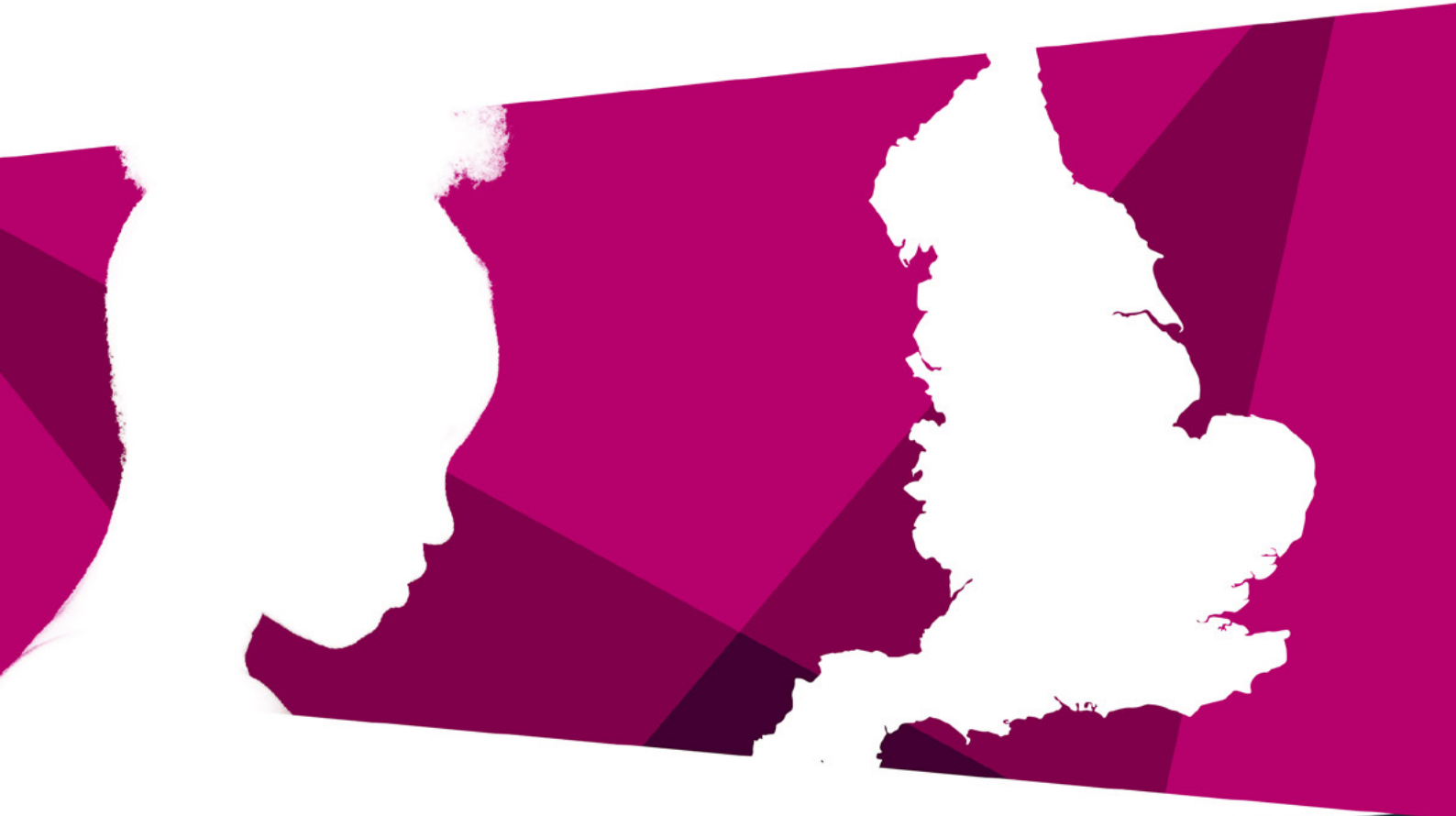


THE DOMESTIC ABUSE REPORT 2020

THE ANNUAL AUDIT



women's aid
until women & children are safe



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With support from Women's Aid staff

Acknowledgements

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Women's Aid is the national charity working to end domestic abuse against women and children. Over the past 45 years, Women's Aid has been at the forefront of shaping and coordinating responses to domestic abuse through practice, research and policy. We empower survivors by keeping their voices at the heart of our work, working with and for women and children by listening to them and responding to their needs.

We are a federation of nearly 180 organisations which provide just under 300 local lifesaving services to women and children across the country. We provide expert training, qualifications and consultancy to a range of agencies and professionals working with survivors or commissioning domestic abuse services, and award a National Quality Mark for services which meet our quality standards. We hold the largest national dataset on domestic abuse, and use research and evidence to inform all of our work. Our campaigns achieve change in policy, practice and awareness, encouraging healthy relationships and helping to build a future where domestic abuse is no longer tolerated.

Our support services, which include our Live Chat Helpline, the Survivors' Forum, the No Woman Turned Away Project, the Survivor's Handbook, Love Respect (our dedicated website for young people in their first relationships), the national Domestic Abuse Directory and our advocacy projects, help thousands of women and children every year.

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Foreword

2019 was a rollercoaster year for the domestic abuse sector. In January the draft domestic abuse bill was announced, alongside an estimate that domestic abuse cost society £66 billion per year. In May, then Prime Minister Theresa May committed to a new legal duty to provide refuge accommodation for all survivors, and the Ministry of Justice launched a long-awaited review into the family courts.

In the second half of the year, devastatingly, domestic homicides reached a five year high, convictions for rape hit a record low and the domestic abuse bill faced setback after setback.

We know that domestic abuse services across England continue to operate on shoestring budgets, and deliver life-saving services in often highly challenging circumstances. Many organisations continue to run an area of work with no dedicated funding whatsoever, and the national shortfall of refuge accommodation shows no signs of abating. More than 23,000 refuge referrals were declined in 2018-19. Essential services run by and for BME women have faced significant funding cuts.

There is still no national body that measures government spending on domestic abuse services, but we know that spending falls far short of the £393 million we calculate the sector needs each year to run specialist services in every community across England. Compared to the government's own estimated £66 billion cost to society of domestic abuse, £393 million is excellent value for the savings that will be made, both financially and, most vitally, in terms of women and children's lives. As well as this, the benefits of providing compassionate, specialist support in every community are immeasurable.

An estimated 1.6 million women aged between 16 and 74 experienced domestic abuse last year in England and Wales, yet the gendered nature of domestic abuse is not understood

by many, including those making decisions on commissioning domestic abuse services and training. While domestic abuse can happen to anyone, the vast majority of cases have female victims and male perpetrators. Last year, 92% of defendants in domestic abuse-related prosecutions were men, and 75% of victims were female. Of the 270 women killed by their partner or ex-partner in 2015-18, 96% were killed by men. In the same three years, 96 men were killed by their partner or ex-partner, with over half of these homicides having male perpetrators. Understanding the gendered nature of domestic abuse and the impact of male violence is critical if we are serious about reducing the amount of domestic abuse and domestic homicides in the future.

It is now more than four years since coercive and controlling behaviour became a criminal offence in England and Wales. The outcome of Sally Challen's high profile appeal in 2019 indicates that judges are slowly beginning to acknowledge the serious impact that coercive and controlling behaviour has on survivors of abuse. The latest ONS figures revealed that recorded incidents are increasing (as expected with a new offence), but that, worryingly, the police are making fewer referrals to the CPS, and convictions for coercive and controlling behaviour remain very low. Our National Training Centre is working with police forces and criminal justice professionals across England to improve understanding of coercive control and provide better outcomes for survivors, but this process takes time, and many frontline staff are yet to receive this crucial training.

We know that tackling domestic abuse requires an intersectional approach. A key focus of our domestic abuse bill campaigning is to ensure that the human rights of survivors with insecure immigration status are reaffirmed in law. No woman should be threatened with

deportation when she reports domestic abuse to the police. Services by and for BME women face chronic funding challenges. This cannot continue – we are calling on the government to guarantee ring-fenced, sustainable funding for these crucial, life-saving services.

An intersectional approach also means meeting the needs of disabled survivors, many of whom face additional barriers at every point of their journey, from leaving their perpetrator to accessing specialist services, and rebuilding their lives after abuse. Specialist services for disabled survivors, who are more likely to experience domestic abuse than women not living with a disability, need to be available in every community across the country.

This annual audit is the core of our commitment to monitor the national provision of domestic abuse services across England. While we know that there is still much to be done to reach every survivor that needs specialist support, it importantly provides an up to date picture of the lifesaving work our member services carry out every day across England.

Thank you to our members who work hard every day of the year to save the lives of women and children living with domestic abuse, for both taking part in this audit and for your commitment to ending domestic abuse in relentlessly challenging times.

Introduction

The Domestic Abuse Report 2020: The Annual Audit presents an overview of the domestic abuse support services available in England and information on the provision and usage of domestic abuse services in England during the financial year 2018–19. It is the latest in The Domestic Abuse Report series, which builds on the Women’s Aid Annual Survey to provide a comprehensive evidence base on provision in the domestic abuse support sector year on year.

This report examines the work of domestic abuse services in 2018–19 and the survivors they have supported through the analysis of statistics about the sector from three of Women’s Aid’s data sources. This includes data on the availability and accessibility of services, information on the women they support and survey responses from service professionals which give information about the survivors they have supported, the work they are proud of and the challenges they have faced.

Copies of all editions of The Domestic Abuse Report can be downloaded free online at:
www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report

Evidence sources

We draw on evidence from the following Women's Aid data sources:

Routes to Support¹

Routes to Support is the UK violence against women and girls directory of services and refuge vacancies, run in partnership by Scottish Women's Aid, Welsh Women's Aid, Women's Aid Federation of England and Women's Aid Federation of Northern Ireland. The directory gives us comprehensive data on all domestic abuse services including, but not limited to, those run by Women's Aid members. This includes information about the types of domestic abuse services provided, the number of bed spaces available in refuge services, the people supported by these services and changes to provision over time. The directory is updated on a rolling basis by dedicated staff at Women's Aid, meaning each entry is fully updated every year in addition to any updates received from services during the year. Entries are added and removed throughout the year as providers change. This report includes information about the services in England only from snapshots taken at 1st May each year.

Women's Aid Annual Survey 2019

This survey of domestic abuse services in England provides insight into the demand for services, the challenges services face and the work they do to meet survivors' needs. The survey is sent to all domestic abuse services in England which run refuge and/or community-based support (CBS) services. 120 organisations running 206 service entries on Routes to Support responded to this year's survey. This gives a response rate of 57.7%.

The survey asks questions including numbers of referrals received, accepted or declined, and key challenges and achievements during the year.

.....

1 Both Routes to Support and the Women's Aid Annual Survey are part-funded by the MHCLG.

2 On Track collects information about female and male survivors and survivors who do not define as either male or female. This report will only present information on female survivors.

On Track: The Women's Aid case management and outcomes monitoring database

On Track is used by over 60 local service providers throughout England. Services contribute to a national dataset by recording information on women's experiences of abuse, the support they are offered and the outcomes achieved. Information about service users for this report was taken from cases closed during 1st April 2018 - 31st March 2019. These data relate to 21,351 female survivors² and were collected by 64 organisations (of which 12 started using On Track during the reporting period). As the On Track dataset now provides us with a large and varied source of information on the needs and experiences of women using support services, we are using On Track data in this year's report. This replaces information used in previous reports from a Day and Week to Count (a census day and week for local domestic abuse services, previously part of the Women's Aid Annual Survey).

Case studies

Three providers who reported significant changes to their services as listed on Routes to Support during 2018-19 agreed for their experiences to be used as case studies. These providers took part in confidential telephone interviews with a member of the research and evaluation team at Women's Aid. These interviews were then used to produce written anonymous case studies to help provide a detailed picture of the current issues facing domestic abuse service providers.

Section 1: The service users

1.1 Key Findings

Information in this section is from On Track



21,351 survivors

Our sample group consists of 21,351 survivors who were supported by 64 organisations running 98 domestic abuse services in England, using On Track during 2018–2019.ⁱ



1 in 3

of all service users had experienced **stalking/harassment**

25,394 children of service users were recorded in this sample

In refuge services...



64.1% had **children**ⁱⁱ

8.6% were **pregnant**ⁱⁱⁱ

1.2 children per service user on average

In community-based services...



58.1% had **children**^{iv}

6.2% were **pregnant**^v

1.2 children per service user on average

44.5% of service users in refuge services had support needs around **mental health**



6 years

The average length of abuse experienced was just under six years.^{vi}

1 month

63 years

The length of abuse experienced ranged from one month to 63 years.

i: Service users of 64 organisations running community-based and/or refuge services, where their case was closed during 2018–19.

ii: Missing data unknown. **iii:** Missing data=0.1%; Declined to answer=0.05%; Don't know/Not asked=4.2%

iv: Missing data unknown. **v:** Missing data=0.7%; Declined to answer=0.1%; Don't know/Not asked=12.4%

vi: Out of 7,664 service users where length of current abuse was recorded. Current abuse: any service user who is experiencing/has experienced abuse within the last year.

CASE STUDY I

The provider in this case study has been running dedicated domestic abuse services in the North of England for over 25 years. As of 2015, the provider had a staff team of around 40 and ran a range of services including refuge, IDVA, ISVA, drop-in and outreach. In the years since, the provider lost a number of local authority contracts and now has just three members of staff providing limited community-based services. Financial constraints almost forced the provider to close entirely in 2018-19, however a local housing association stepped in to support the provider with office space within their own premises and a small amount of funding, enabling them to continue providing services to women in the local area.

Speaking about her concerns if the provider had been forced to close, the representative said:

“I’ve been with the organisation for over 15 years now so I think it would’ve just been really sad. The other domestic violence services in [local area] that provide support for domestic violence, they’re not the grassroots organisations that have been around for a long, long time, so it would have...I think it would have been really upsetting to think that the victims - where would they go? Where would they turn to? And that they would have been the ones to suffer.”

The provider representative felt that being able to access dedicated domestic violence services, rather than generic or statutory services, has a positive impact for women. They said:

“I think the impact is that they’re more likely to come forward to access support, more likely to engage over a longer period of time.... just yesterday, I’d seen someone who initially accessed a service that - they do provide domestic violence support but they provide lots of different services as well - and she said that she just couldn’t connect with the service, with the support worker. But when she came to us she said ‘Oh, this is what I needed’. So it just shows that, you know, there needs to be organisations that that’s their work, their sole focus and their service delivery is just for domestic violence victims.”

Support from the housing association has fortunately enabled the provider to continue, albeit with some changes. Describing how they have had to adapt, the provider representative explained:

“We had to make quite a number of changes with our service delivery. In our old premises we offered a drop-in service...but moving into a shared office we were aware we couldn’t continue that. We’ve had to change to an appointment-based advice service rather than a drop-in. But what we’ve found over the last couple of weeks, after completing our end-of-year financial reports, we’ve not found a huge drop in the numbers of people we’ve supported. And looking at staff and hours now...it just shows the demand is still there, the service is still required and we’ll continue to ask for funding.”

The small remaining staff team has worked hard to ensure the community can access their services. While their old premises were in a well-known central location, their new office is on the outskirts of the city. The provider had to prioritise promoting their new location and sharing information about transport routes to make sure the community knew the advice service was still operating and could be easily reached. The representative said:

“We’re still financially struggling as a charity but what we realised was that we needed to invest in and employ somebody for a couple of hours a week to promote... to really get out there on social media.”

The provider is now looking ahead to try and reduce funding uncertainties. The representative explained they are not currently in a position to take part in tendering processes:

“I don’t think we’re at that level anymore, we’re a very small charity now and with our local authority all the tenders that are domestic abuse, it’s not just for our area...all the [local areas] they put all together as one tender, so you can’t just go for your area you have to go for the whole lot.”

They are instead looking to obtain more long-term funding to attempt to secure their services for the future:

“We really want to look at a bit more sustainability, so look for grant funding where we can secure ourselves for, if not three at least two years, so we’re not each year...thinking what’s going to happen now?”



