Economic and Social Research Council

DAHLIA-19

DOMESTIC ABUSE:
Harnessing Learning Internationally under COVID-19

Innovation, Collaboration and Adaptation:

The UK Response to Domestic Abuse under Covid-19

Authors: Stanley, N.; Barter, C.; Farrelly, N.; Houghton, C.; McCabe, L.; Meinck, F.; Richardson Foster, H. and Shorrock, S.

December 2021

University of Central Lancashire UCLan

THE UNIVERSITY of EDINBURGH

DAHLIA-19

DAHLIA-19 (Domestic Abuse: Harnessing Learning Internationally under Covid-19) is an international research study funded by the Economic and Social Research Council (ESRC). The study is exploring domestic abuse policy and practice for survivors, children and perpetrators during the Covid-19 pandemic. The research is being undertaken in four countries: the UK, Australia, Ireland and South Africa. The UK team is led by Professor Nicky Stanley and is based at the University of Central Lancashire and the University of Edinburgh.

For mapping reports from Australia, Ireland and South Africa, see the DAHLIA-19 website.

Acknowledgements

The researchers would like to thank our partner organisations listed in Appendix A who have supported and assisted with this research. Thanks also to all those practitioners, policy makers and commissioners from the four countries of the UK who participated in webinars and interviews and responded to our survey and Call for Evidence. Finally, we are grateful for the contribution made by members of the study's two Survivor Advisory Groups convened in England and Wales.

Contents

Executive Summary i
Chapter 1. Covid-19 and its Impact in the UK 1
Chapter 2. Research Aims and Objectives 9
Chapter 3. Public Health and other Public Messages Addressing Domestic Abuse 12
Chapter 4. Collaborative Working and Planning under Covid-19 17
Chapter 5. Domestic Abuse Policy and Funding Strategies under Covid-19 20
Chapter 6. Policy and Funding Strategies in Other Sectors 24
Chapter 7. Delivering Fast and Accessible Services 30
Chapter 8. Delivering Domestic Abuse Services to Specific Groups and Populations 36
Chapter 9. Strengthening Domestic Abuse Service Capacity under Covid-19 47
Chapter 10. Conclusions 50
References 53
Appendix 1: DAHLIA-19 Partner Organisations 62
Appendix 2: Data Appraisal Tool 63

Executive Summary

This report outlines the key findings of a UK mapping study carried out between November 2020 and November 2021 on policies and practices in relation to domestic abuse (DA) for all family members under Covid-19. Undertaken across the four nations of the UK, the study made use of expert interviews, stakeholder meetings, a call for evidence, and a survey of regional DA co-ordinators. The study findings highlight the regional variance in service provision and innovation and the speed with which services and government have responded to some of the demands created by the pandemic.

Online collaboration and service provision

Throughout the study, participants highlighted the pivot to online service delivery and planning as one of the main innovations under Covid-19 with implications for both policy making and practice. This shift made meetings more accessible and inclusive bringing a more diverse range of DA organisations to the table. Online communication and collaboration assisted DA organisations to share and comprehend different approaches and practices. However, while policy and planning were experienced as more inclusive by DA organisations, there was little consultation with survivors and virtually no consultation with children and young people or with some relevant services outside the DA sector such as support and advice services for BAME women or education. Initially, online meetings were reported to have stimulated the emergence of new collaborations for joint service delivery, but enthusiasm for online meetings dwindled as the pandemic progressed as informal rapport building was experienced as more difficult online.

Strategic level meetings, however, with Government or the DA Commissioner, were welcomed by all as they were thought to help Government develop a more holistic understanding of challenges faced by the sector and allowed for speedier decision-making. Moreover, smaller organisations or those in more remote areas were able to participate, whereas pre-pandemic they might have lacked the budget to travel to these meetings.

Remote service delivery seemed to increase accessibility for some service user groups, e.g., people in remote areas and some younger survivors, and was implemented swiftly through DA organisations which acquired the necessary IT skills speedily. However, remote service delivery also had drawbacks in that older survivors and people with complex needs struggled to access online services and children did not always engage well with them. Internet poverty was a barrier for some with difficulties in accessing both the equipment and Wi-Fi and in meeting mobile phone costs. There were also concerns around privacy with remote appointments when restrictions were in place and all family members, including perpetrators, had to stay at home resulting in the disengagement of some vulnerable survivors.

