



A GROWING CRISIS OF UNMET NEED

• what the
• figures
• alone don't
• show you

women's aid
until women & children are safe

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Women's Aid is the national domestic violence charity that supports a network of around 300 local services working to end domestic violence against women and children in England. Our member services are integrated domestic violence service providers delivering a range of holistic services for women experiencing domestic violence and their children.

Women's Aid provides the Freephone 24 Hour National Domestic Violence Helpline (in partnership with Refuge): 0808 2000 247



FOREWORD



Commissioners of services which prevent violence against women and support women and their children to recover are planning right now for perhaps the hardest financial year since such services began to be founded four decades ago. It is vital they make these hard decisions in ways which do not put women in greater danger.

Many of those responsible for commissioning services are new to this area of service delivery and face the task of reducing funding further, after two years of already debilitating cuts.

For anyone new to the sector, services tackling violence against women can seem hard to engage with, being fragmented and complex at the local level. Let us help you. This complexity has grown from the tailored and responsive nature of the service they provide. What this report shows is that local commissioners fail to listen to these services at their peril.

The violence against women sector has a history of chronic structural underfunding that is unusual even in the voluntary sector. The services have never been “contracted out” from the statutory sector. They have grown up in a highly challenging, even hostile environment, led by women who have been determined to meet a need whose very existence has often been disputed every step of the way. Full cost recovery has been unknown in this sector. In other charities – the children’s sector for example – marketing, and even business development, while often primitive in comparison to corporates, have been funded through recovered management costs and even surpluses. This capacity to engage with competitive tendering is utterly lacking in the violence against women sector.

Women’s Aid is committed to equipping small local organisations to access the funding available. But much damage has already been done: this report explains its impact on women and children in desperate need. Our call now is for local commissioners to work closely with specialist providers in their area to understand need, and design a specification for service delivery which can best meet that need within the resources available. This is no more than good practice in strategic commissioning. And it will create significant savings in public services including health and criminal justice.

Before plans for the next financial year are set in stone, this report calls on commissioners locally to meet us half way at least.

Polly Neate
Chief Executive, Women’s Aid



EXECUTIVE SUMMARY

There has been significant change to the provision of domestic violence services since 2010. What little funding is available has been retained or re-focussed on the provision of short-term (often as little as eight weeks) support for survivors at high risk of being murdered, such as crisis intervention or emergency bed spaces. However, headline statistics about increases in these services provide little or no information about whether they actually make women and children safer long-term: if, in short, these types of services are effective in tackling domestic violence.

The focus on time-limited, high-risk targeted support has come at the cost of specialist refuge provision, longer-term community-based support, resettlement and family support services. In addition to the type of service provided, cutbacks have also altered who provides the service; there has been a distinct move away from commissioning specialist gender- and black and minority ethnic-specific domestic violence providers, towards buying (immediately) cheaper generic services from non-specialist housing associations and generic charities.¹

Does this matter?

In response to feedback from our members about loss of funding and the effect this is having on their service users, this research set out to look at the story behind the statistics. It is a small-scale investigation into the extent of service loss in the specialist domestic violence sector and the impact on survivors of adopting a one-size-fits-all approach to support provision.

What we found

- There has been a rise in generic service provision provided at a cheaper price, and a loss of specialist domestic violence providers:
 - there are 98 more bed spaces in 2013 than in 2010 but there are 21 less specialist refuge providers;
 - there has been a loss of 71 specialist non-refuge services but a gain of 24 generic non-refuge services between 2010 and 2013;
 - services provided for black and minority ethnic (BME) women have been

¹ Hereafter collectively referred to as 'generic services'.

disproportionately cut: 47%² of services have experienced significant loss of funding.