1.2 Who are the service users?

The first section of this report looks at the needs and experiences of the survivors who accessed the specialist domestic abuse support sector in the year 2018-19, the service users. We do this by analysing data from On Track on a sample of 21,351 survivors who were supported by domestic abuse services using On Track during the year. Of these:

- ▶ 2,616 survivors accessed refuge services;
- ▶ 19,130 survivors accessed community-based support (CBS) services; and
- ▶ some survivors used both refuge and CBS services during the year so the sum of the two figures above is more than the total sample.

Throughout the analysis presented here, we show information across the whole sample of 21,351 women (each woman represented only once even where she accessed more than one service type). We only highlight demographics for the refuge or CBS services where there is a noteworthy difference in the results.

Women and children escaping abuse come from all backgrounds, have a diverse range of experiences and require support that meets their needs. This report presents demographic information on service users. It does not set out to explore commonalities in the needs and experiences of different groups of women.

In this report we are looking at those women who have successfully accessed support services. There are many other survivors of domestic abuse who, for a variety of reasons, are unable to access specialist help or are delayed in doing so for a long time. If we were to look at a profile of support needs and

demographic background for these survivors it would likely be different to that of the survivors in our sample from On Track.

This is because accessibility is about more than just availability of space in a refuge or a place in a CBS service; we need to look at how well services are resourced to provide for women with specific support needs such as substance use support and high-level mental health support needs, or whether they can accommodate a service user's children along with their own support and access needs. Access to services is more challenging for women with multiple support needs as shown by the findings of the No Woman Turned Away project. This project found that the more needs a woman presents with the more barriers there are to her successfully finding a refuge space (Women's Aid, 2019B).

Note on comparisons

This report presents data on service users under many of the same categories presented in the previous report, *The Domestic Abuse Report 2019: The Annual Audit*. Although this may appear to show change over time, in fact we cannot be confident that we are measuring change over time in service user profiles and are rather measuring change between two samples of service users. This sample changes as more services start using On Track during the year we are looking at. No additional selection criteria are applied to the sample and we cannot be sure that changes between them are the result of time passing rather than other factors, for example structural inequalities faced by marginalised groups.

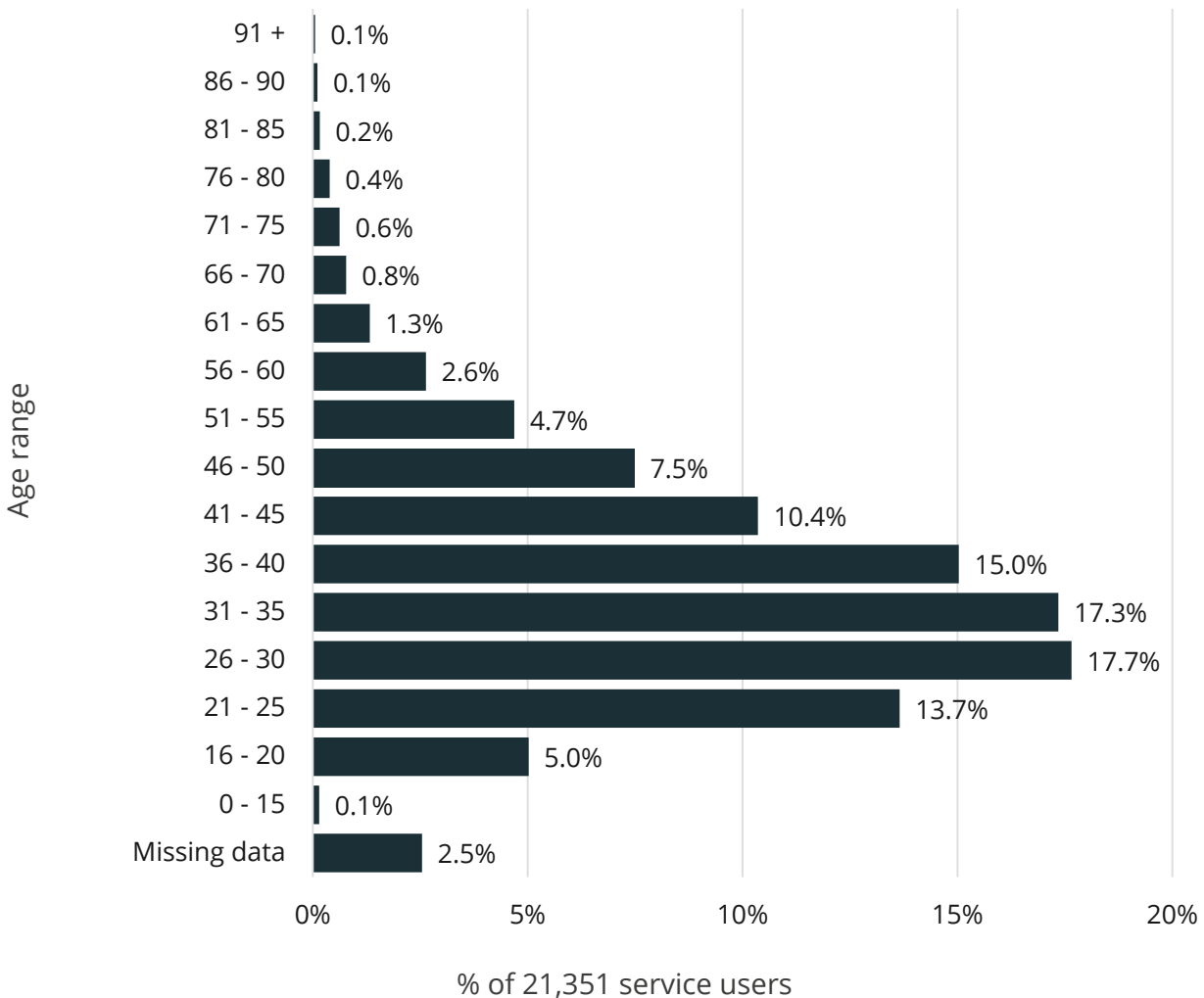
1.3 Age

- ▶ The ages of survivors in our sample ranged from under 18 to over 90, with the most common age group once again being 26-30 years (17.7%).
- ▶ Older women and women aged between 16 and 18 were under-represented in the sample, which may not reflect demand.

Only 3.4% of service users in the total sample were 61 or over and this fell to 1.4% in refuge services (**Chart 1.1**). All women aged 80 and above were in CBS and only 11 out of 452 aged 65 or older were in refuge.

- ▶ Most recent figures from the Office for National Statistics (ONS, 2019) estimated that 9.6% of women aged 16 to 19 had experienced domestic abuse in the previous year, compared to 7.5% over all age groups. Data collected from London refuge services during the year 2018-19³ showed that only 1% of women placed were aged between 16 and 18, yet 32% of instances of unsuccessful referral recorded were from this cohort.

Chart 1.1: Age of service users, 2017-18 (On Track)



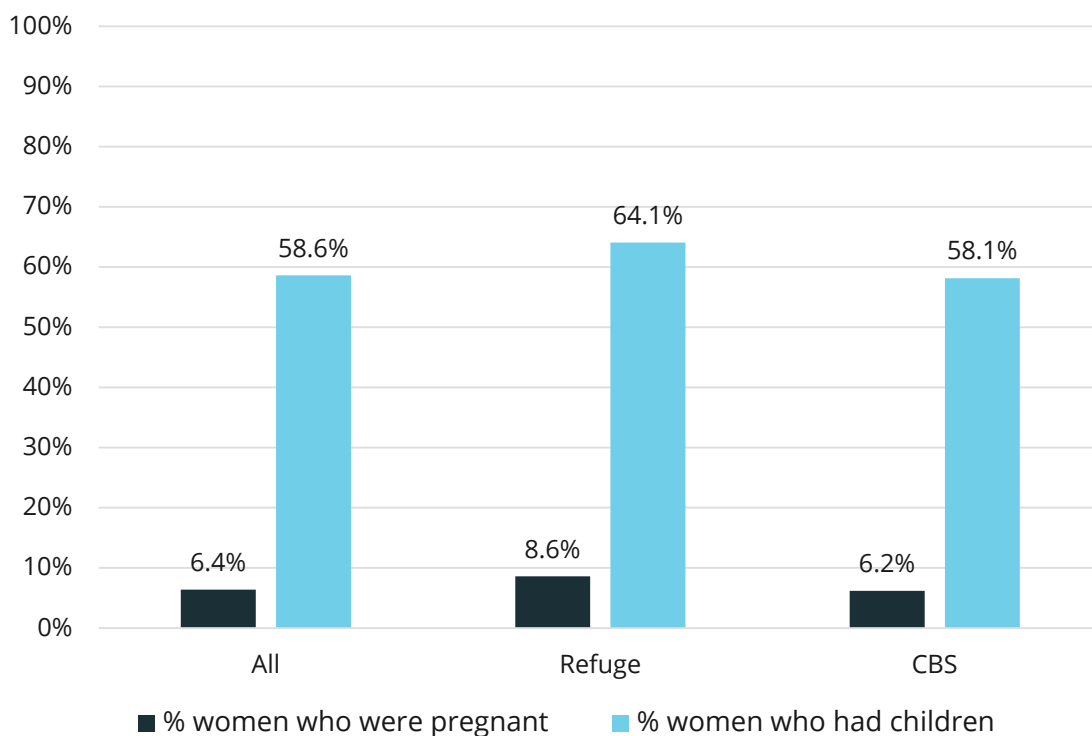
3 Data collected by Women’s Aid through Routes to Support.

1.4 Children

- ▶ There were 25,394 children of service users in the sample, averaging 1.2 children per service user across all services.
- ▶ 58.1% of service users in CBS services had children and 6.2% were pregnant.
- ▶ 64.1% of women in refuge services had children and 8.2% were pregnant.

Women in refuge were more likely to have children or to be pregnant. It is likely that more women with children are unable to access refuge as there are gaps in provision for women with children, as explored in Section 2.5 of this report.

Chart 1.2: Women with children and pregnant women accessing services, 2018–19 (On Track)



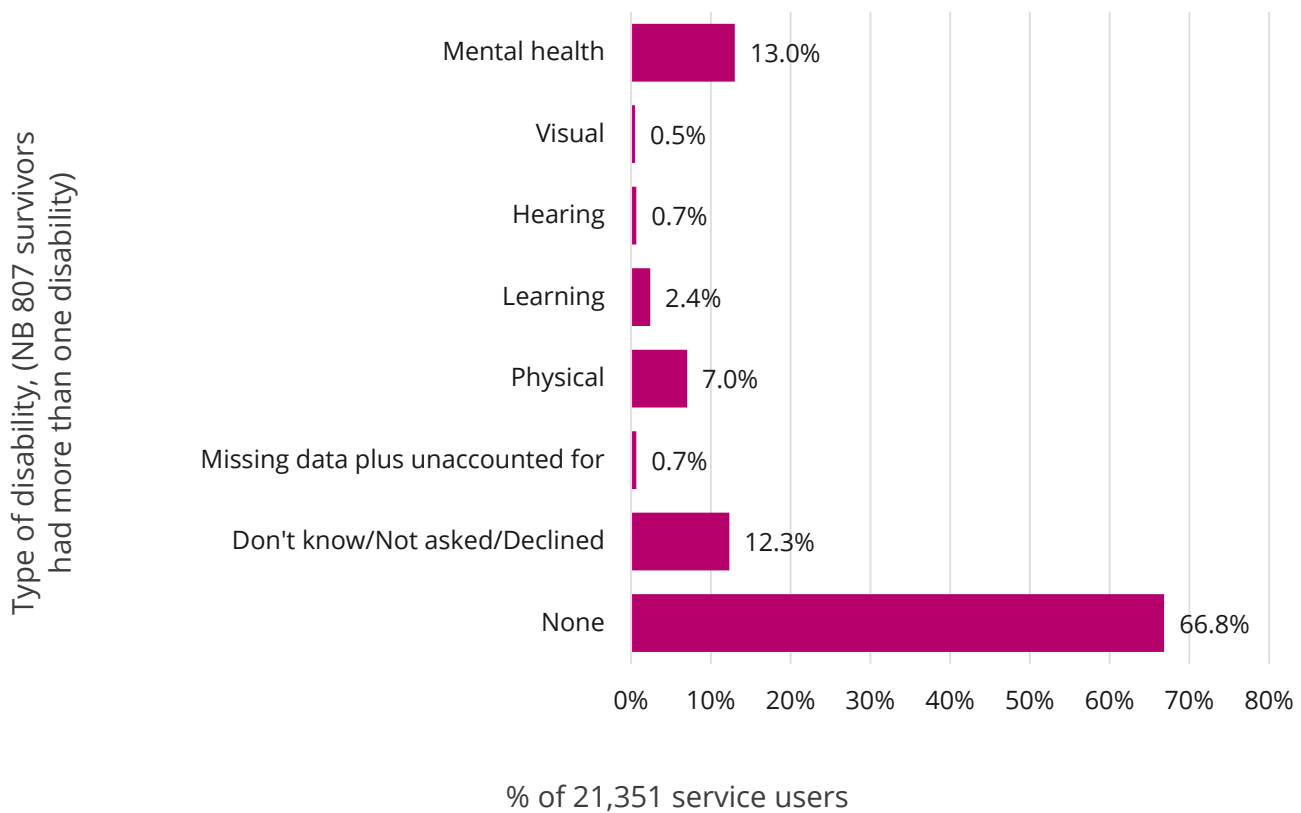
1.5 Disability

Overall a fifth of all survivors in the sample had at least one disability that they disclosed. Service users in refuge services were more likely to be disabled.

- ▶ In refuge services 24.8% of service users were disabled; most common were mental health disabilities (18.0%) and 4.4% had more than one disability.
- ▶ In CBS services 19.8% of service users were disabled; again, most common were mental health disabilities (12.5%) and 3.7% had more than one disability.

Women with physical disabilities make up a small percentage of women using domestic abuse services although we know that disabled women are more likely to experience domestic abuse (13.8% of disabled women experienced domestic abuse in the last year compared to 6.4% of women who were not disabled (ONS, 2019)). Of the survivors in the sample, only 6.8% of women in refuge had physical disabilities yet due to lack of accessible space (see Section 2) demand could be much higher.

Chart 1.3: How many service users were disabled? 2018–19 (On Track)



1.6 Sexual orientation and gender identity

- ▶ 3.0% of service users identified as lesbian or bisexual.
- ▶ 0.6% of services users (137) identified as transgender.

It is important to note that 13.6% of women did not disclose their sexuality and 10.3% did not disclose whether they identify as transgender. It may well be that these women did not feel that disclosing was necessary or that they did not feel comfortable doing so. This can particularly

be the case if a lesbian or bisexual woman is seeking support around abuse experienced in a heterosexual relationship or if she does not feel comfortable disclosing her sexuality without specialist support.

Sexual orientation data should not be used to assume the sex of the perpetrator(s). The perpetrator may be a family member or, for example, the perpetrator may be from a heterosexual intimate partner relationship, but the service user self-defines as lesbian.