Helplines also responded swiftly to increases in call volume by extending the availability of services and providing new online forms of contact, e.g. webchats. Innovative approaches also included the use of audio leaflets allowing survivors to listen to available services via online devices.

Funding

There were large differences across the devolved nations in the availability and distribution of funding for the DA sector. In some nations, the bulk of the funding went to organisations already in receipt of government funding, while some funds were earmarked for organisations not yet on the

funding list. Notably in Northern Ireland, there was no funding allocated specifically for DA services, although the national DA helplines did receive additional funds. A lack of co-ordination between government departments also resulted in multiple bids by some organisations for specific purposes and respondents noted that the absence of a consolidated approach at national levels put immense pressure on organisations on the ground to coordinate local responses.

Where they were introduced, flexible tendering approaches and quick and easy processes were highly appreciated by DA organisations which were under extreme pressure to deliver services in new ways and in the face of unprecedented demand.

Awareness raising

Both Government and the DA sector realised early in the pandemic that survivors, influenced by stay at home messages, were not coming forward to seek services and leave unsafe homes. Subsequently, a whole host of awareness campaigns using the 'You are not alone' messaging brought clarity. DA stakeholders contributing to this study stressed the value of such messaging coming from the top with the task of awareness raising not confined to the DA sector, and they emphasised the impact of the First Ministers of Wales and Scotland continuing to reinforce this messaging in their daily briefings.

Further awareness raising campaigns included an accelerated information pack for employers issued by the Home Office aimed at supporting staff at risk of DA. While government messages were usually not translated, DA organisations provided resources in multiple languages to ensure campaigns also reached people of non-English speaking backgrounds. Unfortunately, messaging across all campaigns was rarely aimed at children and young people (CYP) and not aimed at perpetrators. Some public health services took the decision not to disseminate DA messaging at vaccination and testing centres and, given the high footfall these centres have experienced, this represents a lost opportunity to raise awareness of DA across the general population.

Services for children and young people

Many concerns were raised about the invisibility of CYP experiencing DA throughout the pandemic. Closures of schools and nurseries, particularly during the first lockdown, meant that many CYP lost main access points to care and safety. This was recognised as a particular issue for CYP not yet known to services who remained a completely hidden population. Although those designated as vulnerable were offered access to school or nursery, it wasn't always clear (especially in the early phase of the pandemic) who qualified as vulnerable which meant that many children experiencing DA and other adversities were not in school and were not identified as needing support. Service delivery was particularly lacking for marginalised CYP, especially those with disabilities, whose services were almost completely withdrawn during the first lockdown.

To mitigate this, webchats were introduced for CYP and services moved online. While some agencies reported an increase in engagement, many voiced concerns about CYP's disengagement with online services. Although engagement with these was not particularly high, web-chat services were identified as a local need and have been incorporated into future service delivery. In response to poor uptake of online services, some local authorities created innovative 'Resilience Hubs' to deliver face-to-face appointments to children in a safe manner.

One positive practice highlighted was the Scottish Government's establishment of Children and Families Collective Leadership Groups which reviewed data, trends and research on child protection under Covid-19. This assisted ringfencing of resources and getting vulnerable children into schools. A DA sub-group was later established but there was scepticism about its achievements. At the practice level, Operation Encompass' helpline for teachers enabled those teachers who were encountering children living with DA to receive advice on an appropriate response during the pandemic.

Under Covid-19, there were reports of some perpetrators refusing to return children after contact sessions ended. This was particularly problematic during the first lockdown when many child contact centres were closed and contact was organised in private spaces. In all four countries, courts provided guidance on child contact and recognition of the need for clearly regulated court mandated child contact ensured that child contact centres, especially those in Scotland where this was a focus of lobbying activity, were mostly able to remain open for subsequent lockdowns.