- There is severe pressure on women-only services to provide support for men, despite lack of demand and lack of evidence that women's services are best placed to meet men's needs. At a time of loss across the women's sector, services to support men had increased in number in almost every area: there are 29 additional services for men in 2013 than in 2011, leaving a total of 146.
- The decline in specialist support for women increases the barriers they face to accessing services. This means more women and children are likely to remain in abusive situations and/or are more likely to return after they have left.
- Cheaper service provision is often affordable through a reduction in staff number and wages, and support hours, which places women and children at risk and results in a loss of expertise from the sector.
- In 2012 an estimated 27,900 women were turned away from the first refuge they approached; 7,085 victims were turned away from non-refuge services.³
- There is stark regional variation in the net gains and losses of refuge places.
- Where they can, survivors will stay local and, in doing so, will more usually require support such as outreach, advice and children's services, rather than refuge.⁴ However, there have been almost uniformly consistent cuts to community-based outreach services for women at low to medium risk, children's services and resettlement support. Cuts to support in a woman's local area will result in women and children having to travel further from support networks to find safety.
- The cuts to resettlement services mean that women and children are often without support at vulnerable times; this can mean they are more likely to return to abusive relationships.
- Cuts to specialist services and services' inability to effectively meet survivors' needs results in greater pressure on and costs to statutory services including the police, health departments and social services.⁵

The research

This report is based on the Women's Aid Annual Survey of domestic violence organisations, UKRefugesOnline (national database of violence against women and girls services), qualitative interviews with managers of specialist domestic violence services, survivors of abuse and existing academic research. All services, and cities they exist in, are anonymised in response to providers' concern not to affect relationships with their local commissioners.

2 Imkaan member survey 2011-12. Imkaan is the national body for Black and Minority Ethnic led organisations working to end violence against women and girls.

3 Women's Aid Annual Survey 2011-12

4 Bowstead J. (2013) *The extent and implications of women's forced migration journeys to escape domestic violence* London: Metropolitan University

5 Nicholles N. and Whitehead S. (2012) *Women's Community Services: A Wise Commission* London: nef

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What do we mean by specialist providers?

Specialist domestic violence providers are those whose primary business is the prevention of violence against women and girls (as opposed, for example, 'to deliver high quality housing and support', 'to ensure customers lead healthy lives' or 'prevent homelessness'). Specialist providers are independent survivor- and needs-led charities that embody principles of participation, transparent governance and responsive women-centred service delivery enabling women and children to make the journey to safety and recovery from abuse.

Staff gave a thorough understanding (and sometimes personal experience) of the power/control dynamics of domestic abuse. A specialist service understands the gendered nature of domestic abuse (89% of victims are women⁶) that is perpetuated as a pattern of behaviour and not as a one-off or 'situational' incident of violence. For this reason, specialist services are historically women only and/or BME women only. They also support service users to participate in shaping service delivery and engage with policy.

They are usually small to medium sized organisations that have strong connections to the local community.

6 Walby, Sylvia and Allen, Jonathan (2004) *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey* London: Home Office Research, Development and Statistics Directorate

THE DECLINE OF SPECIALIST SERVICE: AN OVERVIEW



There were 31% funding cuts across the domestic and sexual violence sector between 2010/11 and 2011/12⁷ and one third of Women's Aid member services faced further cuts in 2012/13.⁸ In 2012, the UK had only 65% of the family places recommended by the Council of Europe as needed for women fleeing domestic violence,⁹ and as a result, many organisations had to turn women away.

Those responding to the Women's Aid Annual Survey had to refuse 18,135 women from refuges and 4,605 from non-refuge services in 2012. Replicating these findings nationally, an estimated 27,900 were turned away from the first refuge they approached and 7,085 victims were turned away from non-refuge services last year.¹⁰ The lack of support to meet women's immediate needs often means women and children are left with little choice but to return to abusive households, resulting in additional pressure on statutory services including the police, housing, social services and health services in the longer term.

Funding pressures have led to a commissioner preference for a one-size-fits-all model of service provision. Organisations specifically supporting BME women have been disproportionately cut: 47%¹¹ of services reported significant losses, ranging from £20,000 up to £300,000.

