Ending domestic abuse

SafeLives' 2020/21 survey of domestic abuse practitioners in England and Wales

www.safelives.org.uk

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About SafeLives

We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.

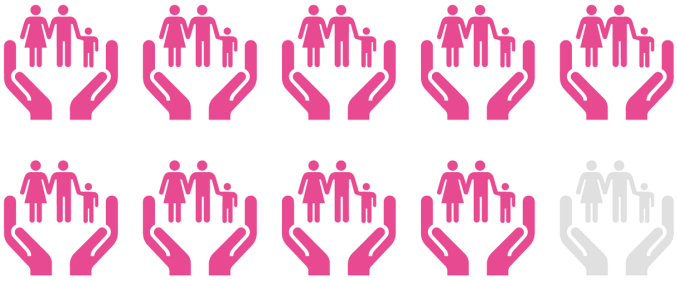
We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’ This applies whatever the gender of the victim or perpetrator and whatever the nature of their relationship.

Last year alone, nearly 13,500 professionals received our training. Over 70,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last four years, over 2,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start.

Together we can end domestic abuse. Forever. For everyone.

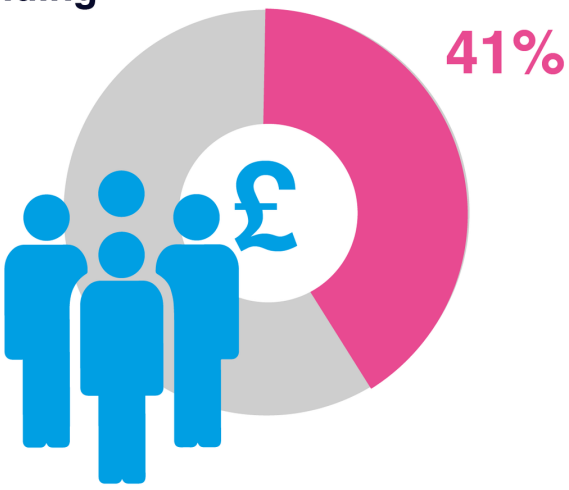
Key findings

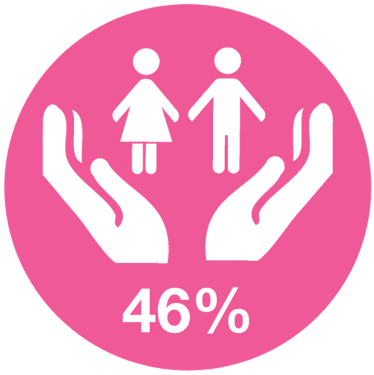
Almost nine in ten services had seen an increase in demand since the pandemic began



Two fifths of services (41%) who responded to our survey felt that they were unable to keep up with demand

Two fifths of all responses gave their biggest concern as staff capacity, staff recruitment and funding

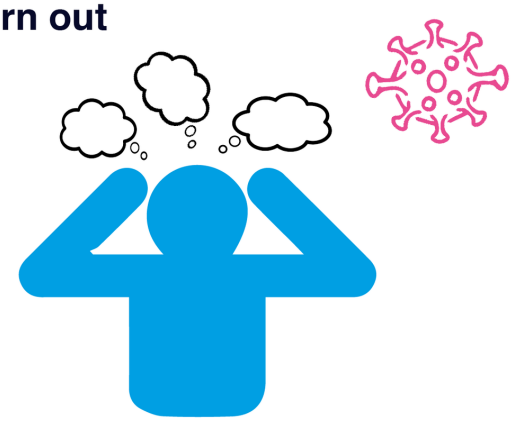


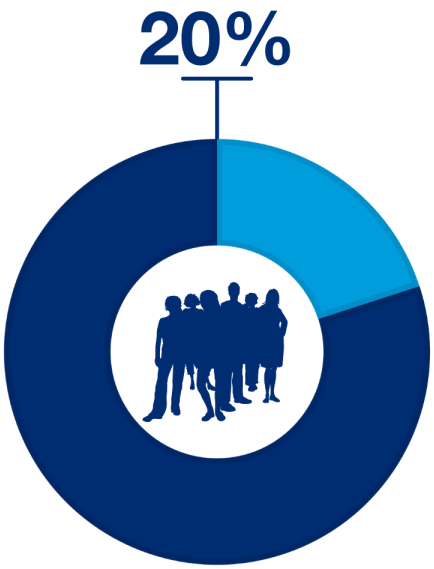


Almost half of all services (46%) biggest concern at this time was the safety of clients and their children

A quarter of respondents (27%) felt the biggest concern was the delay and unavailability of other services. E.g. housing, substance misuse, mental health and courts

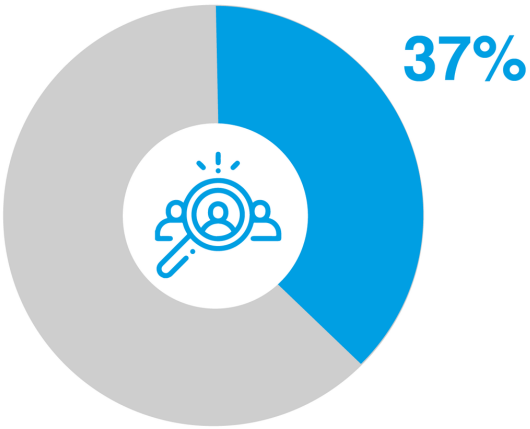
Almost one fifth of responses (17%) voiced concern about the effect the pandemic was having on staff members in relation to stress and staff burn out





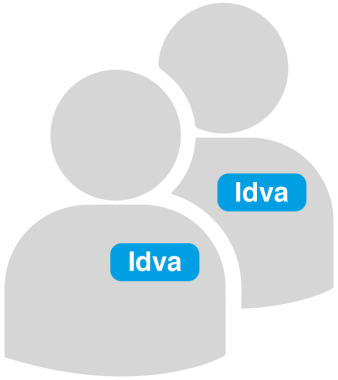
Only 20% of services provided support to victims and survivors from marginalised groups

Over a third of respondents stated that recruiting and retaining staff was difficult when funding was not consistent and based on short term contracts



One in ten (9%) of practitioners were worried about the mental health of their clients

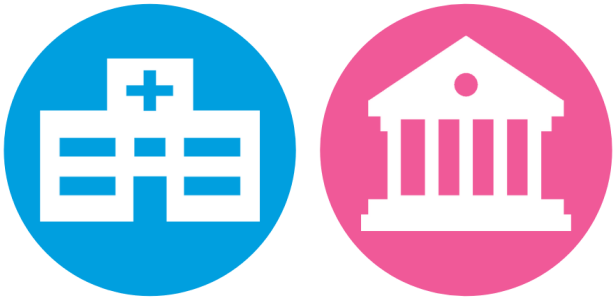
One quarter of respondents (25%) noted the time it takes to look and apply for funding.



There is only 66% of the required number of FTE Idvas in England and Wales to meet the needs of victims at the highest risk of serious harm or murder

Only three police force areas have the minimum required number of Idvas, while 14 have less than 50%

There has been a 37% increase in the number of cases heard at Marac in 2020 compared to 2016.



Just one in ten services had an Idva who was based in a health setting, and only one in twenty had an Idva providing specialised court support

Introduction

Since 2014 SafeLives has surveyed the number of Independent Domestic Violence Advisors (Idvas) at the request of the Home Secretary, identifying how many Idvas are supporting victims and survivors of domestic abuse across England and Wales. In recent years, we have also tried to estimate the number of outreach workers and Young People's Violence Advisors (Ypvas) or equivalent.[1]

This report seeks to understand the current levels of provision for Idvas, outreach workers and Ypvas across England and Wales, as well as the impact on frontline services due to the Covid-19 pandemic. We have therefore paid particular attention in this report to the voices of those working in the domestic abuse sector, highlighting their views on the sector's sustainability, funding and resources as well as the impact that Covid-19 has had on domestic abuse services. We would like to thank all domestic abuse professionals who took the time to share their thoughts and provision levels with us in what has been an unprecedented time of demand on their services as well as the personal pressure of working during a pandemic.

We hope our findings will be of interest to the Home Office, Ministry of Justice, Police and Crime Commissioners, the Offices of the Domestic Abuse Commissioner and Victim's Commissioner, Welsh Government Advisors for VAWDASV, local authorities, Clinical Commissioning Groups (and soon to be Integrated Care Services) and any other commissioner or funder of domestic abuse services.

Executive summary

About the Practitioner Survey

This report is the sixth in our series of annual surveys to identify how many Idvas (Independent Domestic Violence Advisors) are supporting victims/survivors of domestic abuse across England and Wales, as well as outreach workers and Ypvas (Young People's Violence Advisors). This year we also asked questions to frontline services about the impact of Covid-19 on their service provision and survivors accessing their service. We have used police force area as a measure to aggregate data in most cases, because domestic abuse services often cover more than one local authority.

Demand for domestic abuse support has increased during Covid-19

Almost nine in ten services had seen an increase in demand since the pandemic began

When asked whether there had been an increase in demand on their services since the Covid-19 pandemic, 88% of the 146 practitioners who responded said that it had. This is a large increase from the 38% of practitioners who responded to SafeLives' survey at the start of the pandemic and said they had noticed an increase in demand.

Two fifths of services (41%) who responded to our survey felt that they were unable to keep up with demand

Services commented that they were either almost at maximum capacity or already did not have enough capacity to meet the demand of clients. While some services responded that they were always working at the top limits of their capacity, most services felt that demand had significantly increased over the past year. Many also commented that they were understaffed and that they had insufficient resources to be able to employ more staff to help manage the increase in demand.

"Our main line has been busy and had 120% increase in referrals to IDVA services."
Practitioner response

Almost half of all services (46%) biggest concern at this time was the safety of clients and their children

The most common concern raised by services was that domestic abuse professionals were not able to see clients and that this increased the risk to their clients and any children in the household.

"Service users have been unable to access support and they no longer focus on their own needs. Service users have increased levels of anxiety and are experiencing more isolation, unable to be with support networks and family."

Practitioner response

Two fifths (41%) of all responses gave their biggest concern as staff capacity, staff recruitment and funding

One of the reasons for an impact on staff capacity has been an increase in caseloads:

"Increase in referrals of average 35% to IDVA services. Working outside of the recommended SafeLives caseload guidance. Increase in complexity of cases / women with multiple levels of need."

Practitioner response

A quarter of respondents to the survey (27%) felt the biggest concern was the delay and unavailability of other services to help support their clients. e.g. housing, substance misuse services, mental health and courts

Services told us that increased complexity of need, related to reduced support from partner agencies, has also impacted on service capacity. In particular housing, drug and alcohol, mental health services and courts were all cited as being less able to engage with clients since Covid-19.

"We have identified the lack of mental health resources on the outside... Domestic Abuse and Mental Health run parallel in those clients that focussing on one part is not possible."

Practitioner response

Almost one fifth of responses (17%) voiced concern about the effect the pandemic was having on staff members in relation to stress and staff burn out

This tied in very strongly to the increase in demand on services and the concern that there was not sufficient staff capacity to match this, as this increased workload was seen to be affecting staff wellbeing and mental health.

"Staff burn out. Staff fatigue. Staff Mental Health."
Practitioner response

One in ten (9%) of practitioners were worried about the mental health of their clients

Comments included concerns that clients had increased levels of anxiety, depression and suicidal ideation and were more isolated as they were unable to be with support networks and family.

"...Due to social isolation and support networks, clients are withdrawn and lack emotional and "human" support/empathy. Clients are presenting with increased anxiety, depression, suicidal ideations making them vulnerable and at great risk of harm to themselves."
Practitioner response

Lack of long-term sustainable funding

Nearly a third of services (32%) felt that they did have the necessary resources for their service, while one in ten (12%) simply answered 'No'

Almost one in ten services (9%) felt that they did have the necessary staffing and resources because of the Covid-funding they had received. However, there was concern among several services that this funding would be ending in March 2021, and they were uncertain how they would be able to continue providing a similar level of support after this time.

"We have secured short term funding that was Covid specific and its all ending March 2021 so although we have enough funds now we will not do post March 2021."
Practitioner response

Over a third of respondents (37%) stated that recruiting and retaining staff was difficult when funding was not consistent and based on short term contracts

Retaining staff was commonly cited alongside planning for the future as being a key benefit of longer term funding, with the ability to retain staff seen as vital in underpinning a service's potential to provide high-quality support to their clients. Several respondents highlighted how difficult it is for them to recruit and retain good staff when only short-term contracts are available. Longer term funding would also give services the opportunity to focus on staff development and would give staff more incentive to focus on their own development, whereas not having this stability means services are at risk of losing staff they have already invested in training and developing.

"Constant unease among staff, difficult to recruit, risk of losing good staff."
Practitioner response

One quarter of respondents (25%) noted the time it takes to look and apply for funding.

Several services commented that the time they spend identifying appropriate sources of funding and completing bids takes time away from service improvement and focusing more directly on supporting their clients. A few respondents also highlighted the fact that funding can be difficult to obtain, and this creates a lot of uncertainty for services when trying to plan for the future.