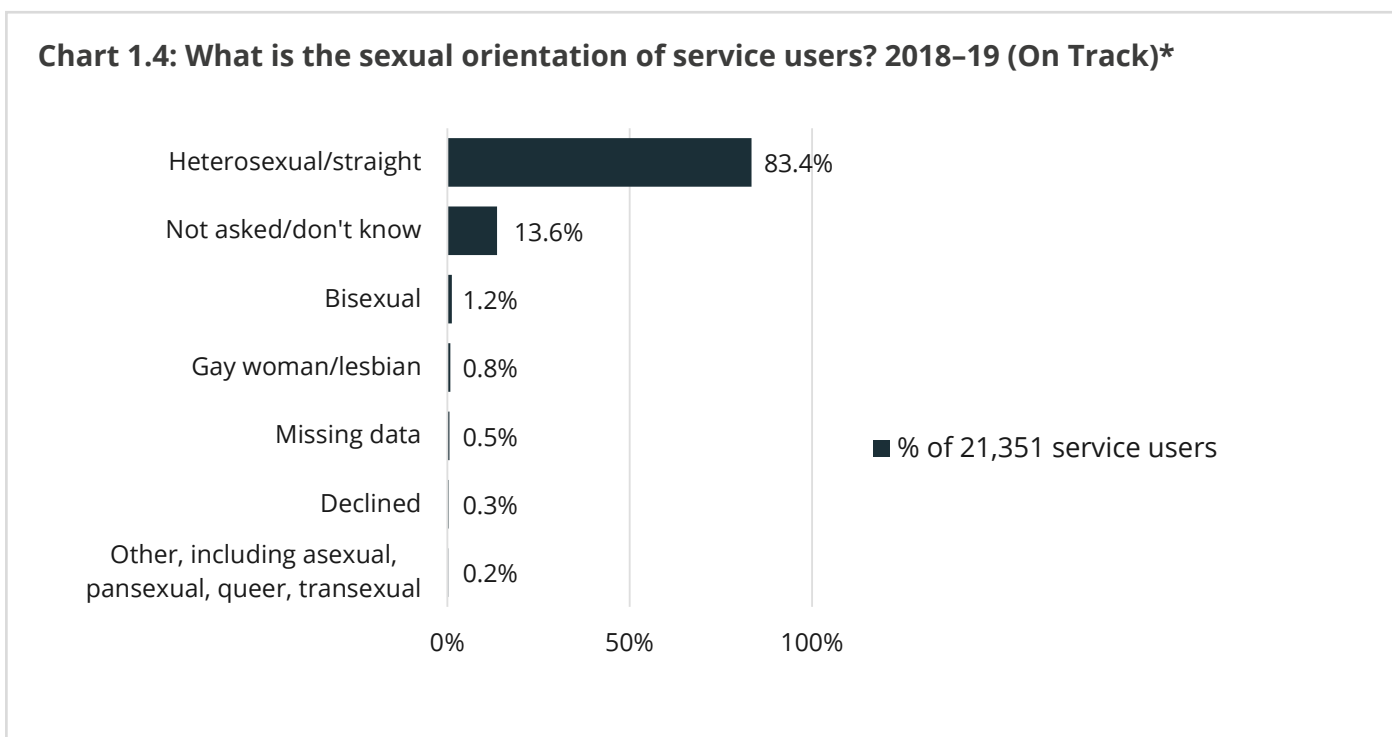


Table 1.1: Does the survivor self-define as transgender? 2018-19 (On Track)

Response	% of 21,351 service users
Missing data	0.5%
Declined	0.0%
Don't know/not asked	10.3%
No	88.4%
Yes	0.6%

1.7 Ethnicity

- ▶ Most service users (64.0%) were White British.

Table 1.2: What are the ethnic backgrounds of service users? 2018-19 (On Track)*

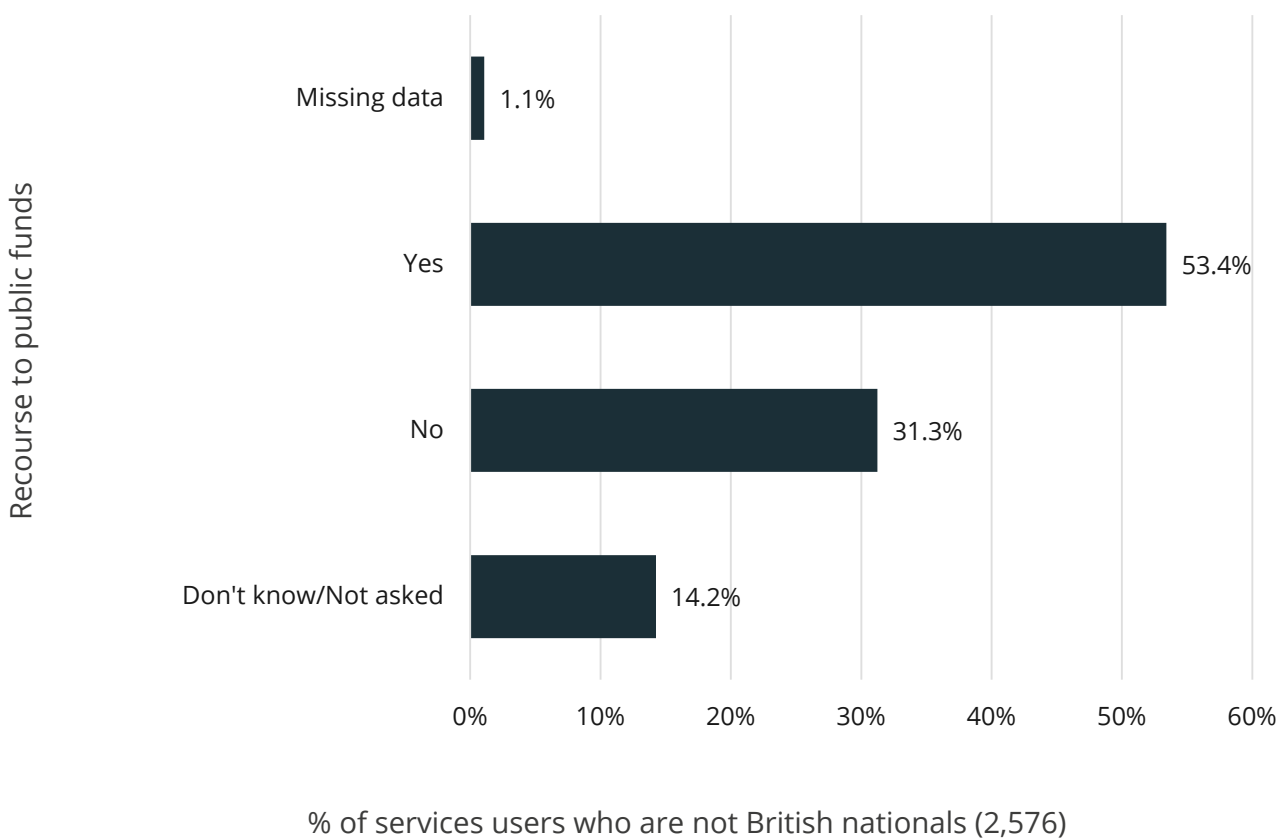
Response	% of 21,351 service users
White British	64.0%
White Irish	0.6%
White Gypsy or Irish Traveller	0.3%
White Eastern European	3.8%
White Any other White background	3.1%
Mixed/Multiple Ethnic Background White and Black Caribbean	1.4%
Mixed/Multiple Ethnic Background White and Black African	0.3%
Mixed/Multiple Ethnic Background White and Asian	0.3%
Mixed/Multiple Ethnic Background Any other Mixed/Multiple ethnic background	0.9%
Asian/Asian British Indian	1.7%
Asian/Asian British Pakistani	4.2%
Asian/Asian British Bangladeshi	1.0%
Asian/Asian British Chinese	0.3%
Asian/Asian British Any other Asian background	1.5%
Black/African/Caribbean/Black British African	3.7%
Black/African/Caribbean/Black British Caribbean	1.5%
Black/African/Caribbean/Black British Any other Black/African/Caribbean background	1.1%
Other ethnic group Arab	0.6%
Other ethnic group Any other ethnic group	1.6%
Don't know/Not asked	7.4%
Declined	0.1%
Missing data	0.7%

*These data cannot be considered representative of all women accessing services as many specialist BME organisations use an alternative database.

1.7 Ethnicity (continued)

- ▶ Of those service users who were not British nationals (2,576), only just over half (53.4%) were able to access public funds.

Chart 1.5: How many service users (who were not British nationals) had recourse to public funds? 2018-19 (On Track)



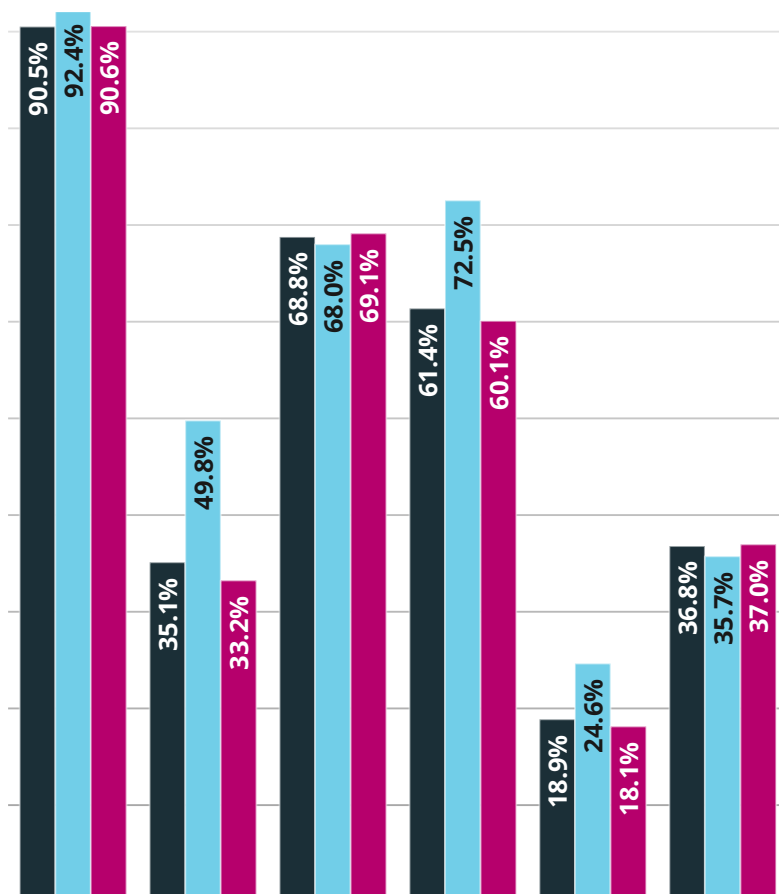
1.8 Experiences of abuse

- ▶ The average length of abuse experienced before accessing the support service was just under six years.
- ▶ Almost half of service users in refuge services and a third of those in CBS services had experienced/were experiencing financial abuse (Chart 1.6).
- ▶ Over a third of all service users had experienced/were experiencing stalking/harassment (Chart 1.6).

Chart 1.6: What types of abuse are service users experiencing? (current abuse only*) 2018-19 (On Track)

* Any service user who is experiencing/has experienced abuse within the last year.

** A service user is likely to experience multiple abuse types; unable to account for missing data.



Type of abuse**	All (% of 14,672 service users with abuse profile)	Refuge (% of 2,029 refuge service users with abuse profile)	CBS (% of 12,983 CBS service users with abuse profile)
Emotional	90.5%	92.4%	90.6%
Financial	35.1%	49.8%	33.2%
Jealous/controlling behaviour	68.8%	68.0%	69.1%
Physical	61.4%	72.5%	60.1%
Sexual	18.9%	24.6%	18.1%
Surveillance/harrassment/stalking	36.8%	35.7%	37.0%

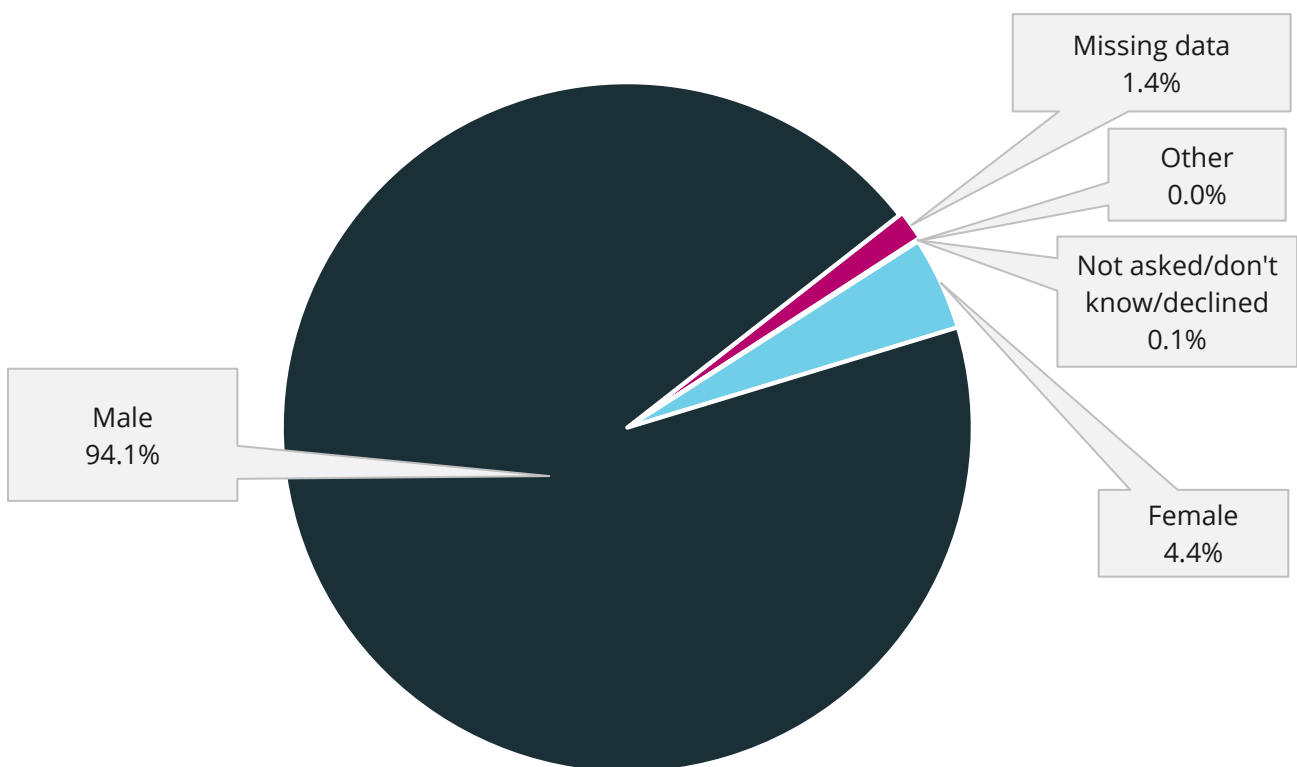
Type of abuse**

1.8 Experiences of abuse (continued)

- ▶ 94.1% of perpetrators were male (Chart 1.7).