The number of women's services now required to support men has also increased by 29 in the last two years, despite the lack of demand. Male victims can find it difficult to come forward and taking this into account, efforts to break down barriers have been made. However, the number of men approaching women's service have remained persistently low and the support they request is often different to the specialisms on offer. Twenty-nine per cent of services now having to provide support to men had contact with five or fewer men requesting support in the year 2011-2012.¹² This not only indicates that

7 Walby, S. and Towers, J. (2012) *Measuring the impact of cuts in public expenditure on the provision of services to prevent violence against women and girls* University of Lancaster: Northern Rock and Trust for London

8 Women's Aid National Survey 2011-12

9 Council of Europe and the Home office Select Committee recommendation is for one family place in refuge per 10,000 population: Kelly, L. and Dubois, L. (2008) *Combating violence against women: minimum standards for support services* Directorate General of Human Rights and Legal Affairs, Council of Europe

10 Women's Aid Annual Survey 2011-12

11 Imkaan member survey 2011-12

12 Women's Aid annual survey 2011/12



- men require less support around domestic violence, but also that women's services are not best placed to provide it. This is especially important to recognise, as moves towards gender-neutral service provision compromises specialist women-only services and create more barriers for women survivors to access support.¹³
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A one-size-fits-all approach to support provision serves neither gender well.

Through expanding their areas of business into the violence against women and girls sector, generic providers have provided for a national increase of 98 emergency bed spaces. However, these have been largely made possible as a result of tenders secured via undercutting funding bids, and as such are not always in accommodation recognisable as a refuge. Rather these spaces are provided in cheaper, dispersed or self-contained accommodation, sometimes in generic housing stock and available for either men or women. Moreover, they are usually provided for a shorter time-period and without the level of support and recovery work typical in a refuge. This is counterproductive in light of research that indicates that on average, six months in refuge is most conducive to building resilience for independent living and to support recovery from abuse.¹⁴

13 Women's Resource Centre (2007) *Why Women? The value and benefit of services by women, for women* London: Women's Resource Centre

14 Opcit Bowstead J. (2013)

THE INCREASINGLY PATCHWORK PROVISION OF SUPPORT



Against an overall background of specialist service loss, there is local variation. This variation is likely to increase with the localism agenda and as new police and health commissioning take effect.

The increase in bed spaces in the East of England, the North West and Yorkshire and Humberside, for example, is matched by loss of refuge space in other areas; the hardest hit is the South East, which in 2013 saw a decrease of 90 refuge places (15% of the 2010 total).

Recent research indicates that women fleeing violence will try all means locally to find safety and generally only move out of the area when forced to for reasons of safety, when they will access refuge. Where they can, women will stay local and, as a result, will usually require support from services such as outreach, advice and floating support to remain safe, rather than refuge.¹⁵ Cuts to these services are likely to force women to flee out of the area, breaking ties with existing support networks. This is problematic as isolation and a lack of support can affect women's choices to return to abusive situations that are more familiar and near friends and family.

Across the country, funding cuts have resulted in a sustained loss of community-based services:

- All regions lost **children's services** – the biggest losses were in the South West, which lost seven of its 24 children's services (29%), the South East lost six of its 32 services (19%) and the West Midlands lost five of its 22 services (22%) in 2010-13.
- All areas, bar the East of England, lost **resettlement services**: biggest losses were in the South West, which lost five of its 25 services (20%) and the West Midlands, which lost five of 32 services (16%).
- Almost all areas lost **floating support services**; only two retained current service provision
- All areas apart from the East Midlands have gained **services for men**: a national increase of 25% since 2011.
- There has been an increase in **emergency bed spaces** by 98 since 2010.

10: The rise of non-specialist support

Taken at a national level the move from specialist to non-specialist providers looks unremarkable (from 64% of the total service provision to 60%) but these figures belie substantial regional variations, as the following tables demonstrate.

Regional net change in all domestic violence services 2010-2013

Region	No. of DV specialist services		Change	No. of generic services		Change
	2013	2010		2013	2010	
East Midlands	21	22	-1	14	13	1
East of England	21	19	2	11	6	5
London	43	41	2	35	32	3
North East	16	14	2	9	9	0
North West	33	37	-4	17	8	9
South East	27	33	-7	27	22	5
South West	12	17	-5	18	24	-6
West Midlands	24	23	1	13	14	-1
Yorkshire & Humberside	25	24	1	10	12	-2
Total			-9			14

The North West saw the biggest transfer of service provision from independent to generic: it lost 10 independent but gained 17 housing association/generic non-refuge services. The same area had a net gain of one 'refuge' but increase of 67 bed spaces.