"I spend about 1/4 of my time as CEO on funding issues. I would like to spend more time on service improvements."
Practitioner response

Idva provision in England and Wales has fallen for the first time in five years

There is only 66% of the required number of FTE Idvas in England and Wales to meet the needs of victims at the highest risk of serious harm or murder and this level has fallen for the first time since 2016

The current number of Idvas is 420 fewer than the minimum number required (at least 1,220) to meet the needs of victims and survivors at high risk of serious harm or murder. In 2016 there was 67% of the required coverage for Idva provision, and this rose to 74% in 2017 and remained stable at 74% in 2019.

There has been a 37% increase in the number of cases heard at Marac in 2020 compared to 2016.

The increase in Marac cases across England and Wales means that the number of Idvas required to support victims at the highest-risk of serious harm or murder also needs to increase to meet the demand.

Only three police force areas have the minimum required number of Idvas, while 14 have less than 50%

In 2019, ten force areas had 90% or more of the recommended coverage, so the number of areas with this better level of coverage has decreased. There are 14 police force areas with less than 50% of the recommended Idva coverage, four of which have less than a third. These numbers have increased since 2019, when nine police force areas had less than 50% and three had less than a third of the recommended Idva coverage.

Just one in ten services had an Idva who was based in a health setting, and only one in twenty had an Idva providing specialised court support

While the vast majority of Idvas work within a specialist community-based domestic abuse service, they can be based in a variety of different locations. We know that just one in five of those experiencing domestic abuse calls the police which is why multiple access points outside criminal justice settings are vitally important.

We also know that certain settings – for example health settings – encourage higher rates of disclosure including from victims with mental health needs, substance misuse, who are pregnant, and older victims.

Lack of holistic services for vulnerable or marginalised groups

Only 20% of services provided support to victims and survivors from marginalised groups

Services that provide domestic abuse support to victims who are marginalised, such as Black, Asian and racially minoritised people, LGBT+ people or disabled and deaf people, are invaluable. Staff in these services have an in-depth and nuanced understanding of the particular ways in which domestic abuse affects people from these communities that mainstream services may lack, enabling them to provide more tailored emotional and practical support.

Key recommendations for Government:

- The Victim's Funding Strategy and this year's Comprehensive Spending Review should create a three year settlement for domestic abuse services which support the whole family – adults, teens and child victims, as well as quality-assured interventions for perpetrators, across all risk levels.
- The two-year funding for Idvas and Isvas is a really welcome start, but an annual ring-fenced fund of £56m is required just for Idva provision to meet the needs of victims at the highest-risk of serious harm or murder.
- Future funding rounds should be integrated in one package of support for all domestic abuse services, whether accommodation-based or in the community, and committed for the long-term in recognition that demand will continue to grow, rather than dip in coming years.
- We recommend that the Government commit to shorter waiting times for victims of trauma, recognising that accessing mental health interventions will help with their recovery. The NHS' Five Year Forward View does not mention domestic abuse or the need for trauma-informed services.

The Government should consider developing a new strategy for improving the health of victims of trauma, including domestic abuse survivors.

- The Government's 'You're Not Alone' awareness raising campaign alongside the Ask for ANI code word initiative were two helpful developments during the pandemic. We encourage the Government to continue the funding for these campaigns into the long-term. In respect of awareness raising, we recommend that the Home Office adds two new audiences to its communication plans – friends, family and neighbours who should be called to 'Reach-In' to those who may be experiencing harm, and to the perpetrators of harm themselves reminding them that there is #NoExcuseforAbuse. We hope that Ask for ANI will be extended into more local employers as lockdown eases, particularly banks, post offices and supermarkets, so that victims can ask for help in their local area.

- We recommend that as part of post-Covid recovery, specific attention is paid to children impacted by domestic abuse, both those who have experienced it at home and those in their own intimate relationships. Alongside initiatives placing social workers within schools, the Government should look to ensure community and youth workers, as well as those in early years settings such as nurseries, CAMHS and school nurses should receive enhanced specialist training to ensure they understand the impact of domestic abuse on children and how to refer them into specialist support.

Key recommendations for local commissioners:

- We recommend that Domestic Abuse Strategic Partnerships should ensure that commissioning cycles are three to five years, rather than the short-term annual contracts that this survey shows are so frequent. This should match the longer-term vision that statutory agencies have for their safeguarding responsibilities at a local level.

- Ensuring that services are co-produced with survivors locally will also help to future proof responses, alongside robust local datasets that help commissioners measure improvements and gaps in provision.

- Cultural change training for multi-agency professionals working with families affected by domestic abuse including in children's and adult social care, health, housing, the police, probation, and so forth, will help to lift understanding of domestic abuse and coercive controlling behaviour to ensure everyone round multi-agency tables is starting from a shared place.

- Only one in five victims calls the police so locating Idvas in non-criminal justice settings such as health is particularly important. We recommend that all Clinical Commissioning Groups (and soon to be Integrated Care Systems) commission health-based Idvas in acute and mental health settings, as well as IRIS in primary care settings.

Methodology

Survey Participants

Invitations to complete the survey were sent to nearly 500 organisations, half of whom have responded to previous SafeLives practitioner surveys and therefore were known to provide domestic abuse support. We also included services which might potentially provide domestic abuse services, for example housing providers, as well as those identified previously by offices of Police and Crime Commissioners. The majority of organisations we contacted were charities, alongside a small number of other organisations such as in-house local authority services.

Data collection

The survey ran between November 2020 and January 2021. We attempted to telephone all services which had previously filled in the survey ahead of its release to inform them of the survey and to ensure the correct contact details were on file. Once the survey had closed, we sent emails to those services who provided us with their domestic abuse provision in the previous survey but had not responded this time to request information about any changes to their Idva provision.

Once duplicate entries had been removed, we received responses from 153 services who employ frontline domestic abuse workers. The majority of services who responded (126) employed Idvas, outreach workers and/or Ypvas. The remaining services provided other forms of support such as refuge, helplines or other domestic abuse professionals and their survey responses are included in the analysis of the open-ended questions only.

The responses were supplemented by information about 141 services from other sources:

- The Offices of Police and Crime Commissioners (6 services)
- SafeLives 2019 Practitioner Survey[2] (126 services)
- SafeLives 2017 Practitioner Survey[3] (9 services)

Responses

In total, the qualitative analysis in this report is drawn from information about 153 services who employed Idva, outreach, Ypva, refuges, Isva, IRIS, Helplines or group programmes from the sources described above.

The Idva analysis in this report is drawn from information from 188 services from the sources described above who employ Idvas plus additional information supplied by PCCs at their area level.

Quality Assurance

Provisional results from our survey were shared with the offices of the Police and Crime Commissioners (PCCs) to ensure our results reflected local provision as accurately as possible. Half of PCCs (21 out of 43) responded either to confirm or revise these figures.

We recognise that, in a number of areas, the main funders of domestic abuse provision are local authorities and other statutory commissioners (such as Clinical Commissioning Groups) which means our survey may not fully capture the services they commission. We are also aware that many vital non-commissioned smaller and specialist domestic violence services that rely on public and charitable funding aren't fully represented in this survey. Finally, the response from services themselves was 40% lower than in previous years this was in the main due to the pressures service providers were under given higher demand for their services and the fact that non-core activity (such as responding to external requests) was rightly deprioritised. However, we believe the survey provides us with the clearest picture of domestic abuse Idva provision across England and Wales to date.

Analysis

We asked services four open-ended questions to gain a better understanding of the impact of the Covid-19 pandemic. These were:

- Do you feel there has been an increase in service demand since the Covid-19 pandemic?
- Do you feel you have the necessary resources and staffing to deliver your service?
- What has been your biggest issue or concern during this time?
- Do you think longer term funding would provide stability to your organisation? Please explain your answer.

Content analysis was carried out on the responses to these questions; for each question the content was read, re-read and coded under overarching categories reflecting the most common topics discussed. Where responses covered more than one distinct category, they were split. Within each category, comments were coded into subcategories when appropriate.

We used police force area as a measure to aggregate Idva data in most cases, because domestic abuse services often cover more than one local authority and Marac areas. This is not to suggest that services are in all cases connected to local policing. It should also be noted that even where services are connected to or co-located with police forces, those services work hard to maintain independence in their provision. Specialist roles such as Idvas are designed to work with victims and survivors whether or not they're going through a criminal justice process, though some commissioners stipulate that commissioned services can only support those who are. Given only one in five victims call the police this will exclude many victims and survivors from a service, and we do not recommend it as good practice.

Impact on service demand during Covid-19

Our initial research into the impact of global crises predicted that the Covid-19 pandemic would lead to increased pressure on the domestic abuse sector.[4] SafeLives ran a survey of frontline practitioners three months into the pandemic in June 2020 and in this 38% of practitioners said they had seen an increased caseload, while 14% said they had seen an increase in child to parent violence and 13% felt they had unsafe staffing levels.[5] This increase in demand may reflect increased need as well as increased awareness or use of services available, or a combination of these factors. The survey findings in this report provides us with further detail about the impact of Covid-19 after a longer period of time.

It is vital that we listen to the voices of those working on the frontline supporting people at risk of domestic abuse in order to understand what their experience has been of the pandemic and resulting lockdown measures. Clearly, the day-to-day work these specialist services do with victims and survivors puts them in an unparalleled position to understand how they have been affected by the social and economic upheaval of the past year and what that means for the future resourcing and delivery of services. This includes in areas such as funding, staff wellbeing and the ability to provide support to victims and survivors. Gaining a better understanding of the needs of frontline services means that we will be in a better position to quickly and efficiently provide them with the support that they need to continue the vital work that they are doing.

Almost nine in ten services had seen an increase in demand since the pandemic began

When asked in this survey whether there **had been an increase in demand on their services since the Covid-19 pandemic**, 88% of the 146 practitioners who responded said *Yes*, they did feel the demand had increased. This is a large increase from the 38% of practitioners who responded to our June 2020 survey who felt that they had seen an increase in demand for their services.[6] This suggests that, as the pandemic and resulting lockdown measures have continued, demand for services has also continued to grow.

We then asked if they **had applied for the emergency Covid-19 funding** that the government made available for domestic abuse services. Four out of five of the 144 services (81%) said Yes, which is likely a reflection of the fact that so many services had been experiencing a higher demand and were in need of more resources to help manage this.

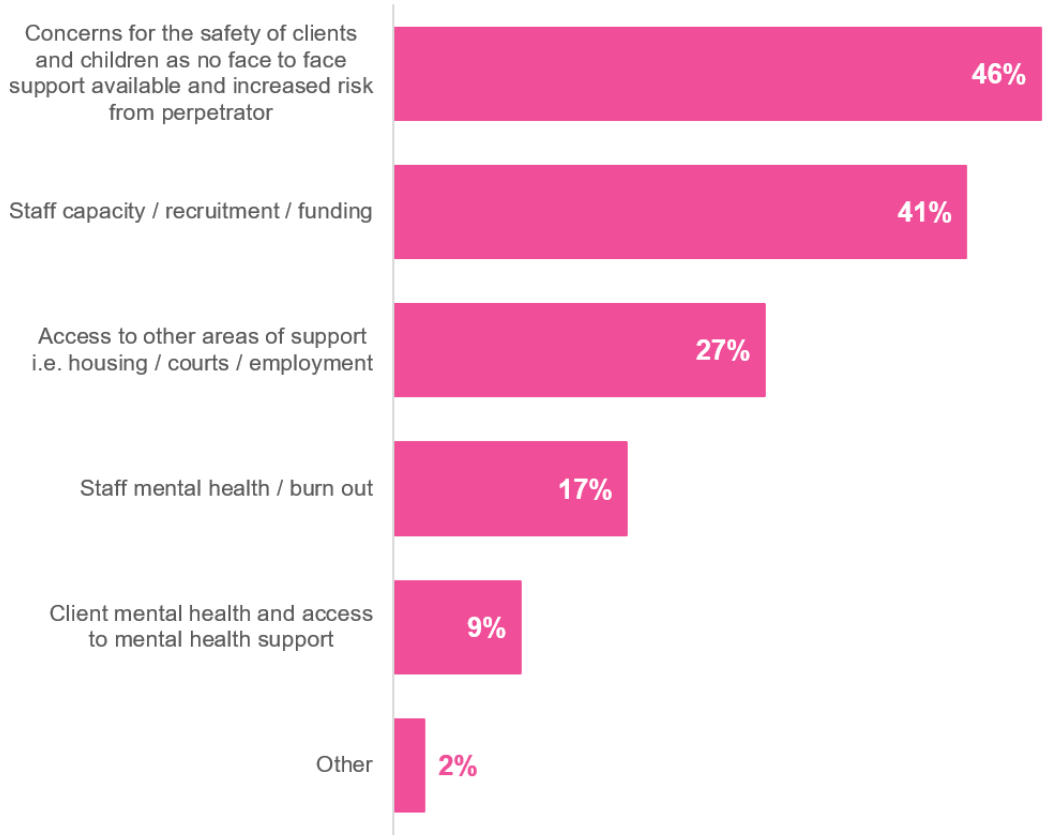
Service concerns during Covid-19

Domestic abuse practitioners were asked one open-ended question about their work during the pandemic - **what has been your biggest issue or concern during this time?** The answers to this question were varied and covered a range of concerns, which were coded to reflect re-occurring the themes shown in Graph 1 below. In total, 132 services answered this question. Some of the responses given could be coded into more than one category and so these responses were split, meaning that we coded 187 responses overall. The percentages given are based on the number of services who answered the question (132) rather than the number of individual coded responses.

