



FUNDING SPECIALIST SUPPORT FOR DOMESTIC ABUSE SURVIVORS

November 2019

women's aid
until women & children are safe

Author

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With support from Women's Aid staff

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Support for Domestic Abuse Survivors

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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 data set 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.

If you are affected by any of the issues in this report you can find out how to get support at www.womensaid.org.uk

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Introduction

A safe and sustainable national network of specialist domestic abuse support services (the specialist domestic abuse sector), that meets the needs of women survivors and their children, is essential for achieving the cross-government commitment that 'no woman is turned away from the support she needs.'¹ Central to this is the delivery of specialist service provision that meets quality standards, and upholds duties to eliminate discrimination, and ensure equality, for survivors on the basis of protected characteristics such as race, sex and sexual orientation, age and disability.²

In this report, Women's Aid sets out an assessment of the level of investment needed to effectively resource the specialist domestic abuse sector for women and their children across England, to a level which enables them to carry out their life-saving work. It covers the support element of provision, but not housing costs for refuge services, which are largely met by housing benefit. This investment includes all essential elements of provision such as dedicated support for the children of survivors, therapeutic support and the costs of support staff, activities and central/management costs.

To give context to the required funding for services, this report also sets out the prerequisites for a sustainable specialist

domestic abuse sector – including effective statutory support, national coordination and oversight, and provision to meet the needs of survivors facing multiple forms of oppression and discrimination.

Society places barriers in the way of identifying abuse or seeking support for some groups of women, which consequently take more investment to overcome. Services supporting these women will need additional funding to reflect that disparity, and this report considers where areas of cost will be different for organisations supporting women from marginalised groups.

The final figure presented is just a fraction of the £66bn which the government estimates domestic abuse costs the country each year³. The investment we recommend to start effectively funding the domestic abuse support sector throughout England represents excellent value for money, when compared to the cost of domestic abuse to society. When specialist services are not securely funded and unable to meet demand, the costs of domestic abuse are displaced to public services such as the police and NHS, which face increased pressure in responding to acute crises, and are not able to provide the needs-led, trauma-informed support that women and children need to cope and recover.

1 HM Government, Ending Violence Against Women and Girls Strategy 2016-2020

2 Equality Act 2012, s.149

3 Oliver et al, 2019

Background

The specialist domestic abuse sector has developed, expanded and innovated over the past 45 years. These independent, women-led services are experts in meeting the needs of women and children escaping from perpetrators of domestic abuse, and supporting them on the road to recovery and freedom. Put simply, they have saved countless lives and changed the lives of many more.

However, the last decade has seen a combination of localism, lack of investment and a commissioning landscape that has put cutting costs above the effectiveness of services and the outcomes of service users. Added to this has been a drive towards gender-neutral and one-size-fits-all services models, which are triaged on the basis of ineffective risk assessment models, creating a crisis in funding for specialist services.

“We are receiving less money but expected to provide more per worker, and demand for the service has increased as well as the support that is required due to increased financial pressures on families and survivors”

Service responding to Annual Survey 2018⁴

Services led ‘by and for’ black and minority ethnic (BME) women have been disproportionately impacted by cuts and

competitive tendering processes⁵, which discriminate against smaller, specialist services that are vital for providing the right support to BME women who face specific challenges.

Support for children who have experienced domestic abuse has also been negatively impacted. In 2010 61.5% of domestic abuse services in England offered dedicated children and young people’s domestic abuse services; in May 2018 this percentage had reduced to 54.3%⁶. Without dedicated support available, many services “make do” to provide limited support for the children in their care.

Refuge services

The national network of refuge services is not resourced to meet demand⁷, see 3.3. Services are often not resourced to meet the specific support needs of many of the survivors turning to them for help, such as those around mental health, drug and alcohol use, or insecure immigration status. Many are only able to pay for their life-saving services through time-consuming fundraising to top-up statutory support that does not cover costs⁸.

Local authorities have traditionally funded the provision of support in refuge services. However, this funding reduced significantly after the ring-fence on the Supporting People programme⁹ was removed in 2009, and the fund was absorbed into shrinking local

4 Women’s Aid, 2019A

5 Imkaan, 2016

6 Women’s Aid, 2019A and Women’s Aid, 2018

7 Women’s Aid, 2019A

8 Women’s Aid, 2019A and Women’s Aid, 2018

9 The Supporting People programme was launched in 2003 as a ring fenced grant to local authorities intended to fund services to help vulnerable people live independently. <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/RP12-40>

authority budgets in 2011. Nearly one in ten refuge providers now operate with no local authority funding at all.¹⁰ In response, the the Ministry of Housing, Communities and Local Government (MHCLG) has delivered a series of emergency funding pots for refuges and other forms of accommodation between 2014 and 2020. Whilst this crisis funding has bolstered provision, specialist services continue to operate on short-term, insecure and inadequate resources. The result is a network of services unable to meet the needs of women and children escaping domestic abuse, and survivors forced to 'choose' between homelessness, unsafe living arrangements or returning to the perpetrator.¹¹

The government recognises that "more needs to be done to end the variation across the country in support."¹² As part of this commitment, the MHCLG has proposed to deliver a new statutory duty on local authorities for the delivery of support in 'domestic abuse safe accommodation services'. The level of funding to underpin the duty is yet to be announced.¹³

Community-based support (CBS) services

Refuge services are just one vital element of specialist support provision required for survivors and their children. As the Council of Europe convention on preventing and combating violence against women and domestic violence (the Istanbul Convention) makes clear, a range of immediate, short

and long-term specialist support services for victims and their children are required to help women rebuild their lives after violence and abuse.¹⁴

Specialist services in the community should include, but are not limited to: advocacy; outreach; support for children and young people; drop-in services; counselling and therapeutic services; group work and peer support; prevention, education and awareness-raising activities; and local helplines. These services are essential in supporting women and children at the point of need, whether they are still in a relationship with an abuser, experiencing post-separation abuse, escaping an abuser or recovering from the long-term impact of domestic abuse.

Funding for CBS services is drawn from a range of sources, including national government departments and agencies. Services can be commissioned through police and crime commissioners (PCCs), clinical commissioning groups (CCGs) and local authorities. However, as with refuge services, provision remains fragmented and funding highly inconsistent. 57% of providers were running an area of their service without any dedicated funding in 2017–18 and a fifth of CBS services were operating with no local authority funding at all.¹⁵ Charitable funding (including individual giving, charitable trusts, corporate sponsorship and community fundraising) often makes up much of the shortfall.

In addition to refuge and CBS services, many local services also provide vital local strategic

10 Women's Aid, 2019A

11 Women's Aid, 2019B

12 HM Government, 2019

13 Ministry of Housing Communities and Local Government, 2019

14 Council of Europe's Convention on preventing and combating violence against women and domestic violence (The Istanbul Convention), 2011

15 Women's Aid, 2019A

input into multi-agency work to prevent domestic abuse and other forms of violence against women and girls (VAWG), protect victims, and improve statutory responses to domestic abuse.

Current context

The government states that, alongside the statutory duty, it aims to deliver a “consistent, coordinated and sustainable approach” to cross-government funding for all services. Central to this will be the role of the new domestic abuse commissioner, who will assess, monitor and oversee the provision of services across the country.

Alongside robust national oversight arrangements, a secure national funding settlement that ensures specialist services

can meet the needs of all survivors and their children is now required to underpin the proposed statutory duty. Delivering this settlement is essential to saving and changing lives.

We are clear that the funding required to cover the cost of these services must be delivered through:

- ▶ sufficient and ring-fenced funding, delivered through local areas, for specialist domestic abuse services;
- ▶ sufficient and ring-fenced national funding for the national network of ‘by and for’ led BME VAWG organisations, and ‘by and for’ expert services including those for LGBT+ survivors and services for survivors who are disabled, d/Deaf¹⁶ and/or blind.

“I think there is a desperate need for nationalised funding and standardisation with regards domestic abuse services. There shouldn’t be a postcode lottery.”

“They understood, they listened and they BELIEVED. They were sympathetic and empathetic, something that CANNOT be taught. They were kind, they stayed calm, and they didn’t minimise or ignore anything that had happened like other services I had told.”