The South West and London saw the biggest losses overall. The South West lost seven independent and nine generic non-refuge services and lost five refuges. London lost five refuges, eight specialist and five generic non-refuge services.

Where services are not cut in their entirety, funding reductions are forcing a reduction of support provided. In real terms, this means core-staffing reductions, a loss of refuge services, a cutting back of direct work with children, outreach and therapeutic activities and a lack of support for women with asylum and immigration related needs.¹⁶

Of the 247 refuge services registered in England on UKRefugesOnline (UKROL), Women's Aid's national database of domestic violence services, only 16% (56) offer 24-hour support.¹⁷ A large proportion of refuge costs are staff, and when forced to reduce their bid organisations often have little choice but to reduce staff costs. Housing associations that have won refuge contracts from specialist providers have often been able to submit undercutting tenders by

¹⁶ Imkaan member survey 2012

¹⁷ Telephone survey carried out with all UKROL registered refuge services in England, June 2013.



Region	DV specialist	Generic	Total loss/gain
East Midlands	-3	-2	-5
East of England	-4	-2	-6
London	-7	3	-4
North East	-2	1	-1
North West	-3	-2	-5
South East	-6	-1	-7
South West	-1	-10	-11
West Midlands	-3	5	2
Yorkshire & Humberside	-2	2	0
Total	-31	-2	-33

Change in provider of refuge services 2010-13

Region	DV specialist	Generic	Total loss/gain
East Midlands	-12	9	-7
East of England	-4	15	11
London	-8	-5	-13
North East	6	-7	-1
North West	-10	17	7
South East	-22	14	-8
South West	-7	-9	-16
West Midlands	-4	-8	-12
Yorkshire & Humberside	-10	-2	-12
Total	-71	24	-47


Change in provider of non-refuge services 2010-13

Region	DV specialist	Generic	Total loss/gain
Channel Islands	0	0	0
East Midlands	-3	-2	-5
East of England	-3	-9	-12
London	-10	-5	-15
North East	0	-1	-1
North West	-2	-5	-7
South East	-5	-5	-10
South West	-1	4	3
West Midlands	0	3	3
Yorkshire & Humberside	-2	-3	-5
Total	-26	-17	-43

Change in refuge services 2010-13

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reducing support hours in refuge or reducing staff pay. This directly affects survivors who are left without support when they are vulnerable, both psychically and emotionally. It also means expertise is draining from the sector as staff who are TUPEd over to a new provider do not remain in post for very long after. Again, this loss of expertise means work to build resilience - recognise the dynamics of abuse so women and children can identify and avoid abuse in future - is no longer done. A focus on risk- rather than needs-led support results in 'fire fighting' high risk concerns, rather than tackling the causes and consequences of domestic violence through gender-specific work to increase women's autonomy when they are at low to medium risk and still living in the community.




"Our refuge is up for tender, we have already had a 10% cut and we face a further 20% cut before 2016. 90% of refuge costs are staff and I am not sure we'd want to continue to run the refuge if we were unable to provide the 24/7 support we provide now. There wouldn't be the staff to support at weekend, no ability to take an emergency referral, we couldn't meet the need adequately.

"The issues with housing associations is they provide support cheaper but they are not staffing the refuges 24/7. They have a floating manager that goes around and there is not the dedicated support available."

- Chief executive of a specialist domestic violence service in the North West¹⁸

The level of support available has a direct impact on survivors' safety. Feelings of isolation can make returning to the perpetrator and a familiar area seem a more attractive - or the only - option.



"I arrived on Friday at 4pm. The staff showed me round, and then left at 5pm. I didn't have any contact with them again until Monday morning... It's a big thing going into refuge and women need support there and then. I was trying to be strong for the kids - I had to be strong - but there was no one there to support me. Left on my own, I started to question my decision to leave."

- Survivor

This loss of additional support has a big impact on women's recovery: having relocated to a refuge to achieve safety, women have reduced their risk but often increased their needs as they have been cut off from the support of places and people they know. Support from staff and other women in the refuge enables women to 'move on' in all kinds of ways, though it is a time when they are not literally moving.¹⁹

18 Qualitative information is provided anonymously at the request of service providers who were concerned not to damage relationships with commissioners.