Minority and excluded groups

The evidence captured suggests that there was inadequate provision of services for the following groups of services users: those with complex needs, in rural communities, with no recourse to public funds, ethnic minority groups, male victims, older survivors and CYP living with DA. Little evidence was available on LGBTQ+ survivors and those with disabilities, although there were a number of initiatives that aimed to ensure that information was accessible to deaf people. The expected increase in calls to helplines for all survivor groups did not materialise, but the complexity of the calls received was higher. One group for whom calls increased significantly were male BAME survivors.

Minority and excluded groups were already underserved pre-Covid-19 and this pattern has been attributed to funding strategies that target larger generic services. These gaps in services were exacerbated throughout the pandemic, which highlighted the lack of service provision in respect of housing, digital poverty, complex health needs, mental health and language barriers for minority groups.

However, lack of services, particular for ethnic minority groups, led to some innovative collaborations between agencies which increased translation services for BAME survivors, produced information leaflets in multiple languages and expanded funding for housing support for BAME survivors.

For survivors with no recourse to public funds (NRPF), accessing DA services throughout the pandemic was particularly difficult. This was acknowledged by the governments in all devolved nations. In Scotland, early guidance and a framework for local authorities on how to support NRPF women was made available by The Convention of Scottish Local Authorities (COSLA) regarding emergency housing. In Northern Ireland, a fund for victims with NRPF was reopened although many social services adhered to old guidance which excluded NRPF. In England, the Home Office made intermittent funding available for survivors with NRPF but demand vastly exceeded such provision.

Perpetrators

There was limited acknowledgement of perpetrators' needs despite an increase in calls by perpetrators to perpetrator helplines. Provision of services for perpetrators was not considered adequate and while the move to online services increased access for some, the study found that

reduced face-to-face contact increased waiting lists which impacted negatively on perpetrators' mental health and well-being. Some services, as a result, prioritised high-risk men and made use of telephones or outdoor walks to enable safe conversations and continue perpetrator support. Leading perpetrator organisations in most of the devolved nations produced guidance around engaging perpetrators safely online and working with perpetrators during lockdown.

Few governments acknowledged the service needs of perpetrators, but innovative, data-informed approaches were reported: for example the Scottish government produced weekly updates on the nature and severity of DA including information on behaviours and tactics used by perpetrators to inform service delivery. Across the UK, there were examples of DA perpetrators being proactively contacted by the police and, in Scotland, 'investigative liberations' were used allowing for perpetrators to be excluded from the family home for 28 days. Under the pandemic, there were increased calls to house perpetrators outside of the home rather than providing emergency accommodation to survivors and some innovative regional examples of this practice emerged and were described as 'cutting-edge brave policy changes' by participants.

Other sector responses

Health

The lockdown impacted on all health services in the UK significantly. Routine appointments were no longer provided, in particular, large gaps emerged in mental health service provision. This resulted in many DA organisations supporting women with severe and deteriorating mental ill health because of the social isolation enforced by the lockdown. However, some streamlining of services was identified, for example, the approval of telephone consultations for abortions which facilitated care and service delivery for DA survivors.

Housing

Prior to the pandemic, refuge spaces were insufficient to meet level of provision recommended by the Istanbul Convention and, under Covid-19, staff shortages, cleaning regimes and distancing requirements, placed all forms of emergency housing under extreme pressure with insufficient housing available to meet demand. Some swift responses were seen across some local authorities with innovative new forms of short-term emergency accommodation provided such as B&Bs, hotels, Airbnb's, and Crash Pads. Unfortunately, some of these innovative approaches provided mixed housing that was not always suitable for DA survivors and longer-term emergency accommodation continued to be scarce.

Criminal justice

The police identified DA early on as a priority and did not substantially adapt their face-to-face responses to DA incidents during the pandemic. Targeted monitoring of high-risk perpetrators took place in some regions and the police provided increased briefings on DA. There were anecdotal reports of women feeling that they were not taken seriously by the police early in the pandemic, but no such reports were identified during later stages of the pandemic.

In Northern Ireland, the police directly contacted victims of high-risk DA cases to signpost key services and support survivors. They also promoted registration of phones to a specific service so that the dialling of 55 on the registered phone would alert emergency services.

