

Written evidence submitted by SafeLives (COR0204)

Introduction

1. We are SafeLives, the UK-wide charity dedicated to ending domestic abuse, for everyone and for good.
2. We work with organisations across the UK to transform the response to domestic abuse. We want what you would want for your best friend. We listen to survivors, putting their voices at the heart of our thinking. We look at the whole picture for each individual and family to get the right help at the right time to make families everywhere safe and well. And we challenge perpetrators to change, asking ‘why doesn’t he stop?’ rather than ‘why doesn’t she leave?’ This applies whatever the gender of the victim or perpetrator, and whatever the nature of their relationship.
3. Last year alone, nearly 11,000 professionals working on the frontline received our training. Over 70,000 adults at risk of serious harm or murder and more than 85,000 children received support through dedicated multi-agency support designed by us and delivered with partners. In the last five years, 2,000 perpetrators have been challenged and supported to change by interventions we created with partners, and that’s just the start
4. This consultation response, as well as all our COVID-19 resources [including our dedicated webpage](#), has been written using the voice of survivors and frontline service managers.¹
5. Our key recommendations for Government action are as follows:
 - Through the DA Bill, secure a long-term funding settlement for frontline community-based services through an extension of the current proposed statutory duty on Local Authorities for accommodation-based services, as proposed by the cross-sector coalition led by Barnardo’s.²
 - Increase long-term funding for the recruitment and training of Idvas and other frontline domestic abuse practitioners³ and improve the links between those services and mental health and wellbeing responses for both service users and practitioners.
 - Explicitly include domestic abuse frontline workers in the Priority 2 cohort of the JCVI’s list to ensure they have swift access to Covid-19 vaccination.
 - Increase the confidence of the public to Reach In when they have concerns about a friend, family member or colleague, with an awareness campaign and series of resources.

Demand on frontline services

6. Many frontline domestic abuse services have told us that demand for their services has increased since the outbreak of Covid-19. Since the outset of the pandemic, we have conducted several surveys to explore the developing challenges the frontline has been facing throughout the past year.
7. Our survey of frontline domestic abuse services between April and June 2020 highlighted practitioners’ concerns regarding increasing demand and caseloads. Two in five services (38 per cent) had seen an increase in caseloads due to Covid-19 when surveyed after the first lockdown began to ease. Of these services, 83 per cent attributed the increased caseloads to an increase in referrals to the service.
8. During the second national lockdown in November, we launched our annual practitioner survey, to which we added questions concerning Covid-19. At that point in time, 90 per cent of specialist services said there had been an increase in demand for their services since the start of the pandemic.
9. When asked whether they had the resources and staffing to continue delivering the service, 40 per cent of respondents said they were unable to keep up with demand. One practitioner told us that they could deliver service at that point, but that demand was continuing to increase: “we have our highest waiting list since the service opened” - and the waiting list itself represented an entire full-time caseload.

¹ <https://safelives.org.uk/news-views/domestic-abuse-and-covid-19> [accessed: 26/01/2021]

² <https://www.barnardos.org.uk/sites/default/files/2021-01/2021-01-28%20Joint%20briefing%20on%20amendments%20176%20%26%20177%20-%20Domestic%20Abuse%20Bill%2C....docx>

³ While the funding for Idvas and Isvas announced by the Ministry of Justice this week is a welcome development, the support for these services must be sustained beyond one year.

10. However, some services told us that referral numbers had not increased and others had seen a decrease in numbers. This is concerning as it is likely to reflect survivors' difficulty in reaching out for help, rather than a decrease in the prevalence of domestic abuse. Comments from services raised concerns that this artificial stagnation and decline would lead to an increase in referrals once restrictions ease fully. Up to June 2020, almost a third (30 per cent) of services had seen a decrease in caseloads since the introduction of Covid-19 restrictions in March, and a quarter (24 per cent) said caseload levels had remained the same.

11. Between 20th March and June 2020, we surveyed survivors to find out more about their experiences of the restrictions. Almost two thirds (61 per cent) of survivors who responded to questions regarding help seeking told us they had not asked for any help during the first lockdown. While some of them explained that this was because they were already receiving some form of support, fear, safety concerns, not knowing what to ask for, and feelings of having been let down by professionals in the past were all given as reasons for not reaching out. One survivor told us: "I cannot call a helpline for support as my partner will be able to hear me."

12. During the third lockdown, the CEOs of frontline services have told us in fortnightly calls that they have seen even more violence in domestic abuse cases than they have throughout the rest of the pandemic, with one saying: "we didn't think it was possible, but we have seen [a] further increase in levels of violence." Callers to the national Respect helpline, for those with concerns about their own behaviour, have shown those who are using abuse and recognise it have also been struggling with their behaviour during the pandemic. Inhibiting factors and access to coping strategies are limited. The severity of people's situation, and escalation in pre-existing abuse, have both been exacerbated by the long-running restrictions on people's movement. Many children, even those who had prior contact with children's social care, have fallen out of view for many months; the status of their physical and mental wellbeing is uncertain.