19 Opcit, Bowstead J. (2013)

WOMEN IN CRISIS: THE WIDENING GAP BETWEEN NEED AND SUPPORT



The decline in services, particularly community-based services, comes at a time of increased demand: 80% of BME services reported a 20-50% increase in referrals to their services over a six-month period.²⁰ More women are turned away from refuge each year than are accommodated and this is mostly because of lack of space (61%). Last year a nationally estimated 27,900 women were turned away from refuge, and 7,085 turned away from non-refuge domestic violence services.²¹ There were 11,113 more calls to the National Domestic Violence Helpline in 2012-13 than in 2009-10.²²

Following one city council's review of refuge provision in the Midlands, a specialist BME refuge that had a thirty year track record of providing specialist accommodation and support was decommissioned, as the review concluded that there was no longer a need for specialist services for BME women and children. The review recommended all refuge provision within the city be re-commissioned as a generic service, without taking into account the lack of generic services' ability to provide specialist support to increase women's resilience against domestic abuse in future and ensure access to services.

Similar reviews in other cities in the Midlands and the North have led to a number of other BME women's specialist services losing local authority funding. Some have continued to provide services through other non-government funding sources and the generic services now in place consistently refer high need and complex cases to them, such as women with no recourse to public funds, women who speak other languages as their first language, and women with mental health or substance misuse issues.

Such short-term funding choices that opt for immediately cheaper generic services are contrary to not only what survivors of abuse want, but also what independent analysis finds to be most cost effective:

"Overwhelmingly, service users interviewed felt that the women-only aspect of the service was an important factor when they made their decision to access provision."²³

"Women's community services offer practical, emotional, and therapeutic support to their clients in tailor-made interventions that aim to address a range of underlying issues. Service users...

20 Imkaan member survey 2012

21 Women's Aid Annual Survey

22 Statistics from the National Domestic Violence Helpline run by Women's Aid and Refuge

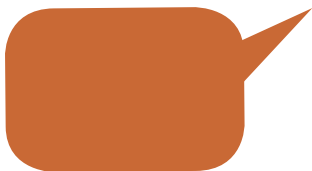
23 Hirst A. and Rinne S. (2012) *The impact of changes in commissioning and funding on women-only services* Cambridge Policy Consultants: Equality and Human Rights Commission Research

14 • valued the safe, women-only spaces and the set of supportive relationships with workers and peers that they were able to build there... There is a strong case for commissioners from criminal justice, health, and children's services to look at commissioning these services."²⁴

This is important because if gender- and BME-specific services are not available, women are likely to remain in abusive relationships for longer before seeking help. A survey of BME women accessing services to address VAWG found 87% stated their preference to receive BME specific support and were found to be less likely to return to an abusive relationship if they received it. All respondents said the support of a BME specialist service was a key factor for them in accessing the criminal justice system, ranging from police reports to going to court.²⁵

The loss of expertise and the danger for women and children

The decline of gender- and culturally-specific support in favour of one-size-fits-all services also results in a loss of expertise to address violence against women and girls:




"Following a commissioning process, undertaken by the Council in September 2012, the IDVA service was awarded to a gender-neutral charity with... no experience of providing domestic violence support. We can only think the transfer of tender was to provide a gender-neutral service because under our management, it was one of the first in the country to gain CAADA Leading Lights accreditation... - a rigorous [6-12 months] quality assurance process and will have to be applied for [again by the new service provider]."

- Business development and service manager, South West

Generic, less specialist, less intense support may be cheaper, but less experienced staff have fewer skills to support women with more complex needs. The Women's Aid Annual Survey indicates that in 2011-12 generic services were four times as likely to be unable to meet a woman's support needs in community based (i.e. non-refuge) services than specialist services.

This has a direct impact on women and children's safety: it affects their safety within support services and it influences their decisions to leave and their decisions to return to abusive partners/households. This has significant cost implications for statutory services such as the police, health departments and social services.