Almost half of all services (46%) said their biggest concern was the safety of clients and their children

The most common concern raised by services was that domestic abuse professionals were not able to see clients and that this increased the risk to their clients and any children in the household.

Graph 1. What has been your biggest issue or concern during this time?



Respondents expressed concern about accessing clients who were locked down with their perpetrators which made it difficult for them to contact and support their clients safely. There was also concern that contact over the phone would not be as beneficial for clients as face to face contact, though some clients have found remote support effective and easier to access. The Office for National Statistics in November 2020 found 'There has generally been an increase in demand for domestic abuse victim services during the coronavirus pandemic, particularly affecting helplines as lockdown measures eased; this does not necessarily indicate an increase in the number of victims, but perhaps an increase in the severity of abuse being experienced, and a lack of available coping mechanisms such as the ability to leave the home to escape the abuse, or attend counselling.'[7]

“Survivors of abuse locked down with perpetrators with no route to support for themselves and their children.”

Practitioner response

While demand on services has clearly increased, there was concern that some victims were unable to reach out to services particularly at the start of lockdowns:

“The referral numbers plummeted at the start of lockdown and reduced again at the start of local restrictions, we expect further reduction from the start of the current national lockdown. Service users have been unable to access support and they no longer focus on their own needs. Service users have increased levels of anxiety and are experiencing more isolation, unable to be with support networks and family.”

Practitioner response

This was corroborated in surveys we conducted with survivors between March and June 2020. Two thirds (61%) of victims and survivors had not asked for any help during the lockdown restrictions. One of the reasons for this was finding it hard to reach out for support as a result of the lockdown restrictions. The survey also showed that nearly two fifths of victims and survivors (39%) were afraid of the perpetrator and one in ten (9%) were concerned about their own safety as they were unable to escape or were isolated.[8]

Where face to face work could take place, staff absence due to self-isolation meant that fewer staff members were meeting larger numbers of clients. In SafeLives’ first Covid-19 survey which we released in March 2020, a third of services (31%) had seen a decrease in staff levels due to self-isolation or childcare issues.[9]

“The support given to clients face to face is limited during covid therefore this makes it more difficult to support people with more complex needs.”

Practitioner response

Impact on Black, Asian and minoritised victims

Concerns about particular client groups were highlighted by practitioners. One service's biggest concerns from lockdown was the *'growing inequality and structural disadvantage for young women from Black and minoritised communities… '* and the devastating effects of this.

Despite being just as likely to experience abuse as any other ethnic group, research shows that the level of disclosure for Black, Asian and racially minoritised victims and survivors of domestic abuse is far lower than that of the general population.[10,11] From our Insights datasets, we know that those from Black, Asian and racially minoritised communities typically experience abuse for 1.5 times longer before getting help than those who identify as White British or Irish.[12]

The data from Maracs across England and Wales similarly highlight low levels of disclosure. The proportion of cases involving victims and survivors from Black, Asian and racially minoritised communities in the 12 months to December 2020 was 16.1%. This remains lower than the national population rate of 18.1%, and lower than two years ago when the rate was at 16.9%.[13]

Although these datasets are somewhat unreliable, due to inconsistent enquiry and recording of victims' racial and religious identities, there are likely to be other important barriers to support. For example, specialist organisations supporting women with insecure immigration status have highlighted that they are less likely to think of Marac as a trustworthy part of someone's safety plan. A 2019 study of 60 migrant women produced by King's College London, LAWRS, and the Step-Up Migrant Women Coalition found that more than half of women feared that they would not be believed by the police because of their immigration status (54%) with more than half feeling that the police or the Home Office would support the perpetrator over them (52%).[14]

A 2020 report by Imkaan and University of Warwick calls for more data on the barriers to support for Black, Asian and racially minoritised women, yet highlight that women's interaction with the CPS should be understood as part of a wider context of institutional racism and historical lack of trust in and experience of poor police responses.[15]

In our response to the Home Office's call for evidence on the Violence Against Women and Girls Strategy 2021-24, we recommended that official datasets must be disaggregated in order to highlight the different situations and needs of specific groups, and that work is undertaken to improve data collection so race and religion are accurately recorded. This would better allow policy-makers to take an equity-based and reparative approach to future policy making and funding, redressing the historic under-representation of and support for Black, Asian and racially minoritised girls and women.

Impact on children and young people

Younger victims and survivors of domestic were also noted as a group whose safety during Covid-19 was of concern. Practitioners found it difficult to connect with young people during the lockdown restrictions.

"It has been difficult to engage with young people virtually."
Practitioner response

Young people are disproportionately affected by domestic abuse, both through being directly subject to abuse in their intimate relationships, and through experiencing abuse in their household. According to the Crime Survey for England and Wales, 14 per cent of women aged 16 to 19 reported experiencing some form of domestic abuse in the last year, as did 5.3 per cent of men in the same age group. For women, this is 40 per cent higher than the next age group (20-24).[16]

Moreover, the Children's Commissioner 'Childhood vulnerability in England 2019' report estimates that some 831,000 children in England are living in households that report domestic abuse.[17] As many as one in five children and young people are exposed to domestic abuse during their childhood.[18] Quarterly data from Maracs across the UK shows a consistent rate of 12-13 children for every ten cases discussed; during 2020, we estimate that more than 85,000 individual children were associated with Marac cases.[19]

Impact on staff capacity, recruitment and funding

Two fifths (41%) of respondents said their biggest concern was staff capacity, staff recruitment and funding.

One of the reasons for an impact on staff capacity has been an increase in caseloads:

"Increase in referrals of average 35% to IDVA services. Working outside of the recommended SafeLives caseload guidance. Increase in complexity of cases / women with multiple levels of need."

Practitioner response

Our first survey of frontline services in March 2020 found that already a quarter (22%) had seen an increase in caseloads. For the majority of those that had seen an increase it was due to an increase in referrals (73%), but for almost half of services (46%) staff absence increased caseloads of Idvas who were able to continue working.[20]

Every two weeks throughout the pandemic, SafeLives has convened a call with CEOs and service managers of frontline domestic abuse services with around 30 services taking part regularly. This provided an opportunity to hear about the impact of Covid-19 on services direct from the frontline, as well as hear about innovation and future challenges. Service and staff capacity were often key themes on these calls. In November 2020, one service manager told us that individual Idvas were coping with caseloads of 35-50 clients at a time.

SafeLives recommends Idvas do not carry caseloads of more than 80-100 in the space of a whole year, so more than 25 at any one time could be considered to be excessive. While no service in our support network was operating a waiting list before assessment, one service said that their caseload levels were dangerously high and that they may not have any other option but to consider waiting lists.

Whilst previously a lot of client contact was done within group settings which was cost effective, during lockdown restrictions there was much more one on one work. Although this can be beneficial to the client, it is much more time intensive. Other CEOs on the calls recognised that the work itself was much more intensive as the nature of support needed and how it is remotely delivered led to longer case lengths and extra support given around Covid-19 rules and restrictions.

Connected to this was the lack of funding or the inadequacy of the funding that was available. This topic has been strongly noted in all SafeLives surveys, including the current Practitioner Survey, as well as in the CEO regular telephone calls. In the current Practitioner Survey, the difficulty of recruitment of experienced Idvas, particularly when funding is short term was highlighted by numerous practitioners. Concerns also centred around the amount of time that it takes to train Idva's and for them to build up expertise.

"Caseloads - short term funding putting extra pressure on existing staff to work increased number of hours. Difficult to recruit to exceptionally short-term contracts."

Practitioner response

Overall, the lack of staff and insufficient funding left services under-resourced and less able to give clients the quality of support that they would have liked to.

“High volume contracts continue to be the norm, where funding is absolutely not reflective of demand. There is too much reliance nationally on the good will of the sector to 'make it work' with the resources available and over-deliver by a significant amount in order to meet that demand. This has an impact on both client and worker safety.”

Practitioner response

Impact on multi-agency partners

A quarter of respondents to the survey (27%) felt the biggest concern in the current climate was the delay and unavailability of other services to help support their clients. Services told us that increased complexity of need, related to reduced support from partner agencies, has also impacted on service capacity. In particular housing, drug and alcohol, mental health services and courts were all cited as being less able to engage with clients since Covid-19.

“Keeping up with the demand relating to referrals of all levels of risk, the continuous waiting lists for other agency support, lack of multi-agency working, funding cuts, payment by result contracts and staff's health and wellbeing.”

Practitioner response

This again was discussed on SafeLives’ CEO calls, in particular a number of services said that it was really difficult to find mental health support for their clients and that this had worsened since Covid. One service said that they were receiving more calls from victims saying they are suicidal, but when they have tried to refer into services they have been told that their client doesn’t meet their threshold because the client hasn’t attempted to kill themselves. This then has an impact on staff who find it difficult to go home for the weekend and relax when they know that a client might try and take their life.

Services were exasperated that access to mental health support would depend on someone trying to kill themselves and failing, rather than supporting them before an attempt.

“We have identified the lack of mental health resources on the outside... Domestic Abuse and Mental Health run parallel in those clients that focussing on one part is not possible.”

Practitioner response

Housing availability was also cited as a particular issue, with concerns that there were fewer available options for refuge or other suitable temporary accommodation, and one service commented that it had witnessed an increase in homelessness. Crisis found that although the ‘Everyone In’ intervention in which local authorities provided emergency accommodation for people rough sleeping saved lives, it did not address the underlying causes of homelessness that have been exacerbated by the pandemic.[21]

The backlog in court proceedings due to the lockdown restrictions were also commonly noted as a concern for practitioners. This was mirrored in research undertaken by SafeLives on behalf of the Domestic Abuse Commissioners office which found that the impact of the pandemic will be felt by services and victims for years to come.[22]

“The reduction income and the safety of our victims. The closure of family courts processes escalated emotions for both perpetrator and victims and heightened the risk for our victims.”

Practitioner response

Many practitioners were concerned that it may now be more difficult for those experiencing abuse to access mental health professionals. Others also mentioned the delays in the court process, which could emotionally harm or even increase the risk of abuse for victims/survivors. Although the pandemic has increased court delays, this was a problem adversely affecting victims/survivors long before.

Impact on staff's mental health and resilience

Almost one fifth of responses (17%) voiced concern about the effect the pandemic was having on staff members in relation to stress and staff burn out. This tied in very strongly to the increase in demand on services and the concern that there was not sufficient staff capacity to match this, as this increased workload was seen to be affecting staff wellbeing and mental health.

"Staff burn out. Staff fatigue. Staff Mental Health."
Practitioner response

SafeLives was pleased to be able to secure some additional Covid-emergency funding from the Home Office to run two-hour support and wellbeing sessions for frontline staff, providing a safe and reflective space with practical tools to support wellbeing and resilience. The feedback from these sessions has been overwhelmingly positive with 94% of participants agreeing that the session will have a positive impact on their morale. Sharing their experiences with other frontline workers, learning strategies and tips for resilience and stress relief, exploring ways to practice self-care and taking time to pause and reflect were the most useful aspects mentioned.

This is just one example of how a relatively small amount of funding can be used to take practical steps that can help to support staff and services. This is likely to become ever more important as services look to support increasing caseloads of clients while their funding remains insecure.

Impact on victim/survivor's mental health

One in ten (9%) of practitioners were worried about the mental health of their clients. Comments included concerns that clients had increased levels of anxiety, depression and suicidal ideation and were more isolated as they were unable to be with support networks and family.

"Clients are unable to focus on safety planning and domestic abuse work when their mental health is poorly making them unable to retain any information. Additional needs for clients such language barriers and learning disabilities not being identified by other services as they are unable to organise the support due to the lack of services. Due to social isolation and support networks, clients are withdrawn and lack emotional and "human" support/empathy. Clients are presenting with increased anxiety, depression, suicidal ideations making them vulnerable and at great risk of harm to themselves."

Practitioner response

The SafeLives' *Safe and Well: Mental health and domestic abuse* report with AVA and the Royal College of Psychiatrists found that there is already a strong association between having mental health problems and being a victim of domestic abuse but that domestic abuse services often do not receive funding to be able to support clients with mental health needs. This means that in many cases they are only able to provide low-level psychological support. In addition, having mental health needs is the third most common reason for refusal to a refuge since many refuges do not have the resources to provide intensive support, further limiting the options for victims/survivors.[23]

If the mental health needs of clients have been exacerbated as a result of Covid-19 and lockdown measures, this implies that many domestic abuse services will find it even more difficult to provide adequate mental health support for people who are increasingly in need of it. Links between domestic abuse response and mental health response – both statutory and voluntary sector led – need to be significantly improved.

