

The impact of Covid-19 on domestic abuse support services: findings from an initial Women's Aid survey

Contents

Introduction	2
Methodology	2
Who responded to the survey?	2
Part 1: The impact on current service provision.....	3
Reduction in service provision.....	3
Refuge service residents and impact of Covid-19	4
Refuge services ability to follow government guidance on staying open.....	4
Impact on staffing.....	6
Ability to effectively support women and children.....	8
Additional impacts for specialist services	10
Part 2: The financial impact of Covid-19	11
Part 3: the future impact of Covid-19.....	12
Preliminary conclusions	13

Introduction

Women's Aid has begun to assess and monitor the impact of Covid-19 on domestic abuse services and survivors. In April 2020 we carried out an initial survey of domestic abuse service providers which was circulated between 30th March and 6th April 2020. These findings reflect the concerns of service providers at that time and do not take into account any developments after 6th April.

This document outlines the findings which have emerged from this survey to give an initial briefing on the impact of Covid-19 on domestic abuse support services. Domestic abuse services told us they were seeing a wide range of impacts at the start of Covid-19 lockdown measures. The impact was not the same for all providers and many were concerned about the effect further down the line on demand and funding. Women's Aid will continue to monitor the impact on local domestic abuse services and will update this briefing, and others available on the Women's Aid website, as more findings become available.

Methodology

The survey was designed to help us build a picture of the initial concerns that these services had about Covid-19 and its current impact on the support that they can offer. The survey consisted of twelve questions and was distributed to all local domestic abuse service providers in England, including Women's Aid members, via email, our Twitter account and our services directory Routes to Support. The findings from this survey are used to inform all of our work on behalf of women and children experiencing domestic abuse and the lifesaving local services which support them.

Who responded to the survey?

We received responses from 45 local domestic abuse services. These services cover all regions of England and vary greatly in size. Of the 45 respondents, three were specialist services running exclusively for particular groups of women. Most, 73.3% (33), told us that they run a refuge service.

Part 1: The impact on current service provision

Reduction in service provision

84.4% (38 out of 45) of respondents reported that they have been forced to reduce or cancel one or more of their services due to Covid-19. Organisations reported an impact on all listed service types. Outreach and drop-in services were affected most commonly, with almost half of these services cancelled or reduced.

Table 1 gives a breakdown on the service types which have been cancelled or reduced.

Table 1: Have you had to reduce or cancel any of your services due to the impact of Covid-19?

Service	# providers	% providers
Drop-in	22	48.9%
Outreach/floating support	21	46.7%
Refuge	12	36.4% ¹
Counselling	14	31.1%
IDVA/DAPA	4	8.9%
Helpline	4	8.9%
Sexual violence services	2	4.4%
None of these	8	17.8%
Other (including groups, external events, children's services, hospital IDVA and family court support)	21	46.7%
Total number of providers responding to the survey	45 (33 running refuge services)	

More than one third (12 out of 33) of the refuge services which responded to our survey told us that they have reduced or cancelled this service due to Covid-19. A qualitative analysis of additional feedback revealed a variety of reasons for this, including a reduction in staff due to social distancing measures and a reduction in accepted referrals due to self-isolating residents. The following are some examples of quotes that were provided by respondents.

"Refuge staff are lone working due to office space being small for safe social distancing."

¹ Shown as a percentage of those 33 running refuge services

"Our Supported Housing has shared facilities so this has made it difficult to take women in and no staff at the houses" – the service questioned how safe accepting a new referral on the phone would be.

"Refuge staff providing phone contact only at the moment. Referrals restricted as some residents are self-isolating, no complex referrals will be taken, only those aware and able to stay in refuge & require low support levels."

Almost one third (14 out of 45) of the services that responded to the survey reported that they have reduced or cancelled their counselling services due to Covid-19. As can be seen in the following examples, reasons given focused on the impact of switching to telephone or online counselling.

"We are not offering specific counselling around trauma eg memory reprocessing etc. This is deemed not safe to do if we are just talking on the phone we cannot see how a client is reacting etc."

"Some women do not want [online counselling]."