Decreases in DA referrals from the police to the Crown Prosecution Service (CPS), in charging rates, and in prosecutions have been reported in England and Wales over several years prior to the pandemic. Delays in court hearings increased under Covid-19, exacerbating risks to survivors. In response, some courts moved hearings online which lifted geographical limitations and was described as less traumatising for some victims. However, it created challenges around keeping children out of earshot during testimony and feeling unsafe when having to recount experiences from the home.

Community contact points /safe spaces and transport

Some innovative local practices and planned interventions were fast-tracked during the pandemic with services adapting to the unfolding situation at speed. These included initiatives involving community contact points or safe spaces which made use of pharmacies or other codeword initiatives which enabled women to seek help confidentially through non-specialist accessible points within their communities. However, some concerns were voiced around the lack of training for frontline staff delivering these initiatives, incorrect telephone number provision and little consultation with DA services.

Another intervention which accelerated under the pandemic was 'Rail to Refuge' and other transport initiatives, which enabled survivors to use public transport (trains, buses, taxis) to flee to safety. This scheme was scaled up nationally and large numbers of survivors and children were transported, despite low awareness of the scheme among the public and limited access in some areas: for instance, in rural areas that lacked train travel. Respondents to this study highlighted the long-term value of signposting and publicising routes to safety and expressed hope that transport initiatives were here to stay.

Conclusion

Under Covid-19, the DA sector in the UK pivoted rapidly to meet increased and increasingly complex demand. The pandemic demonstrated the extent to which the DA sector interlocks with other public services and systems and existing multi-agency structures were maintained and strengthened by the move to online communication. However, some stakeholders such as education were omitted, and this may have contributed to the widely reported 'invisibility' of CYP. New strategic groups established at a national level were valuable both in ensuring rapid distribution of funding and in enhancing government understanding of DA. Online communication also promoted shared learning within the DA sector and within DA organisations.

While benefiting some, remote services were not equally accessible for all and the value of face-to-face encounters for building rapport was emphasised by study contributors. It will be important that face-to-face service delivery and professional collaboration are retained, and hybrid models are likely to offer a way forward.

The study identified a significant conceptual shift towards rehousing DA perpetrators in order that women and children could stay in the family home and an early intervention project provided a test

ground for this. Moreover, the proactive approach adopted by many police forces demonstrated what is possible when DA becomes the 'priority crime'. The experience of proactive policing under the pandemic together with the absence of any substantial increase in domestic homicide figures provide an argument for campaigning on this issue.

Finally, public messaging and media coverage in respect of DA acted to increase public and government awareness of DA and may have been impactful for survivors and for funding of the sector. However, further research is required to explore this. Awareness raising is a prevention task that public health services could usefully address in future. The decision not to publicise sources of help for DA survivors in frontline community-based testing and vaccination centres represents a missed opportunity and urgent reconsideration of this policy is recommended.

A number of promising responses and initiatives have emerged from this study and these merit robust evaluation and retention. These include:

- Targeting funding on the DA sector while allowing flexibility in spending.
- Regular strategy meetings between Government and the DA sector.
- The removal of the No Recourse to Public Funds category in some jurisdictions.
- Community touchpoint schemes such as Ask for Ani and Safe Spaces.
- Rail to Refuge and other transport initiatives: these achieved good uptake.
- Interventions that aim to keep survivors and children in the family home by rehousing the perpetrator.
- Online delivery of services for all survivors, children and perpetrators proved feasible and increased accessibility for some groups. Hybrid models of service delivery are recommended for the longer-term.

Chapter 1. Covid-19 and its Impact in the UK

The Covid-19 Pandemic in the UK

The first positive case of Coronavirus in the UK was recorded on the 29th January 2020, with the World Health Organisation (WHO) declaring a global health emergency on the following day (British Foreign Policy Group, 2021). On March 23rd 2020, the UK entered its first national lockdown, with citizens ordered to stay at home and many workplaces, schools, care homes and amenities forced to close their doors (Institute for Government, 2021a). During this six-week lockdown (March to May), individuals were only allowed to leave their homes to shop for necessities, exercise once a day, seek medical help or to provide care to a vulnerable person or travel to work if they were an essential worker or could not work from home (HM Government, 2020a). All international travel was banned, although repatriation flights were arranged by the Government. Initial public messaging and government briefings did not specifically address the impact that staying at home might have on those experiencing domestic abuse (DA). By the middle of April, Government messaging started to change, with the Home Secretary launching the #YouAreNotAlone campaign communicating how DA services could still be accessed and that if home was not a safe space, individuals could leave to seek safety (HM Government, 2020b).