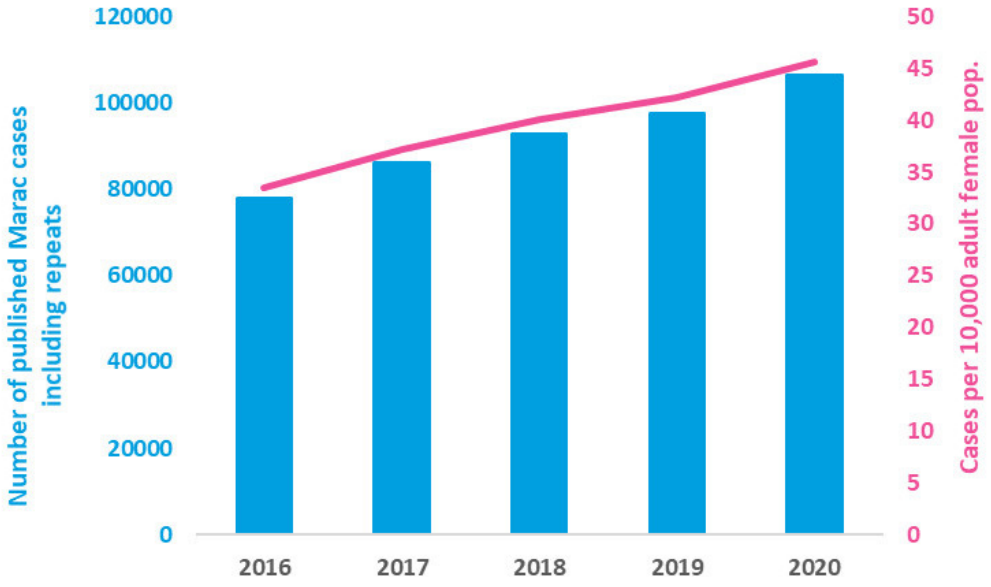
Current and required Idva provision in England and Wales

At least 1,220 full time equivalent Idvas are required to support all victims and survivors at high risk of serious harm or murder across England and Wales

Victims and survivors of domestic abuse who are at high risk of serious harm or murder are referred to a local Multi-Agency Risk Assessment Conference (Marac). At the Marac, a range of professionals discuss how to collaborate and coordinate resources to mitigate the risk posed by the perpetrator(s) and increase safety in each case. Each victim discussed at Marac should be supported by an Idva.[24] For every local Marac, SafeLives produces an estimate of the number of Idvas required to support victims and survivors of domestic abuse in that area. This estimate is based on both the current number of Marac cases and the size of the local population, in order to adjust for Maracs that are seeing fewer cases than the estimated number for victims and survivors in that area.[25]

Based on these estimates, SafeLives recommends that a minimum of 1,220 full time equivalent (FTE) Idvas are needed to provide sufficient effective support to all victims and survivors of domestic abuse who are at high risk of serious harm or murder in England and Wales. This figure continues to increase as the number of cases seen at Maracs continues to increase.

Graph 2: 5-year trend of Marac cases in England and Wales[26]

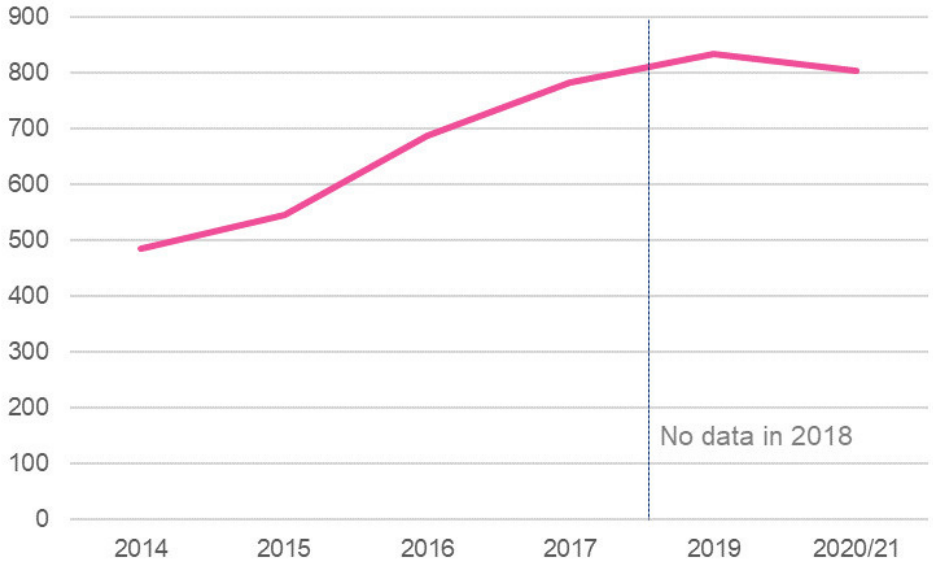


There has been a 37% increase in the number of Marac cases in 2020 (January to December) compared to 2016 (January to December) and the cases per 10,000 adult female population has increased from 34 cases per 10,000 adult female population in 2016, up to 46 in 2020. The increase in Marac cases means that the number of Idvas required to support victims at the highest risk of serious harm or murder also needs to increase to meet the demand.

There is only 66% of the required number of FTE Idvas in England and Wales

Our analysis of the survey results and information from wider sources (such as offices of Police and Crime Commissioners) showed that there are now more Idvas working in England and Wales than there were in 2019. Some of these Idvas work part time and others only spend part of their time working with victims and survivors at the highest risk of serious harm or murder (spending the remaining time working with victims and survivors at lower levels of risk). When these factors are accounted for, the number of full time equivalent (FTE) Idvas working with those at high risk in England and Wales equals 803.[27] This is a 4% decrease from the 833 FTE Idvas supporting those at high risk in 2019.

Graph 3: number of FTE Idvas available to work with victims and survivors at the highest risk of serious harm or murder, by year



The current number of Idvas is 420 fewer than the minimum number required to meet the needs of victims and survivors at high risk of serious harm or murder, meaning there is only 66% of the total number required. This percentage coverage has decreased since 2019, when there was 74% of the total number of Idvas required across England and Wales, the change in percentage of coverage is due to a plateauing of the number of FTE Idva alongside an increase in the required provision. In 2016 there was 67% of the required coverage for Idva provision, and this rose to 74% in 2017 and remained stable at 74% in 2019. Given services consistently reported an increase in the complexity and severity of the situations faced by survivors they support in our survey, this is even more important to note and act on.

We recognise that our survey may not have captured the full picture of provision of Idva services across England and Wales due to the decline in services who were able to respond to our survey this year (60% of services responded compared to the previous year). While we were able to receive information from some PCC offices, not all responded and we did not have the capacity to ask all local authorities or CCGs about their commissioning levels.

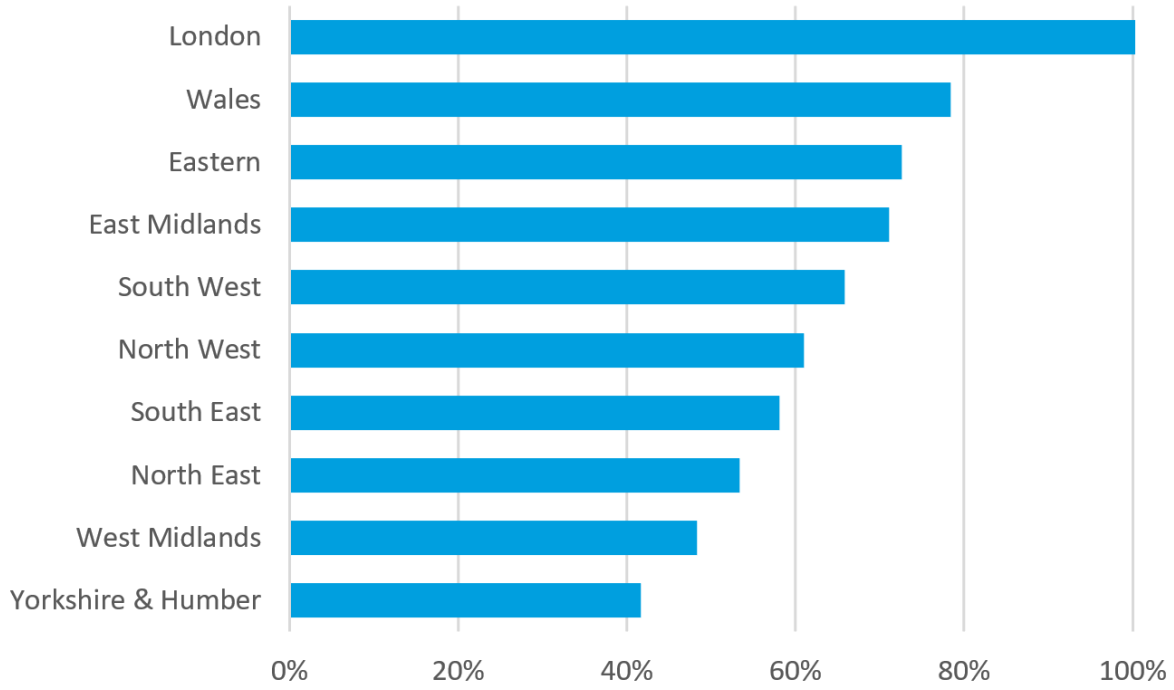
Idva coverage varies substantially across England and Wales

Table 1: Full time equivalent (FTE) Idva provision and support for victims at high risk (HR)

Region / Country	FTE Idvas	FTE Idvas for victims at HR	Recommended Idvas to support victims at HR	% Coverage	Percentage point change since 2019
East Midlands	66	62	87	71%	-7
Eastern	86	79	109	73%	0
London	207	162	155	104%	-4
North East	38	32	59	53%	-7
North West	151	131	215	61%	-14
South East	107	88	152	58%	-9
South West	80	65	99	66%	-15
Wales	77	68	87	78%	-7
West Midlands	70	56	115	48%	-8
Yorkshire & Humber	113	61	147	42%	-11
England and Wales[28]	**994**	**803**	**1,224**	**66%**	**-9**

Only one English region (London) has the minimum requirement of Idva coverage, while two regions have less than half of the provision required (West Midlands and Yorkshire & Humber). Moreover, all nine English regions and Wales saw their percentage coverage decrease when compared to the 2019 data.

Graph 4: Percentage of required FTE Idvas available to work with victims and survivors at high risk, by region.

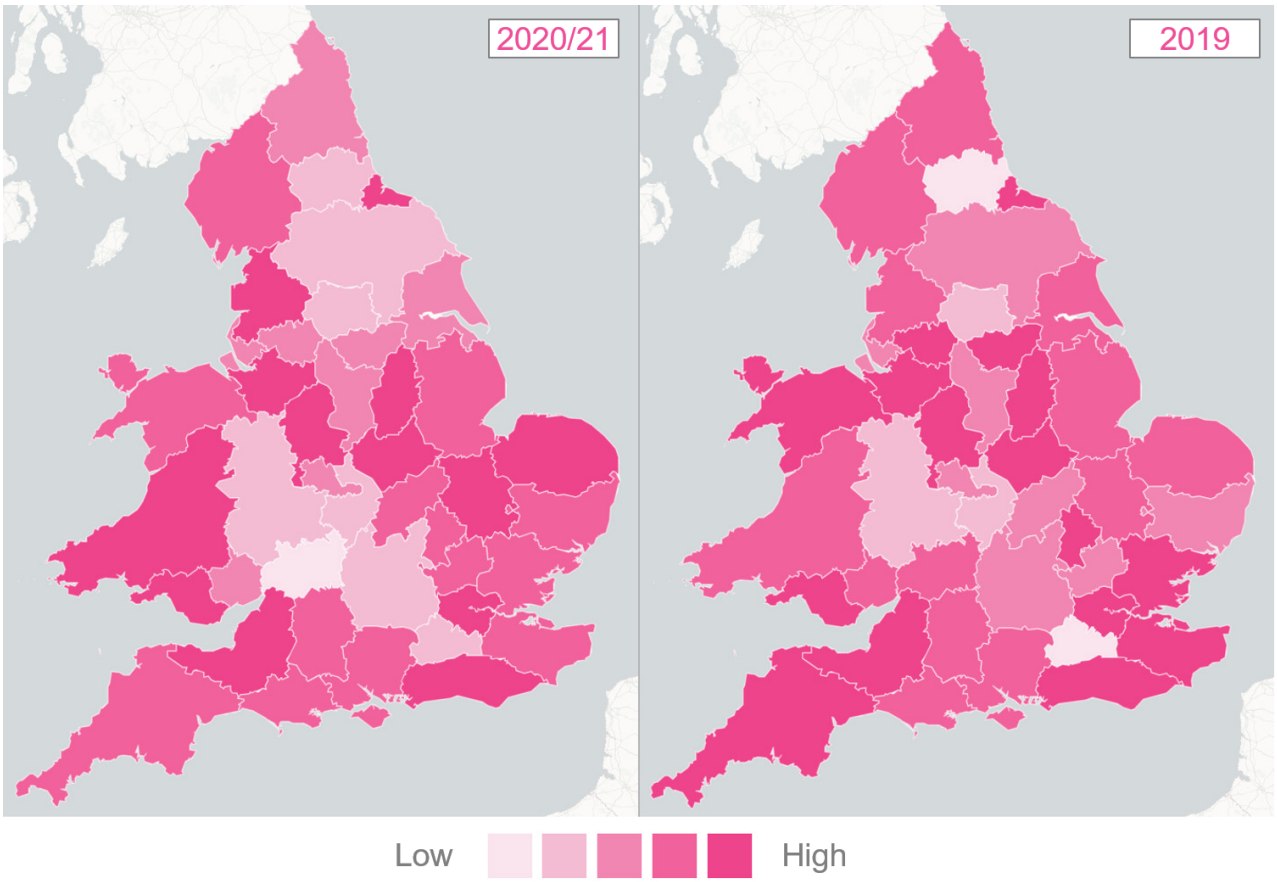


Only three police force areas have the minimum required number of Idvas, while 14 have less than 50%

Only three police force areas (out of 43) meet the minimum required number of Idvas working with victims and survivors at high risk. A further two have between 90% and 99%. In 2019, ten force areas had 90% or more of the recommended coverage, so the number of areas with this better level of coverage has decreased. There are 14 police force areas with less than 50% of the recommended Idva coverage, four of which have less than a third. These numbers have increased since 2019, when nine police force areas had less than 50% and three less than a third of the recommended Idva coverage.