Chart 1.7: Sex of alleged perpetrator*, 2018–19 (On Track)

% of 20,206 service users with perpetrator information recorded

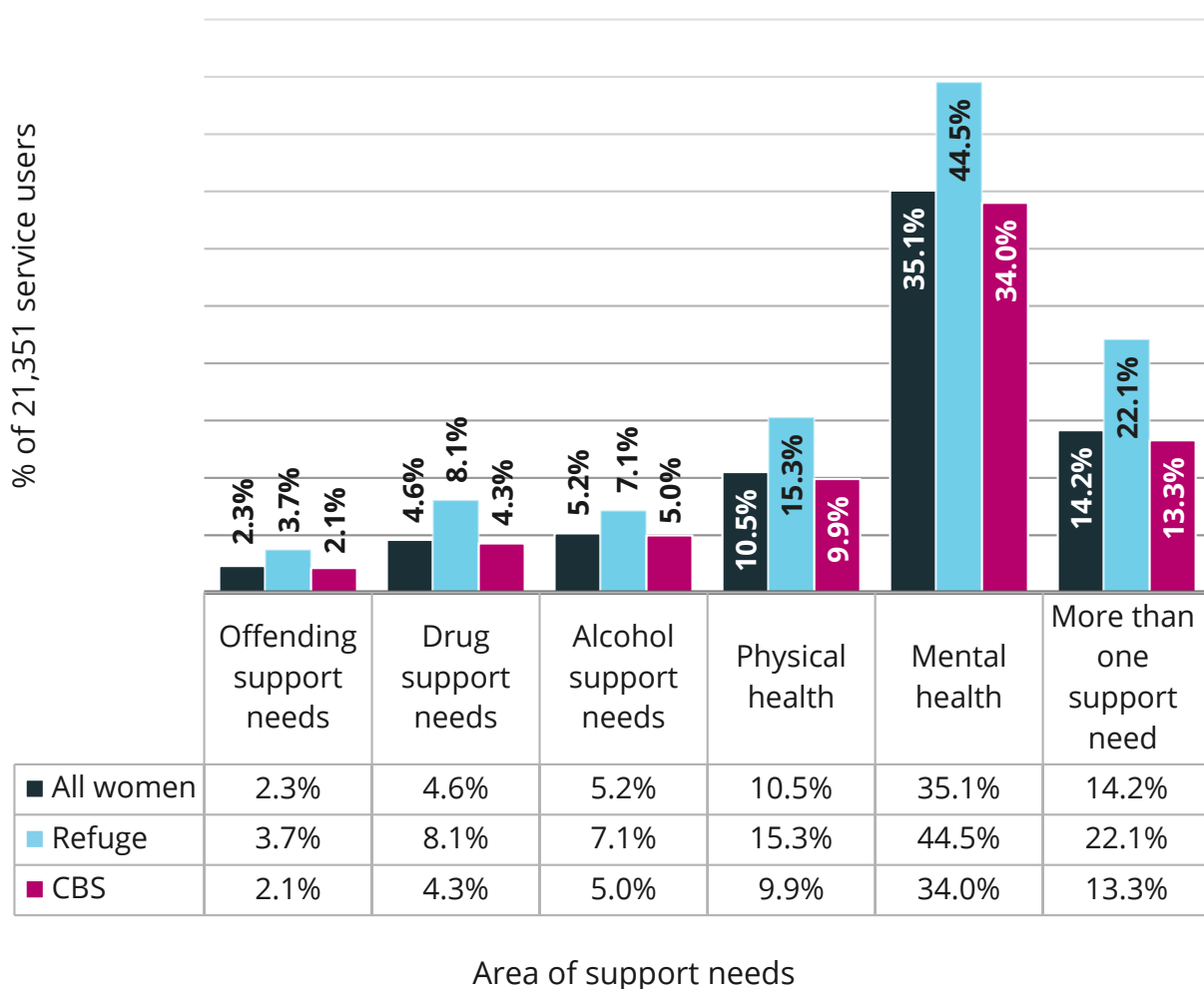


* These are the perpetrators recorded on On Track in cases of domestic abuse against female service users. Percentages shown are out of the total number of perpetrators recorded (20,206). NB: there was not a perpetrator(s) recorded for every service user; some service users had multiple perpetrators recorded. Services users where no alleged perpetrator recorded: 3,436. Number of cases where at least one perpetrator was recorded: 17,915.

1.9 Experiences of support

- ▶ 35.1% of service users had support needs around their mental health and 10.5% around their physical health; for service users in refuge services this was higher still with 44.5% having support needs around mental health and 15.3% around their physical health.
- ▶ 5.0% of women accessing support services required an interpreter for a spoken language other than English. 0.7% were d/Deaf⁴ or hearing impaired, some of whom will require a British Sign Language (BSL) interpreter.

Chart 1.8: What were the support needs of service users? 2018–19 (On Track)*



* Some survivors will not have been able to access services because the service was not resourced to meet their specific support needs.

4 The word deaf is used to describe or identify anyone who has a severe hearing problem. Deaf with an uppercase D is used by many organisations to refer to people who have been deaf all their lives, or since before they started to learn to talk. Many Deaf people have a sign language as their first language and may need specific language support. For more information please see www.signhealth.org.uk/about-deafness/deaf-or-deaf

Section 2:

The provision of services

2.1 Key Findings

Information in this section is from Routes to Support

On 1st May 2019, in England there were...

220 domestic abuse service providers, running...

368 local services including...

269 refuge services

213 dedicated **children and young people's** services

Local services deliver a **range of service types** including...

community-based support

open-access
(eg helplines)

therapeutic
(eg counselling)



1 in 5 (71) local services **increased** the **number of service types** offered between May 2018 - May 2019.

55% had **no increase** in staff

15% had **smaller staff team**



There is a **30% shortfall** in the number of refuge spaces compared to that recommended by the Council of Europe⁵.



Less than **half of refuge vacancies** posted on Routes to Support from April 2018 to March 2019 could accommodate **a woman with two children.**



Less than **one in five** could accommodate **a woman with three children.**

Data are snapshots of Routes to Support data on 1st May each year and do not show fluctuations between the dates. All charts in this report are about services for women and children, unless otherwise stated.

5 Council of Europe (2008): "...safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population." (p. 51).

CASE STUDY 2

This provider took part in a protracted commissioning process which eventually led to them losing most of their community-based domestic abuse services in 2018-19. The provider worked in partnership with two other organisations to put in a bid for the original tender. This process took about 18 months before:

“For some reason they abandoned the process and started all over again...and then they did it again and...we lost our contract. Which mean that we lost...the core of our domestic violence services, a lot of the staff were TUPE’d⁶ over...and the whole thing was incredibly difficult.”

Talking about the impact of this on the organisation, the provider said:

“We’d gone through the tender twice, we’re talking about two years. And it did affect staff morale, we had an increase in staff sickness and absence, we found it harder to recruit staff because we couldn’t guarantee their jobs long term. It was very hard for us to budget... we weren’t in a position to give incremental pay rises...I think it had a horrible impact on people. And grief you know, really grief for those of us left behind.”

The provider felt there were issues with the tender process from the start:

“The really tough thing for us was it was too big a contract. So we weren’t in a position...we were powerless from the beginning and the whole thing was a nightmare... in spite of me frequently asking the commissioners throughout this process if they’d done a community impact assessment, it seems they hadn’t. Or if they had, it didn’t look like one to me.”

They felt that those involved didn’t have expertise in domestic abuse or had fully consulted with local providers or the community. The service specification had been:

“Designed to prop up statutory services rather than being user centred, it’s sort of, very police based. And I’ve got nothing against good strong partnerships with the police; we built them up over many years. But I feel this is...it’s about ticking boxes for agencies rather than really meeting the needs of victims and survivors. And I would say...it’s a sort of... ‘securitisation’ of domestic abuse organisations. It’s made them into a sort of security service rather than a sort of holistic, recovery and trauma-informed service, and it’s impersonal.”



6 TUPE is an acronym for the Transfer of Undertakings (Protection of Employment) Regulations 2006.



The provider described how specialist domestic abuse services working with an understanding of the gendered dynamics of domestic abuse are important because they enable “women to understand that inequality, that kind of male entitlement is part of what’s happened to them and they’re not alone, that it’s happened to all sorts of women.”

The provider felt there is enormous value in “autonomous, locally responsive” domestic abuse organisations that are embedded within the community, believing that more generic services that cover large areas are not designed to meet the needs of geographically and demographically diverse communities. They said “we know our community but we also bring the community into our work in ways that I don’t think larger, non-specialist organisations can”. For example, the provider has set up relationships with community centres and groups to reach minoritised groups and women living in rural areas. The provider feels they are trusted by the community which, although it is a difficult thing to measure, is vitally important to ensure survivors feel confident and able to access the service.

Similarly, the provider mentioned the strength of:

“The partnerships that are established, you know, some of those have taken years. And I don’t just mean partnerships with the local authority and the police or health services. I mean partnerships with community groups and other voluntary sector organisations. And I think those are kind of invisible in the commissioning process but they’re incredibly helpful, and I think local

responses are everything. Similarly, the strength of local partnerships can be kind of invisible in the commissioning process but they’re incredibly valuable, they’re incredibly helpful in responses.”

Despite losing a proportion of their core funding, the provider retained their refuge, helpline and sexual violence services. The situation has however forced the provider to work creatively to develop new services and income streams. They said:

“We lost a third of our income and a big chunk of our workforce. So it had a huge impact on our capacity really. And our morale. We handed over in [month] and we’re just beginning to see green shoots of recovery really....we’re just having to find new ways of filling the gaps really.”

The provider has invested in a part-time community fundraiser to maximise on the support they receive in the local area. They have developed a partnership with the local women’s prison and are working around campaigning and knowledge building, finding new ways to use their expertise. They said:

“There is a real market value to our sector and I don’t think that is understood at all...we’ve still got a way to go and it always will be a challenge. And we’re beginning to feel a lot more positive. And it’s hard, it stretches us enormously but probably the tears have been shed.”

2.2 Who are the service providers?

There were 220 domestic abuse service providers listed on Routes to Support in England at May 2019; these organisations were running 368 local services between them throughout England, 269 of these included refuge services and 213 included dedicated services for children/young people. Of the 220 providers, 161 (running 282 local services) are members of Women's Aid, 19 (23 local services) are members of Imkaan and 15 (19 local services) are members of both organisations. 42 providers, running 76 local services, hold the Women's Aid National Quality Standards.

The majority (65.8%) of local domestic abuse support services are run by dedicated providers⁷, with 70.9% of those running a refuge service. Just over a third of local domestic abuse services are run by organisations with a wider overall remit, including housing associations, other charities or local authorities. The provider in Case Study 1 felt there is a critical difference between generic and specialist services in supporting survivors.

“[Women are] more likely to come forward to access support, more likely to engage over a longer period of time...just yesterday I'd seen someone who initially accessed a service that – they do provide domestic violence support but they provide lots of services as well – and she said that she just couldn't connect with the service, with the support worker. But when she came to us she said 'Oh, this is what I needed'. So it just shows that... there needs to be organisations that that's their work, their sole focus and service delivery is just for domestic violence victims.”

As Case Study 2 said specialist domestic abuse services working with an understanding of the gendered dynamics of domestic abuse are important because they enable “women to understand that inequality, that kind of male entitlement is part of what's happened to them and they're not alone, that it's happened to all sorts of women.”

Many women experience multiple forms of gender-based⁸ violence and domestic abuse service providers recognise this. Of the domestic abuse services included in this report, most also support women who have experienced/ are experiencing another form of gender-based violence as shown in **Table 2.1** on the next page.

We have seen only a small net increase of five local services compared with 1st May 2018, when 219 providers were running 363 services. However, looking at net difference masks the level of change that providers experienced throughout the year. For example, 10 local services were removed from Routes to Support when the contract to deliver the service transferred to another provider as the result of a competitive tendering process. We know that the transfer of staff and services to a new provider can cause disruption to service provision. The provider in Case Study 2 described how taking part in this process had a negative impact on their staff team:

“We'd gone through the tender twice, we're talking about two years. And it did affect staff morale, we had an increase in staff sickness and absence, we found it harder to recruit staff because we couldn't guarantee their jobs long-term. It was very hard for us to budget...we weren't in a position to give incremental pay rises...I think it had a horrible impact on people.”

7 Organisations constituted solely for the purpose of delivering violence against women and girls (VAWG) support services.

8 The Council of Europe Convention on preventing and combating violence against women and domestic violence recognises “the structural nature of violence against women as gender-based violence, and that violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.” <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e>

Changes to providers can also result in the loss of specialist knowledge and local partnerships which can take years to build up. The provider in Case Study 2 explains:

“The partnerships that are established, you know, some of those have taken years...I don’t just mean partnerships with the local authority and the police or health services. I mean partnerships with community groups and other voluntary sector organisations. I think those are kind of invisible in the commissioning process but they’re incredibly helpful, and I think local responses are everything...”

On 1st May 2019 services run by local authorities accounted for 1.9% (7 out of 368) of local support services. Although this represents a small proportion of services overall, this is the first time we have seen an increase in this proportion since May 2016. Insourcing of services by local authorities could be an attempt to manage costs in response to reduced

spending budgets. We are concerned however that should this trend continue it may reduce the availability of independent specialist support services. We know that the independence and confidentiality of specialist services, which are separate from the statutory system, is critical for building survivors’ trust (see quote from Case Study 3, below).

“[Survivors can] see someone in confidence that is independent from social care and they can divulge things and be completely open with us. In terms of, we’re not related to the police so they’re going to be honest with us and say...‘My partner takes drugs and this is what he does.’ We do have a duty of care and prioritise safeguarding but we’re independent for a reason and we’ll always say ‘Anything you tell us is confidential, with the caveat of safeguarding referrals.’ And that really helps people open up to us.”

Table 2.1: Support for women experiencing types of gender-based violence, May 2019 (Routes to Support)

Form of gender-based violence	Number of refuges	% of refuges	Number of CBS services	% of CBS services
Female genital mutilation (FGM)	230	85.5%	206	67.8%
Forced marriage	263	97.8%	253	83.2%
‘Honour’-based violence	249	92.6%	231	76.0%
Sexual violence	188	69.9%	184	60.5%
Trafficking	173	64.3%	156	51.3%
All	269		304	

2.3 Specialist support for women from marginalised groups

In recognition of the specific needs and experiences of women from marginalised groups and the interlocking forms of discrimination that women face, a small proportion of services provide specialist support and are dedicated for certain groups of women. There are 40 refuges in England which are run specifically for a particular group of women.

Not all of these services are 'by and for' expert services run by women from the group they support. Availability of these dedicated services is very low: spaces in specialist services make up just 13.3% of all refuge spaces in England and half of these services are located in London. **Table 2.2** gives a full breakdown and shows that most of the services are based in London.

Table 2.2: Organisations (with refuge bed spaces) exclusively for groups, May 2019 (Routes to Support)

Region	London	All England
BME women ⁹	16 (221)	32 (418)
Eastern European women (no refuge services)	1 (0)	3 (0)
Women with substance use support needs or complex needs	2 (14)	3 (21)
d/Deaf women (no refuge services)	1 (0)	1 (0)
Forced marriage (no refuge services)	0 (0)	2 (0)
LGBT+ community (no refuge services)	2 (0)	3 (0)
Women over 45	0 (0)	1 (4)
Young women (16-24)	0 (0)	2 (12)
Women with learning disability	2 (12)	2 (12)
Total	29 (247)	55 (467)

9 Includes one refuge (with 62 bedspaces) for refugee, trafficked and women with insecure immigration status.

2.4 Types of services

Local domestic abuse services in England provide a range of service types to meet the needs of the survivors and child survivors they support (**Table 2.3**). Service types include:

- ▶ refuge services (including a range of accommodation types such as shared, self-contained or dispersed to meet the different needs of women and children who need this service type);
- ▶ resettlement services for women moving on from refuge services;
- ▶ community-based support (CBS) services (including outreach, floating support and advocacy such as IDVA services);
- ▶ open access services (such as a helpline, drop-in services or other non-referral services);
- ▶ dedicated support for children and young people (CYPs);
- ▶ therapeutic services (such as formal counselling, support groups or group work programmes); and
- ▶ prevention work (such as educational work with schools).

Full definitions of these service types and the work they do can be seen in Appendix 3. Both refuge and CBS services run CYPs and therapeutic support as part of their core work, alongside delivering a planned programme of emotional and practical support and facilitating peer support between service users.

As shown in **Table 2.3** below there have been fluctuations in the numbers of all service types compared with figures at May 2018. Most notable are increases in prevention work and counselling services (by 56 and 36 services respectively). Since we first began publishing numbers of service types (Women's Aid, 2018), the number of counselling services has fallen by 28. There is an increase by 25 in the

Table 2.3: Types of support service for women available in England, May 2019 (Routes to Support)

Service types	Refuge	Resettlement	Floating support	Outreach	IDVA service*	Prevention work	Helpline	Drop-in	Formal counselling	Support groups	CYPs
Number of services in England	269	200	85	189	132	114	135	87	113	218	213
Change from May 2018	-2	-13	-19	-2	+7	+56	-1	+11	+36	+5	+1

*This is the number of Independent Domestic Violence Advocate (IDVA) services, not the number of individual staff members working as IDVAs.

number running prevention work compared to May 2016.

Increases in numbers of service type do not give the whole picture: 48.8% of respondents to the Annual Survey 2019 were running at least one service type with no dedicated funding (see Section 3.4). Analysis of staffing levels at local services and the numbers of service types being delivered shows that between May 2018

and May 2019 some services increased their provision without any additional staff capacity. While 71 local services had a net increase in the number of service types they offered, only just under half of these (45%) had a corresponding increase in staff and 15% were actually operating with a smaller staff team despite providing additional service types.