MARAC demand and engagement

13. Data from Quarter 2 (April – June 2020) showed a lower-than-expected case change compared with previous years. In contrast, Quarter 3 (July – September 2020) saw the largest quarterly increase in the five years for which we analysed data. Across the two quarters, the average overall case change was in line with previous years, suggesting the initial lockdown led to delays in cases being referred to MARACs and caused a backlog which then had to be addressed between July and September. Delays mean victims and families are being left in increasingly unsafe situations for longer periods. We are concerned about the long-term consequences of these delays as we know there is a lag between abuse experienced and victims reaching out for support. One MARAC Coordinator told us: "I believe it's due to the consequence of [the] Covid lockdown that we have had a significant increase in referrals."

14. Across the last five years, the dataset shows that MARAC cases have increased every year. There has been a 31 per cent increase in the number of cases in 2020 (October 2019-September 2020) compared with 2016 (October 2015 – September 2016), and a 26 per cent increase in the number of cases per 10,000 adult female population in the same time frame, from 34 per 10,000 in 2016 up to 43 in 2020.

15. Between April and June 2020, we conducted a survey of MARACs, to which around half of all MARACs responded. More than a third of respondents (37 per cent) reported referrals were lower than usual. Some suggested that lower police referrals were a factor in this, due to some forces receiving fewer reports of high-risk abuse.

16. A third of responding MARACs (32 per cent) found that agency attendance had changed during the time period: "the police are no longer attending - but sending updates before the meeting. Housing are not attending, and Education are not attending. Agencies who make a referral and usually attend in person to present it are now not phoning in."

Decreased capacity and staffing levels

17. Frontline practitioners have raised concerns about capacity throughout the pandemic.

18. The first national lockdown resulted in a reduction in service delivery as staff worked to adapt. In a survey open between 24th and 27th March 2020, three quarters (76 per cent) of responding Domestic Abuse services told us they had limited delivery. During that time, one third (31 per cent) of services had seen a decrease in staffing levels due to staff members needing to self-isolate or address childcare issues. Nearly one in ten services (9 per cent) said they had unsafe staffing levels.

19. Of the quarter (22 per cent) of services which had seen an increase in caseloads at that point, almost half (46 per cent) attributed the rise, at least in part, to staff absence.

20. Between 20th April and 15th June, a second survey showed the issues were ongoing for many services. By that point in time, 13 per cent of services had unsafe staffing levels, and over half (52 per cent) had needed to reduce service delivery. Of the two thirds (38 per cent) of services which had by then seen an increase in caseloads, staff absence was a factor for 29 per cent. In calls with the CEOs of frontline services, it is estimated that between 40 and 50 per cent of staff have self-isolated at some point.

21. During this third lockdown, the CEOs are telling us about a noticeable increase in the number of staff taking sick leave due to having Covid-19 or otherwise impacted by the illness. Other staff are off work due to stress or on bereavement leave, and yet more are struggling with childcare in the wake of this second round of school closures. Some frontline practitioners have reported schools discouraging them from applying to a keyworker place, while others are reluctant to place children in school due to the risk of Covid transmission. In response, services are having to be flexible and allow for unusual work patterns which still ensure clients are supported. This is likely to be negatively affecting staff who are having to work outside of normal routines and home-school during their usual working hours.

22. Extending vaccinations to include frontline domestic abuse services staff as soon as possible would help to address some of the issues around staffing levels. Frontline workers in community-based services providing assistance to survivors of domestic abuse and sexual violence, as well as those working with perpetrators of domestic abuse, and workers in refuge accommodation should all be explicitly included under the Priority 2 cohort of the Joint Committee on Vaccination and Immunisation's list.

23. Analysis of the surveys and calls with frontline services throughout the pandemic have highlighted the complexity of service capacity above the question of referral numbers. Practitioners have told us about the increased complexity of cases and reduction in support from partner organisations.

24. We are told that practitioners can't access mental health services for their clients and so are having to support clients' mental health for long periods of time without the requisite training to do so. Calls from service users who feel suicidal are increasing and refuge staff have told us about a number of clients who have attempted suicide in their accommodation. Practitioners are finding that crisis mental health teams are only available by phone, which leaves staff feeling they are undertaking 'suicide watch' for very vulnerable clients.

25. Caseloads are in excess of SafeLives' recommendations, and the work is more complex. CEOs of frontline services have told us that some individual Idvas are coping with caseloads of between 35 and 50 clients at once. We recommend Idvas do not carry caseloads of more than 80-100 in the space of one year, so it is worrying that some are carrying so many at one time.

26. Frontline staff are experiencing increased isolation due to working from home, and services are telling us that many Idvas are close to burnout, struggling to switch off outside of working hours, and displaying signs of vicarious trauma. Anecdotally, CEOs have told us that there is far more exhaustion amongst staff in comparison to the first lockdown, and that even with time off work, they do not feel more rested. One manager told us "it feels like we have run out of sticky plasters."