The heat map below shows the percentage of required FTE Idvas available to work with victims and survivors at high risk, at police force level, as well as how this compares to 2019.

Figure 1: percentage of required FTE Idvas available to work with victims and survivors at high risk, by police force area.



The characteristics of services providing Idva support

The majority of Idva services employ five or fewer FTE Idvas

Fifty-seven per cent of Idva services employ between one and five FTE Idvas, which is lower than the figure for 2019 (69%). Only 18% of services employ more than 10 Idvas, and in 13% of police force areas (6) all Idvas worked within a single service.

There are 16 services with only one Idva. We recommend that services should always have more than one practitioner. We do not believe that a single practitioner can offer a robust service to their clients and it risks having a negative impact on that lone worker's wellbeing. SafeLives otherwise believes that services of all sizes can provide a safe and effective response, provided they receive consistent and sufficient funding and adhere to best practice standards such as those set out in our Leading Lights accreditation programme.[29]

Table 2: Full time equivalent (FTE) Idva service size

Region	1 - 2	3 - 5	6 - 9	10+
East Midlands	25%	25%	25%	25%
Eastern	17%	0%	25%	58%
London	39%	36%	6%	18%
North East	53%	47%	0%	0%
North West	21%	45%	24%	9%
South East	42%	26%	23%	10%
South West	13%	25%	50%	13%
Wales	13%	38%	38%	13%
West Midlands	19%	25%	44%	13%
Yorkshire & Humber	13%	40%	20%	27%
England and Wales	**26%**	**31%**	**26%**	**19%**

Service size varied across regions, for example Eastern had the highest percentage of services with over ten FTE Idvas (58%), with only 17% of services having fewer than five Idvas. While in the North East, no service employed more than five FTE Idvas.

Just one in ten services had an Idva who was based in a health setting, and only one in twenty had an Idva providing specialised court support

While the vast majority of Idvas work within a specialist domestic abuse service, they can be based in a variety of different locations. We know that just one in five of those experiencing domestic abuse calls the police which is why multiple access points outside criminal justice settings are vitally important. We also know that certain settings – for example health settings – encourage higher rates of disclosure including from victims with mental health needs, substance misuse, who are pregnant, and older victims. SafeLives' Cry for Health research found benefits to locating domestic abuse practitioners in hospital settings, not least the ability to identify victims and survivors who hadn't previously contacted the police or community domestic abuse services.[30] These findings have recently been added to through the publication of independent evaluation of the Pathfinder project, for which SafeLives was a partner alongside Standing Together, Imkaan, IRISi and AVA.[31]

We asked services whether they employed any Idvas who were based in health settings. Just over one in ten (11%) services confirmed that they did have Idvas in health settings, which is almost half the number of services who did in 2019. Furthermore, only one service providing specialist support to Black, Asian and racially minoritised victims and survivors had an Idva located in a health setting. Of the services that specified in which health setting their Idva was based, the majority (53%) said that their Idva was based throughout the whole hospital, with just over a quarter (27%) saying that they were based in A&E. Two Idvas (13%) were based in GP surgeries and one (7%) was based in a maternity ward.

As part of our Whole Health London project, we undertook a mapping exercise to establish the provision of health-based domestic abuse services across the capital, and found it remains patchy at best. Currently, there are areas of London where there is simply no health-based provision at all, and other areas where provision may require expanding to meet the needs of victims accessing different healthcare settings.

For example, we have been unable to identify specific provision serving boroughs including Bexley, Harrow, Havering, Hillingdon, Merton, Newham, Redbridge and Richmond. Only Islington currently has the three types of provision we included in the mapping: IRIS programmes in GP surgeries, hospital-based Idvas, and Idvas in Mental Health Trusts.[32]

Of course, victims of abuse will access acute care particularly outside of their borough, with Chelsea and Westminster's Idva service receiving referrals for victims of abuse resident in 26 of the 32 London boroughs and the City of London. However, we need to avoid a postcode lottery of health-based services and aspire to a vision where all victims no matter where they present can access health-based services via empathetic, trauma-informed healthcare professionals.

In addition, we asked services whether they had any Idvas who were co-located in a court. Only 6% of services confirmed that they did, with almost half of these located at Criminal Magistrates Courts, one third at Family Courts and one fifth at Criminal Crown Courts. However, even though only a small percentage of services had Idvas located in court settings, four out of five said that they did support clients with needs they had relating to court.

Only 20% of services provided support to victims and survivors from marginalised groups

Services that provide domestic abuse support to people who are often marginalised, such as Black, Asian and racially minoritised people, LGBT+ people or disabled people, are often invaluable to these groups of victims and survivors. Staff in these services have an in-depth and nuanced understanding of the particular ways in which domestic abuse affects people from these communities that mainstream services may lack, enabling them to provide more tailored emotional and practical support.

Given the importance of this form of support, we asked respondents whether they provide any support to specific groups of more marginalised or 'hidden' victims and survivors.

This form of support was defined as any service that has specific staff, funds or projects which are entirely aimed at supporting a group of victims and survivors with particular needs. Of the 153 services surveyed, 31 provided this form of support, with the breakdown of population groups supported as follows:

- Sixteen provided support to Black, Asian and racially minoritised victims and survivors
- Five provided support to migrants and those with no recourse to public funds
- Five provided support to disabled victims and survivors
- Four supported LGBT+ victims and survivors
- Four supported children and young people
- Six provided support to other groups including older people, men, sex workers and people who are homeless

When compared with all services, services providing support for marginalised or 'hidden' groups were more likely to have experienced an increase in demand since the start of the pandemic (93% of services providing support for marginalised or 'hidden' groups compared with 88% of all services). A slightly greater proportion had also applied for the emergency Covid-19 funding (84% of services providing support for marginalised or 'hidden' groups compared with 81% of all services). This may be partially due to the fact that these services were more likely to have recently seen a reduction in their funding (see below).

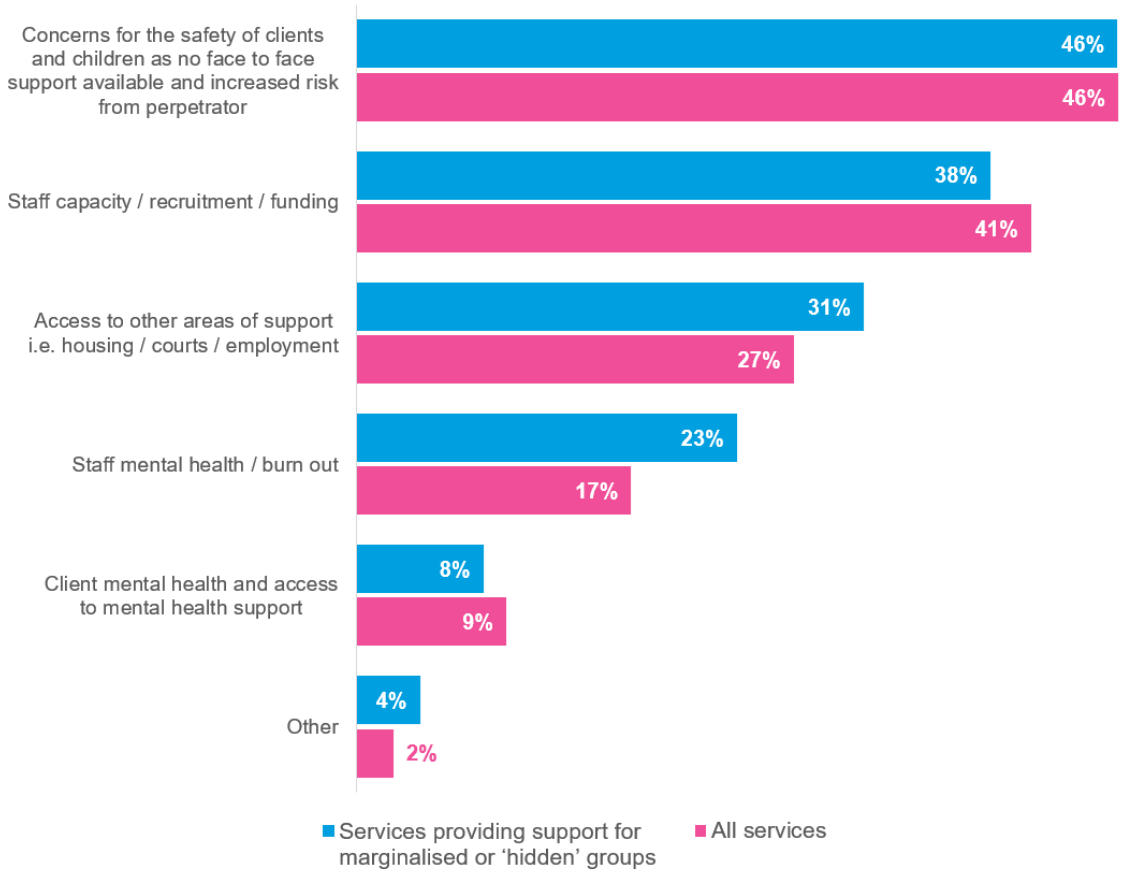
Services providing support for marginalised or 'hidden' groups were more likely to be concerned about staff mental health and clients accessing other areas of support such as housing

When asked what their biggest concern had been during the Covid-19 pandemic, services said their primary concerns were the safety of their clients (46%) and staff capacity and funding, (38%). This is the same figure for all services who cited client safety and slightly lower for staff capacity, recruitment and funding (46% and 41% respectively).

However, these services were more likely to be concerned about their clients having access to other areas of support (31% of services providing support for marginalised or 'hidden' groups compared with 27% of all services), with access to suitable temporary accommodation being the most common issue raised. In addition, services providing support for marginalised or 'hidden' groups were more likely to be concerned about the mental health or potential burnout of their own staff (23% of services providing support for marginalised or 'hidden' groups compared with 17% of all services), with one service saying that *'staff are emotionally exhausted with remote working'.*

A recent report from Imkaan highlights the impact on staff at services for Black, Asian, and racially minoritised victims and survivors, and how the anxiety of becoming ill, delivering trauma informed work from home and juggling caring and family responsibilities has been incredibly stressful. Additionally, many of these services have faced digital inequality due to lack of resources, compounding levels of stress for staff.[33]

Graph 5. What has been your biggest issue or concern during this time? Services providing support for marginalised or 'hidden' groups compared with all services



Provision estimates for outreach and Ypvas

In recent years we have used our Practitioner Survey to assess the number of outreach workers and Ypvas across England and Wales. While we have always acknowledged that there are workers fulfilling these types of roles which will not be captured by our survey, we have had confidence that our numbers reflect a large proportion those these support worker for younger victims and survivors as well as those adult victims and survivors who do not require a crisis response.

This year we received a lower number of responses from frontline services compared to previous years of the survey. We know how frontline services are currently under huge pressure to as a result of Covid-19 as shown by the views of those had the space to respond and out of respect for this we did not pursue responses after the close of the survey as we have in past years.

To compensate for those services who did not have the capacity to respond in time, we used the Idva figures from our 2019 practitioner survey and then reached out to PCCs to verify our findings for Idva numbers. This was simply not feasible for Ypvas and outreach workers and therefore we have taken the decision not to publish our findings this year so as to not underrepresent these types of frontline workers. It is important that all aspects of community-based support are properly funded so to aid this we have created an estimate for the number of Yvpas and outreach workers needed to support victims and survivors in each police force area for England and Wales. In this report these estimates will be discussed at the total England and Wales level.

Our calculation for the minimum number of Idvas needed to support those at the highest risk of serious harm or murder only accounts for those victims and survivors who are 16+ years old in line with the domestic abuse definition.

Around 50 FTE Ypvas are required to meet the needs of young women (aged 12-15) who are victims of abuse in their own intimate relationships. Details of this calculation are given in the appendix. Ypvas are specialist advisors who work specifically with young people to help them rebuild their lives after experiences of abuse. They take in the specific needs that young people have in order to support young people in the way they require.