One service in the South West, despite owning its refuge, lost the tender to manage it when the contract was awarded to a housing association.



"Since then, the level of service has been stripped right back. The council have essentially funded emergency housing provision only and on a skeleton budget and there is just insufficient staff to cope with the level of need and provide the high level of specialised support required by women and children affected by domestic abuse."

24 Nicholles N. and Whitehead S. (2012) Women's Community Services: A Wise Commission London: nef, MoJ

25 Roy S. and Ravi T. (2012) Vital Statistics 2: Key finding report on black, minority ethnic and refugee women's and children's experiences of gender-based violence London: Imkaan

"The police have reported a 9% increase in reports of domestic abuse and the children's centres in the area report a year on year increase in the number of women reporting repeated incidents of abuse, but there is not the level of service to support them. Despite the evidence of increasing need, the commissioning process and subsequent service provisions are not linked, recognising or responsive to it. The support that's been commissioned now doesn't allow for support coverage at weekends and evenings for example, times when women are at their most vulnerable.

"The concerns about the lack of specialism and experience to cope with the need have led the police, health, housing department and the children's centres we work with to submit complaints and there is an investigation on-going."

- Chief Executive, specialist domestic violence service,
South West England

A survivor who had been in the refuge for five months spoke of her experience:

"In the time I was there, a lot of things happened at the weekends. Girls were going out and getting drunk; I didn't want that around my children. I came from an environment where he would go out get drunk at weekends and then it was bad, and it was difficult to be around the same behaviour in the refuge.

One girl tried to throw herself out the window; I was left looking after her children in my room overnight. The on-call staff were called, but they didn't come out. Apparently, there had been a mix up and the wrong number had been given so they had the wrong staff member's number. They never came out when I was there; they used to just give advice over the phone."

- Service user, 35

There are other examples of similar issues from other areas of the country. In one area in the Midlands a housing association with no track record or experience of providing refuge services took over a refuge from a specialist provider that had an evidenced history of successfully providing specialist refuge provision in the area since the 1970s.

"The housing association does not have prevention of domestic violence as its core business, but submitted a bid to provide supported accommodation at a cheaper rate, despite the 75:25% quality: cost ratio the tender stated. This cheaper rate was possible partly due to reduced pay levels for the staff. They currently provide emergency accommodation for women and their children for 13 weeks as per the tender specification, however, they do not have the relevant expertise to support women with medium support needs.

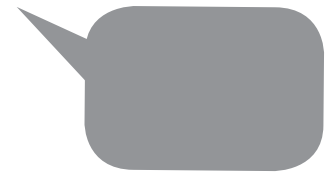
"This was made dangerously apparent when a resident self-harmed whilst staying in the refuge and was subsequently evicted. The housing association policy of not accepting a women if she has been evicted from one of their properties, meant she was unable to access refuge anywhere in the area, where the provider also owned refuges managed by other providers."

- Chief Executive, domestic violence service, Midlands

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"The housing association refuses to accept women with more than minimal additional vulnerabilities, despite the contract agreement, which they won from us. Yet often when they refuse the referral, they refer the same woman to our refuge because they know we will take them."

- Director, domestic violence service, Midlands



In the two months to September 2013, the National Domestic Violence Helpline has received five different complaints from survivors about support provided by generic refuges (only one was received about an independent service). These have included inappropriate refusal to offer a woman a place due to her immigration status; staff failure to take appropriate action following complaint of illegal activity in the refuge; inappropriate eviction due to the survivor's mental health; and a lack of understanding about the dynamics of abuse and breach of confidentiality.



"It's about the intervention you provide. Because they are housing associations, their primary focus is on housing and not addressing the issues of abuse. They don't have the domestic violence expertise. They might argue they bring in specialists to provide the Freedom Programme, but a couple of hours specialist support a week is not the answer to everything."

"We are a domestic violence organisation and so our primary focus is on tackling the underlying issues of domestic violence. We also provide housing – a refuge. So we are focussed on working to break the cycle of abuse for women and children and in doing so stop the revolving door of vulnerability."

