, this approach may also increase the cost of domestic abuse provision. We estimate that there is £130-£150 million spent nationally on domestic abuse of which around £85 million is currently spent on refuge – split equally between support and accommodation. This accounts for about 20% of all victims receiving support from a specialist service. In contrast, the spend on Idva services is about £30m and they support about 65% of those receiving a specialist service. The cost per victim is around £400 for Idva support compared with £2500 for refuge (support element only).
11. We do not believe the Government intends to create the impression or the reality that it is a victim whose life has to fundamentally change in order to access help, but that is very clearly the risk. As one CEO of a domestic abuse charity told SafeLives *"this should be a whole sector response - we should not be pitched against each other"*. We fear that Idva services in particular could be decimated as a result of a narrow accommodation based statutory duty. Given their clear impact on victim safety and wellbeing for 10s of thousands of victims, this

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839171/Domestic_Abuse_Duty_Gov_Response_to_Consultation.pdf

³ <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2019/03/The-Annual-Audit-2019.pdf>

⁴ <http://www.safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data>

would run contrary to what we believe the Government is seeking to achieve. Most victims do not want to flee their homes and should be supported, where possible, to stay safe at home.

12. We know that the Government is committed to ensuring there are early intervention approaches to domestic abuse through the Domestic Abuse Bill and its surrounding non-legislative commitments. The proposed duty sends an opposite signal suggesting that funding should focus only on crisis support. As one local domestic abuse provider told us *“services are currently too reactive, without enough funding for early intervention services. Most housing services wait until a victim has reaches crisis point before they get involved.”*

Need for whole family specialist services

13. It is very **important that commissioners commission services for the whole family so that the support needs of everyone, including the perpetrator, are accounted for.** The Domestic Abuse Bill makes no substantive provision for perpetrators to change, yet we know that the vast majority of survivors want perpetrators’ behaviour to be challenged. SafeLives’ Every Story Matters survey of survivors for the Domestic Abuse Bill consultation found that 82% of respondents said that they supported the introduction of more perpetrator programmes, nearly 80% wanted tougher sentences, 74% wanted mental health support for perpetrators, and 73% wanted public awareness campaigns specifically targeted at perpetrators. And yet, less than 1% of perpetrators are challenged to change. By missing out specialist workers/programmes for perpetrators, the new proposed statutory duty will also fail to place the emphasis on the person causing the harm – the perpetrator – instead placing the onus on the victim to leave her home, disrupt her children’s lives and potentially isolate herself from her community, networks and work. Unintentionally, the Government will send a very strong message that it is the victim and her children whose lives have to be constantly disrupted and impacted, rather than the perpetrator.
14. We agree with the Drive Partnership that, in some cases, it is the perpetrator who needs to be provided with a specialist case worker who can find them separate accommodation to ensure the victim and family can remain in their home and that this should be reflected in any new statutory duty. Instead of asking “why doesn’t she leave” the Government needs to ask “why doesn’t he stop?” and then take the necessary measures to embed this principle as a practical reality. This principle remains the same whatever the gender of the victim or the perpetrator and whatever the nature of their relationship.
15. *“Someone to deal with the perpetrator, he was the one with mental health issues. Had he been picked up sooner, he might have been sectioned and the story could have been very different. He went to the doctors once because his anxiety levels were getting worse, he needed some kind of counselling because he had a history of DA in his family and his brother had committed suicide. The doctors told me to phone Mind, who said there was a 13 month waiting list. There was no whole family approach.”* **Survivor interviewed by SafeLives**
16. Specialist services for victims/survivors and their families are crucially important because they tailor their support for the specific needs of women and children affected by domestic abuse. Services which hold SafeLives’ Leading Light’s accreditation, for example, will have proven their effectiveness in multi-agency working, providing clear and accessible pathways, a commitment to continuous improvement and provide training and support for staff.⁵ Workers in specialist services are also more likely to receive regular, up to date training on violence against women and girls including but not exclusively on routes out of prostitution, working with victims with complex needs, FGM, modern slavery, sex trafficking and so forth.
17. These services also have an understanding of the identifying characteristics such as ethnicity and sexuality that need to be taken into account in how and what response is provided, as well as the structural issues which lie behind domestic abuse such as gender inequality and other abuses of power. We recommend that the wording recently adopted by the Welsh Government in statutory commissioning guidance underpinning the VAWDASV Act is used as a basis for this.⁶

⁵ <http://safelives.org.uk/sites/default/files/resources/Leading%20Lights%20Standards.pdf>

⁶ Welsh Government, Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV): Statutory Guidance for the Commissioning of VAWDASV Services in Wales, March 2019