Anonymous survivors, Women’s Aid Survivor Voice Survey 2018

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16 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/

Part 1:

Prerequisites for a sustainable specialist domestic abuse sector

1.1 Ring-fenced funding within the settlement for the 'by and for' expert sector

Women who require support from specialist domestic abuse provision include those facing multiple forms of disadvantage and discrimination, and have a wide range of needs including mental health, physical disability and substance use¹⁷. Survivors from marginalised groups need the option of accessing 'by and for' expert services, which have been designed to meet their needs by women who understand the daily reality of their lived experiences, and who provide specialist support tailored to their specific needs and experiences. Imkaan's alternative bill *From the Margins to the Centre*¹⁸, published in October 2018, offers a template for a transformative approach to addressing and ending violence against women and girls – including an approach to funding 'by and for' expert services.

For this report Women's Aid uses the definition of the 'by and for' expert sector as set out by Imkaan in its alternative bill. This definition is aligned with the principles of the Women's Aid National Quality Standards, the

Shared Sector Standards¹⁹ and the National Statement of Expectations²⁰.

"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

17 Women's Aid, 2019A

18 Imkaan, 2018A

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

20 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, LGBTQI and older victims and survivors, and those from isolated or marginalised communities".

'By and for' expert services are delivered by dedicated organisations offering a full range of support types including refuge, outreach, advocacy, and information and advice services. These services are trusted by local communities and the women they support due to their long established reputations, and their recognition and understanding of intersectionality and the multiple forms of discrimination and additional barriers faced by women from marginalised groups.

Alongside the establishment of women's refuges in the 1970s, there was a parallel wave of Black and Minority Ethnic (BME) women's groups setting up refuges and outreach services for women from BME communities in the 1970s and '80s. This vital network of support services carries with it a long history and expertise, along with specialist ways of working with the women it supports²¹. In 1998, Imkaan was established as a national umbrella body representing the expertise and perspectives of this network, which must be protected through national ring-fenced funding and acknowledgement of the value of the network as a national resource.

The 'by and for' expert sector is a unique national resource and should be assessed and funded as such. The different levels of demand for 'by and for' expert services will have implications for delivery models of funding. For example, SignHealth has stated

that given that the numbers of Deaf women as BSL users are comparatively small and spread out, it is not cost effective to approach local funders or IDVA agencies for sub-contracting opportunities, and national funding options should be explored.

The 'by and for' experts we spoke to during this research support BME women, Deaf and disabled women and LGBT+ women. Older or younger women and women of faith also benefit from specialist support tailored to their particular needs and experiences.

Women's Aid acknowledges the need for further work to be undertaken to broaden our understanding of the need for, and work of, the 'by and for' expert sector in order to set out a recommended funding model for the sector. This research would need to include a contextual analysis of the barriers faced by the sector and the service users taking into account wider societal issues, such as the disproportionate impact of austerity on BME communities²².

It will be crucial for national government, in partnership with the 'by and for' expert sector, to further develop the funding and models of delivery which will work most effectively to deliver specialist provision for survivors from marginalised groups.

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21 Imkaan, 2017

22 Women's Budget Group and Runnymede Trust, 2017

1.2 Availability within the domestic abuse sector of the full range of service types

Women's Aid has estimated the costs of specialist service provision using data from our member services. These are providers which have a wealth of expertise in supporting women experiencing domestic abuse, which enables them to provide the wide range of interventions necessary to meet the needs of survivors and their children. Without this full range of service types available, the sector cannot support the needs of all women and their children.

These services are provided to women in a range of different circumstances, from women who are still in a relationship with the perpetrator, to women who have escaped to a refuge, to women who are experiencing post-separation abuse. These women have a wide range of support needs, life experiences and vulnerabilities. A woman may require support from one or more service type, and sometimes more than one at a given time. For example, a woman leaving a refuge may go on to be supported by a floating support or resettlement worker to help her move on to the next stage in her life.

Refuge and CBS services are part of the wide range of domestic abuse support provision available in England. Many women begin their journey by accessing one of the open access support interventions available. This could be by, for example: having a conversation with a Change That Lasts Community Ambassador²³; calling a local/national helpline; using an online support forum or chat service; visiting a drop in centre; or accessing a local 'by and for' grassroots organisation providing dedicated support for BME, young and disabled women (through services such as support groups and advice centres).

These interventions provide the opportunity to disclose domestic abuse with anonymity, seek validation and support, and also get information and safety planning advice. A woman may call or visit a drop-in service several times to get all the information she needs before leaving an abusive relationship or accessing a more intensive support intervention, such as outreach or refuge. As these services can often be accessed anonymously they provide valuable early intervention support to women still living in abusive relationships.

"I knew they would never turn their back on me, I could come back whenever I needed to."

Survivor – Quality Standards Interview
Wycombe Women's Aid, September 2016

23 <https://www.womensaid.org.uk/our-approach-change-that-lasts/askme/>

1.3 Effective, sustainable funding of the wider support sector

The specialist domestic abuse sector does not exist in isolation. Survivors accessing this support will have a wide range of circumstances and support needs, meaning that they require access to additional services outside of this network. Women must also have access to advocacy support services for areas of need including disability, sexuality, health, access to money and debt management.

At the heart of the Change That Lasts approach²⁴ is the recognition that working in successful outcomes driven partnerships is a vital part of ensuring the right provision for women and girls. Trusted Professionals²⁵ are key to ensuring that there is a network of professionals around survivors that are working with the same gendered and social understanding of how perpetrators work, and can provide the support needed to meet survivors' needs in alliance with the specialist domestic abuse sector.

Without this wider support sector the specialist domestic abuse sector may not be able to support women with more complexity of need, meaning that survivors feel unable to access support. In some cases domestic abuse services may find that they are themselves pushed to provide a wider range of support. As a result, the numbers of women the specialist sector can help will be reduced, with women needing longer term support work.

In particular, the sustainability of the wider VAWG sector, including Rape Crisis services, is essential, as these forms of crime are interrelated as part of the wider violence experienced by women and girls. One-fifth of service users whose cases were recorded on On Track during the year 2017-18 had experienced sexual abuse²⁶. Emerging specialist advocacy services for economic abuse and housing needs are also a vital part of this wider network.

1.4 Provision for women with no recourse to public funds (NRPF)

Women with NRPF can face seemingly insurmountable barriers to accessing refuge and other services. The No Woman Turned Away project²⁷ supports women who encounter barriers when trying to access refuge space. In the year from 12th January 2018 to 11th January 2019 19.4% of the women supported by the No Woman Turned Away caseworkers had NRPF.

These women face significant barriers to accessing support, and if investment in the sector as a whole is to be effective, these barriers must be addressed. We need, for example, reforms to the destitution domestic violence (DDV) concession²⁸ to ensure that all women with NRPF, not only those on spousal visas, are eligible for this help to access safety and support. For more recommendations, see *Nowhere to Turn 2019*²⁹, and *From the Margin to the Centre: Addressing Violence Against Women and Girls*³⁰.

24 <https://www.womensaid.org.uk/our-approach-change-that-lasts/about-change-that-lasts/>

25 <https://www.womensaid.org.uk/our-approach-change-that-lasts/trusted-professionals-scheme/>

26 Women's Aid, 2019A

27 <https://www.womensaid.org.uk/no-woman-turned-away/>

28 <https://www.gov.uk/government/publications/application-for-benefits-for-visa-holder-domestic-violence>

29 Women's Aid, 2019B

30 Imkaan, 2018A

Women with insecure immigration status find fewer housing options and have to stay in refuge longer³¹. Many women with NRPF due to their immigration status do not even make it into refuge. We would note that better provision for women with specific support needs, including NRPF, would improve the capacity of existing refuge spaces to support women and children.

1.5 Availability of housing benefit to cover housing costs for refuge services

We have not included housing costs for refuge services in the assessment presented in this research, as the government has committed to retain the funding of housing costs through housing benefit, a secure funding stream which responds to demand. This currently accounts for an estimated £6,300³² per annum per space, and the funding level recommended in this report relies on the continuation of this funding stream.

We note, however, that some costs related to the maintenance and upkeep of buildings are currently ineligible within housing benefit, and that capital investment is required to improve the accessibility of accommodation to meet the needs of all survivors. We also note that

housing benefit is not available to women with NRPF because of their immigration status, or lack of clarity over their immigration status, and further reforms are therefore essential.

1.6 Funded coordination and oversight/monitoring

Safe and secure support providing the best outcomes, in the best interests of women and children, are provided by those assessed as providing dedicated and quality services. This level of service is evidenced by the Women's Aid National Quality Standards³³ or the Imkaan Accredited Quality Standards³⁴, which are held by all providers in our sample.