- Chief Executive of a specialist domestic violence refuge and outreach service



"The current housing association provider is less experienced but is able to provide accommodation and support services at a cheaper rate, partly due to reduced pay levels for the staff which we weren't prepared to do. But this also means they do not have the relevant domestic violence expertise: women who phone the helpline and are not offered accommodation in the refuge, for example, have been directed towards mixed hostels."

"Women in the refuge don't have adequate support either. The 'telephone support' provided outside core hours they have been commissioned to provide consists of a general housing helpline answered by staff who only have very basic, generalised domestic violence training. This contributes to additional concerns that they have repeatedly not accepted a woman into the refuge if her presenting issues are sexual rather than domestic violence, instead referring her back to our sexual violence support."

- Chief Executive, Independent domestic violence service Midlands

The increasing costs of cutting community based services

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Women are facing additional problems caused by the reduction in early intervention and preventative work in favour of high-risk support services. Lack of funding for such services can mean an escalation of cost for commissioners in line with escalation of risk for victims.

In one of the most deprived areas of a northern city the chief executive of a specialist domestic violence service reported that the volume of domestic violence incidents was four times the regional average. Preventative work carried out by children's centres, community safety units and health had not produced any tangible benefits in terms of addressing domestic abuse, as engagement is difficult. When a specialist voluntary sector domestic violence worker was embedded in one area for two years however, significant improvements with early disclosure and increased engagement were recorded. Engagement with the domestic abuse service increased from 9% to 33%. Sadly, the funding has now been withdrawn and money is being spent instead on 'quick win' workshops, which do not demonstrate long-term success.

A different service in the North West carried out an evaluation of the early intervention services over three years and found that only 1.9% of the women they supported at low to medium risk escalated to high risk. At the time of interview, funding for that service was not secure.

Another service in the same region, whose children and young people's service directly supported 1,278 people in 2011/12 and an estimated 1,482 in 2012/13, has had its funding cut and will cease to provide a service from October 2013. Similarly, their Families Service (working with women, children and perpetrators) has also been cut. This includes the loss of groups, e.g. Freedom Programme and Recovery Toolkit, currently supporting 120 women to identify the dynamics of domestic violence and build resilience to avoid abusive relationships in future.

"Suddenly the funding in this area is very focussed on high risk, short term, quick fix interventions. Commissioners don't seem to realise that most victims need long term support to enable them to move forward with their lives. The mentality seems to be: "victim has left perpetrator, so all is now OK." without realising the increase in risk and the long term support needed to stay separated.



"We now can only offer short-term support – usually around six weeks – as funding is focussed on independent domestic violence advisors (IDVAs) and high-risk safety planning. There is a real lack of funding for longer term, specialised therapeutic work – we have the expertise in the staff but not the funding for this type of work. We are finding that the IDVA team are trying to pick up a lot of the extra work because there is no one to do it, and there just isn't the capacity."

- Domestic violence service manager, North West

"The issue is that the information that services collect tends to be around high-risk cases only, because there is a framework in place to do that, and so that's where the money then goes."

- Chief executive, specialist domestic violence service, North West



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The reduction in therapeutic support is especially problematic as 60% of Women's Aid member organisations reported an increase in referrals from women with additional or complex needs.²⁶ Furthermore, an inability to treat the trauma caused by domestic abuse can impact on children and their relationships in the future.

"As the economic downturn has an impact on family break up – increased financial stress and unemployment – it increases the risk factors for domestic violence... We have such a high volume of cases and sometimes it's terrifying because we just don't have enough workers to deal with them."

- Chief Executive, specialist domestic violence service, South West

Isolation and repeat victimisation

Service users identify cuts to children's support services and the loss of resettlement support as particularly problematic.

"They used to have children's workers though which was great; they'd look after one or both of my children for two hours almost every weekday. This meant I had time to myself to have a bath and a ring around to people, to call housing for example, or talk to staff about what I'd been through without the kids being there. You don't want to talk about that stuff in front of your children. Sometimes I'd just go and have a bloody good cry and get some of it out so I could be ok again for when I had the kids back. You need that. They've reduced the support now. It makes it harder to cope."