2.5 Refuge services and spaces

Of the 368 local services available in England on 1st May 2019, 269 were running refuge services (as mentioned in Section 2.2). Refuge services are distinct from other types of emergency accommodation because residents receive a planned programme of therapeutic and practical support designed to facilitate women's recovery from experiences of domestic abuse. This can involve and is not limited to: one-to-one emotional support, group work with other residents, legal advice and support with housing. The service provider in Case Study 3 explained why a range of specialist support is necessary:

“Domestic abuse is such a massive area that actually unless you're specialised in dealing with people affected by the whole plethora of issues surrounding domestic abuse you'll only touch the surface.”

Other service types are often run alongside refuge to assist with different aspects of a woman's recovery, such as a formal counselling service to process the emotional and psychological effects of domestic abuse or a resettlement service to support with the transition from refuge to independent living. The capacity of local services to deliver a holistic package of support depends on the level of resource available to them. The provider in Case

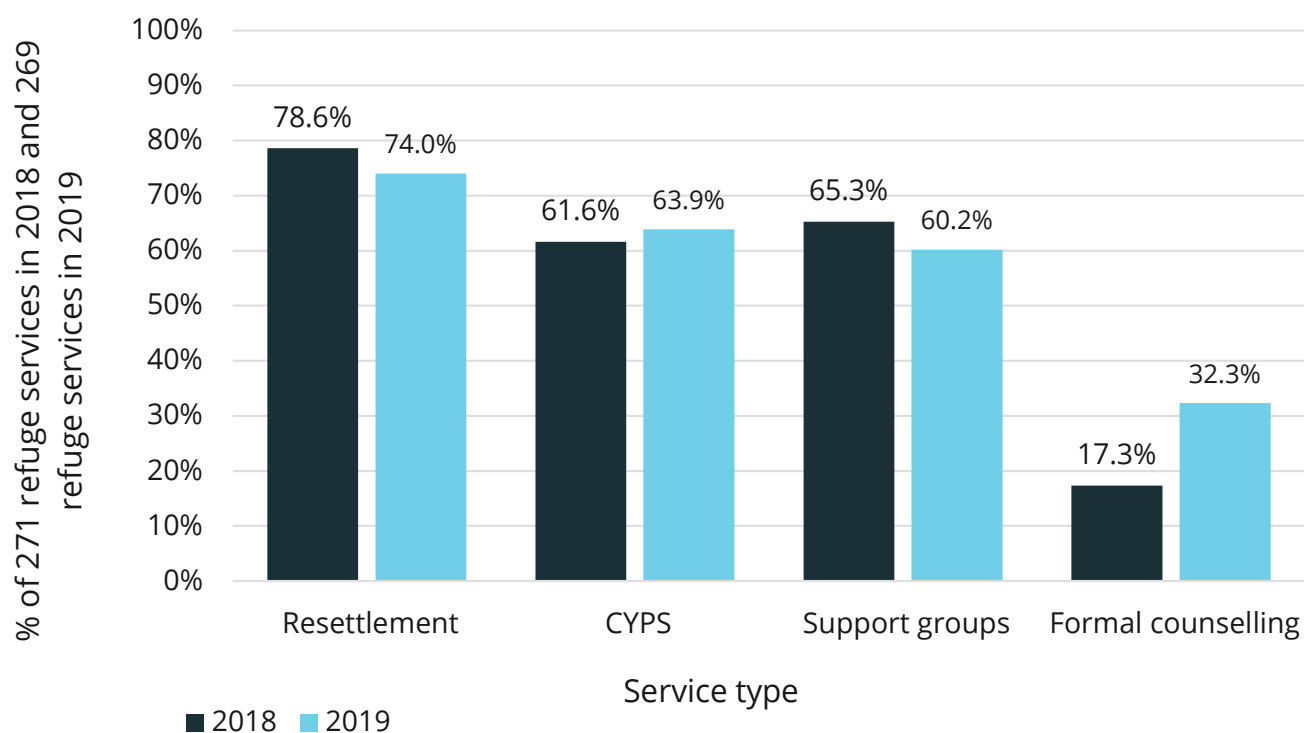
Study 3 lost funding between May 2018 and May 2019 which forced them to reduce the staff team. This meant they can no longer offer CYPS and counselling services. They described how pressure on staff capacity limits the amount of support they are able to offer refuge residents.

“It's basically bare bones that they're getting now. They're still getting a support session every week but actually if they need anything more than a support session, then we're having to juggle the support worker's time...who needs it most, who is in need at the moment.”

As shown in **Chart 2.1** on the next page, just over a quarter (26%) of all refuge services available in England on 1st May were running without a dedicated resettlement service. Only just over a third (32%) of local services were able to provide a formal counselling service to women resident in their refuge service; although this has increased substantially since last year there are still fewer services offering formal counselling than there were in May 2016.

Refuge services varied in size from a property with space for just one family to a refuge service with over 70 units of accommodation. This variation means that to examine the current level of refuge provision and changes over time, we need to look at the number of spaces

Chart 2.1: Service types in refuge services for women available in England, May 2019 (Routes to Support)



available in refuge services. One space is one unit of accommodation for a woman and her children (one household), regardless of how many beds or cots are in the unit.

We have seen an increase in the number of spaces in England every year since 2010. In the year ending May 2019 there was an increase of 67 spaces from 3,847 bed spaces for women at May 2018 to 3,914 bed spaces¹⁰ (161 of these spaces are not exclusively for women and can be used to accommodate men or women – see Section 2.6).

Despite the increase in spaces, this figure still falls short (by 1,684) of the Council of Europe's

minimum recommendation¹¹ (see **Chart 2.2** on the next page). There is a slightly smaller shortfall in England overall to 1,715 on 1st May 2018.

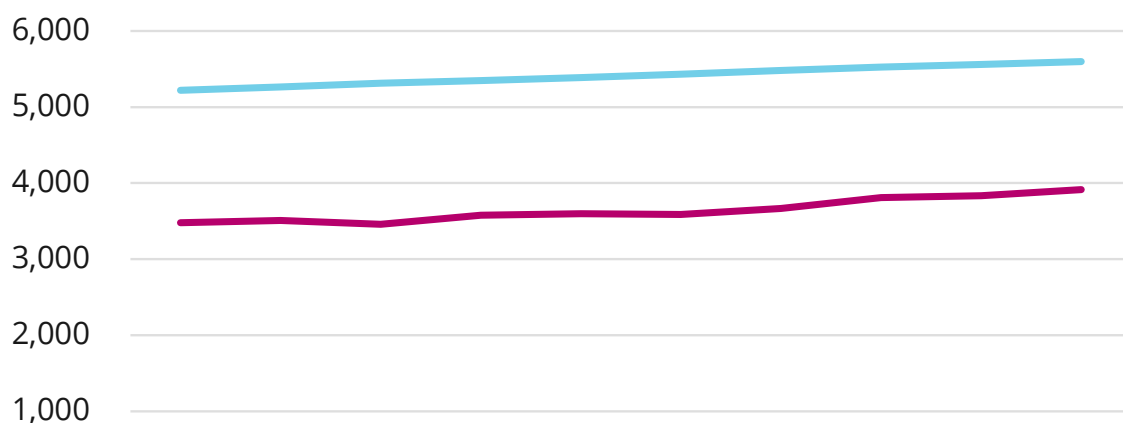
The shortfall in refuge spaces means there will only be a limited number of spaces available on any given day. The actual number of spaces available to a woman looking for refuge will also be dependent on whether available spaces are appropriate for her specific needs and circumstances. To determine how many spaces will be suitable a referring agency will ask a number of questions. These questions can include the following¹²:

10 There are likely to have been fluctuations in the number of bed spaces between our snapshot figures gathered in May annually. Between May 2018 and May 2019 three services advised that their refuge space information given previously was incorrect. As a result previously published figures gave slightly higher numbers than actually existed, with the 2015 and 2016 snapshots overstating provision by five spaces and 2017 and 2018 overstating by 14 spaces.

11 Council of Europe (2008): "...safe accommodation in specialised women's shelters, available in every region, with one family place per 10,000 head of population." (p. 51). Based on ONS mid-year estimate for 2018: 55,977,178.

12 This format of questions was used for the first time in *The Domestic Abuse Report: The Annual Audit 2019* (Women's Aid, 2019). We have used this format again as we believe this is a helpful way of understanding the accessibility of spaces.

Chart 2.2: Refuge bed spaces since 2010 by year (Routes to Support)



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Refuge spaces	3,479	3,510	3,458	3,577	3,599	3,585	3,666	3,809	3,833	3,914
Recommendation (one space per 10k pop.)	5,220	5,264	5,311	5,349	5,387	5,432	5,479	5,527	5,562	5,598

1. How many children does she have?

Units of refuge spaces vary in size and will be able to accommodate either single women only or families of different sizes. The availability of suitable spaces will depend on the number of children the woman is fleeing with. Of the vacancies listed on Routes to Support in 2018-19, 43.5% were suitable for a woman with two children. Less than 1 in 5 vacancies (16.7%) could accommodate a woman with three children.

2. Is she in paid employment?

For a woman in paid employment, going into refuge may mean having to leave her job for safety reasons if the perpetrator may be able to locate her through her place of work. If a woman does wish to remain in paid employment and it is safe for her to do so, this can restrict the geographical area in which she can search for refuge as she will generally need to be located close to her place of work.

3. Does she have additional support needs?

Refuges are only able to accept a referral if they have the staff capacity, suitable facilities and specialist support that may be required to meet a woman's specific needs. As the information on vacancies (**Table 2.4**, page 30) and the availability of specialist workers (**Tables 2.5** and **2.6** on pages 30 and 31) shows, it can be difficult for a woman to access a refuge space if she has additional support needs around mental health or drug/alcohol use. Only 16.0% of all refuge services have a specialist mental health support worker(s), only 10.8% have a specialist drug use worker and only 10.4% have a specialist alcohol use worker.

Refuges also have to consider the needs of existing residents and dynamics in the refuge when assessing the suitability of a referral. For women who need vacancies in physically accessible rooms (for themselves or their children) options are very limited. During 2018-19 only 0.9% of vacancies were in rooms fully accessible for wheelchairs and a further 1.0% were suitable for someone with limited mobility. These figures vary from region to region.

4. Does she have recourse to public funds?

If a woman is denied recourse to public funds¹³ the spaces available to her will be limited. As shown in **Table 2.4**, only 5.4% of all vacancies listed during 2018-19 could consider women who were not eligible to access public funds. In many cases this was conditional on another agency, such as social services, guaranteeing funding to cover her stay.

5. Where does she need to go?

There may be many reasons why women wish to access refuge in a certain area of the country, for example, to be near to family and support networks or to be able to access places of worship. It may be necessary to remain in a particular area to complete a course of medical treatment or to maintain contact arrangements with children. Geographical restrictions can then, along with the factors outlined above, further limit women's options. The availability of spaces will be further reduced where a combination of these factors is present, for example, a woman with four children who is denied recourse to public funds.

Table 2.4: Refuge vacancies posted in 2018-19, % vacancies for each group (change from 2017-18)

Types of vacancies	# All vacancies posted, England	Woman plus two children	Woman plus three children	No recourse to public funds	Full wheelchair access	Person with limited mobility
Vacancies available to different groups	10,777	43.5%	16.7%	5.4%	0.9%	1.0%
Change since 2017-18	+372	-0.4%	-0.5%	-0.4%	-0.1%	-0.2%

Table 2.5: Community-based services with specialist support workers, May 2019 (Routes to Support)

Specialist worker type	Mental health support needs	Drug use	Alcohol use
Number of community-based services	33 (11.8%)	19 (6.8%)	19 (6.8%)
Change from 2018	-1	+4	+5

13 'No recourse to public funds' means that a woman is not eligible for state benefits because of her immigration status.

Table 2.6: Refugees with specialist support workers, May 2019 (Routes to Support)

Specialist worker type	Mental health support needs	Drug use	Alcohol use
Number of refuge services	43 (16.0%)	29 (10.8%)	28 (10.4%)
Change from May 2018	-4	+5	+4

2.6 Services for men

Routes to Support is primarily a directory of services available for women and children. The information in this section is not therefore an exhaustive account of support services available for men experiencing domestic abuse

because dedicated specialist services for men (such as the Men's Advice Line, the national helpline for men run by Respect) are not listed in the directory. Routes to Support does however tell us where services for women and

Table 2.7 Services for men (Routes to Support)

Service types	Refuges with space for men	Floating support	Helpline	Outreach	Project based	Domestic violence advocacy project	Sexual violence advocacy project	Information and advice	Total entries with one or more services for men
Number of services in England in May 2019	35	28	79	109	27	73	17	105	171
Net change since May 2018	+3	-11	+13	+7	+5	+2	+4	+8	+1

This is not an exhaustive list of the services provided for male victims or perpetrators, rather these numbers are for services offering support to women that also work with male victims or perpetrators.

children also offer support for men, including the numbers of refuge spaces available for men.

On 1st May 2019, 171 out of 368 entries (46.3%) had one or more services for men, including 35 out of 269 refuges (13.0% of refuges) which can now accommodate men. There were 186 refuge spaces available to men, 25 for men only and 161¹⁴ for either men or women. This is an increase of three dedicated men-only spaces and 13 spaces for either men or women since 1st May 2018. Numbers of other service types provided for men have also increased since May 2018 including community-based support, advocacy, and information and advice services.

The only service type for men which has seen a decrease in that time is floating support; there has been a similar decrease in the availability of floating support services for women. See **Tables 2.7** (page 31) and **2.8**.

There were 40 services that reported a net increase of one or more service types for men. Only 15 (38%) of these had a corresponding increase in staff. Of the services reporting a net increase to service types for men, 19 (48%) reported no change to staffing level and 15% (6 out of 40) actually reported a decrease in the number of staff despite providing these additional services.

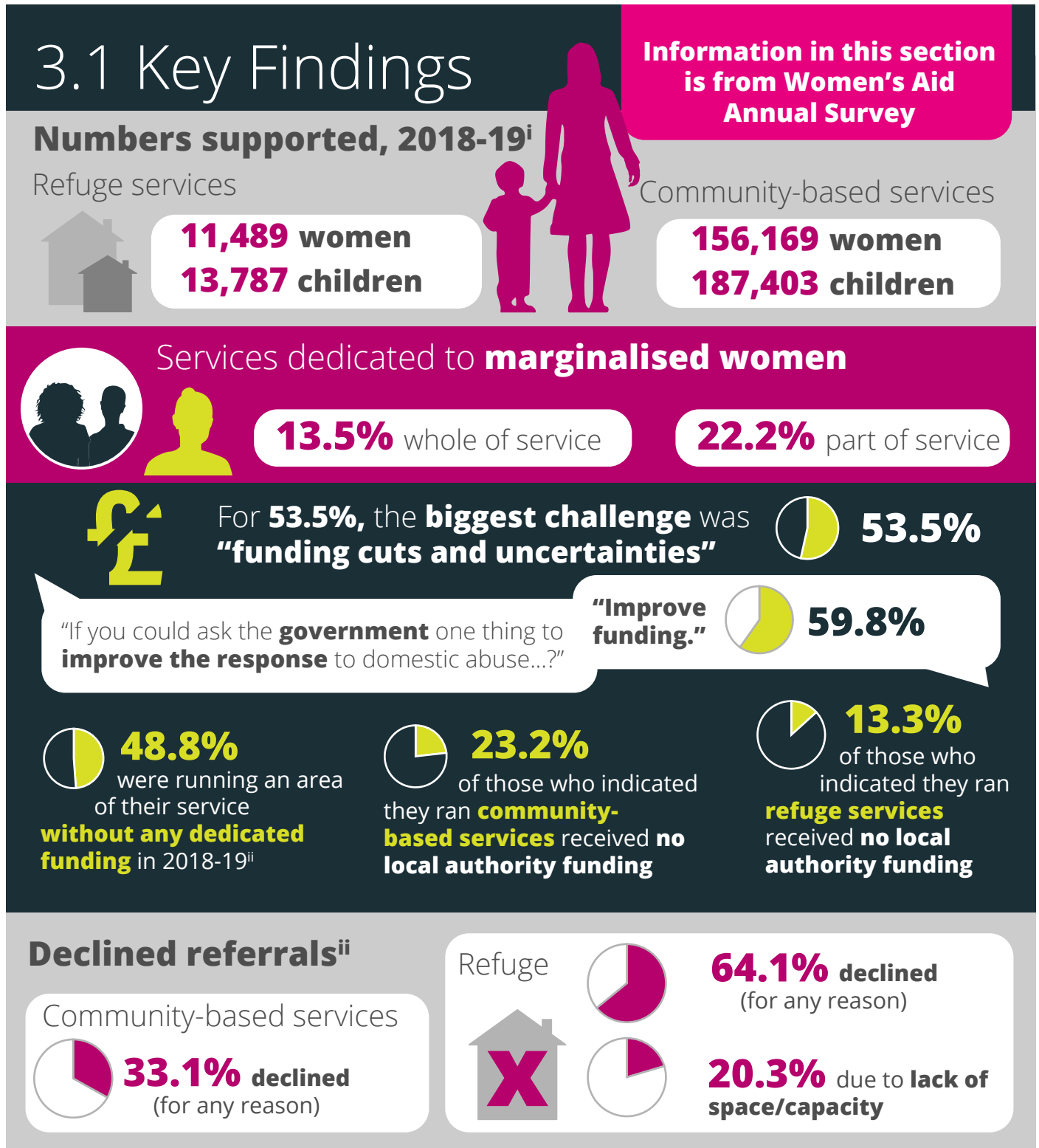
Table 2.8 Refuge bed spaces for men in England, May 2019 (and change from May 2018) (Routes to Support)

	Bed spaces available to men	% of all refuges with space for men	% of all spaces available to men
Number at May 2019	186	13%	4.7%
Net change from May 2018	+15	+1.2%	+0.3%

.....
14 These 161 spaces are also included in the 3,194 spaces for women mentioned earlier in this report.