By the 10th of May, restrictions across the UK started to ease, with individuals permitted to return to work if they were unable to work from home, schools re-opened and non-essentials shops were permitted to re-open. Over the course of the next six months, restrictions varied across the four nations of the UK, with each nation implementing its own roadmap to recovery. This included localised lockdowns and tiers or levels of restrictions that involved maintaining social distancing, placing limits on the number of people who could meet and where, alongside specifying what businesses could open. Despite these restrictions, the number of positive cases, as well as Covid-19 related deaths, continued to rise. This resulted in Wales enforcing a three-week firebreak on the 23rd October to help prevent the spread of the virus, with England entering another four-week national lockdown on the 5th November 2020.

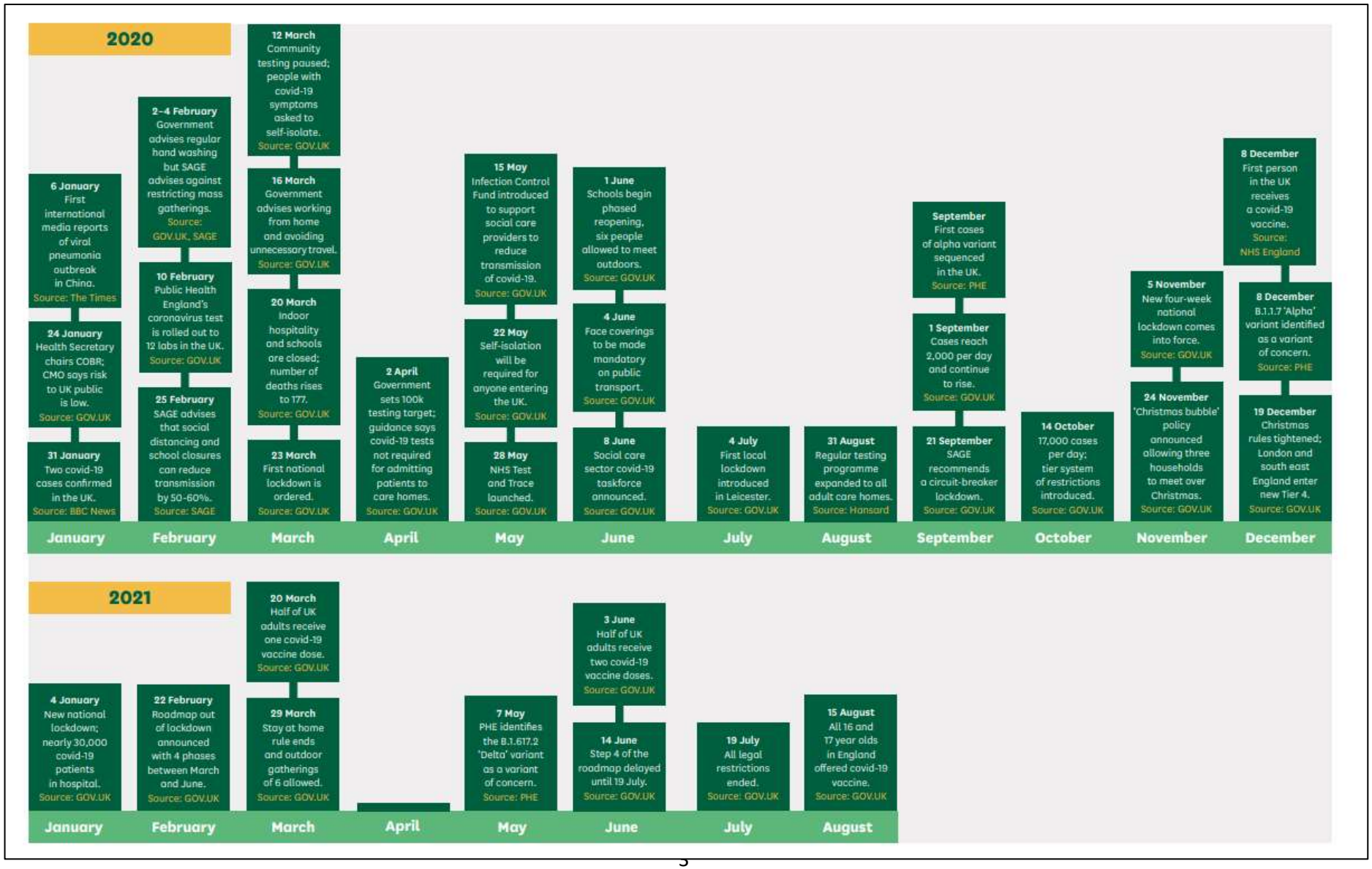
During the winter months 2020-21, each nation took its own approach to lifting restrictions. However, concerns about a new variant or strain of Covid-19 in December 2020 meant that most areas of the UK imposed severe restrictions on travel and social gatherings over the Christmas period (Department of Health, 2020; The Scottish Parliament, 2021; Welsh Government, 2021).