- Survivor

This was highlighted as a particular issue at weekends in refuge (as a result of reduced support worker time highlighted above) and a particular problem when women moved out of refuge often to live on their own for the first time:

"You go from being in the refuge to suddenly being on your own again. I have a resettlement worker but she has only been to see me twice since I moved six months ago. It's lonely. When you put the kids to bed and there's no one to talk to as there was in the refuge and you don't know the area or have friends outside the refuge, and he's ringing still..."

- Survivor

Women and workers in refuge consistently identify rehousing as a sudden event, with practical and emotional needs and costs, made more difficult by the lack of continuity of support.²⁷

"I think more support is needed – for someone to settle down and be secure – I think they have to do follow-ups; you know – two/three visits – like [family support], to follow up that everything is OK. And then they will discharge you after – not long term – but not just to leave you."

- Tracy, survivor, after rehousing²⁸

26 Women's Aid Annual Survey 2011/12

27 Ibid. Bowstead J. (2013)

28 Ibid. Bowstead J. (2013)



"I do just wish they'd give you a bit more support when you leave. Once you leave the refuge, that's it. And it's very difficult – if you are still going through court cases – you haven't got that support, and somebody to come with you. Or advice – it's very, very difficult."
- Violet, survivor, after rehousing²⁹

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CONCLUSIONS AND RECOMMENDATIONS

The cuts to specialist, survivor-led gender- and BME-specific domestic violence support services, typically carried out alongside the redirection of funds towards cheaper housing associations and other generic providers is having dangerous implications for women's and children's safety. The lack of available support increases the barriers to women and children accessing support. This is either because:

- there is physically not enough provision: enough refuge places, sufficient time allowed in places of safety (e.g. funder-imposed cuts to length of stay in refuge), support available for children or one-to-one for adult survivors, for example;
- or because the support on offer doesn't feel safe and so approachable: women fear contact with men, or being judged or stereotyped as a result of their culture, for example.

Where they can, survivors will stay local and, in doing so, will more usually require support such as outreach, advice and children's services, rather than refuge.³⁰ However, there have been almost uniformly consistent cuts to community based outreach services for women at low to medium risk children's services and resettlement support. Cuts to support in a woman's local area will result in women and children having to travel further from support networks to find safety.

This lack of specialist support leaves women feeling isolated and unsafe. It means they are less likely to leave abusive relationships and are more likely to return to abusive relationships once they have left. This unmet need results in more complex trauma later down the line and higher needs that put pressure on statutory services. Moreover, the decline in therapeutic and children's services means this trauma is carried forward into future generations.

Cuts to specialist services and services' inability to effectively meet survivors' needs results in greater pressure on and costs to statutory services including the police, health departments and social services.³¹

For women and children to find safety, learn to cope with and recover from their experiences of abuse, they need specialist, needs-led holistic services that will enable them and their children to understand their experiences, develop support networks and living skills, regain autonomy and build resilience for positive futures living free from abuse.

30 Ibid. Bowstead J. (2013)

31 Nicholles N. and Whitehead S. (2012) Women's Community Services: A Wise Commission London: nef

Recommendations for local authority, police and health commissioners



- Protect funding for gender- and BME-specific specialist services that support women experiencing domestic violence and their children (including outreach, counselling and other holistic support services).
- Only commission those organisations that meet the accredited quality service standards of the national professional body.
- Talk to your local domestic violence BME and sexual violence specialist providers, and through them consult survivors in your area about their needs and how they can best be met. Ensure the services funded are needs-led and support medium to low risk cases as well as high risk cases.
- Use this information to inform the service specification
- Commission consortia or partnerships of specialist services to preserve specialisms required to meet survivor need.
- Seek and commission services with a well-evidenced record of providing good quality services to meet local need.
- Work with other commissioners in your region to ensure cost-effective and consistent provision of support across the area. Talk to national professional bodies (Women's Aid, Imkaan and Rape Crisis) about facilitating the development of collaborative arrangements for specialist providers addressing violence against women and girls if none exist in your area.

Recommendations for government

- Increase refuge funding to ensure there is one family place per 10,000 population, as per the Council for Europe recommendation.
- Ratify the Istanbul Convention on Preventing and Combatting Violence Against Women and Domestic Violence.