Section 3: The work of support services, 2018-2019

Note on comparisons: We would advise caution when making comparisons between findings from different annual surveys. Although differences in findings may suggest year-on-year change, because of differences in sample composition each year these would require further investigation.



ⁱ: Estimates based on services responding to the survey and data on average children per service user from On Track - for full methodology see Appendix 2.

ⁱⁱ: These are instances of referrals. A woman may be counted more than once in these numbers if she was referred to several services. For example, one woman may be referred to five refuge services, the first four services decline her referral but the fifth service accepts the referral.

CASE STUDY 3

The organisation in this case study is a small dedicated provider in the Midlands which lost a proportion of both local and central government funding in 2018-19. This meant they lost a number of service types previously offered including outreach, floating support, counselling and children and young people's services. As a result of the reduction in funding the provider has also had to restructure, reduce their staff team and make changes to their service delivery.

For the last four years the provider held a contract with the county council which enabled them to provide group work, one-to-one work and counselling, as well as run multiple drop-ins across the county, delivering these interventions to both survivors, children and perpetrators. This core funding is no longer in place. The provider representative explained:

“So now in the county there is very little on offer. So the only thing that is on offer is that we have the Freedom Programme¹⁵. There's nothing for children, at all. Full stop.”

The provider receives minimal local funding which includes a small sum from two local authorities which contributes towards, but does not completely cover, one advice worker who is responsible for delivering their remaining drop-in service. Describing the pressures this advice worker is under, the representative said:

“We've had to change the drop-in availability...from Monday to Friday 9-3pm to three days a week 9-12pm, because she hasn't got the capacity to be available to people all day every day. Because that impacts on her being able to write up notes from previous drop-ins, write up notes from advice calls, take advice calls, take refuge referrals and do her safeguarding responsibilities as well.”

The representative has found that some officials from the county council have a lack of awareness about the council's responsibilities and current policy on funding local domestic abuse provision. She said:

“I had a meeting with somebody that works at a council and she was heading up their domestic abuse strategy...she assumed that refuge was a statutory provision that they were paying for...but that's very depressing, that the head of domestic strategy for the council thinks that they're funding us. And no, you're giving us zero pounds. I don't know how you respond to that.”

In the past, the provider received short-term funding from the Ministry of Housing



Communities and Local Government (MHCLG) for their refuge service. The application for funding was not successful this year and was not awarded to another provider in the county. This has left the majority of their refuges without any dedicated funding. The provider representative explained:

“We’re continuing to operate our refuges but on a very basic level of support, because they’re all being funded – bar one – by our reserves. Which isn’t obviously a sustainable position.”

The financial constraints have had a direct impact on the level of support that refuge residents receive and also on support available for members of the wider community. The representative said:

“So it used to be that each refuge had one support worker, so full-time time - 35 hours a week. And they would also deliver one Freedom Programme in the area and one to two drop-ins in the area. Now, in that particular refuge we’ve got one member of staff doing refuge work only, two days a week. That’s it. That’s all we’ve got.”

She described the support available for refuge residents as:

“It’s basically bare bones that they’re getting now. They’re still getting a support session every week but actually if they need anything more than a support session, then we’re having to juggle the support worker’s time...who needs it most, who is in need at the moment.”

The representative explained that these pressures have negatively impacted on their staff team and “morale is really low”. They said “we’ve got quite high levels of attrition at the moment because of uncertainty and because of changes in roles.” The provider has lost specially trained members of their staff team recently, including an IDVA and a qualified social worker. They explained that although usually new staff have transferable skills, they generally need to be trained on the specifics of domestic abuse service provision. Training new staff can impact on the whole team’s capacity, but building up this expert knowledge is vital because:

“Domestic abuse is such a massive area that actually unless you’re specialised in dealing with people affected by the whole plethora of issues surrounding domestic abuse you’ll only touch the surface.”

The provider explained how, for example, social workers have basic training on a wide variety of areas but:

“They won’t have the breadth of knowledge of what’s available to these clients: the non-molestation orders, universal credit and what people are entitled to, or what they can do to protect themselves. You know what rights they’ve got in terms of looking after their children or rights in terms of their children and visitation and...I could go on.”

The provider also explained how the independent nature of specialist service providers is vital for survivors seeking support because they can:

“...See someone in confidence that is independent from social care and they can divulge things and be completely open with us. In terms of, we’re not related to the police so they’re going to be honest with us and say....‘My partner takes drugs and this is what he does.’ We do have a duty of care and prioritise safeguarding but we’re independent for a reason and we’ll always say, ‘anything you tell us is confidential, with the caveat of safeguarding referrals’. And that really helps people to open up to us.”

The representative continued:

“It’s massively important that we have these independent organisations, such as us, available to members of the community. And it’s just depressing the number of us that are on the brink of closure because we get no support from local councils, despite the fact that we’re supporting the councils... if they’re in refuge, they’re not in temporary accommodation or they’re not on the street. We’re providing accommodation to these families but at a much cheaper rate than it would be for councils to provide a B&B.”

The provider is attempting to recover from the recent challenges by finding new streams of income, for example, despite operating with such limited capacity they are prioritising staff time for fundraising opportunities and looking at ways of using their existing assets. Reflecting on the future of the organisation, the representative feels:

“Cautiously positive. Because you know, realistically, if I wasn’t I wouldn’t be able to continue...if I didn’t think there was light at the end of the tunnel, I would think what’s the point in doing all of this?”



3.2 Demand

MOST CHALLENGING ISSUE IN 2018–19:

“Capacity. We have had to refer elsewhere/support in the community due to lack of space in our refuge. We also found we have an increase due to reductions in other services, eg complex needs services.”

“Staffing levels to workload - the volume of calls and enquiries is running at over double anticipated levels.”

“The biggest challenge is meeting the current demand for children and young people affected by domestic abuse who really need practical and emotional support.”

“Having to turn people away due to working at full capacity.”



Thousands of women were supported by the specialist domestic abuse support sector during the year. Refuge services responding to our annual survey supported 5,071 women in 2018-19. Based on the number of refuge spaces available on Routes to Support, we estimate that all refuge services in England supported **11,489** women during the year. Respondents with CBS services supported 57,423 women in 2018-19. This number would increase to an estimated **156,169** women for all CBS services in England.¹⁶ Based on the average 1.2 children per woman who accessed support services using On Track (see Section 1.4) we estimate that **13,787** children were supported in refuge with their mothers during the year and **187,403** were supported by CBS services. This estimate does not account for children supported by community outreach services where their parent does not also receive support.

However, we can see that demand continues to exceed provision by looking at referral outcomes from responding services. Of all referrals received by responding refuge services in 2019, 64.1% were declined.¹⁷ The main reason for declining refuge service referrals for respondents was lack of space/capacity. This year 20.3% of all refuge referrals received were declined for this reason, an increase from 17.1% last year (Women’s Aid, 2019A).

Demand for CBS services also exceeds capacity with 33.1% of all referrals received by responding CBS services being declined (Women’s Aid, 2019A). About a third of those referrals that community-based services were unable to accept were declined by the survivor herself. As noted in previous reports, it can be very difficult for a survivor to make the decision to accept support. She is likely to be being

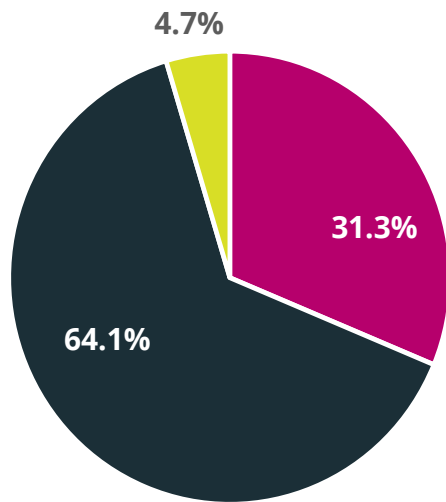
16 Estimates based on services responding to the survey – for full methodology see Appendix 2.

17 These are instances of referrals. A woman may be counted more than once in these numbers if she was referred to several services. For example, one woman may be referred to five refuge services – the first four services decline her referral but the fifth service accepts the referral.

controlled or intimidated by the perpetrator(s) and scared of the consequences of him (them) discovering that she has reached out for support or information. Also her situation may have changed since the referral was first made, for example, the relationship may have ended. Another factor to consider is that a referral may have been made on her behalf without her permission or full support.

It is clear from comments by respondents that demand exceeding capacity is a key challenge faced by the sector. When asked to tell us the most challenging issue their service had faced in the previous financial year, 18.9% of respondents mentioned high demand in their comments.¹⁸ Responses described the difficulty of trying to cope with high numbers of referrals in a time of reduced financial resources, as one

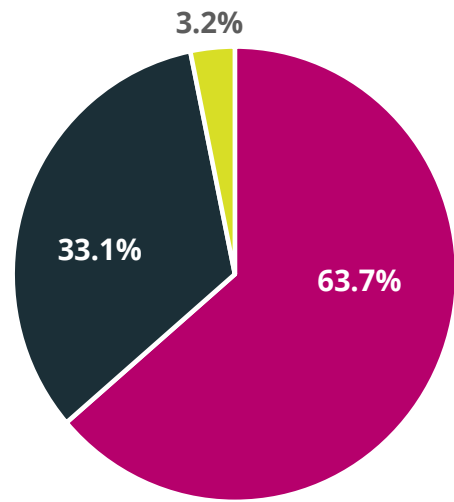
Chart 3.1: Referrals* to refuge services for women 2018–2019



- Referrals accepted
- Referrals declined or unable to accept
- Missing data

* 16,214 referrals received by 70 refuge services responding to this question in the Women’s Aid Annual Survey 2019. These figures cannot provide a full picture of demand for refuge services. Some survivors may not disclose abuse and some may not have been referred to a refuge because referring agencies may already be aware that a refuge is full or cannot meet their needs.

Chart 3.2: Referrals* to community-based services for women during 2018–2019



- Referrals accepted
- Referrals declined or unable to accept
- Missing data

* 90,147 referrals received by 61 community-based services responding to this question in the Women’s Aid Annual Survey 2019. These figures cannot provide a full picture of demand for services. Some survivors may not disclose abuse and some may not have been referred to a service because referring agencies may already be aware there is a waiting list or the service cannot meet their needs.

18 See Appendix 5 for a full breakdown of themes in response to this question.

respondent put it, services are struggling with the challenge of “demand versus capacity”.

Respondents told us this demand leads to:

- ▶ overloaded staff (“dealing with high level of referrals without enough staff”);
- ▶ survivors being turned away from refuge services (“We have had to refer elsewhere/ support in the community due to lack of space in our refuge”); and
- ▶ long waiting lists in some CBS services (“...we have had a three-month waiting list which we have felt challenging”).

One respondent summed up the challenge in the following way: “Managing high volumes of referrals is always an ongoing task; for the majority of the year, IDVAs find themselves at maximum capacity.”

Some respondents wrote about changes in not only the volume of referrals but also the types of referrals, with more cases involving greater complexity of need being referred to them. This is perhaps due to other support agencies being reduced or closed down. One respondent wrote about the challenge of “The continued significant demand for services for women and children affected by domestic abuse, combined with a rise in the complexity of individual casework.”

3.3 Dedicated support for marginalised groups

We asked annual survey respondents whether they provided a service or services that are delivered to a specific group of women. 13.5% of respondents indicated that their whole service was dedicated for a specific group of women and 22.2% responded that one aspect of their service was dedicated for a specific group of women. This dedicated support was usually for marginalised or particularly vulnerable groups of survivors, who often have

specific support needs in common and often face barriers in accessing appropriate support and justice. In their comments, respondents wrote about dedicated services for survivors who have been marginalised as a result of ethnicity and faith background/groups, age, disability, sexuality, gender identity, being denied recourse to public funds and having certain support needs such as needing support related to mental ill health or substance use.

Table 3.1: Do you provide service/s which are delivered specifically to a particular group of women? (Women’s Aid Annual Survey 2019)

Answer choice	% of 126 respondents
No, our whole service is for all women	61.1%
Yes, our whole service	13.5%
Yes, one aspect of our service	22.2%
Missing data	3.2%

We asked annual survey respondents to describe why these types of dedicated provision are important for survivors. In their responses, many services described how this dedicated support is crucial to meeting the needs of survivors from marginalised groups and achieving better outcomes for them. They also wrote about how without the availability of these services many women would not be able to access specialist domestic abuse support. For example, one respondent who delivers a by and for expert service wrote:

“Black-led feminist women’s services are crucial to the survival and recovery of black and minoritised women because of the multiple imposed barriers women, especially those without recourse to funds and insecure migration status, face – they have to be accessing a service that not only meets their holistic needs and supports their access to justice, but one that is able to firmly challenge the discrimination they face along the way.”

The comments given on the importance of this dedicated support can be broadly grouped into the following themes:

1. Trust

“We are a ‘by and for’ BME women’s organisation and the feedback we constantly receive from users is that they used our service because they felt confident they would be understood – culturally and language.”

Women from marginalised groups trusted their services and felt confident that their needs would be understood and met, particularly in ‘by and for’ sector experts (Imkaan, 2018A). One respondent noted that some survivors did not feel confident approaching statutory services, but they did have confidence in their independent domestic abuse service.

2. Accessibility

“Providing specialist services for clients enables and encourages accessibility, engagement in services and empowerment to those who may not otherwise have the support to flee, seek support or speak out.”

These dedicated services are able to reach out to marginalised women and provide a service that is tailored to their needs and that breaks down barriers that may be in place in accessing other services. Some respondents, for example, told us that their services were accessible in that they were able to meet women’s language needs (“Without the specialist language support, our service users wouldn’t be able to access vital information on the recovery process. They wouldn’t be able to develop lifesaving skills and would most likely return to the perpetrators.”) or that they had specialist staff available to meet needs relating to mental ill health or substance or alcohol use (“Many women are turned away from refuge support due to their high support needs... we have specialists based at the refuge to support with mental health and alcohol/drugs misuse and with 24/7 staffing we can support women at all times.”)