Women's Aid currently monitors the provision and demand for service provision through Routes to Support and No Woman Turned Away, as well as using our annual survey data to review the challenges facing the sector, and On Track to look at the outcomes achieved. These datasets come together annually in Women's Aid's *Domestic Abuse Report: The Annual Audit*³⁵. Women's Aid continues to build on this monitoring, and looks forward to working with the government to deliver robust national monitoring and oversight arrangements for provision in the future.

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31 Data on cases recorded by services using On Track ending between 1/4/18 and 31/3/19 for female service users in refuge services. Excludes stays below 7 days in length.

32 Based on the average HB spend in supported housing presented in DWP, 2016

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

34 Imkaan, 2015A

35 Women's Aid, 2019A

Part 2: Essential elements of an effective domestic abuse support sector

2.1 Specialist domestic abuse provision

This report sets out how much it would cost to effectively fund a specialist domestic abuse sector for England. As there is currently no government definition of 'specialist', domestic abuse and violence against women and girls (VAWG) services, we suggest the following, which are adapted and drawn from established knowledge and practice approaches identified by Imkaan and its network of members³⁶. Some of the principles highlighting the importance of intersectional approaches to ending VAWG have also been adapted into a definition of 'specialist' developed by Welsh Women's Aid and recently adopted by the Welsh government:³⁷

1. Organisations/services that are delivered independently from the state (i.e. third sector), whose core business it is to support survivors and/or perpetrators and/or children and young people impacted by domestic abuse and other forms of VAWG, including sexual violence, forced marriage, so called 'honour-based' violence, FGM, sexual exploitation, trafficking and modern day slavery.
2. Organisations/ services which recognise that these forms of violence are entirely preventable, that they happen to women and girls disproportionately because they are women and girls, maintaining and reproducing unequal power relations and presenting an obstacle to achieving equality and human rights; that they exist as part of a continuum of violence against women, and ensure that interventions and prevention work connects domestic abuse and VAWG to wider patterns of sex and other intersectional inequalities, including ethnicity, class, gender identity, age, disability, sexuality, religion and belief.
3. Organisations/services whose delivery is needs-led and gender-responsive, who deliver services on the basis of a survivor's individual needs for safety and support, recognise that the rebuilding of stability, resilience and autonomy for women survivors is facilitated in women-only spaces and safe environments of mutual respect, and work to uphold the security, rights and dignity of survivors.
4. Organisations/services whose understanding and delivery is informed by analysis of VAWG being gendered and a cause and consequence of inequality between women and men, which intersects with other inequalities including race, age, class, sexuality, disability and immigration status to impact on experiences of abuse and access to safety, support and justice. Specialist services work to remove the barriers which prevent or limit access to services for women facing multiple forms of oppression (including in relation to their race, immigration status, sexuality and disability) and recognise that services led by and for women facing these inequalities are the most effective means of reducing or removing these barriers.

36 Imkaan, 2015B and Imkaan, 2017. www.imkaan.org.uk/resources

37 Welsh Government, 2019

5. These organisations/services differ from 'general support' services in that the organisations/services have a gender and culturally responsive and holistic service delivery model, in accordance with established UK quality standards frameworks, and are run by and for the communities they serve. In doing so they offer a uniquely empowering experience, particularly to women and children and to BME communities, as the client group is reflected in staffing, management and governance structures of these organisations.

"Taking the first steps to say you are being abused, bullied, beaten and punched is one of the hardest things anyone will ever do in their lives. I know because I did. After being strangled for the last time, I fled on foot with my baby daughter with just the clothes on our backs. The physical effects of abuse heal but the emotional and mental effects can last a lifetime. When I was fleeing domestic abuse, there were no spaces available in a refuge and my 6-month-old daughter and I were housed in a homeless hostel. Our room was right next door to a drug dealer. Each night, I barricaded the door with my bed and slept very little: each noise was my abuser, each change in light was him coming for me and each car pulling up outside were, in my head, my last breaths. I left with no money, no friends, limited family and the knowledge that I had done the right thing, but still felt penalised to be living like I was. It wasn't until I was offered a limited space in a Women's Aid refuge my life began to turn around. I received support for housing, counselling, empathy and most of all they gave me the time and space to recover in safety with my daughter and discover that life was worth living again."

Anonymous Survivor, Women's Aid SOS Campaign

2.2 Types of support

For this report we have calculated the cost of funding a national network of domestic abuse services under two broad headings: refuge services and CBS services. We have not costed provision of national and regional helpline services, perpetrator programmes, public awareness raising campaigns or training of statutory services, all of which form part of the wider response to domestic abuse.

and information, support with parenting and life skills, advocacy and emotional support in both 1:1 and group settings. Support workers also facilitate informal peer support networks for survivors through, for example, coffee mornings, skill shares, reading groups or craft classes. Both should include as standard dedicated support for children and therapeutic support, such as counselling.

Support provided in both refuge and CBS services includes (but is not limited to) advice

Refuge services

Refuge services are part of a national network which offers a wide range of support and different accommodation types for women and children needing to move from their home in order to be safe. During the year 2017/18 we estimate that refuge services in England supported 12,034 women and 14,441 children³⁸.

Refuge services as costed in this report include the following four areas of work which are essential to provision:

1. Refuge services (this includes shared housing, self-contained units with some communal spaces and dispersed accommodation).
2. Resettlement support when women move on to a new home.
3. Dedicated support for children and young people.
4. Therapeutic support such as formal counselling and support groups.

Routes to Support service type definition

A refuge service 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. Accommodation can be in a range of shared housing, self-contained units and dispersed housing in order to meet the diverse needs of survivors and their children.

Residents will receive a planned programme of therapeutic and practical support from staff and access peer support from other residents. This will include:

- Access to information and advocacy
- Emotional support
- Access to specialist support workers (e.g. drugs/alcohol misuse, mental health, sexual abuse)
- Access to recovery work (see below)
- Access to support for children (where needed)
- Practical help
- Key work & support planning (work around support needs including e.g. parenting, finances and wellbeing)
- Safety planning
- Counselling

“Going into a refuge saved my life, and gave hope and a future to my children... It has given me the support and strength that has helped me rebuild my life”

Anonymous survivor, Women's Aid SOS Campaign

Community-based support (CBS) services

CBS services are offered to women living in the local area that are not resident in refuge, and include, for example, floating support, outreach and Independent Domestic Violence Advocate or Advisor (IDVA) services. We have not included individual IDVA practitioners based within other agencies (such as police forces or hospitals) in the costs estimated in this report. CBS services can also offer support to women who are living with the perpetrator, as they can be offered to women in settings outside the home or service.

CBS services as costed in this report include the four following areas of work which are essential to provision:

1. Outreach, floating support and advocacy (including IDVA) services.
2. Dedicated support for children and young people.
3. Therapeutic support, such as formal counselling and support groups.
4. Community outreach support (education and awareness raising work e.g. training professionals or work in local schools).

Women's Aid uses distinct definitions of outreach, floating support and advocacy services on its Routes to Support database,³⁹ but for this paper we have merged the service types together. This is because they can sometimes be commissioned interchangeably and this was reflected in the data we received. See also Appendix 2 for descriptions of staff roles.

For this report we have included community outreach support under CBS. In practice it is delivered by services offering another type of support, either CBS or refuge and often without dedicated funding.

"[The IDVA] accompanied me and stayed with me during that time. I couldn't have done it without her. So I mean that was absolutely vital. I know there was a major concern that depending on the outcome of the trial and even having to give evidence, because of my PTSD that I would you know end up committing suicide either during the trial or afterwards depending on the verdict."

Anonymous survivor, Justice Project, 2018 ⁴⁰

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 39 The UK Wide directory of VAWG services and refuge vacancies which is part funded by MHCLG and run in partnership with Women's Aid Federation of Northern Ireland, Scottish Women's Aid and Welsh Women's Aid www.womensaid.org.uk/routes-to-support/

40 Victim/survivor 001, University of Bristol, 2018

Routes to Support service type definitions

Outreach support with survivors

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).

Floating support

Tied to accommodation, but the accommodation is not offered as part of the service. Will have a set number of places. These services are primarily about supporting women and children to maintain their accommodation.

Domestic abuse advocacy project (including IDVA)

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 (multi-agency risk assessment conference) 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.

Dedicated support for children and young people

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.

Community outreach work (prevention/education work and awareness raising)

Awareness raising and prevention work carried out in the community. This is often delivered by staff working primarily in another service type and can include running sessions in local schools and providing training to other professionals.