Outreach workers provide one-to-one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience and recovery

We estimate that a minimum of 7,000 outreach workers, holding a caseload of 100 per year, are needed to support victims and survivors below the high-risk threshold for Marac in England and Wales. This calculation was done at the police force area level starting with the total number of domestic abuse victims. Using the Crime Survey for England and Wales prevalence data, we subtract the number of non-repeat cases heard at Marac from the total and then use those who told a support professional or organisation about partner abuse as a proxy for those who would wish to access support. This allowed us to determine the total number of people who should be ‘visible’ to services. Details of this calculation are shown in the appendix. This figure does not represent the total number of victims who currently access outreach support, as many victims do not access specialist domestic abuse support at all and four out of five victims do not call the police. However, we believe this is a useful proxy for those victims who could be effectively supported through outreach services, which could prevent escalation and/or aid the process of rebuilding after a period of crisis.

The total cost of providing 7,000 outreach workers to support a caseload of 100 victims below the high-risk threshold for Marac would cost £350m[34] with a further £2.5m required to fund 50 Ypvas.

Funding and resources

Lack of funding was a problem for many services long before the start of the pandemic. SafeLives' report on our 2019 practitioners survey showed that there were only 74% of the required number of Idvas across England and Wales and highlighted that it was necessary to increase long-term funding in order to improve this figure. In the same report, domestic abuse services were asked their views on the reasons behind the lack of services for perpetrators, and 60% of respondents said that lack of funding was the biggest barrier to implementing these services.[35]

Domestic abuse funding has declined sharply in the last decade as national and local budget holders make savings to meet shortfalls.[36] Statutory services are thinly stretched, whether those are early intervention programmes for children in need or community mental health services. Meanwhile, the volume of reported domestic abuse cases is increasing year on year.[37]

Recent and forthcoming legislation and accompanying work by the Welsh, Scottish and UK Governments aims to keep increasing awareness of abuse, with an emphasis on it being 'everybody's business' including all statutory agencies, employers and wider civic society. This level of ambition and focus is very welcome, but appropriate funding to match the ambition isn't yet available. We hear from professionals and survivors that the squeeze on frontline resources is stark – this was the case before the Covid-19 pandemic, but those existing pressures have significantly grown due to it.

Given that funding for domestic abuse services was already far too low for them to be able to provide adequate support to all victims and survivors who needed it, the Covid-19 pandemic has placed services under even greater strain as they now need to try to stretch their limited resources even further.

Therefore, while the following section looking at funding and resources does capture how Covid-19 has exacerbated this issue, it is important to bear in mind that many services were struggling with funding long before the pandemic began. This can be seen in the fact that many of the responses received were not specific to Covid-19 but rather talked about the long-term problems they have faced and expect to face in the future through not having access to sufficient funding.

We need investment now to save lives and money later. For example, after a survivor receives support from a hospital based Idva, costs to the health service reduce by over 40 per cent, equivalent to an estimated £2,000+ annual reduction in individual health service use. Spending just 15 per cent of the annual cost of responding to the highest risk perpetrators of domestic abuse would provide a response which addresses their behaviour. ‘Spend to save’ arguments related to domestic abuse are very clear.

As part of the practitioner survey, services were asked a number of questions around their current resources and funding. The first question in this section asked services whether they felt they had the **necessary resources and staffing to deliver their service.** Of the 153 services, 138 answered this question.

Two fifths of services (41%) who responded to our survey felt that they were unable to keep up with demand

Comments in relation to demand outstripping service capacity was the most common response to this question. Services commented that they were either almost at maximum capacity or already did not have enough capacity to meet the demand of clients. While some services responded that they were always working at the top limits of their capacity, most services felt that demand had significantly increased over the past year. Many also commented that they were understaffed and that they had insufficient resources to be able to employ more staff to help manage the increase in demand.

"Our main line has been busy and had 120% increase in referrals to IDVA services."
Practitioner response

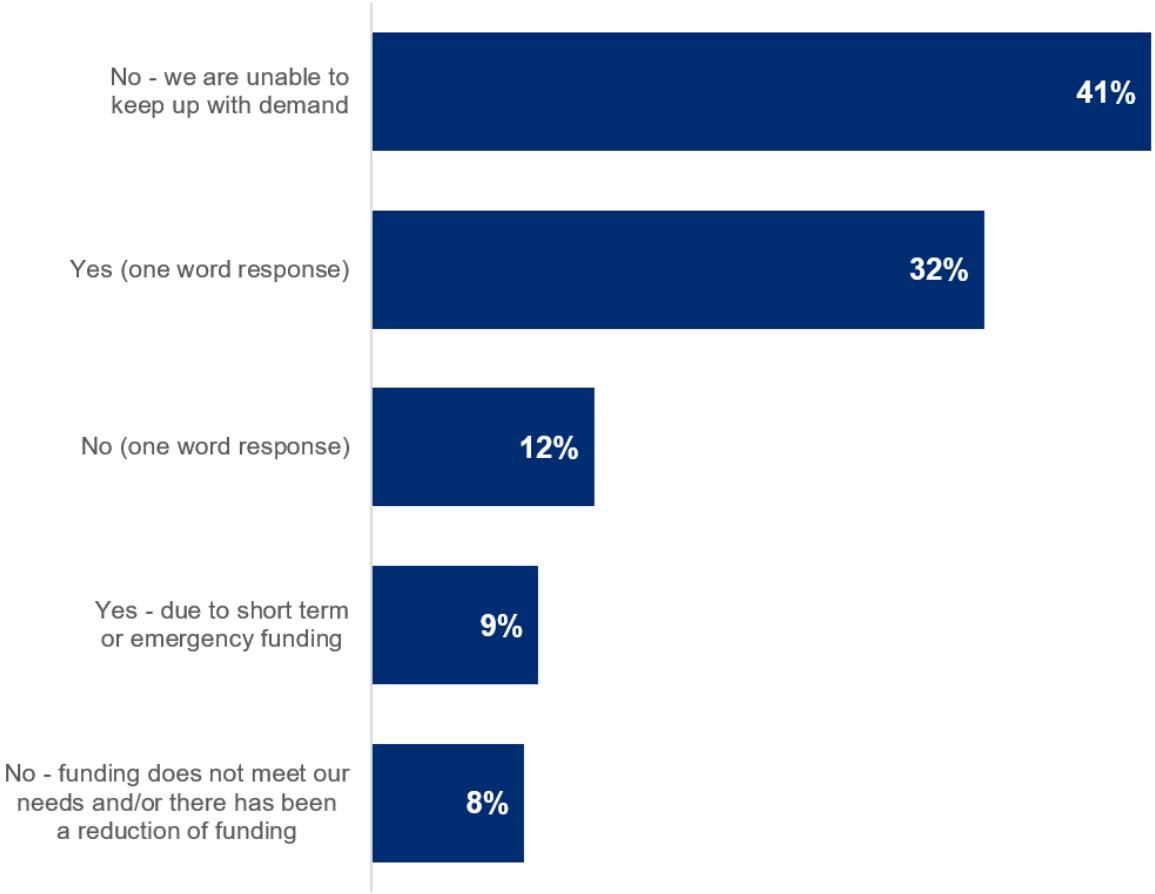
Nearly a third of services (32%) felt that they did have the necessary resources for their service, while one in ten (12%) simply answered 'No'

Almost one in ten services (9%) felt that they did have the necessary staffing and resources because of the Covid-funding they had received. This additional funding has been used by several services to employ more Idvas, which has enabled them to better manage the increase in demand. Other services said that this funding had been necessary to purchase equipment to allow their staff to work from home or to make their premises Covid-safe for any face-to-face appointments. However, there was concern among several services that this funding would be ending in March 2021, and they were uncertain how they would be able to continue providing a similar level of support after this time.

"We have secured short term funding that was Covid specific and its all ending March 2021 so although we have enough funds now we will not do post March 2021."
Practitioner response

A small percentage of services (8%) explained that they had had a reduction in funding or feared that their funding was at risk. The effects of this ranged from difficulties in paying wages to staff being unable to spend sufficient amounts of time with clients who are now presenting *'with increasing levels of complexity, including mental ill health and substance use'.*

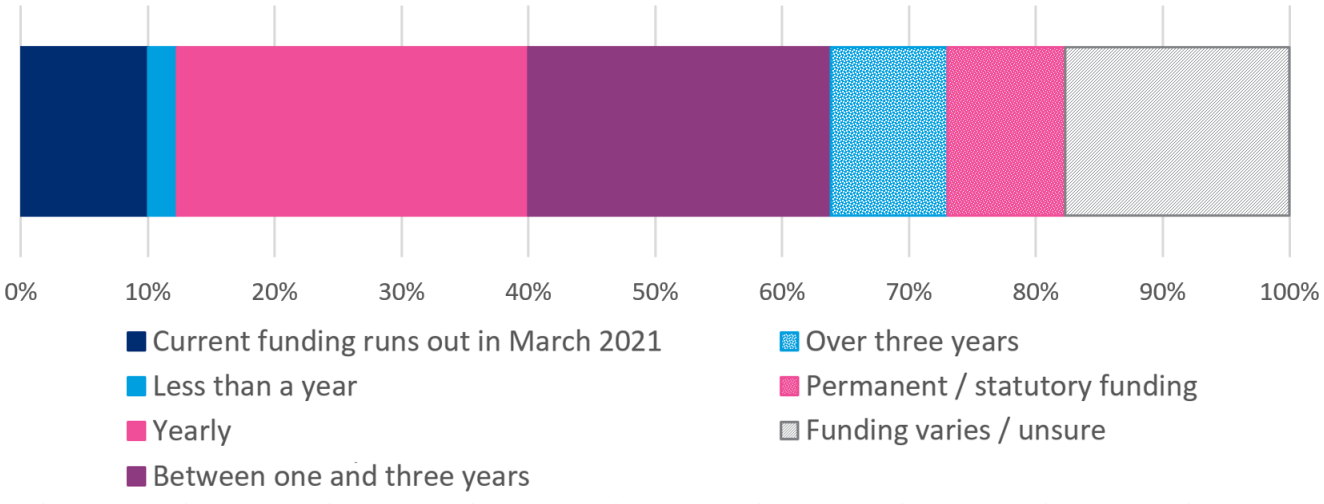
Graph 6. Do you feel you have the necessary resources and staffing to deliver your service?



Current funding cycles

A total of 126 services responded to the question **what is your funding cycle?**

Graph 7. What is your funding cycle?



This was an open-ended question and was coded to reflect the answers that were given in response to this. As the graph above illustrates, the majority of answers indicated that services' funding cycles were yearly or between one and three years. We did not ask about whether funding was statutory or non-statutory, so can't break this down further; however, research from Women's Aid shows that over half (54.5%) of services who responded to their survey said "they were running part of their service without dedicated funding in 2019-20. The most common area of work run without dedicated funding was domestic abuse prevention and educational work, followed by community-based domestic abuse services for women including outreach, floating support, and advocacy, and therapeutic support services such as counselling and group work." [38] When it comes to refuge services, Women's Aid found that more than one in five refuge services running in November 2020 were not commissioned by the local authority, and 18.5% of refuge spaces are non-commissioned. These services were, instead, "surviving on emergency government pots, charitable grants, trusts and other fundraising activities." [39]

The vast majority (95%) of services said that longer term funding would provide stability to their organisation

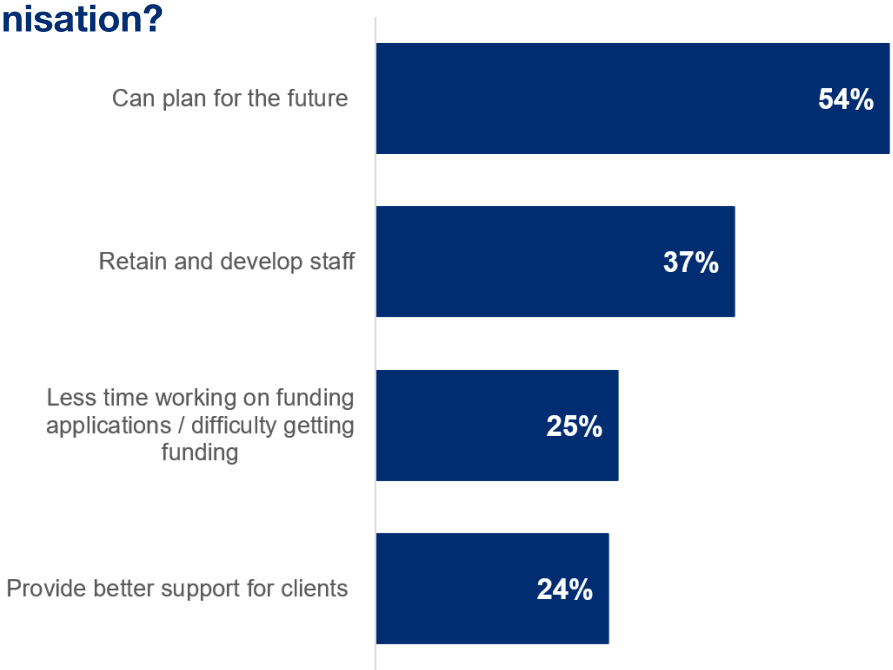
The survey then asked whether **longer term funding would make a difference to the stability of their organisation.** A total of 132 respondents answered this question and the answer was overwhelmingly positive and half of the services who responded *no*, already had funding cycles of five years or more.