3. Specialist understanding

“Having an advertised, specialist service increases awareness, reduces minimisation as they realise DVA [domestic violence and abuse] doesn’t only happen within a heterosexual narrative, and increases LGBT+ [Lesbian Gay Bisexual Trans +] survivors’ ability to feel comfortable accessing support for DVA.”

“...as many of the women are from religious backgrounds, having an understanding of Nikkah, and other forms of religious services for marriage is important, especially as there may be second marriages that are not formally recorded in the UK. Having an understanding of family life in South Asian households and living with three generations under one roof is also imperative.”

Comments were given on the importance of the specialist understanding held by these dedicated services. This includes expert understanding of cultural and community background, languages, religion or faith as well as the discrimination and structural inequality experienced by women from marginalised groups.

4. Peer support

“The women find it very encouraging when they see other women from similar cultural backgrounds who may be further on in their support doing well, as it gives them courage, emotional confidence and encouragement.”

Services dedicated for specific groups of women offer valuable opportunities for peer support from other survivors with similar backgrounds and experiences. One respondent wrote about “promoting social and community cohesion”. Some respondents gave comments on the importance of having services available that are ‘by and for’ specific community groups.

5. Challenging structural inequalities

“Provide cultural/religious appropriate services that understand racism/sexism and how that impacts on women’s lives.”

Some responding services commented on the discrimination survivors using their services faced elsewhere and that they work to “...redress the imbalance that exists and increases opportunities to women.” One service wrote, “Women from South Asian communities are denied rights and awareness of the law.”

Some wrote about their organisation’s role in speaking out on behalf of women from marginalised groups, using their service’s expertise to challenge discrimination and break down barriers that survivors face in other agencies: “We ensure the victim’s voice is amplified through advocacy, multi-agency work, attending court, training.”

Challenges in delivering dedicated support for marginalised groups:

MOST CHALLENGING ISSUE IN 2018–19:

“There is constant pressure to become a generic organisation but our research has shown us that a lot of these women would not leave abusive relationships if specialist support was not available.”

“Funding for this work has been short term... It takes time and effort to set up the work, recruit and induct staff, but most importantly to raise awareness in the community of the services. We have found that on average it takes six to eight months to fully implement and run new services with a good awareness of the service offering in the community.”

“As this is a specialist provision it is also very difficult to secure funding specifically for BME women with NRPF [no recourse to public funds].”

“Access to legal aid, delays in decisions on legal aid which limit the women’s access to advice and support when they are most vulnerable - often seems to weight outcomes in favour of the abuser.”

“Responding to the loss of local services, eg other charities, Sure Start centres etc. and having to pick up their additional work.”

We also asked services what challenges they faced in delivering this specialist provision for marginalised groups. Respondents particularly gave comments on difficulties in sourcing and

maintaining funding, including only having access to short-term funds; one respondent was particularly concerned that their government funding would run out in March 2020.

3.4 Funding

MOST CHALLENGING ISSUE IN 2018–19:

“Lack of funding and over capacity of referrals whilst still delivering a good quality of service, and a prompt response to victims receiving support.”

“A reduction in value of commissioned services in [local area] and subsequent restructure to ensure continued effective delivery.”

“Competing with larger generic organisations for domestic abuse services funding.”



We asked services whether they had received any local authority funding in 2018-19 and found that 23.2% of respondents who indicated that they ran community-based services and 13.3% of respondents who indicated they had a refuge service(s) received no local authority funding at all for these respective areas of service in 2018-19.¹⁹ Combined with the comments given in response to our question on challenges, this suggests disparity among commissioning practices of local authorities in England.

As has been the case in previous years (Women’s Aid, 2018; Women’s Aid, 2019A), funding was a common theme in answers to our survey question on the biggest challenge services faced in 2018-19. Just over a half of respondents (54.3%) wrote about funding challenges in answer to this question with a further 5.5% talking about the tender process.²⁰

One organisation summed up the situation as, “Funding remains our constant most challenging issue.” Another respondent noted the particular impact of funding cuts on ‘by and for’ BME-led services: “BME women’s organisations have been at the forefront of cuts, however, the numbers of women approaching VAWG [violence against women and girls] organisations for support have increased; meeting this increased need has been a challenge.”

Comments from respondents fell, broadly, into four categories:

- ▶ problematic competitive tendering;
- ▶ uncertainty over future funding;
- ▶ funding not covering full costs of delivery;
- ▶ lack of funding/no dedicated funding.

19 Six services (6.6% of 90) that indicated that they ran refuge services did not respond to this question; eight services (8.3% of 96) that indicated that they ran CBS did not respond.

20 See Appendix 5 for a full breakdown of themes in response to this question.

1. Problematic competitive tendering

Despite government guidance on best practice²¹, some respondents identified that poor commissioning practices continue. Some respondents described how smaller organisations were at a disadvantage in the local authority tendering process, especially when competing against larger organisations.

“Due to our [small] size we are not in a position to tender for services and therefore heavily rely on support from grants and fundraising which is extremely time-consuming for a small organisation.”

One service wrote about how their local authority had put out a refuge tender as one lot, and the size of the lot had meant that:

“...we were unable to bid for the refuge we have run for over 30 years.”

2. Uncertainty over future funding

Comments included waiting a long time for the outcome of funding decisions, challenges around short-term funding and lack of long-term funding options.

“The funding we receive is for one year and only covers one full-time support worker supporting the same number of women as previous funding with two support workers and one part-time child support worker.”

One respondent wrote about the insecurity created by uncertainty in the commissioning timetable.

“The threat of possible tendering from one year to the next, the uncertainty created by LAs [local authorities] – knock-on effect is funders finding services too insecure to fund.”

3. Funding not covering full costs of delivery

Respondents talked about how the funding they did receive fell short of covering the full cost of running services.

“Delivering services on budgets which were not full cost recovery and having to access reserves or alternative funding to deliver services.”

They talked about having to put a lot of resource into sourcing funding to meet this shortfall.

“Sourcing additional funding to cover the funds not covered by the local authority.”

21 Home Office (2016) *Violence Against Women and Girls Services Supporting Local Commissioning*
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf

4. Lack of funding/no dedicated funding

Respondents wrote about having insufficient funds, meaning that they could not work with specific groups of women (for example, women with multiple support needs) or were having to close areas of service.

“It [running with no dedicated funding] can lead to additional stress for the staff involved and only a basic service can be provided. It is a constant battle to raise donations and morale can be impacted because we can clearly see what we need to do but lack the resources to do it. Unfortunately we have to turn some women away which goes against our ethos.”

One respondent wrote that their local authority had decided to not fund refuge provision.

Nearly half of respondents (48.8%²²) were running an area of their domestic abuse service without any dedicated funding in the previous financial year. The areas of work most commonly being run without dedicated funds were CBS services followed by prevention work, as shown below in **Table 3.2**.

Table 3.2: Which areas of your domestic abuse service were you running without dedicated funding in 2018-19? (Women’s Aid Annual Survey 2019)

Area of service without any dedicated funding	Number of respondents	% of 62 respondents that ran an area of service with no dedicated funding
Community-based domestic abuse services for women (outreach, floating support, advocacy)	30	48.4%
Domestic abuse prevention/educational work	23	37.1%
Domestic abuse refuge provision	21	33.9%
Therapeutic support services (counselling, group work)	19	30.6%
Children and Young People's domestic abuse services	17	27.4%
Specialist Black and Minority Ethnic (BME) domestic abuse services	8	12.9%
Domestic abuse services for women with complex needs	8	12.9%
Specialist Lesbian Bisexual Trans (LBT) domestic abuse services	6	9.7%
Accommodation-based services (other than refuge)	3	4.8%
Other	10	16.1%

All 62 services that told us they were running an area without dedicated funding responded to this question. Respondents could tick more than one option.

.....
22 Of 126 respondents, missing data for six respondents.

The impact of running areas of work without dedicated funding

IMPACT OF LACK OF DEDICATED FUNDING

“We currently are running two areas without a dedicated funding source. It means that you can only guarantee the service for a short period of time, usually under a year. This impacts service users as services, such as our recovery group, may close. Also staff income like our volunteer coordinator.”

“The uncertainty for staff is a great worry. We are struggling to meet with demand as the commissioned service is not meeting the needs of women locally.”

“The lack of dedicated funding results in sometimes having to use reserves to cover the costs of providing the services or closing services. We would not be able to run some of our services without the support of our volunteers.”

“Prospective employees are nervous about undertaking a role with an uncertain future.”

“Continuous requirement to fundraise for a core aspect of service delivery, instability for workers on fixed-term contracts.”

SERVICES RESPONDING TO WOMEN'S AID ANNUAL SURVEY 2019

Respondents told us about the impact of running an area of service without dedicated funding²³ (Table 3.3 on page 48). The most common responses received were that organisations had:

23 In response to a tick box question, more than one option could be ticked. Question included an open-text comments box.

1. Used money from their financial reserves to cover the costs

“We used reserves for a short period of time to ensure clients had continuity of support and to retain staff. We risked losing trained staff due to insecure future funding.”

2. Lost staff as a result of job insecurity

“Loss of staff when dedicated funding is not confirmed or renewed in time. Late renewals are an issue particularly with short one-year contract, loss of capable staff only to have to recruit again when the funding is subsequently confirmed. Extremely disruptive to the service.”

“Staff retention is difficult as we are unable to provide contracts of employment for more than one year. We are unable to plan ahead as there are no guarantees we will be able to continue beyond March 2020 and faced closure in March 2019.”

3. Relied on volunteers to deliver the service

“We also run a counselling service entirely on volunteers as women have identified this as a gap in service - we have therefore had to invest in a volunteer co-ordinator from reserves.”

The provider in Case Study 3 talked about having to reduce the hours of support they could provide, and as a result the support they are able to provide to women.

“We’ve had to change the drop-in availability...from Monday to Friday 9-3pm to three days a week 9-12pm, because she hasn’t got the capacity to be available to people all day every day. Because that impacts on her being able to write up notes from previous drop-ins, write up notes from advice calls, take advice calls, take refuge referrals and do her safeguarding responsibilities as well.”

Respondents highlighted how unsustainable this situation was, the “constant battle to raise donations”, and how stressful uncertainty around the future of the service was on staff. They also wrote about the negative impact on skilled staff retention and recruitment and on service delivery, with services facing closure or running a reduced service that was unable to meet demand. One respondent wrote that “...the stress and instability is extremely wearing. We are relying more and more on volunteers and staff goodwill.”

Table 3.3: Please tell us how this lack of dedicated funding impacted on your delivery of the service. (Women's Aid Annual Survey 2019)

Impact of lack of dedicated funding	Number of responses (out of 62)	% of 62 respondents that ran an area of service with no dedicated funding
We used reserves to cover the costs	46	74.2%
We lost staff as a result of job insecurity	22	35.5%
We relied on volunteers to deliver the service	20	32.3%
We are unable to plan for the future and this impacts on the service we deliver	19	30.6%
We have had to reduce the number of women we can support in the service	17	27.4%
We are unable to support women with more complex needs due to the level of support available	15	24.2%
Service can only continue for a limited amount of time	14	22.6%
We have had to reduce staff hours within the service	13	21.0%
Other	11	17.7%

All 62 services that told us they were running an area without dedicated funding responded to this question. Respondents could tick more than one option.

3.5 Supporting survivors with no recourse to public funds

MOST CHALLENGING ISSUE IN 2018-19:

“Being unable to accommodate the high number of no recourse referrals...”

“Dealing with an inundation of women with no recourse to public funds. We had more referrals last year than ever before.”

“Supporting women who are undocumented and have NRPF is a challenge as local authorities avoid taking responsibility.”

“Having to turn down women with NRPF who are not on spousal visas as no funding can be accessed for refuge.”



12.6% of respondents described supporting survivors who are denied recourse to public funds as the biggest challenge their service had faced in 2018-19.

Women who are unable to access those benefits because of their immigration status (or lack of clarity about their immigration status) are described as having ‘no recourse to public funds’.²⁴ The housing element of a refuge service is usually funded through housing benefit, and some community-based support (depending on how it is funded) is only available to women who are eligible for state benefits. A concession is available for women on spousal visas, and the Home Office has recently provided a mechanism to pay the housing

costs of asylum-seeking women in refuge. However these limited routes to refuge remain inaccessible to many other survivors with insecure status, for women on student visas, tourist visas, those who have overstayed or EEA nationals. Unless alternative funding can be found, women with no recourse to public funds are not able to access these services or access is very difficult. Respondents commented on the difficulty in securing this alternative funding and having to turn away survivors because of their no recourse status. One respondent described withdrawing funds from the charity’s reserves in order to support survivors with no recourse to public funds and their families.

.....
24 The government website describes the status of having no recourse to public funds in the following way: “If you have a residence permit that allows you to live in the UK, it may include the condition that you have no recourse to public funds. If so, it means you will not be able to claim most benefits, tax credits or housing assistance that are paid by the state.” (HM Government, 2014)

3.6 A lot to be proud of

MOST PROUD OF IN 2018–19

“Working with women and children to safe and independent lives.”

“Providing as much support as we possibly can.”

“Seeing families flourish in refuge and ready to make a new start in a better environment.”

“Working with women and children to safe and independent lives.”

“Helping over 3,500 individuals and families keep safe through our community services and emergency accommodation...”

“The breadth of additional activities we manage to continue to provide through donated funds.”

”

We asked organisations responding to our annual survey to describe the aspect of their work that they were most proud of in 2018-19. The answers were varied and demonstrated the range of important work that is happening in the domestic abuse sector.

Respondents wrote about the numbers of women and families their work had reached; one wrote about “the hundreds of lives we have improved for survivors of abuse,” and another talked of pride in “the number of women that we have supported to move on positively.”

Common themes included pride in the quality of their services, in the empowerment work they had carried out and in successful partnership work.

“Developing professional relationships. This means working both with the women and children as well as voluntary and statutory agencies to benefit women’s outcomes and provide a more level playing field.”

Organisations described their work as empowering survivors and their families to independence and safety, helping survivors make a new start, supporting parenting, and promoting recovery for survivors and children after domestic abuse.

“The work we have undertaken with families who come to refuge, supporting nurturing parenting, improving children’s chances of living in homes free from the fear of domestic abuse.”

One respondent wrote of the importance of being able to support migrant women who had nowhere else to turn for help:

“Supporting women who had been rejected from all services and who were told they had no right to get support when in crisis and were at risk of serious harm - ensuring their safety, wellbeing, child protection matters and immigration were resolved and to support them not only into recovery but to see them thriving in their own accommodation with leave to remain, they and their children safe and well and them accessing training or working - whilst also speaking out for other women.”

As in previous annual survey findings, another common theme was pride in being able to continue offering support in a challenging funding environment, including after losing local authority funding. Some respondents wrote about fundraising successes and how they had been innovative in order to bring in funds. One service wrote of being proud of:

“Maintaining a good service to victims and survivors living in refuge accommodation despite no funding.”

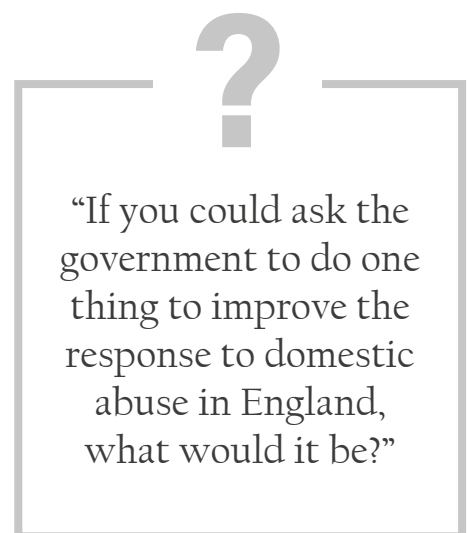
Another wrote:

“We have been able to keep our refuge going despite the loss of the local authority funding.”

Some respondents wrote about meeting the financial challenge of getting through another year. Services wrote about how proud they were to still be there for survivors. One service wrote of their pride in “Surviving! Battling many challenges. We are still here.”