2.3 Areas of cost included in research

For each area of provision we have looked at three areas of work for each service type and developed the cost of investment needed for each. All costs are averages and as such do not account for the different costings incurred by supporting individual women with different needs. As explained in 1.1, specialist 'by and for' services may incur more of these costs.

More detail on what is included in each area can be found in the results and methodology section of this report.

Support staff

- Salary costs
- Additional employment costs
- Clinical supervision
- Staff training

Activities

- Direct activity costs
- Accessibility costs
- External contractors

Central costs

- Administration/finance staff
- Management/governance staff
- Premises costs
- Other central costs

"There's more on-hand support, people come in every day. They do check in, there's more support. There's always a member of staff floating about most days of the week ... [The extra specialist support in the complex needs refuge] made me feel a lot safer ..."

Anonymous survivor who had mental health and drug support needs quoted in *Nowhere to Turn, 2019*

The refuge was "somewhere to feel and be safe and secure with my children where they are protected. Somewhere to get full support and help to gain confidence and get a life back"

Anonymous survivor, quote in support of Women's Aid's SOS campaign

Part 3: Results and methodology

3.1 Summary of methodology

As explained in Part 2, we have developed a total estimated cost for the domestic abuse sector which we have split into refuge and CBS services. Within each service type we have included all essential elements of support and categorised them as support staff costs, activity costs and central costs.

Collecting cost information

The level of funding recommended in this report is based on information received from a representative sample group of our member services (see 3.2 for more information on this sample). Data were gathered through an initial survey which was completed with support from the Women's Aid research and evaluation team as needed. This was followed up with qualitative interviews to ensure that we were able to use the data to show the true cost of a safe and reasonable standard of support (see 3.3 for more information on this standard and how our methods reflected this).

Many services have a children and young people service (CYPS) and/or therapeutic support service which runs across the whole organisation, working with survivors and children in both refuge and CBS services. In order to avoid double counting costs we asked providers to tell us the proportion of their CYPS and therapeutic support to be apportioned to the refuge and CBS services.

Units of measure

We obtained, for each provider in our sample, the true cost of delivering support over a

year for each service type and area of service they currently provide. Our next step was to make sure that the individual annual costs from providers were presented in a way which enabled us to compare data between providers who run services of different sizes and to scale it to cover the whole of England. To achieve this, we used a unit measure based on the number of refuge spaces or area of population they covered. See 3.4 for full detail on how this unit cost measure was established.

For each area of cost we have calculated the investment needed to provide one unit for a year and used this to provide an assessment of the true cost of funding the specialist domestic abuse sector in England.

Combining costs

Key to estimating the true cost of a safe and reasonable standard of support was ensuring that the final cost we present includes all areas of work which are essential to delivering a safe and effective service to survivors and their children. Current funding conditions and restrictions mean that there are certain areas of work which not all providers in our sample are currently resourced to provide, and could not provide cost information on. For example, three did not provide dedicated support to children or young people in their refuge services, six were not resourced to provide clinical supervision to staff working in refuge services, three had no training budget for their outreach/floating support staff, and two said they had no budget for activity costs across the organisations and relied totally on donations and volunteers.

We accounted for this by:

- ▶ Using the data from providers in our sample to calculate a unit cost for each individual area of provision they deliver.
- ▶ Calculating the mean average unit cost for each area.
- ▶ Combining the mean averages to create a total estimated cost based on available data.

Further detail on how each area of cost is calculated is presented in 3.6 to 3.8.

Limitations

Women's Aid recognises the limitations of the use of average costs in this methodology, in that it does not account for the differences between cohorts of women and the varying levels of their support needs. For example, a young woman with a baby will have very different needs for staff contact hours than an older mother with school-aged children. Women with significant mental health or substance use support needs may require 24 hour contact from support staff. This report outlines these limitations in 3.5, however this can be explored further in future research.

“Women's Aid are the magical tiny wee flicker of light in the lives of women whose lives are a never-ending blackness.”

Anonymous survivor,
Women's Aid survey 2019

3.2 Sample group of domestic abuse service providers

Recruiting sample

So that our data would enable us to develop the costs needed, as set out above we needed to gather a sample of providers which met certain criteria.

- ▶ Provider must have been awarded the Women's Aid National Quality Standards, so that we can testify to their provision being to a standard we would wish to replicate.
- ▶ Sample must include one or more member who is also an Imkaan member to ensure it includes a service led 'by and for' BME women.
- ▶ Sample must include regional variation.

Our final sample group consisted of 12 providers which all ran refuge services with a total of 406 spaces, just over 10% of all spaces in England on 1st May 2019. One space is defined as one unit of accommodation (one room in a shared house, one self-contained unit or one dispersed house/flat) for a woman or a woman and her children. Refuge spaces vary in terms of size, accessibility and accommodation type. The providers in our sample all ran at least one other area of support work in addition to their refuge service.

The 12 providers are drawn from seven English regions in total. One service is a 'by and for' led service for BME survivors. In addition we carried out one further interview with another 'by and for' BME led service which did not have the resources available to provide full financial information. A full regional breakdown and further information on our sample is shown in Appendix 1.

3.3 Safe and reasonable standard of support

Many domestic abuse services are currently surviving with lower levels of funding than they need to operate at the level required to fully meet the needs of the women and children they support.

In addition, the provision available across the specialist domestic abuse sector does not meet demand. *The Domestic Abuse Report 2019: The Annual Audit*⁴¹ showed that around 400 referrals to refuge were declined each week in 2017/18. Just under a fifth (17.1%) of all referrals to refuge were declined due to lack of space but many more were declined because the refuge services were not resourced to meet the support needs of women and children seeking refuge. The same report showed that 56.7% of respondents were running one or more areas of their service (including all areas of refuge and CBS services) without dedicated funding.

As a result of this difficult funding climate, we could not restrict our sample to services which confirm they currently receive the level of funding they require to run all their current

provision effectively. Our researchers asked providers to tell us both their current costs and any additional services and costs necessary to provide the services which are not currently available. For example, we asked services to consider needs they were unable to meet or to use budgets from previous years where their funding was at a more realistic level to provide more realistic costs.

In order to estimate the cost of safe and reasonable provision, rather than stripped back provision dependent on the available funding pots from commissioners, the annual costs used to calculate the averages used for this research were based on the total figures given. That is to say, the current actual cost plus the extra needed to provide the service. We have used the expertise of the dedicated, quality service providers in our sample as a basis for establishing a realistic figure. Whilst the level of support costed here is not an optimum level, it does reflect an estimate of the true cost for domestic abuse provision in England.

“First of all, when I arrived, I was an emotional wreck. I had my children and my granddaughter in tow. We travelled, as I say, 250 miles away from my house. I was met at the train station by a member of staff. That alone made me feel safe and made me feel that I had made the right decision. When we went to the place, our rooms were stocked with everything we needed, because, when you are running away from domestic violence, you do not have time to pack. You just carry what you can ... When I arrived there, I had everything I needed. To me, that was one thing that made me feel better.”

Anonymous survivor, giving evidence about her experience in a refuge to the Joint Select Committee Inquiry into Future Supported Housing Funding on 7th March 2017

3.4 Unit cost and measuring demand

As explained in 3.1, in order to present costs from the very different providers in our sample in a way which was comparable to each other and scalable nationally, we needed to establish a unit cost and measure of demand.

Refuge services

As our starting point we used a unit of one refuge space over a year as a unit to cost refuge service provision across England. This was either one room in a shared house, or one unit of self-contained or dispersed accommodation for a woman, or a woman and her children. The size and accessibility of these units varies throughout services and throughout the country. This report presents an estimated average unit cost across all of these.

We then used an established measure of demand to express this unit in terms of population. This established measure is the Council of Europe recommendation⁴² of a minimum of one refuge space per 10,000 population. Based on ONS mid-year population estimates⁴³ this recommendation is currently 5,598 spaces throughout England. This indicates a shortfall of 30.1% compared to 3,914 spaces available on 1st May 2019⁴⁴.

We compared this recommendation to information on demand from providers in our sample which told us how many women they supported over the year along with how many women were turned away due to lack of resource. Using this we could calculate that providers in our sample showed an average shortfall percentage of 45.9% for current refuge service provision.

Women's Aid acknowledges that there is work to do to establish a more robust measure of unmet need for refuge provision. **We therefore have used the lower Council of Europe recommendation of 5,598 for refuge spaces, as a measure of demand in this report.** This reflects the estimated cost needed to fund the refuge sector effectively to meet demand using an established measure.