Refuge service residents and impact of Covid-19

54.5% of respondents running a refuge service (18 out of 33) said that they had residents who were self-isolating with symptoms of Covid-19. 48.5% (16 out of 33) said that they had residents self-isolating because they were identified as being in a vulnerable group. No respondent reported that any residents had tested positive for Covid-19.

Refuge services ability to follow government guidance on staying open

48.5% of respondents running a refuge service (16 out of 33) said that they would be able to apply government guidance issued on 24th March 2020 for existing service users and new referrals. 33.3% of respondents running a refuge service (11 out of 33) said that they would be able to apply government guidance issued on 24th March 2020 for existing service users only.

Only 30.3% of respondents running a refuge service (10 out of 33) reported that they had adequate provision of personal protective equipment for their staff.

Seven of the respondents running a refuge service (21.2%) reported that service users have been unable to get essentials; seven respondents (21.2%) reported that they had been unable to buy communal supplies for the refuge.

"All of our self-contained properties are full, however we have 2 spaces in our shared properties. Due to the government guidance these are deemed as "single households" and with the lockdown people from different households can't mix. We have therefore taken the decision that we cannot accept new referrals in to these 2 shared vacancies until the lockdown is over, it would be too high risk for the current families living in the household..."

"We are able to offer refuge provision although we are currently full and not sure any move ons will take place. Where we have a couple of self-contained flats empty we are still awaiting for the voids checks² to be carried out. Contractors are advising that the flats need to empty for at least a week before they will come to complete the voids checks, these checks are taking over 7 working days to be carried out due to the contractors available to do so."

"We are going to struggle when we have to manage illness in the house. We will want to support families but with no access to PPE, workers will be very worried about exposure..."

² Void checks are carried out on room when a resident leaves and include carrying out any necessary maintenance. These must be carried out before the room is made available to a new resident and any delays in carrying out void checks creates a delay in a new vacancy being made available.

Impact on staffing

All survey respondents told us that their levels of staffing had been affected in at least one way with 82.2% saying they are now unable to offer face to face support to women and children. Services have been impacted by staff shortages and additional staffing costs which impact on the support they are able to provide. Table 2 shows the number and proportion of services which reported a range of impacts of Covid-19 on their staffing levels.

Table 2: Have you experienced any of the following impacts of Covid-19 on your levels of staffing?

	# providers	% providers
We are unable to offer face to face support to women and children	37	82.2%
We have been impacted by staff unable to come into work due to self-isolation	29	64.4%
We have incurred additional costs to the service to facilitate remote working	27	60.0%
We are relying increasingly on email for communication due to remote working	26	57.8%
We have been impacted by staff sickness	22	48.9%
We have seen a reduction in the number/availability of volunteers	22	48.9%
We have had to reduce the amount of support hours offered to women and children	11	24.4%
We have been unable to accept referrals due to remote working	6	13.3%
None of these	0	0.0%
Total number of providers responding to survey	45	

Remote working

Most services now have all or most of their staff team remote working. Our survey showed 51.1% of responding services currently had all staff remote working and 37.8% had more than half their staff team remote working.

This change has had a significant impact on the way they are able to work. Respondents told us that finding a confidential place to speak to survivors was challenging for many staff, particularly if they had children.

"A lot of staff's home lives are not good for offering confidential support either on the phone or via video."

"All staff are working from their home. Some have children with them which affects their work. They have to plan their work around the children to ensure they have private conversations with their clients."

Working remotely impacts on the way support is offered, the lack of face to face contact creating a challenge for staff working to support women and children.

"Social distancing impacts on our relationships with each woman. Remote support is not enough. It is hard on staff as we know we are not helping as much as they need."

Some also spoke of the change in a positive way noting aspects they might want to hold on to, though they acknowledged the investment needed to make this work.

"It is actually very positive. We will retain some of our practise going on. It has taken a lot of time & effort to set up. We have relied on workers using their own devices at home. A lot of support has been needed to get people comfortable & capable."