Table 3: Do you think longer term funding would provide stability to your organisation?

	% (n=132)
Yes	95%
No	5%

The 125 services who responded 'Yes' were asked to explain the reasons why they believed that longer term funding would provide their organisation with more stability, and 99 services responded to this. Some services provided more than one answer to this question and so we split their responses into separate answers, meaning that we coded 139 distinct responses in total. The percentages below are based on the total number of services who responded to this question (99) rather than the number of distinct answers that were given. These responses highlighted four key messages.

Graph 8. Why would longer term funding would provide stability to your organisation?



Over half (54%) of services said that longer term funding would allow them to plan for the future

Those who said that longer term funding would enable them to plan for the future gave several different reasons for this. These included the fact that they would be able to better develop their services, for example by focusing on operational expansion, looking for a permanent location for their staff, or continuing with important long-term projects like recovery courses for survivors. They also highlighted the fact that they would be able to carry out long-term plans by undertaking research and being able to plan how they can better meet the needs of victims and survivors.

"This would secure our services and we would be able to build a bigger support provision that's stable, and on-going. Consistency is key in moving these clients forward."

Practitioner response

Over a third of respondents (37%) stated that recruiting and retaining staff was difficult when funding was not consistent and based on short contracts

Retaining staff was commonly cited alongside planning for the future as being a key benefit of longer-term funding, with the ability to retain staff seen as vital in underpinning a service's potential to provide high-quality support to their clients. Several respondents highlighted how difficult it is for them to recruit and retain good staff when only short-term contracts are available. Longer term funding would also give services the opportunity to focus on staff development and would give staff more incentive to focus on their own development, whereas not having this stability means services are at risk of losing staff they have already invested in training and developing.

"Constant unease among staff, difficult to recruit, risk of losing good staff."

Practitioner response

One quarter of respondents (25%) noted the time it takes to look and apply for funding.

Several services commented that the time they are forced to spend identifying appropriate sources of funding and completing bids takes time away from other important things they could be doing such as looking into how to improve their services and focusing more directly on supporting their clients.

> **"I spend about 1/4 of my time as CEO on funding issues. I would like to spend more time on service improvements."**
>
> Practitioner response

Some respondents also mentioned how applying for funding was a burden and placed increased pressure on them to ensure that their service was able to continue running when their current funding is about to run out. A few respondents also highlighted the fact that funding can be difficult to obtain, and this creates a lot of uncertainty for services when trying to plan for the future.

> **"[Long term funding] would allow managers to look forward more at service developments as they know the service will still exist. Less wasted time applying more funds annually."**
>
> Practitioner response

One quarter of respondents felt that they could provide better support to clients with more stable funding

Alongside the time spent on funding, a similar number of responses (24%) said that more stability of funding would mean that they would be able to provide a better support service for their clients. Many services pointed out that 'domestic violence and trauma cannot be fixed in a set time', and that longer-term funding would enable them to commit to providing the time needed by each client to move on. One service also highlighted how, if services are forced to stop because of a lack of funding, it can be 'disruptive to families'. Another service that provides specialist support to Black, Asian and racially minoritised women said that they were concerned that if they did not secure funding, that would eventually reduce the support that these women could access.

Domestic abuse and working with trauma are aspects of support that require longevity, individualised action plans, creative ways of working and understanding of both the cycle of abuse and cycle of change to prepare victims for change and to move them on safely. Funding cycles will therefore directly impact on frontline professionals' ability to build and maintain relationships. Trauma-informed practice insists on collaborative, empowering relationships built on trust, safety and choice, and are impossible to build if staff are looking to leave eight weeks in every year. Relationships with trusted professionals are clearly one of the most useful tools to have in building safety, resilience and avoiding re-traumatisation with victims and preventing them from going back to the abusive relationship or starting a similar pattern in a new relationship. Relationships take time, and in order to reduce repeat behaviour for victims/survivors and perpetrators we need to allocate safe, flexible amounts of time and space to work on reframing their narrative.

In response we recommend that Domestic Abuse Strategic Partnerships should ensure that commissioning cycles are three to five years, rather than the short-term annual contracts that this survey shows are so frequent. This should match the longer-term vision that statutory agencies have for their safeguarding responsibilities at a local level. Ensuring that services are co-produced with survivors locally will also help to future proof responses, alongside robust local datasets that help commissioners measure improvements and gaps in provision. Cultural change training for multi-agency professionals working with families affected by domestic abuse including in children's and adult social care, health, housing, the police, probation, and so forth, will help to lift understanding of domestic abuse and coercive controlling behaviour to ensure everyone round multi-agency tables is starting from a shared place.

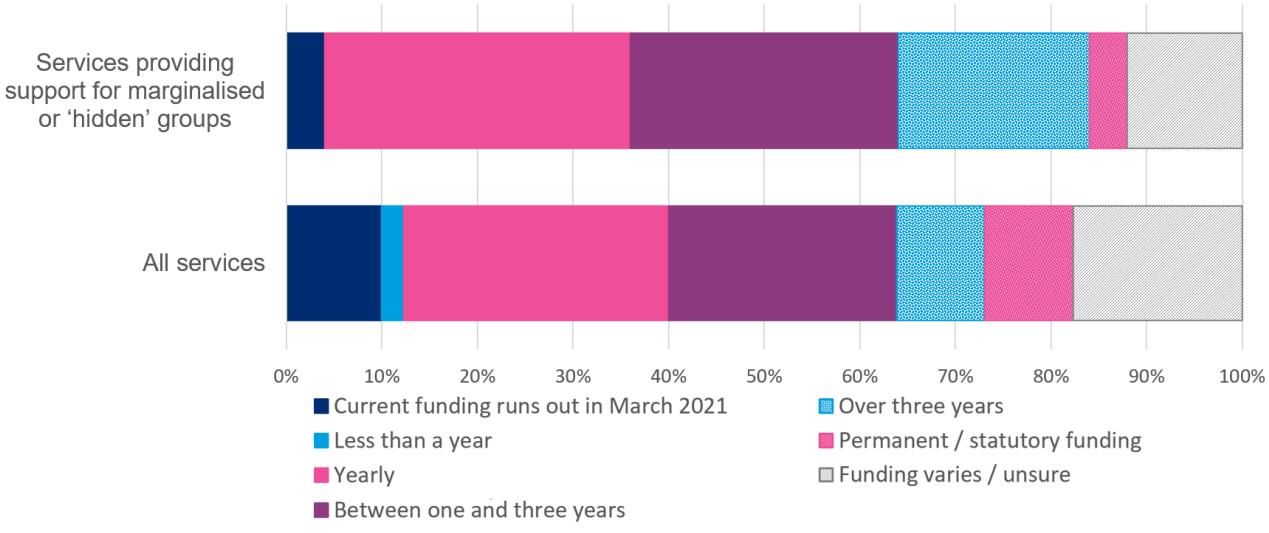
Services who worked with marginalised communities were almost twice as likely to have seen a recent reduction in funding

When asked whether they felt they had the necessary resources to deliver their services, 38% of services providing support for marginalised or 'hidden' groups said that they were unable to keep up with demand (compared with 41% of all services). Almost one-third (31%) simply responded Yes, a very similar proportion to the 32% of all services who responded this way.

There was a mixed picture regarding the effect of funding on service provision, with 15% of services providing support for marginalised or 'hidden' groups saying they funding did not meet their needs and/or they had seen a reduction in funding compared with 8% of all services. However, 12% of services providing support for marginalised or 'hidden' groups (compared with 9% of all services) said that they had received short term or emergency funding, and that this was helping them to deliver their services.

When asked about their current funding cycle, services providing support for marginalised or 'hidden' groups were, like all services, most likely to have cycles lasting either yearly (33%) or between one and three years (29%). They were twice as likely to have long-term funding lasting three years or more (21% of services providing support for marginalised or 'hidden' groups compared with 10% of all services), but only half as likely to have permanent or statutory funding (4% compared with 10% of all services).

Graph 9. What is your funding cycle? Services providing support for marginalised or 'hidden' groups compared with all services



When services providing support for marginalised or ‘hidden’ groups were asked whether longer term funding would provide stability to their organisation, 96% said that it would which is comparable to the 95% of all services who responded yes to this question.

Of the services providing support for marginalised or ‘hidden’ groups who said that longer term funding would provide them with more stability, 61% said that this would help them to plan for the future, and 43% said that it would help them to retain and develop staff (compared with 54% and 37% respectively of all services).

“High workloads also have a knock on effect to staff wellbeing, and being unable to provide consistent support to clients can be a big barrier to engagement. With longer term funding, organisations would be able to recruit, fully train and provide comprehensive staff development.”

Practitioner response

While 22% of services providing support for marginalised or ‘hidden’ groups thought that longer term funding would help them to provide better support for clients (compared with 24% of all services), only 9% highlighted that they would benefit through being able to spend less time working on funding applications (compared with 25% of all services).

Sustainable funding for the future

The estimated cost of domestic abuse for victims identified in a single year of the Crime Survey England and Wales was £66bn.[40] As such, "the cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective."[41] Our costings report 'A Safe Fund' estimates that £2.2bn of public investment per annum would be initially required to cover domestic abuse services for the whole family – adult, teen and child victims, and perpetrators.[42] This is an inclusive figure recognising that those with protected characteristics may need additional or specific types of support – something which is poorly addressed in current funding models. A significant proportion of this spend, £1bn, would be to support adult victims' services, with those for children victims approximating £330m, and those for perpetrators totaling £680m. Though these figures are significant, they are dwarfed by the current cost to the state of domestic abuse.

The Government's Covid Emergency funding packages were welcome, as the take-up in our survey suggests. The short-term nature of them, however, has created even greater insecurity at a time of real stress for the frontline. The latest funding announcements are also much needed, in particular the two-year Ministry of Justice settlement for Idvas and Isvas of £16m which has subsequently increased by £11m to total £27m.[43] We hope that the funding goes a long way to uplifting Idvas to fill the gap identified by practitioners in this report. If anything, Covid has shown that domestic abuse services must be considered a vital part of national infrastructure and be given the sustainable funding package they so urgently need. The 2021 Spending Review and the Victim's Funding Strategy represent an ideal time to provide a three-year sustainable funding settlement for domestic abuse services so that victims can get the help they need when they need it. A commitment to an extended duty on public bodies to provide community-based services following the promised consultation on the future of community-based services would ensure a settlement could be rolled out alongside that already secured for safe accommodation services.

While we appreciate the reassurance that Government Ministers have given regarding the new accommodation-based duty on Local Authorities, we remain concerned that the focus on accommodation will lead to a two-tier system of provision in domestic abuse, both in respect of multi-agency focus, as well as funding. The £125m allocated to meet the new duty[44] will provide some welcome security for refuges in particular, but we are concerned that it isn't enough to meet demand. Women's Aid have calculated that £173.9m is required across England, and this is only to meet refuge demand, publicly available estimates do not exist for move-on or other forms of accommodation-based services which are covered by the new duty.[45] Some local authorities will do their best to fulfil the new accommodation-based duty as well as continuing to fund community-based services, but given the huge pressures on local government funding there is no guarantee of continued funding.

That is why we continue to call for a dedicated, long-term sustainable funding settlement for domestic abuse services for the whole family – all adults, teenagers, children and those who cause the harm, perpetrators.

Recommendations

For Government:

- The Victim's Funding Strategy and this year's Comprehensive Spending Review should create a three-year settlement for domestic abuse services which support the whole family – adults, teens and child victims, as well as quality-assured interventions for perpetrators, across all risk levels.

- The two-year funding for Idvas and Isvas is a really welcome start, but an annual ring-fenced fund of £56m is required just for Idva provision to meet the needs of victims at the highest-risk of serious harm or murder, with a further £350m needed to fund outreach workers to support victims below the high risk threshold.

- Piecemeal funding during Covid-19, across a number of Government departments, while absolutely welcome, still added pressure to services who were putting all their capacity into helping victims get safe. Future Government funding rounds should be integrated in one package of support for all domestic abuse services, whether accommodation-based or in the community, and committed for the long-term in recognition that demand will continue to grow, rather than dip in coming years.

- Our survey responses point to an increase in mental health issues and the concurrent need for victims to be able to quickly access mental health support. We recommend that the Government commit to shorter waiting times for victims of trauma, recognising that accessing mental health interventions will help with their recovery. The NHS' Five Year Forward View does not mention domestic abuse or the need for trauma-informed services. The Government should consider developing a new strategy for improving the health of victims of trauma, including domestic abuse survivors.

- The Government's 'You're Not Alone' awareness raising campaign alongside the Ask for ANI code word initiative were two helpful developments during the pandemic. We encourage the Government to continue the funding for these campaigns into the long-term. In respect of awareness raising, we recommend that the Home Office adds two new audiences to its communication plans – friends, family and neighbours who should be called to 'Reach-In' to those who may be experiencing harm, and to the perpetrators of harm themselves reminding them that there is #NoExcuseforAbuse. We hope that Ask for ANI will be extended into more local employers as lockdown eases, particularly banks, post offices and supermarkets, so that victims can ask for help in their local area.