Our unit cost for refuge = one refuge space or 'unit' for 10,000 population.

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42 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). Council of Europe (CoE). (2008) The Final Activity Report of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence (EG-TFV) Strasbourg: Gender Equality & Anti-Trafficking Division Directorate General of Human Rights & Legal Affairs, Council of Europe.

43 ONS, 2019

44 Women's Aid, 2019A

Community-based services

Having established the unit of measure for refuge services it was important for us to use a comparable unit figure for CBS. We looked at the information received from providers in our sample in relation to the size of the geographical area they cover and used this information to develop the cost of provision per 10,000 population and used 10,000 population as a unit cost.

In order to reflect demand for CBS provision we have adjusted the costs received from providers in our sample using data from the Women's Aid Annual Survey 2018 to show unmet demand for these services. We have done this by calculating an average percentage over three years to show the proportion of demand as shown in Table 1 below. We have therefore applied 133% to

all CBS costs received from providers in our sample to reflect a more accurate picture of demand. In order to present our findings as transparently as possible we have applied this at the end of our results in 3.9 - Stage 10, where we present a combined unit cost. We acknowledge that the numbers below may include some women who were not suitable for support services and also acknowledge that some women may never have contacted a support service as there were no vacancies or they knew that the service was not suitable for their needs due to lack of resources.

Our unit cost for CBS = provision to meet demand of 10,000 population.

Table 1: Calculating demand for CBS services

Annual survey year	Referrals accepted (respondents)	Declined (excluding declined by survivor)	Demand	Demand as % of referrals accepted
2017	154,306	51,322	205,628	133%
2018	136,165	43,050	179,215	132%
2019	156,169	51,412	207,581	133%
3 year average				133%

3.5 Limitations in using an average cost

This report displays our assessment as an average unit cost, as explained in 3.4. We have not set out to assess the cost of supporting individual women in the specialist domestic abuse support sector. This assessment would be beyond the remit of this report partly due to variances based on geographical location, regional variances in cost of living and the availability of external/partner agencies.

Women accessing the specialist domestic abuse sector include those facing multiple forms of disadvantage and discrimination, and have a wide range of needs including mental health, physical disability and substance use. As a result, the length and nature of a support journey for different cohorts of women can vary greatly. Society places barriers for some groups of women when identifying abuse or seeking support, which consequently take more investment to overcome. The services supporting women from marginalised groups may experience this cost disparity at higher levels. A full analysis of this disparity would require further, collaborative work between Women's Aid and the 'by and for' expert sector to fully identify and assess.

Women's Aid is clear that this report does not set out to provide a full analysis of where these support journeys will impact on costs to support services. Rather, it aims to set out our initial thoughts on areas which might need further investigation to inform future funding models. The areas highlighted here are based on our conversations with the providers in our sample, two 'by and for' expert services for Deaf and disabled women, and Galop which runs the National LGBT+ Domestic Abuse Helpline.

Variances in case length

There can be variance in case length of support based on geographical area particularly for refuge services. Those operating in areas with higher housing shortages will find a significant difference in the cost of supporting individual women as it is harder to find suitable move on accommodation.

This variance is demonstrated when we look at data on the average length of stay in refuge across England and in London. Data from On Track on the length of time women stay in refuge show an overall average of four months (19 weeks) which increased to six months (27 weeks) for refuges in London⁴⁵. The longer length of stay on average means spaces support fewer women. This variance is partly due to housing shortages in London. Additionally, data from Routes to Support show that spaces are less likely than in other regions to be able to accommodate large families or women needing accessible rooms. In the year 2017-18, nationally 43.9% of rooms were able to accommodate a woman plus two children, compared to 33.9% in London⁴⁶.

This variance in case length can also be present between different cohorts of women. For example, based on information from survivors they have supported since 2011, SignHealth Domestic Abuse Service told us that they estimate Deaf women stay in refuge for an average of 8.5 months, more than twice the national average of four months.

Providers we spoke to talked about a variety of factors which contribute to a longer case length for their client groups, including (but not limited to) the following:

- ▶ A lack of available suitable move-on accommodation from refuge services.

45 Data on cases recorded by services using On Track ending between 1/4/18 and 31/3/19 for female service users in refuge services. Excludes stays below 7 days in length.

46 Women's Aid, 2019A

- ▶ Where survivors may have experienced discrimination and lack of awareness in past dealings with professionals, support staff may need to spend longer building trust with them before starting recovery work.
- ▶ Where the local area does not have suitable follow up support, women can need support from the service for longer than they would if this support was available. For example, SignHealth Domestic Abuse Service noted that women may still approach them for support after moving on from a refuge if there is no other Deaf advocacy support available to support them moving on.
- ▶ Under resourcing of other relevant services. For example, interpreters (including BSL) provided by statutory agencies can take time to arrange, with the wait holding up appointments and adding to the time it takes to support women using these services. This can have a detrimental impact on their recovery.

Differences in services users' complexity of need and the range of support needed can also impact on how long support staff work with them towards recovery and independence. For example, women with mental health or substance use support needs and women with insecure immigration status also require higher levels of support. Where a service works largely with these groups of women their costs will be higher to reflect a longer support period. Women from marginalised groups can be affected by more than one vulnerability. For example, of 626 LGBT+ survivors supported by Galop between January 2013 and August 2017, 55% disclosed a disability and 48% were from a BME background⁴⁷.

Variations in support staff costs

Salaries also vary by geographical region. Figures released in October 2019 showed the median weekly earnings in London were £699 compared to £531 in the North East⁴⁸. The assessments shown in this report offer average staff costs rather than regionally specific ones. In order to offer an accurate assessment of cost based on region, Women's Aid would need to undertake further work with an extended sample of providers across the country.

Whilst further work will be needed to fully assess this, some of the 'by and for' expert services we spoke to felt that whilst salaries may not be higher in practice, the range of skills needed for the wider range of support their staff must give should bring higher salary and recruitment costs. For example, Galop noted that recruitment and salary costs can be higher to find staff with both a domestic abuse and LGBT+ specialist background. Staff training costs may also need to be higher where this diverse skill set is required.

Staff working with women from some marginalised groups also need additional skills to provide the support needed. For example, the need for support around communication is paramount in 'by and for' expert services for Deaf women, for whom British Sign Language (BSL) may be their first language. For the survivors supported by SignHealth Domestic Abuse Service this support around communication is the key element to meeting their needs. Workers at this 'by and for' service understand the need to act as an interpreter as well as the broader communication issue presented by language deprivation⁴⁹ experienced by Deaf women. In addition to working as interpreters themselves, services

47 Magić, J. & Kelley, P., 2018

48 <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8456>

49 Glickman and Hall, 2018

may also need interpreters at external appointments. An evaluation of the work of SignHealth Domestic Abuse Service found that statutory agencies did not always understand their responsibility to provide a BSL interpreter⁵⁰.

Travel costs and expenses may be higher for some 'by and for' expert services where staff needs are not fully covered by the access to work scheme⁵¹.

Variances in activity costs

Staff at 'by and for' expert services may have to act as advocates for their specialism, supporting women with experiences of hate crime, harassment and discrimination in public spaces alongside their experience of abuse and violence in their relationships. They may also need to provide longer 'wraparound' support before and after official case length resulting from the structural barriers faced by women subject to multiple oppression.

Services we spoke to talked about areas in which 'by and for' expert services might have additional activity costs, some of which will also include additional staff time. These included:

- ▶ Acting as unpaid experts, providing training and advice, and being educators without their costs being covered.
- ▶ Being the only providers of specialist awareness raising within specific communities.

- ▶ Due to the lack of specialist resources available for their cohort, services themselves often develop and update these resources to take into account the diverse needs of their client group.
- ▶ Accessibility costs for service users, such as travel expenses for disabled service users.
- ▶ BME led 'by and for' services have to invest more time and resource in supporting women who require support to communicate with services who are only resourced to provide support in English. This may be through acting as an interpreter for another language and by supporting survivors to understand written communications and often complex application forms. Interpreting is often provided by staff at 'by and for' expert services as part of their regular work. Interpreting comprises an entire job in itself, it requires more than just fluency in two or more languages and professional interpreters usually have a post graduate qualification⁵².
- ▶ Higher poverty and destitution funds due to higher levels of destitution within some service user groups resulting from structural inequalities⁵³. For example, disabled women must attend capacity to work assessments. They are entitled to ask for home visits for these but in practice the DWP can sometimes refuse these requests. This can mean sanctions are placed, leaving women destitute.