Staff wellbeing and concern for survivors

Staff at specialist domestic abuse support services work hard to provide the best possible support for women and children who need them. Responses to our survey showed that as a result of the impact of Covid-19 on the support they are able to provide, staff were impacted personally by this. Additional feedback revealed that responders were very concerned about the wellbeing of both staff and survivors during this time.

"Staff are extremely worried and concerned for safety of DVA victims during this period and the uncertainty of when we will be able to have safe contact with clients who are still in a relationship."

"[staff] have high anxiety about the safety of their service users, knowing it's unsafe to contact many at home they fear for their safety"

"Anxiety from all staff about women being at home with abusers and the potential consequences of this."

"This type of work is tough to do remotely - staff need support to ensure health and wellbeing, to prevent trauma and burn out. Peer support as well as management support is crucial."

Childcare

Increased childcare responsibilities for both staff and survivors, and its impact on opportunities for support, emerged as another theme.

"We have a lot of staff with childcare issues because of school closures, some with underlying conditions and others with partners/children with such conditions, so we are having to be as flexible as possible."

"one of our largest projects was that of Survivors volunteering - however the majority are now home schooling their children so are no longer able to volunteer and they are already telling us that they are feeling isolated and vulnerable."

"The majority of the team are single moms with young children, this means that their priority is home schooling and they are fitting in work around caring for them."

Ability to effectively support women and children

The majority of respondents, 84.4% (38) felt that their ability to effectively support women has been affected by Covid-19. Still more, 91.1% (41) reported that their ability to effectively support children had been impacted.

There were a range of impacts reported on the support offered to women and children. Reduced capacity to support children was the impact selected by most respondents (60.0%). This is closely followed by women experiencing more issues relating to child contact (57.5%) and women who sign up to community-based services not being able to receive support as planned (57.5%).

On average services noted three impacts (rounded up from 2.7). This ranged from one to six impacts (this includes the option 'Other' but not 'none of these apply'). Table 3 gives a breakdown of these results.

Table 3: Impact of Covid-19 on the support you currently offer to women and children

Impact	# providers	% providers
We have reduced capacity to support children	27	60.0%
Women signed up to our community-based services have not been able to receive support as planned	26	57.8%
Women have experienced more issues relating to child contact	24	53.3%
We have reduced capacity to support women	23	51.1%
Women have experienced financial hardship	19	42.2%
Women have not been able to access foodbanks or found that foodbanks do not have enough items to help them	14	31.1%
Women we work with have experienced increased levels of abuse	8	17.8%
Women have had to leave the refuge	2	4.4%
None of these apply	2	4.4%
No answer	2	4.4%
Total number of providers responding to survey	45	

Other impacts which were mentioned included:

- Seeing an increase in self-referrals in the period leading up to lock down, "Significantly in the days leading up to lock down, self-referrals increased by 37%, this has plummeted. A clear indicator that women are unable to seek support now."
- Being unable to contact women in abusive relationships "Many we support who are still in an abusive relationship are now uncontactable owing to the isolation/ lockdown. We have no safe means of establishing means of support, we have no way of knowing until after this period what they have endured or experienced."

Additional impacts for specialist services

Whilst feedback from specialist services for marginalised groups was limited in this survey, responses suggested that they were experiencing additional impacts of Covid-19 relating to their specialism. For example services working with d/Deaf services users were particularly impacted by the lack of face to face contact, whilst services working with interpreters faced difficulties in accessing them remotely.

Respondents mentioned that in the current climate many survivors will remain with insecure status for longer and that due to the lock-down many immigration solicitor appointments have been delayed or cancelled.

These challenges are likely to add to the disproportionate impact of Covid-19 on marginalised groups including BME women and require dedicated monitoring to ensure that any policy or practice response to Covid-19 takes particular consideration of these impacts.

Part 2: The financial impact of Covid-19

Most survey respondents (86.7%) had experienced one or more financial impact/s as a result of Covid-19. The financial costs mentioned were varied from organisation to organisation, reflecting the disparate resourcing of local services.

Respondents were concerned about additional costs and loss of funding. They wrote about the costs incurred in moving staff to remote working such as purchasing laptops and mobile phones. Respondents were concerned that loss of future funding, as well as the loss of income from services such as training, threatened the future of the organisation and its workforce. See Table 4 for a breakdown.