- We recommend that as part of post-Covid recovery, specific attention is paid to children impacted by domestic abuse, both those who have experienced it at home and those in their own intimate relationships. Children and young people have been under the radar for the best part of a year which could have a lifelong impact. Pregnant victims of abuse are also likely to have experienced greater stress during the pandemic, with potential impacts on their child which will need to be addressed in support for mother and child, building on the Government's commitment to the first 1001 days. Alongside initiatives placing social workers within schools, the Government should look to ensure community and youth workers, as well as those in early years settings such as nurseries, CAMHS and school nurses should receive cultural change training to ensure they understand the impact of domestic abuse on children and how to refer them into specialist support.

For local commissioners:

- We recommend that Domestic Abuse Strategic Partnerships should ensure that commissioning cycles are three to five years, rather than the short-term annual contracts that this survey shows are so frequent. This should match the longer-term vision that statutory agencies have for their safeguarding responsibilities at a local level.

- Ensuring that services are co-produced with survivors locally will also help to future proof responses, alongside robust local datasets that help commissioners measure improvements and gaps in provision.

- Cultural change training for multi-agency professionals working with families affected by domestic abuse including in children's and adult social care, health, housing, the police, probation, and so forth, will help to lift understanding of domestic abuse and coercive controlling behaviour to ensure everyone round multi-agency tables is starting from a shared place.

- Only one in five victims calls the police so locating Idvas in non-criminal justice settings such as health is particularly important. We recommend that all Clinical Commissioning Groups (and soon to be Integrated Care Systems) commission health-based Idvas in acute and mental health settings, as well as IRIS in primary care settings.

Calculating the required number of Idvas

For every local Marac SafeLives produces an estimate of the number of Idvas required to support the cases seen over a 12-month period. However, we know there are victims/survivors at high risk of serious harm or murder who are not seen at Maracs. To account for this, we also estimate the number of Idvas required to support all people in the local area who are at high risk of serious harm or murder. This estimate is based on the assumption of 40 victims per 10,000 adult women, which has been established from work carried out by SafeLives to analyse the prevalence of high-risk cases including both victims who report and do not report to the police. Our final estimate for the required number of Idvas in England and Wales uses whichever of these figures is higher for each Marac area. This means that our recommended Idva coverage may change from year to year.

There were 106,485 cases discussed at Marac in England and Wales in the year 2020. We recommend that Idvas cover no more than 100 cases per year which means around 1,065 full time equivalent (FTE) Idvas are needed to cope with the number of cases heard at Marac. When we take account of areas that are seeing fewer than 40 cases per 10,000 adult women (by replacing the number of cases with 40 per 10,000), this figure increases to 1,224. Some of this increase also arises from summing the recommendations for each individual area (where the number of Idvas required is rounded up to the nearest 0.5 FTE), instead of producing a national figure.

Our calculation assumes that Maracs are working only with cases where the victim is at high risk of serious harm or murder, as intended by the Marac model. However, we know that not all areas operate a traditional Marac model, for instance running additional forums which also work with those at lower risk levels.

In these cases, we endeavour to collect data from the part of the process most similar to a traditional Marac model. We believe the remaining differences in data will produce both under and overestimates of victims who are at high risk and receiving support.

Calculating the FTE number of Idvas working with victims at high risk

The total number of FTE Idvas in England and Wales for 2020/21 was 994 FTE. We ask services to estimate the percentage of time that their Idvas work with victims assessed as at the highest risk in order to calculate the required number of Idvas. We then remove the number of FTE Idvas working with those at lower risk levels. After applying this adjustment, the number of Idvas in England and Wales supporting those at high risk equals 803 FTE.

In the vast majority of regions at least 80% of Idvas are working with victims/survivors at high risk. If all Idvas captured by the survey worked with victims/survivors at high risk, there would be 81% of the required Idvas in post (although they would not be evenly distributed).

Estimating the required number of FTE Ypvas

The number of victims under 16 years old who require the support of Ypvas are estimated as being 40 per 10,000 in line with adult women as described above. The female population for those aged 12-15 years old in England and Wales taken from the Census in 2011 in each police force area was then used to calculate number of girls under 16 who required support from a Ypva with an additional 5% added to account for boys who require this support. A caseload of 100 per year was used to calculate the number of Ypvas needed in each police force area.

Estimating the required number of FTE outreach workers

The Crime Survey of England and Wales (CSEW) for year ending March 2020 gives the prevalence for those aged 16+ who have experienced domestic abuse in the last 12 months. This was combined with the Census 2011 figures to give the number of people who have experienced domestic abuse in the last 12 months in each police force area.

All of those victims at the highest risk are assumed to need Idva support and were subtracted from the total. Not all of those who have experienced abuse will want or need specialist support and therefore those who had "told other support professional or organisation" about their experience of partner abuse was used as a proxy for those who had experienced domestic abuse and wished to access support, this amounts to 31% of the total. The caseload for frontline workers was estimated at 100 cases per year and from this the total number of outreach workers was calculated.

Glossary

Independent Domestic Violence Advisor (Idva)

Idvas provide one to one support to address the safety of victims at high risk of harm from intimate partners, ex-partners or family members, to secure their safety and the safety of their children. Serving as a victim's primary point of contact, Idvas normally work with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop safety plans.

Independent Sexual Violence Advisor (Isva)

Isvas work in local areas to provide continuous support, advice and help for victims and survivors of sexual violence. ISVAs provide impartial information to the victim/survivor about all of their options, such as reporting to the police, accessing Sexual Assault Referral Centre (SARC) services, and specialist support such as pre-trial therapy and sexual violence counselling.[46]

IRIS

IRIS is a specialist domestic violence and abuse training, support and referral programme for GPs, to improve the safety, quality of life and wellbeing of victim/survivors.[47]

Outreach worker

Outreach workers provide one-to-one support for victims and survivors of domestic abuse who are not assessed as at imminent risk of serious harm, but where there is the potential for serious harm if the situation changes. This may include those who have previously been at high risk of serious harm or murder, or those in a relationship that has not escalated into higher levels of risk. Outreach workers support these victims and survivors to manage safety, prevent escalation and repeat victimisation, and focus on wider needs, resilience and recovery.

Young Person's Violence Advisor (Ypva)

Ypvas provide specialist support for young people, typically between the ages of 13-18, who are experiencing domestic abuse in their own intimate relationships as well as those experiencing sexual exploitation, gang involvement, cyber stalking, 'Honour'-based violence or forced marriage. For the purpose of this survey practitioners with a slightly different remit were also counted as Ypvas if they provided specialist support for young people experiencing domestic abuse in their own intimate relationships. This includes those who also supported children and young people whose parents were in an abusive relationship, and those providing similar support but known by a different name.

Multi-Agency Risk Assessment Conference (MARAC)

A Marac is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (Idvas), probation and other specialists from the statutory and voluntary sectors.

After sharing all relevant information they have about a victim, the representatives discuss options for increasing the safety of the victim and turn these into a co-ordinated action plan. The primary focus of the Marac is to safeguard the adult victim. The Marac will also make links with other fora to safeguard children and manage the behaviour of the perpetrator. At the heart of a Marac is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety. The victim does not attend the meeting but is represented by an Idva who speaks on their behalf.

Complex needs

The All Party Parliamentary Group (APPG) on Complex Needs and Dual Diagnosis in 2014 defined complex needs as;

“A person with ‘complex needs’ is someone with two or more needs affecting their physical, mental, social or financial wellbeing. Such needs typically interact with and exacerbate one another leading to individuals experiencing several problems simultaneously. These needs are often severe and/or long standing, often proving difficult to ascertain, diagnose or treat. Individuals with complex needs are often at, or vulnerable to reaching crisis point and experience barriers to accessing services; usually requiring support from two or more services/agencies.”

People with complex needs are those experiencing additional needs alongside the domestic abuse that interact and exacerbate each other, may be severe and result in difficulty accessing services and the right support.

Footnotes

1. SafeLives, (2019) *SafeLives' 2019 survey of domestic abuse practitioners in England and Wales.* Available at: https://safelives.org.uk/sites/default/files/resources/SafeLives%e2%80%99%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20&%20Wales.pdf
2. SafeLives, (2019) *SafeLives' 2019 survey of domestic abuse practitioners in England and Wales.* Available at: https://safelives.org.uk/sites/default/files/resources/SafeLives%e2%80%99%202019%20survey%20of%20domestic%20abuse%20practitioners%20in%20England%20&%20Wales.pdf
3. SafeLives, (2017) *SafeLives' 2017 survey of domestic abuse practitioners in England and Wales.* Available at: https://safelives.org.uk/sites/default/files/resources/SafeLives%202017%20survey%20of%20domestic%20abuse%20practitioners-web_0.pdf
4. SafeLives, (2020), *Key issues for domestic abuse victims in the Coronavirus pandemic.* Available at: https://safelives.org.uk/sites/default/files/resources/Key%20issues%20for%20domestic%20abuse%20victims%20in%20the%20Coronavirus%20Bill_0.pdf
5. SafeLives, (2020) *Domestic abuse frontline service COVID-19 survey results for June 2020. Available at:* https://safelives.org.uk/sites/default/files/resources/Safe%20at%20Home%20Front%20Line%2020200615.pdf
6. SafeLives, (2020) *Domestic abuse frontline service COVID-19 survey results for June 2020.* Available at: https://safelives.org.uk/sites/default/files/resources/Safe%20at%20Home%20Front%20Line%2020200615.pdf
7. ONS, (2020) *Domestic abuse in England and Wales overview: November 2020.* Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2020
8. SafeLives, (2020) *SafeLives' survey of survivors of domestic abuse June 2020.* Available at: https://safelives.org.uk/sites/default/files/resources/Safe%20at%20Home%2020200615.pdf

9. SafeLives ,(2020) Domestic abuse frontline Covid-19 survey (Lockdown 1, 24th March – 27th March). Available at: https://safelives.org.uk/sites/default/files/resources/SafeLives%20survey%20of%20frontline%20domestic%20abuse%20organisations%20for%20COVID-19%2030.03.20_0.pdf
10. Walby, S. and Allen, J. (2004), *Domestic violence, sexual assault and stalking: findings from the British Crime Survey.* Available at: http://openaccess.city.ac.uk/21697/
11. The term 'Black, Asian and Minority Ethnic' is commonly used in policy contexts but it can reinforce the idea that certain groups automatically occupy a minority position. Drawing on critical analysis of this term by services led by and for marginalised groups, we refer to Black, Asian and racially minoritised people, to highlight the way in which these groups are constructed as 'minorities' through processes of marginalisation and exclusion. We consulted with stakeholders in by-and-for organisations to ensure the term was as inclusive as possible, though we recognise that people will not always define themselves using this language we have used. We fully recognise that Black, Asian and racially minoritised people are not a homogeneous group, and their experiences and identities will differ widely.
12. SafeLives' Insights data, unpublished
13. SafeLives, (2021) *SafeLives' Marac data – Key findings January 2020-December 2020.* Available at: https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data
14. McIlwaine, C. et al and the Latin American Women's Rights Service, (2019) *'The Right to be Believed: Migrant women facing Violence Against Women and Girls (VAWG) in the 'hostile immigration environment' in London'.* Available at: https://stepupmigrantwomenuk.files.wordpress.com/2019/05/the-right-to-be-believed-full-version-updated.pdf
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19. SafeLives, (2021) *SafeLives' Marac data – Key findings January 2020-December 2020.* Available at: https://safelives.org.uk/practice-support/resources-marac-meetings/latest-marac-data
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21. Boobis, S. and Albanese, F. (2020) *The impact of COVID-19 on people facing homelessness and service provision across Great Britain. London: Crisis.* Available at: https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/services-and-interventions/the-impact-of-covid-19-on-people-facing-homelessness-and-service-provision-across-great-britain-2020/
22. SafeLives, (2021) *Understanding Court Support for Victims of Sexual Violence and Domestic Abuse,* Unpublished
23. SafeLives, (2019) *Safe and Well: Mental health and domestic abuse.* Available at: https://safelives.org.uk/sites/default/files/resources/Spotlight%207%20-%20Mental%20health%20and%20domestic%20abuse.pdf
24. Idvas are trained to be able to support victims/survivors at high risk – those at risk of serious harm or murder. High risk domestic abuse is defined by either 10+ ticks on the Dash RIC, based on professional judgement or an escalation in the severity and/or frequency of incidents.
25. See appendix for details of this calculation.
26. SafeLives, (2020) *Marac cases – Five year trend*. Available at: https://safelives.org.uk/sites/default/files/resources/Marac%20cases%20%E2%80%93%20Five%20year%20trend%20Analysis%20to%20September%202020.pdf
27. See appendix for details of this calculation.
28. The services total is lower than the sum of the column as some services worked across multiple regions. Other totals may differ to the sum of columns due to rounding.
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SafeLives Office 5.04,
Floor 5, HubHub,
20 Farringdon Street,
London,
EC4A 4EN

Suite 2a,
Whitefriars
Lewins Mead Bristol,
BS1 2NT

0117 403 3220
info@safelives.org.uk
safelives.org.uk

Charity no: 1106864
Company: no: 5203237
Scottish Charity reference number SCO48291