50 LeFevre, 2015

51 <https://www.gov.uk/access-to-work>

52 <https://www.prospects.ac.uk/job-profiles/interpreter>

53 Women's Budget Group and Runnymede Trust, 2017

Variations in central costs

Certain costs such as premises and salary costs vary between regions due to differences in the cost of living from one part of the country to another. Again, regional salary differences will impact on these central costs from one region to another.

In order to provide effective support to the women they work with around the additional barriers faced by marginalised groups, many 'by and for' expert services will undertake more partnership working than other services. As explained in 1.3, partnership working is vital to the sector, though it brings challenges in terms of the amount of administration and management time needed to work effectively with other services, on top of the time support workers spend supporting service users to liaise with other agencies.

3.6 Support staff employment costs

Stage 1: identifying support staff roles

Data from providers in our sample showed the salary cost and full-time equivalent (FTE) for all staff in each service type. In order to present our findings and analyse the data we spoke to providers in our sample and used our knowledge of service provision to come up with a list of job roles to cost for this research. These roles reflect all areas of work to be undertaken in both refuge services and CBS services in order to provide effective support to the women and children using those services under the definitions included in 2.2.

We noted that in half the cases providers told us that their refuge support staff were also fulfilling the role of resettlement support worker as part of their job. In order to avoid

double counting when calculating a final cost per space we combined costs and FTE staff numbers for refuge and resettlement support worker types.

In practice some roles may differ locally, for example some larger services may have a dedicated resettlement worker rather than incorporating this work within the refuge and resettlement worker job description. Some services may also have dedicated group workers or peer support facilitators. For the purpose of this research their responsibilities are included within the following job roles (for more detail see Appendix 2):

- ▶ Refuge and resettlement support workers
- ▶ Outreach and advocacy support workers
- ▶ Children and young people support workers
- ▶ Therapeutic support delivery staff
- ▶ Community outreach workers

Some services may have additional support from volunteers on top of the core support costed in this report. Where this is the case, staff will need to include one or more volunteer coordinator. This is not included in the core costs shown in this report.

Stage 2: average salary for each role

The information received from providers in our sample gave us the total support staff cost for each service type along with the FTE number of staff employed. We initially reviewed this data to establish an average salary for each type of support worker as set out in Stage One. However, Women's Aid is concerned that some salaries in the domestic abuse sector have been unrealistically suppressed due to funding cuts and do not reflect the expertise and qualifications needed to work in this specialism. This was reflected in the results from providers in our sample where some responses showed

average staff salaries which were below the national living wage.

Over time Women's Aid members have lowered salaries in order to be competitive which has contributed to a devaluing of the skills needed in the sector. The Women's Aid Annual Survey in 2018 found that 17.9% of responding services had reduced staff salaries due to decreased funding⁵⁴.

Our responses also showed a variation in the average salaries for different areas of support work - between £25,000 and £32,000. We found, as expected, higher rates of pay for those support workers who hold professional qualifications, such as trained counsellors. The responses also showed a lower average salary for staff working with children and young people. Women's Aid firmly believes that the skills and responsibilities needed to support children and young people in refuge and CBS services are not of lower value than those of staff supporting adults.

In order to ensure that the estimate in this report reflects the salaries which should be paid in the sector, we have looked at the skills required and compared these to salaries paid outside of the domestic abuse sector for similar roles.

We established an average salary based on benchmarking to roles with comparable responsibilities and skills. We acknowledge that these salaries are averages only. They are calculated from salary ranges for a range of roles reflecting a range of staff at different salaries, from junior staff to service manager, and whether or not the staff member has a recognised qualification.

We used the information obtained in Stage 1 to benchmark the salaries as shown in Table 2 using information from the following websites⁵⁵:

- ▶ www.payscale.com/
- ▶ www.totaljobs.com/salary-checker/
- ▶ www.prospects.ac.uk/job-profiles/
- ▶ www.glassdoor.co.uk/Salaries/

Different job titles are used to reflect similar roles on different websites. We therefore benchmarked against a range of job titles to get the most accurate results. Table 2 sets out which roles we compared to each role costed and the average salary across all websites used.

Table 2: Benchmarked salaries

Role in DVA sector	Roles benchmarked	Average salary
Refuge and resettlement support workers	Social Worker/ Family Support Worker/ Advice Worker	£31,885
Outreach and advocacy workers		
CYP support workers		
Therapeutic support workers	Psychologist/ Counsellor/ Therapist	£32,181

54 Women's Aid, 2019A

55 Data on websites shown was accessed on 22nd October 2019.

Stage 3: additional staff employment costs

There are a range of other costs associated with employing staff, and still more with employing frontline support staff. The costs shown here are employment costs only. They do not include management and administration charges, or office and premises costs incurred by staff members, as these are presented separately in this report. The total staff costs shown are therefore lower than they would be if presented under a full cost recovery model for that support staff member, where an additional 'management charge' would be added at between 15% and 20% of the costs shown. As noted in 1.1, this management charge may be at the higher end of the scale for services employing high percentages of disabled staff.

Staff salary

Benchmarked salaries as shown in Stage 2.

National insurance

Paid by the employer at a rate of 13.8% of salary above the current threshold of £8,632.

Employer pension contribution

Paid by the employer, we have used the minimum rate for employers which is currently 3% for this research.

Other staff costs

Additional staff costs added on a proportional basis include costs such as:

- ▶ Temporary staff cover due to sickness (not including statutory sickness pay which is refunded to the employer).
- ▶ Enhanced maternity pay (in addition to statutory maternity pay which is refunded to the employer).
- ▶ Recruitment costs.

We have added these costs at 9% of salary, based on an average figure from providers in our sample. We acknowledge that the proportion may be higher than a national average for all staff. Organisations delivering frontline services will have an increased reliance on agency staff to cover absence so as not to negatively impact service users reliant on their support.

In addition staff in these roles may have a higher level of sickness than average. This is due to the increased risk of burnout from continued exposure to traumatic material, high workloads, time pressure, pace of work in specialist services, and a chronic under investment in reflective practice and decision making structures that prevent burnout⁵⁶. We also expect the sector would have higher than average maternity costs given the predominantly female workforce.

There are some additional costs required for the kind of work support staff undertake which we have included in these costings. This includes provision for safety through lone working alarms in CBS services and panic alarms in refuges and annual DBS checks for all staff.

Clinical supervision

This is an essential element of support which is needed to ensure safe practice. The Care Quality Commission explains that the purpose of clinical supervision is "... to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is on supporting staff in their personal and professional development and in reflecting on their practice." For more information see the Care Quality Commission website.⁵⁷

56 Leeds Beckett University, 2016

57 https://www.cqc.org.uk/sites/default/files/documents/20130625_800734_v1_00_supporting_information-effective_clinical_supervision_for_publication.pdf

We used responses from providers in our sample to find the average cost per staff member over a year for clinical supervision across all staff roles.

Staff training

Staff training is essential to ensure the continued quality of provision. The costs may vary, and the higher the level of specialism in a refuge service the higher the staff training needs are likely to be.

Training budgets for all domestic abuse services will need to allow for staff training in awareness of protected characteristics, including (but not limited to) race, age, sexuality and disability. Domestic abuse support services and the wider support sector would be better able to support women from marginalised groups with more regular and consistent awareness training.

This should be considered within the staff training budget costed in this report for all services, however, it also requires a national commitment which is beyond the remit of this report for the training of all support services and statutory services around awareness of the additional impact of inequalities on survivors' experiences of domestic abuse. The sector experts we spoke to for this report all highlighted the existing lack of awareness and need for training around their specialism.

We used responses from providers in our sample to find the average cost per staff member over a year for staff training for each type of support worker, acknowledging that there may be different levels of training required for each role.

Stage 4: average support staff per unit ratio

In order to convert the annual costs of employing support staff into a comparable and scalable unit cost we next needed to establish how many staff should be employed per unit. We did this using data from providers in our sample on the numbers of FTE staff for each service type and the number of units covered by each provider for that service type (i.e. refuge spaces or population covered). For this area of cost we asked providers to be sure to tell us the number of staff needed for a safe and reasonable service rather than the numbers they currently employed, if the two were different.