The crucial role of Idva services in supporting victims

18. *“My IDVA offered me face-to-support and support on the phone. I could chase how and when to be supported. It made it really safe when it got to me moving and prior to me moving. She’s the person I could tell ‘I still love him’ and there was no judgement there. What I could tell my Idva, I still haven’t told my family. The Idva was my pillar.”* **Survivor interviewed by SafeLives**
19. Established in England and Wales in 2005, Idvas are trained specialists who act as a single point of contact to help victims who are at the highest risk of serious harm or death to become safe, ensuring their voice is heard by statutory agencies. An Idva carries out a risk assessment to identify the level of risk to a victim (high, medium or standard) and supports them with immediate safety plans, such as helping to increase security at their home through target hardening, sanctuary schemes, protection orders or accompanying them to court hearings (family, criminal and civil), and implementing longer-term interventions to ensure their safety, such as accessing counselling, drug or alcohol misuse or mental health services.
20. Idvas amplify the victim’s voice and act as their advocate at multi-agency risk assessment conferences (Maracs) which are meetings where statutory and voluntary agency representatives share relevant and proportionate information about cases in which one or more victims is at high risk of serious harm or murder. They then produce a co-ordinated action plan to increase victim safety. Crucially, an Idva is independent of statutory agencies and can help to navigate the many processes a victim may have to go through before they are free from harm. The Idva’s job is to champion the victim’s needs, holding agencies to account.
21. We know that as an intervention, Idvas are highly effective. Outcomes assessed at the closure of victims’ cases revealed significant reductions in abuse and positive changes in safety and quality of life following support and interventions from an Idva service. For example, 57% of victims reported cessation of abuse, 84% of victims reported feeling safer and 81% of victims felt their quality of life had improved.⁷ These outcomes are further improved if there is an effective intervention with the perpetrator, which is why we advocate strongly for an approach which tackles the perpetrator as well as supporting adult and child victims. *“Idvas are like lifelines – they enable you to survive when you’re feeling very alone”* – Survivor
22. We would like to see **an amendment to the DA Bill which recognises the crucial support provided by community-based specialist domestic abuse services, such as Idvas, who help support victims and children to stay safe within their own home, as well as ensure they have housing options including accessing refuge**. A duty to provide accommodation-based support excludes a significant number of victims who, even if they required refuge support, may not be able to access it, entrenching rather than alleviating their vulnerability. As one frontline worker of a domestic abuse charity in London told us *“refuge accommodation is unaffordable for many clients who are on a low income, but can’t apply for Universal Credit. Their salary won’t cover the refuge but the refuge can’t subsidise them. Those victims are often forced to remain in an abusive situation.”*
23. Most victims do not want to flee, and where possible, should be supported to stay safe in their own home. 64% of households in England own their own homes while 18% live in the private rented sector. Many victims and survivors want to stay in their own homes, don’t yet feel safe to leave, or have needs which won’t be met through refuge. As already mentioned, there are some victims who simply are not able to access refuge – for example those with chronic mental health issues, substance misuse, teenage sons, too many children, disabilities, pets, or who are in low paid employment and cannot afford the cost of refuge because they don’t qualify for housing benefit. One survivor told us, *“The offer has to be there for a victim to use refuge. But it should be choice alongside other choices - - especially being able to be kept safe in your own home, where you’ve probably got a good set of neighbours who can look out for you. You know the layout of the house, you have a good network around you. Your nan might live on the corner. Neighbours can alert police.”* **Survivor interviewed by SafeLives**

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<http://www.safelives.org.uk/sites/default/files/resources/SafeLives%20Idva%20survey%20report%202016.pdf>

24. Despite the life-saving support Idvas provide, our latest survey of domestic abuse practitioners shows we still need 300 more Idvas to meet the minimum service for those victims at the highest risk of murder or serious harm. These services are often precarious and many are only given yearly contracts: *“we need longer term contracts to help us to continue to do this and to also develop services so they are sustainable in the future.”* **Domestic abuse practitioner (comment in 2019 practitioner survey)**
25. Idvas are funded through a number of sources, predominantly by local authorities but increasingly by other agencies, including Police and Crime Commissioners, Clinical Commissioning Groups (for health-based Idva services) and charitable sources. A limited statutory duty as currently proposed by the government is likely to lead Local Authorities to stop funding Idvas and other community-based services, leaving it to others, creating gaps in provision and confusion between commissioners.
26. *“The Idva services in my area need far greater resourcing. When it works well, there’s no substitute for that one-to-one tailored support. But no-one can refer into the service, even if someone is at serious risk. They’ve got two Idvas – I think they’re meant to have seven. When they’re full they just close the list. So we have to ask them to go through the Iris route – go to their GP and then be referred through them. Or they go through Marac. The police can’t refer directly for an Idva either.”* **Survivor interviewed by SafeLives**
27. Some services report to us that the funding situation for their community-based services is already so acute that they are cross-subsiding with income for their refuge service, because that’s the only service that’s currently sufficiently recognised and subject to more consistent income. This cannot be right – refuges themselves are not well funded, so for services to be trying to piece funding together from one service for another to try and make all ends meet means neither service is on a secure footing and able to provide the best response for the people it helps. The Government has the ability to stop the contortions frontline professionals are having to go through, by putting the full spectrum of specialist services on a sound footing through a full statutory duty and financial amendment, supporting victims and their families to stay safe at home, where possible, and challenging the perpetrator to change.

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