27. It's clear that what is necessary is increased funding for the recruitment and training of Idvas and other frontline domestic abuse practitioners to match the increased demand and reduce the intense strain on the existing workforce. We welcome the funding announced by the MOJ this week to provide an additional £16m for Idvas and Isvas, but we want to see this maintained as on-going funding for frontline services which would give practitioners and victims a greater sense of security.

28. This must be accompanied by ongoing support for the mental health needs in services: both the process of supporting a service user with their domestic abuse and mental health needs, and the needs

of the practitioners themselves. There is extremely strong evidence⁴ of the short- and long-term links between domestic abuse and mental health issues for adult, adolescent and child victims, and perpetrators of abuse. There are practical models for more coordinated working between domestic abuse and mental health service. These should be put into operation as soon as possible, on the basis of how acutely these issues are currently being felt, and how they will continue to have an impact throughout 2021 and 2022, at an absolute minimum.

Lack of secure funding

29. Practitioners have highlighted lack of funding and short-term funding as limiting factors in their ability to deliver their service to those who need it, with one respondent saying: “Our services are forever growing and the need for our specialist support in this area, and the wider community has increased significantly since lockdown. If we could obtain more funding, this would enable us to be able to deliver on a further geographical remit.”

30. In SafeLives’ annual practitioner survey, when asked if they had the resources and staffing to deliver their service, two in five (40 per cent) respondents said they were unable to keep up with demand with their current levels, with one saying, “I think more responsive funding for the provision of front-line caseworkers should be readily available for those services who can demonstrate effectiveness of provision and need to increase provision.”

31. Many services are insecurely funded and therefore unable to reliably recruit staff to adequately meet demand. One practitioner told us: “one local authority gave funding for a full-time outreach worker. However, this is fixed term for six months and the concern is that, when this resource is no longer in place, the increased demand will remain and put the service under significant pressure.”

32. In June 2020, services were already experiencing financial difficulties. Over half said that this was due to funding opportunities having dried up and almost one in six (16 per cent) due to local commissioning changing due to Covid-19. Comments from practitioners highlighted that the funding pots they would usually apply to in order to fund core services had become Covid-19 specific, leaving their service ineligible.

33. There is a clear need for long-term, sustainable funding for services to ensure they have the resources to increase staffing levels. This is especially crucial as we near the cliff-edge of the end of the financial year, with one service CEO telling us: “at the moment we can manage the workloads because we have additional capacity from the funding we have received. We will have problems by the end of March if we do not get more additional funding.”

34. In November 2020, some services were already considering laying off staff in advance of March 31st 2021, despite the existing difficulties in staffing levels, the increasing demand for services and over-full caseloads. The Ministry of Justice announcement of £40m for community services is certainly a welcome step but does not address the difficulties of short-term funding commitments which leave practitioners and victims unable to rely on future provision. Frontline services and their clients need a sense of security that they will be able to continue delivery well into the future. The Domestic Abuse Bill must ensure that domestic abuse services receive funding for the whole family – adult, adolescent and child victims, as well as perpetrators of abuse.

Reach In

35. Finally, the Government must use this moment of increased national awareness of domestic abuse to encourage ordinary citizens to play their part. So far, Government messaging has concentrated on victims leaving their own homes when faced with abuse, alongside reminding them that they are not alone, and that help is available should they reach out. While the recent development of #YouAreNotAlone and roll out of the Ask for ANI codeword schemes are really positive steps, this is a key moment to build upon the increased public awareness and give the friends, family, and colleagues of domestic abuse victims the confidence to Reach In.

36. To do this, the public must know how to prepare for a conversation with someone they believe is a victim of abuse, and how to respond to a disclosure of abuse. They need to know where they can

⁴ <https://safelives.org.uk/spotlights/spotlight-7-mental-health-and-domestic-abuse>

signpost their friend, family member or colleague to, and the importance of resources such as safety plans. Our [dedicated webpage](#) has advice, [guides](#), and resources from a range of organisations to help people to Reach In, alongside stories from survivors whose friends', family members', or colleagues' interventions were crucial in their journey to safety.⁵ Moreover, Dr Alison Gregory's [guide](#), *It might be nothing but it could mean everything*, is an excellent and accessible resource for those worried about a someone.⁶

37. In one of the featured Reach In blog posts, one survivor wrote that “lockdown might present an opportunity to escape for some.”⁷ In the midst of this third national lockdown, Government must help the public understand their potentially vital role in helping someone they are concerned about.

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⁵ <https://safelives.org.uk/reach-in> [accessed: 29/01/21]

⁶ Dr Alison Gregory, *It might be nothing, but it could mean everything*. Accessed at: <https://safelives.org.uk/sites/default/files/resources/Domestic-Abuse-Friends-and-Family-Help-Guide-updated.pdf>

⁷ https://safelives.org.uk/policy_blog/reachin-young-survivors-lockdown