One respondent summarised their financial concerns in the following way.

“We need to ensure that we have an adequate workforce to support all victims in the longer-term. By running DA services close to the bone we have not left any resilience for times like this³. Support hours in refuges have reduced over the last 10 years whilst residents have increasingly complex needs. We have to also consider how we will support those that have to go into homeless accommodation because refuges may be full - this will need additional resourcing.”

Table 4: Have you experienced any of the following financial impacts?

	# providers	% providers
Additional resources for working from home (e.g. purchase of laptops/home workstations, potential moving costs for equipment/furniture from office, purchase of mobile telephone handsets)	22	48.9%
Loss of rental income	6	13.3%
Additional resources for staff wellbeing and mental health (e.g. additional time to support staff in responding to sudden and prolonged change, remote working, isolation)	5	11.1%
Additional contract costs (e.g. mobile phone contract, broadband, additional IT support contract time)	2	4.4%
Other financial costs	3	6.7%
None of these apply	6	13.3%
No answer	2	4.4%
Total number of providers responding to survey	45	

³ <https://www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report/>

Part 3: the future impact of Covid-19

Service providers were also concerned about the impact Covid-19 would have on their future ability to provide services, see Table 5 for a breakdown.

Most respondents (66.7%) expected to see an elevated demand for their services when lockdown measures are lifted. "I am really concerned that when lockdown ends we will have a tsunami of referrals just at the point our staff are exhausted from keeping services going at this difficult time. Staff will need quality leave and support but post lock down demands will be impossible to manage."

As well as this future spike in referrals, respondents were also concerned about the impact on staff due to furlough/cuts and loss of income from various sources (e.g. fundraising events, unable to accept donations of items such as clothing).

There was a mixed picture of funders in the responses: some have been "incredibly supportive" whereas other services have had no offers of support and were already stretched for funding.

"There has been zero support, advice, guidance offered from anywhere to our service or others in (local area) in how we are to respond to this crisis. We have had no offer of access to emergency funding, nothing. We receive very little by means of statutory funding ... Many charitable funders have halted their applications or will be penalising if you cannot deliver what you stipulated. Much of what we raise is community-based activities, we cannot do this. We are fearful that this service ... will not be able to continue unless significant support/aid is identified immediately."

Table 5: Are you concerned about the future impact of any of the following?

	# providers	% providers
Loss of income from fundraising	31	68.9%
Future elevated demand for support services	30	66.7%
Loss of future funding contracts	18	40.0%
Loss of rental income from refuge services	15	33.3%
Having to make staff redundant	13	28.9%
Cost of staff overtime	13	28.9%
None of these	5	11.1%
No answer	2	4.4%
Total number of providers responding to survey	45	

Preliminary conclusions

Our initial services survey on the impact of Covid-19 reveals that while domestic abuse services in England are adapting to the government guidelines and are continuing to offer vital support to domestic abuse survivors, many have been forced to reduce or withdraw the support that they are able to offer women and children – largely due to staff shortages and challenges in adapting to remote delivery.

This survey indicated that services supporting marginalised women including migrant and d/Deaf women were acutely affected. Further work is needed to explore the critical impact of Covid-19 on marginalised women and the smaller specialist services who support them.

The domestic abuse support sector was already facing a funding crisis when this pandemic hit, there was little or no financial resilience to meet these huge new challenges. Women's Aid have highlighted this funding crisis in many ways, such as our Save Our Services campaign and our research reports including *The Domestic Abuse Report 2020: The Annual Audit*⁴. This report was published two months before lockdown was introduced, and highlighted the significant impact of funding cuts, uncertainty over future funding and running services with no dedicated funding.

Services have seen a significant financial impact of Covid-19, and many are concerned about the impact of this on the wellbeing of both staff and survivors. Women's Aid will continue to monitor the impact of the current crisis on local domestic abuse service providers throughout this crisis and beyond and will update this briefing in to reflect future findings.

⁴ <https://www.womensaid.org.uk/research-and-publications/the-domestic-abuse-report/>