For each provider in our sample we therefore calculated the ratio of support staff to unit of 10,000 population for staff in each service type.

$$\frac{[\text{FTE staff}] / [\text{number of population units OR number of refuge spaces}]}{[\text{provider support staff: unit}]}$$

We then calculated a mean average for all cases to provide an average ratio of support staff to unit for each type of support worker. Our ratio is expressed as a number to two decimal points (e.g. 0.60 reflects a ratio of 0.60 staff to one unit)

$$\frac{\text{Sum}([\text{provider support staff: unit}])}{[\text{number of providers}]} = [\text{avg support staff: unit}]$$

Stage five: combine information to provide support staff cost per unit

The support staff cost per unit was calculated using the total cost per staff member and staff per unit ratio.

$$[\text{total support staff cost}] * [\text{avg support staff: unit}] = [\text{average support staff cost per unit}]$$

	Average salary⁵⁸	Clinical supervision	Training	Total support staff cost⁵⁹	Staff per unit	Support staff cost per unit
Refuge and Resettlement worker	£38,982	£234	£635	£39,851	0.37	£14,745
CYP worker (refuge)	£38,982	£234	£378	£39,594	0.10	£3,959
Therapeutic Support worker (refuge)	£39,356	£234	£559	£40,149	0.02	£803
Refuge total						£19,507
Outreach/ Advocacy worker	£38,982	£234	£563	£39,779	0.33	£13,127
CYP worker (CBS)	£38,982	£234	£259	£39,475	0.06	£2,369
Therapeutic Support worker (CBS)	£39,356	£234	£559	£40,149	0.04	£1,606
Community Outreach worker	£38,982	£234	£485	£39,701	0.02	£794
CBS total						£17,895
Grand total						£37,402

58 Including 13.8% NI, 3% pension and 9% allowance for other staff costs

59 These are employment costs only and do not include management, administration, or premises cost incurred by staff members, as these are presented separately in this report.

3.7 Activity costs

Stage 6: identifying activity costs

Whilst the highest costs for frontline services are those around employing frontline staff, there are other costs associated with delivering quality support. We asked providers in our sample to tell us about their activity costs under three headings as shown below. Not all providers were resourced to provide all areas of activity cost, and we used the methods described in 3.1 to account for this in our total average cost provided.

Accessibility costs

This includes any costs associated with increasing accessibility to refuge provision. This may include (but is not limited to):

- ▶ interpreters or translators;
- ▶ vehicle hire for residents with mobility issues to attend appointments; or
- ▶ costs relating to physical adaptations to spaces, such as light up alarm systems or adaptations for wheelchair access.

It is important that accessibility and training costs in all organisations take into account basic accessibility and awareness of the needs and experience of women who have faced multiple forms of discrimination.

During the year 2017/18 just 1.0% of all refuge vacancies posted on Routes to Support were wheelchair accessible. This lack of accessible accommodation poses a major barrier for women needing wheelchair access for themselves or their children, whether that is because they use a wheelchair or their disability requires them to have an adapted room for other reasons. Changes to accommodation which improve accessibility can range from fitting a room or flat in refuge with a flashing box doorbell/alarm, to full wheelchair adaptation.

External contractors

These may include specialists on immigration advice, external experts in particular specialisms to carry out group work or 1:1 sessions, or other contractors needed to meet the support needs of the women and children in refuge at a given time. These costs also include the provision of interpreters for women who require support in another language at external meetings. This is not a replacement for the specialist 'by and for' provision discussed in 1.1.

Direct activity costs

This includes any other costs related to the area of work such as resources and toys for children, welcome packs, food parcels for women and children arriving in refuge, or resources for group work sessions. It also includes travel costs and expenses for staff and service users to attend appointments or support sessions.

Stage 7: establishing value for activity costs

For each of these areas of cost we used information from providers in our sample to calculate an average cost per unit of delivery for each service type. Costs for refuge and CBS services include activities relating to refuge and resettlement, outreach and advocacy, community outreach, CYPS and therapeutic support (proportioned as indicated). These costs are shown in Table 4 (next page).

One provider in our sample stated that their cost represented a minimal service which did not meet the needs of survivors and their costs have therefore been excluded from our calculation. One other provider also stated this was the case for their CYPS services and their costs were excluded from these calculations.

Overall activity costs for CYPS were low, with few providers able to cost these. This may be

explained by the fact that CYPS services have been hard hit by funding cuts. As referenced in 3.3, 56.7% of respondents to the 2018 Annual Survey said they were running one or more aspect of their service without dedicated funding. Almost a third of these said that this included their CYPS⁶⁰.

Due to a lack of data on activity costs for CYPS in CBS services we have used a figure based on the CYPS activity costings given in refuge provision. These figures gave activity costs for support provided by 0.10 staff per unit of £217 per unit. We have therefore used a cost of £130 per unit here to reflect support provided by 0.06 staff per unit.

Table 4: Average activity costs per unit

Activity cost type	Refuge services	CBS services
External contractors	£1,846	£1,089
Accessibility	£187	£181
Other activity costs	£856	£1,180
Total activity costs per unit	£2,889	£2,450

3.8 Central costs

The providers in our sample told us about the overarching or central costs they incurred to run the service. The information was split into four areas:

1. Staff employed in administration/finance.
2. Staff employed in management/governance.
3. Premises costs.
4. Other central costs (including insurance, telephone and IT systems).

These costs were apportioned by the percentage of FTE support staff working in the refuge service and CBS service, before calculating the cost per unit for each category.

We acknowledge that these costs will vary between providers based on their individual monitoring and funding requirements, the size of the organisation, and the location of the organisation. For example, these costs were higher in London and the South East where premises costs were typically higher.

Stage 8: apportion costs to refuge and CBS services

For each provider in our sample we calculated the cost per support worker for each area of central cost.

$$[\text{area of central cost}] / [\text{total support staff in all service types}] = [\text{cost per support worker}]$$

We used these costs to calculate a mean average cost per support worker for each area of central cost.

$$\text{Sum}([\text{provider cost per support worker}]) / [\text{number of providers}] = [\text{average central cost per support worker}]$$

60 Women's Aid, 2019A

Stage 9: establish central cost for each service type

Using the support staff: service type ratio established in Stage 4 we then calculated the cost for each service type.

[average central cost per support worker] * [ratio staff: unit] = [central cost for service type]

We then added together the central cost for service type for each area of central cost, to give a total cost for each service type. We used this to establish the total unit cost for central costs in refuge and CBS services as shown in Table 5.

Table 5: Central costs

Central cost type	Refuge services	CBS services
Admin/finance staff costs	£1,909	£1,748
Management staff costs	£3,163	£2,896
Premises costs	£1,924	£2,404
Other central costs	£1,667	£2,083
Total central costs per unit	£8,663	£9,131

3.9 Total costs per year

Stage 10: calculate total unit cost for refuge and CBS services

By adding together the total unit costs for support staff, activity costs and central costs we arrived at a total unit cost for refuge services and CBS services. These unit cost are shown in Table 6. As referenced in 3.4 on unit cost and measuring demand, we have costed

one CBS services per unit of 10,000 population. We further established that to meet current demand, the level of provision would need to be increased by 133%. The CBS unit costs shown in Table 6 therefore reflect the amounts from Tables 3, 4 and 5 multiplied by 133%.

Table 6: Average cost per unit per year

Type of cost	Refuge unit cost	CBS unit cost	Total cost per 10,000 population
Average support staff costs per unit	£19,507	£23,801	£43,308
Average activity costs per unit	£2,889	£3,258	£6,147
Average central costs per unit	£8,663	£12,144	£20,807
Total	£31,059	£39,203	£70,262

Stage 11: calculate total costs for refuge and CBS provision in England over a year

As referenced in 3.4 on unit cost and measuring demand, we have assessed the funding needed for one unit of provision to meet the needs of 10,000 population over a year. In the case of refuge services this is also equal to one space.

Current refuge space provision in England is 3,914 spaces⁶¹. As explained earlier in this report and in other research by Women's Aid⁶², current refuge provision does not meet demand. In order to reflect the level of refuge provision needed we have costed the Council of Europe recommendation of one space per 10,000 population (see 3.4 for further details).

The 2018 mid-year population estimate provided by ONS estimated the population of England at 55,977,178. Based on a unit cost of 10,000 population it would take 5,598 refuge spaces (units of provision) to serve this population. As our methodology also uses a unit of one per 10,000 population for CBS services, 5,598 units of this support are also required to meet the needs of the whole population of England. Table 7 shows our assessment of the level of investment needed per year to effectively fund the specialist domestic abuse support sector in England.