3.7 Respondents’ calls to the government

As well as asking providers about their challenges and achievements during the year, the Women’s Aid Annual Survey 2019 asked respondents a final question: “If you could ask the government to do one thing to improve the response to domestic abuse in England, what would it be?” Of the 126 responses received, the majority of asks fell under six key themes, which are shown over the following three pages.²⁵



25 Responses may have been allocated to more than one theme in analysis, so answers will not add up to 100%. There were no missing responses to this question.

1. Improve/increase funding for domestic abuse support services (59.8%)

The most common theme in the answers to this question was funding with 59.8% of respondents giving comments calling on the government to improve the funding situation for domestic abuse services. These included remarks on:

- ▶ the need for sustainable long-term funding solutions;
- ▶ the need for sufficient statutory funding;
- ▶ the need for ring-fenced funding;
- ▶ the importance of sufficient funding for services if the ambitions of the previous government's domestic abuse bill²⁶ are to be realised;
- ▶ the importance of funding refuge provision;
- ▶ the need for a funding system that recognises the expertise of independent providers.

IF YOU COULD ASK THE GOVERNMENT TO DO ONE THING TO IMPROVE THE RESPONSE TO DOMESTIC ABUSE IN ENGLAND...

“Ensure appropriate funding for all types of services so women and children get right, appropriately resourced support they need when they need it.”

“Provide statutory funding to cover all costs of providing the services to be delivered by local, specialist DVA [domestic violence and abuse] service providers.”

“Ensure that specialist domestic abuse services are provided with secure funding in order to deliver the services required.”

“Ring-fence long-term funding for existing specialist refuges.”

“Good funding for independent charities that run refuges and domestic abuse services.”

“Grant multi-year funding to support services.”

“Ensure that sufficient and sustainable funding is provided alongside the domestic abuse bill to transform the response to survivors of domestic abuse.”

”

26 The domestic abuse bill (HC Bill 422) was introduced in parliament in July 2019 and fell before the 2019 general election. See <https://services.parliament.uk/bills/2017-19/domesticabuse.html>

2. Improve situation for survivors with no recourse to public funds (9.4%)

In answer to this question, 9.4% of respondents asked the government to improve the situation for survivors with no recourse to public funds. They gave comments calling on the government to review rules around no recourse for survivors of domestic abuse and

to provide funding to support survivors who are ineligible for benefits. Their comments highlighted the vulnerability of women with no recourse to public funds and how many are unable to leave relationships with violent perpetrators and find a place of safety.

IF YOU COULD ASK THE GOVERNMENT TO DO ONE THING TO IMPROVE THE RESPONSE TO DOMESTIC ABUSE IN ENGLAND...

“Better responses and protection for women with NRPF; many women are forced to return to violent partners and risks from honour-based abuse as they cannot access public funds.”

“To allow women on all other visas going through domestic violence to have the same rights and entitlements as a woman applying for DDV [destitute domestic violence] concession²⁷ on a spousal visa.”

“Ensuring ALL women including migrant women and those considered to have no recourse to public funds are able to access refuge accommodation, and that specialist services are funded to support this.”

”

27 Those who have leave to remain in the UK as a spouse, civil partner, unmarried or same-sex partner of a British citizen, or of a person with indefinite leave to remain (ILR), refugee leave or humanitarian protection and whose relationship with their partner breaks down due to domestic abuse can apply for ILR in the UK under the domestic abuse rule. If a survivor is destitute she can first apply for leave under the destitute domestic violence (DDV) concession. The DDV concession grants survivors leave to remain with access to public funds for a limited period of three months. The DDV concession is designed to ensure survivors have access to safe accommodation and support, enabling them to leave the perpetrator and apply for ILR. If the ILR application is submitted before the three months of leave to remain under the concession expires, the person's leave to remain under the concession (including their right to access public funds) will continue until the Home Office make a decision on their application for ILR. Women who have leave as a fiancée, student or worker, or are European Economic Area nationals from outside the UK cannot apply for this concession. For information, see Home Office (2018 & 2019).

3. Improve housing options (8.7%)

“The government needs to increase affordable housing for women/families who are on low incomes or benefits.”

”

4. Increase domestic abuse awareness training (6.3%)

“

“To have funding for domestic abuse awareness training to deliver to statutory and non-statutory agencies including housing, health, social services, large companies.”

5. Make sure perpetrators are held accountable for their actions (4.7%)

“For alleged perpetrators to receive appropriate sentences following all crimes related to domestic abuse including coercive control.”

”

6. Provide education on domestic abuse in schools/colleges (4.7%)

“

“To put resources into meaningful ongoing education (and support where needed) for every child and young person in the UK around domestic violence and abuse.”

7. Other (22.0%)

“Move away from the risk-based approach and recognise that all victims have the potential to be at high risk of significant harm at any point in time.”

“We believe that the government needs to truly understand the cost of domestic abuse.”

“An overhaul of the criminal response to domestic violence.”

”

Conclusion

Refuge services in England supported an estimated 11,489 women and 13,787 child survivors during the year. Community-based support (CBS) services supported an estimated 156,169 women and 187,403 child survivors. This is a small proportion of the estimated 1.6 million women who experienced domestic abuse during the same year (ONS, 2019) so many more women are likely to be seeking support.

Again more referrals were received than services had the capacity to accept; over a fifth of all refuge referrals were declined due to lack of space. In some part this may be due to lack of capacity within the sector; with almost a fifth of respondents mentioning high demand as their main challenge of the year, it is clear that there continues to be a shortfall in provision. Refuge services are increasingly unable to meet the essential support needs of many different survivors. As we see in data from Routes to Support, the percentage of refuge spaces able to accommodate women with children, accessibility needs or consider women with NRPF fell once again.

Respondents highlighted the importance of specialist support for survivors from marginalised groups which are designed to meet their specific needs, respond to their experiences of discrimination, and overcome the severe barriers they face in accessing safety and support. These services bring specialist understanding, peer support for service users, and challenge structural inequalities and provide vital support to women from marginalised groups. The sustainable provision of these specialist services is also essential for meeting obligations under the Equality Act 2010 and Public Sector Equality Duty.

Respondents tell us that the current funding arrangements for the specialist domestic abuse sector are complex, with funding for support in refuge and CBS services continuing to be insecure, fragmented and falling short of demand. Respondents talked about a lack of dedicated funding meaning, among other impacts, a reliance on using reserves and

volunteers to deliver essential services. The uncertainty over future funding experienced by services impacts on survivors and child survivors. Government commitment to addressing this and finding a secure, sustainable funding solution is more welcome than ever.

As Women's Aid highlighted in November 2019 (Women's Aid, 2019C), the investment needed to fund the sector to meet demand is just £393m. Delivering this national funding settlement is essential to saving and changing lives and it amounts to just a fraction of the annual cost of domestic abuse to government and wider society of £66bn (Oliver et al, 2019).

Sustainable investment in the lifesaving national network of specialist services is, of course, just one element of an effective response to the devastating impact of domestic abuse and other forms of violence against women and girls. Adequately resourced statutory services that are equipped to provide the right response to all survivors, and national investment to drive a step change in prevention and early intervention remain pressing priorities.

Respondents to our annual survey talked about their pride in the work they do to empower survivors and their families to independence and safety after domestic abuse. The importance of their specialism and local connections were also clear. The provider in Case Study 2 talked about how they have maximised the support they receive in the local area, investing in a part-time community fundraiser, developing a partnership with the local women's prison and working around campaigning and knowledge building. They said:

“There is a real market value to our sector and I don't think that is understood at all...we've still got a way to go and it always will be a challenge...we're beginning to feel a lot more positive...it's hard, it stretches us enormously but probably the tears have been shed.”

Appendix 1: Glossary

Service types: Routes to Support details which service types are offered against each entry, an entry can contain multiple service types.

Service provider: any organisation providing a domestic abuse service. This could be a dedicated provider or a larger organisation running a domestic abuse service, for example a housing association.

Service user: any woman who is accessing/has accessed domestic abuse support services.

Dedicated provider: an organisation constituted for the sole and specialist purpose of delivering domestic abuse services.

Entry/entries: one service listing on Routes to Support. A service provider may have multiple entries where they operate in more than one local authority or have services in the same local authority with different referral criteria, for example a general access refuge and another for BME women only.

Bed spaces: a unit of accommodation for one woman and her children, regardless of how many beds/cots are in the unit.

No recourse to public funds: If someone's residence permit to live in the UK includes the condition 'no recourse to public funds' then that person will not be able to claim most state benefits.

THE 'BY AND FOR' EXPERT SECTOR:

For this report Women's Aid uses the definition of the 'by and for' expert sector as set out by Imkaan in the Alternative Bill (Imkaan, 2018). This definition is aligned with the principles of the Women's Aid's Quality Standards, the Shared Sector Standards¹ and the National Statement of Expectations².

"By and for expert sector

We define women-only VAWG specialist organisations as the by and for expert sector (sometimes written as by and for expert services or organisations). This term refers to specialist services that are designed and delivered by and for the users and communities they aim to serve. This can include, for example, services led by and for Black and minoritised women, disabled women, LGBT women, etc. In the context of VAWG we refer to women-only VAWG services as manifesting specific expertise designed and developed to address VAWG."

Imkaan, 2018

1 <https://www.womensaid.org.uk/what-we-do/national-quality-standards/>

2 The National Statement of Expectations, published by the Home Office in December 2016 as part of the government's violence against women and girls strategy, stresses that the government expects local services to put the victim at the centre of service delivery, including by having "access to a broad diversity of provision, considering how services will be accessible to BME disabled, LGBTQQI and older victims and survivors, and those from isolated or marginalised communities".

Appendix 2: Methodology

The **Women's Aid Annual Survey** is a national survey of the whole range of specialist domestic abuse services for women and children in England. An online survey is sent to all domestic abuse services in England; respondents are self-selecting. The survey is semi-structured. Open-text questions are categorised according to common themes.

Estimates used in the report are calculated by:

a. Refuge: ratio of women housed or turned away to refuge space for responding services applied to non-responding services on Routes to Support for the same region.

b. Community-based services (CBS): ratio of women supported or turned away to individual service type (e.g. outreach, IDVA, floating support) for responding services applied to non-responding services on Routes to Support for the same region.

c. Numbers of children: average number of children per woman accessing services from On Track applied to above two estimates.

Routes to Support provides information about the types of domestic abuse services, the number of bed spaces in refuge services, who these services can support and changes to provision over time. The directory is updated on a rolling basis by dedicated staff at Women's Aid meaning each entry is fully updated every year in addition to any updates received from services during the year. Entries are added and removed throughout the year as providers change.

On Track is Women's Aid case management and outcomes monitoring system. On Track allows front-line workers in local domestic abuse services to record information about service users. Using On Track, services also contribute anonymised information to the Women's Aid national dataset on the experiences and outcomes of survivors and their children. The data presented in this report were collected by 64 organisations, of which 12 started using On Track during the reporting period.

Appendix 3:

Definitions of service types

Support area	Service type	Definition
Accommodation based	Refuge	<p>Offers accommodation and support only for women experiencing domestic abuse which is tied to that accommodation. The address will not be publicly available. It will have a set number of places. Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents. This will include:</p> <ul style="list-style-type: none"> • Access to information and advocacy • Emotional support • Access to specialist support workers (eg. drugs/alcohol misuse, mental health, sexual abuse) • Access to recovery work (see below) • Access to support for children (where needed) • Practical help • Key work and support planning (work around support needs including e.g. parenting, finances and wellbeing) • Safety planning • Counselling
	Resettlement	This is a support service which is only available to refuge residents moving on to independent living. Support is available to women staying in the refuge prior to move on and post move on.
Community-based services	Floating Support	Tied to accommodation, but the accommodation is not offered as part of the service. Will also have a set number of places. These services are primarily about supporting women and children to maintain their accommodation.
	Outreach	Not offered in the project's building and it does not have a set number of spaces. The support offered is broader and not focused on accommodation. Women can access these services in a range of community centres or the service may come to the women in their home or other venues (e.g. cafes or neutral meeting places).
	Domestic abuse advocacy project	Involves the provision of advice, information and support to survivors living in the community-based on an assessment of risk and its management. Operates within an inter-agency context, and is usually part of a multi-agency risk management strategy or MARAC process and focuses on providing a service to victims judged to be at medium to high risk of harm to address their safety needs and help manage the risk that they face.

Support area	Service type	Definition
Open access services These services are available without a planned programme of support and can be accessed anonymously as and when the woman needs to.	Helpline	A helpline is a support and referral service that is accessed by phone and can be accessed anonymously to receive the service. It needs to have a designated telephone line and be a specific service offered at fixed advertised times by dedicated staff or volunteers trained for that purpose and not engaged in other tasks.
	Drop in service	Women can access support at a specified venue without a pre-arranged appointment from trained staff.
	Advice and information service	Other open access support projects, this would include crisis intervention services and other advice services whether accessed by telephone or in person.
Therapeutic/recovery work These services do not offer accommodation, but may be offered to refuge residents. A woman and/or child has to attend the project's building to access these services.	Counselling	Counselling is formal counselling offered by qualified practitioners
	Group work programmes	Group work programmes are defined groups facilitated by trained staff
	Support groups	Support groups are attended by survivors within a refuge or community-based support setting and offer peer support/self-help work.
A dedicated children and young people's service	Children's work	Staffed by trained children's workers. A service where they provide emotional support, group work, activities, after-school clubs or holiday clubs for the children or do specific outreach work.
	Young people's work	Staffed by trained youth workers. A service where they provide emotional support and group work as needed, and do specific outreach work.
Other	Prevention work	Staffed by trained youth workers. A service where they provide emotional support, group work, activities.

Appendix 4: Women's Aid Annual Survey 2019 respondents

Regional distribution

**What region is your domestic abuse service(s) based in?
Women's Aid Annual Survey 2019**

Region	Responses	% of total respondents (126)
East Midlands	14	11.1%
East of England	11	8.7%
London	19	15.1%
North East England	7	5.6%
North West England	17	13.5%
Several Regions Covered	2	1.6%
South East England	17	13.5%
South West England	10	7.9%
West Midlands	11	8.7%
Yorkshire and Humberside	17	13.5%
Missing	1	0.8%
Total	126	100.0%

Appendix 5: Women's Aid Annual Survey 2019

The most challenging issue our service faced in 2018–19

Response theme	% of 126 respondents	Comments from respondents
Funding	54.3%	"Lack of regular reliable funding."
Demand	18.9%	"Managing high volumes of referrals is always an ongoing task; for the majority of the year, IDVAs find themselves at maximum capacity."
Staffing	15.0%	"Keeping staff motivated through times of change under financial pressures."
Supporting survivors with no recourse to public funds	12.6%	"Being unable to accommodate the high number of no recourse referrals."
Lack of housing options for survivors	7.9%	"The length of time it took for people to move on from refuge accommodation. This meant that individuals were staying in refuge longer than needed, which also stops people in high need accessing the service."
Supporting survivor with multiple or complex needs	7.1%	"Increasing number of referrals for women with complex needs."
Changes to benefits	8.7%	"The roll out of Universal Credit in our area meant that when anyone arrived to the refuge they were automatically changed to Universal Credit. This meant that a lot of our clients then had to wait approx. five weeks before they received any benefits. During this period the refuge provided food bank vouchers and basic foods from the generous donations we receive."
Access to statutory services for survivors	5.5%	"Barriers with local housing authorities and timescale of accessing mental health services in local areas."
Tender process	5.5%	"The threat of possible tendering from one year to the next, the uncertainty created by LAs – knock-on effect is funders finding services too insecure to fund."
Concerns about the UK leaving the EU	1.6%	"Fear of Brexit and effect on EU clients"
Other	13.4%	"Access to legal aid, delays in decisions on legal aid which limit the women's access to advice and support when they are most vulnerable - often seems to weight outcomes in favour of the abuser." "Responding to the loss of local services e.g. other charities, Sure Start centres etc. and having to pick up their additional work." "Increasing number of referrals into MARAC and the processes involved in managing this."
Missing data (no response given)	3.1%	

Responses may have been allocated to more than one theme in analysis, so answers will not add up to 100%.

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