Type of cost	Cost for England (5,598 units)
Refuge services	£173,868,282
Community-based support services	£219,458,394
Total	£393,326,676

61 Routes to Support snapshot information on the number of refuge spaces in England, taken on 1st May 2019

62 Women's Aid, 2019A

Conclusion

There is no 'typical victim' of domestic abuse. Women and children escaping abuse come from all backgrounds, have a diverse range of experiences and require support that meets their needs. Just as the journey of a survivor and her children to safety and support can be complex, current funding arrangements for the specialist domestic abuse sector are too. Funding for support within refuge and community-based support services is currently insecure, fragmented and fails to meet demand.

Women's Aid acknowledges the challenges involved in measuring demand for services which are not currently adequately resourced. It is therefore to be expected that government work to improve funding and raise awareness of domestic abuse will lead to an increase in demand. Additionally, prevention campaigns, including specialist awareness raising, training for professionals, perpetrator programmes and the roll out of community-based interventions are likely to contribute to a higher demand for services.

The proposed new duty on local authorities to fund domestic abuse safe accommodation services is a welcome step towards a secure future for the sector. A secure funding settlement to underpin this, which enables specialist services to meet the needs of all survivors and their children who need their

help is urgently required. This report has assessed the cost of funding support in the specialist domestic abuse sector in England. We have done so by clearly defining what services deliver, calculating the costs of the support they provide using data from a representative sample of quality services, adjusting to reflect 'true costs' rather than the level of funding they currently receive, and scaling up to meet national demand.

Survivors from marginalised groups must be able to access specialist support services 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. The sustainable provision of these specialist services is also essential for meeting obligations under the Equality Act 2010 and Public Sector Equality Duty. We have not been able to assess the complete level of investment needed to fund specialist provision for survivors from marginalised groups within this research, but doing so remains an urgent priority to ensure that no survivor is turned away from the support they need.

This report has not looked in depth at the models required to deliver the funding settlement. Robust national oversight is of course required to ensure that local funding arrangements are effectively sustaining the

national network of refuges, which usually support women and children who need to cross local authority boundaries to access safety. We know that services led 'by and for' specific groups of survivors, such as BME women and disabled women, are not sustainable within the current localised funding system. Cross-government cooperation, driving commitment from a range of commissioners, will be required to ensure the full range of community-based services is sustainably funded alongside refuges.

Delivering the national funding settlement estimated in this report is essential to saving

and changing lives. It amounts to just a fraction of the annual cost of domestic abuse to government, and wider society of £66bn⁶³. Sustainable investment in the life-saving 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 survivors, and national investment to drive a step change in prevention and early intervention, remain pressing priorities.

Recommendations

1. The government commits to the funding settlement set out in this report, working with the domestic abuse sector, local authorities and commissioning bodies to ensure it is delivered effectively, sustainably and secures the future of specialist provision for women and children escaping domestic abuse.
2. The government and the domestic abuse commissioner work in partnership with the 'by and for' sector (including providers working 'by and for' BME women, LGBT survivors and survivors who are disabled, d/Deaf or blind), to develop the funding settlement and model of delivery required for specialist provision for groups with protected characteristics.

Appendix 1: Providers in our sample

Our final sample group consisted of 12 providers which all ran refuge services with a total of 406 spaces. One space is defined as one unit of accommodation (one room in a shared house, one self-contained unit or one dispersed house/flat) for a woman or a woman and her children. Refuge spaces vary in terms of size, accessibility and accommodation type.

The number of spaces held by providers in our sample equates to just over 10% of current refuge service provision in England. The services have a mixture of accommodation types, 206 units in shared houses (50.0%), 161 self-contained units (39.1%) and 30 dispersed units (7.3%) to cater for diverse client groups. The largest service has 168 units including all three accommodation types, and the smallest has 10 units in a shared house.

The providers in our sample all run at least one other area of support work in addition to their refuge service. All but one provider run community-based services, 10 run open access services such as helpline or drop-in services, nine provide a formal counselling service and seven carry out prevention work in the community.

All providers in our sample use On Track (the Women's Aid case management and outcomes monitoring system). This is included in the service costs to reflect the importance of effective case management and monitoring outcomes for women using services to drive service improvement and accountability to women and girls. As such, case management and outcomes monitoring tools are an essential part of service provision, service monitoring and overall service accountability. Other providers may have different case management systems but the costs would be similar or higher.

The 12 providers are drawn from seven English regions in total; a regional breakdown is shown in the table on the next page. One service is a 'by and for' led service for BME survivors. Another 'by and for' led BME service was not able to complete the cost information due to lack of resources but was able to speak to one of our researchers in an interview and give overall figures and staff numbers without a breakdown.

As shown in the chart on the next page, most of the providers are operating within just one local authority area, although as shown, the largest provider in the sample works across 14 local authority areas.

In addition to the geographical area covered, another indicator of the size of an organisation is the number of staff members that are employed to work directly with women and children (across all support service types). For example, one provider has just three members of staff and therefore has no capacity to offer community-based services in addition to refuge. Another provider has a staff team of over 140, enabling them to offer a range of interventions to services users living in the two local authority areas they cover, alongside their refuge service.

In addition to their services for women, just over half of the sample (7 out of 12) also provide services to men experiencing domestic abuse. Three of these providers offer a refuge service to male victims, with a proportion of their bed spaces in dispersed properties being available to either men or women as required.

Region	Number of providers in sample	Refuge spaces (all accommodation types)
East Midlands	1	15
East of England	2	64
London	1	168
North West	1	9
South East	2	40
West Midlands	3	88
Yorkshire & Humberside	2	22
Grand Total	12	406

# Local Authority areas covered by provider	# Providers
1	8
2	2
3	1
14	1
Grand Total	12

Appendix 2: Support staff roles

Refuge support workers

Refuge support workers provide essential, day-to-day emotional support and practical support. This includes support with finding school places, registering with bank accounts, doctors, dentists etc. They are skilled at managing dynamics between residents and creating safe, trauma-informed environments. They create opportunities for residents to engage in 'typical' life experiences outside of the refuge and form peer support networks. They handle administrative work around referrals, claiming for benefits, and ensure that women and children have the breathing space needed to start to recover.

Resettlement support staff

Resettlement support workers provide support to women around moving on from refuge and settling in to the next stage of their lives. This includes support in locating accommodation, emotional and practical support around settling in to new housing, and liaising with new support workers. Half of our sample said that their refuge support staff carried out the resettlement support function rather than having separate staff to provide this. As a result we have combined the two roles in our analysis as shown later in this report.

Outreach/floating support workers and IDVA/advocacy workers

Outreach and advocacy staff may have a recognised IDVA¹ or DAPA² qualification. Workers will provide emotional and practical support to service users in CBS services, which includes (but is not limited to) advice and information, support with parenting and life skills, advocacy, emotional support and liaison with other agencies. Support workers also facilitate informal peer support networks for survivors through, for example, coffee mornings, skill shares, reading groups or craft classes.

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1 <http://www.safelives.org.uk/training/if-you-work-idva/idva-training>

2 <https://www.womensaid.org.uk/what-we-do/training/qualifications/>

Dedicated support staff for children/young people in refuge

Dedicated children's workers create a separate space for children in refuge where they can begin to understand life in refuge and their experiences that led them to it. Skilled children's workers create age-appropriate group opportunities for children and young people in the refuge. Using art and play materials children are given the language and skills to understand the difference between healthy relationships and experiences of abuse. These essential interventions increase women's space for action and contribute to primary prevention programmes.

Therapeutic support delivery staff

Therapeutic support staff provide vital support to women using refuge in a 1:1 and group work setting. This includes supporting women to better understand the trauma they have experienced and to learn strategies to help them manage intrusive thoughts and memories that often can only start to surface when the woman is physically safe enough to recall them. Therapeutic support staff help women to form coherent narratives of their account and to manage their grief about the loss of their relationship. Counsellors help women to think through and connect to feelings in a supported, manageable women centred-way, and offer significant cost benefit, often preventing suicide and self-harm intentions and actions. Despite the economic and social case for counsellors in refuges, only four cases in our sample gave separate costs for therapeutic work. Others had included it in the core refuge function or were not resourced to provide it.

Community outreach workers

Staff will be engaged in carrying out training, education and prevention work in the community. This includes listening to and engaging with local people, harnessing the power of community action to raise awareness of domestic abuse, and supporting disempowered communities to challenge the status quo. They build relationships with survivors and communities and deliver training and workshops to community members.

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Funding Specialist Support for Domestic Abuse Survivors

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