A second UK wide lockdown was implemented early in 2021, which lasted until 29th March. During this lockdown, each of the four nations started to devise their own 'roadmap' to recovery plan, with the rate of infections (r-rate), hospital admissions and the rollout of the Covid-19 vaccine dictating what restrictions were lifted and when. From March 2021, restrictions slowly lifted across the four nations. Social distancing guidelines started to be relaxed, increasing freedoms to move around the UK and meet up with friends and family. Businesses and services, including DA services, were able to offer more face to face contact, with schools and workplaces also re-opening as normal. In July 2021, England lifted all restrictions, including social distancing and the need to wear masks in public places. Scotland and Wales removed social distancing rules in August 2021, with Northern Ireland following suit in September 2021. However, at the time of writing in November 2021, it continues to be mandatory for masks to be worn in public places.

By 1st November 2021, 163,515 Covid-19 deaths had been recorded in the UK. Between 5th March 2020 and 1st November 2021, England experienced the highest death rate (139,056 deaths), followed by Scotland (11,390 deaths), Wales (8,441 deaths) and Northern Ireland (3,538 deaths) (HM Government, 2021a). The House of Commons Health and Social Care, and Science and Technology Committees' report published in October 2021 described the UK's response in 2020 as "*one of the most important public health failures the United Kingdom has ever experie*nced".

Figure 1 below provides a Covid-19 timeline for the UK from January 2020 to August 2021.

Figure 1: HSC Committee Covid-19 Timeline 2020 to 2021 for the UK (Health and Social Care, and Science and Technology Committees, 2021).



DA Provision Pre-Pandemic

Across the UK, DA service provision is primarily delivered by the third sector, with Government funding distributed centrally or/and via Police and Crime Commissioners and local authorities, as well as flowing from charitable trusts and donations. Services provided include refuge provision, resettlement support, community-based services, prevention work, support for children and young people who have experienced DA, perpetrator programmes, and helplines. During the pandemic, a wide range of DA partnerships, networks, and organisations across the four nations of the UK worked hard to identify and respond to DA, alongside campaigning for the rights of women and children affected by DA.

Domestic Abuse Trends under Covid-19

Under Covid-19, home has not been a safe place for many women and children living with DA. There were concerns that messages around having to stay at home to prevent the spread of the virus created the ideal opportunity that perpetrators could exploit and increased the risks for victims (Bradbury-Jones & Isham, 2020). Covid-19 created a situation whereby individuals have been locked down together, with routes to safety being limited, contributing to an escalation in abuse. DA organisations had to adapt quickly to a changing landscape, with services and support moving rapidly to remote delivery.

Police Recorded Crimes

In England and Wales, police recorded DA related crime rose by 6%[1] in the year ending March 2021 to 845,734 offences (ONS, 2021a). Johnson and Hohl (2021) found that incidents of DA studied in seven police forces in England were rising steadily prior to March 2020, with Covid-19 shining a light on a pre-existing crisis. Likewise, in Scotland, DA incidents increased by 4% in 2020-21, to 65,251, in line with the trend over the previous five years (Scottish Government 2021).Northern Ireland also reported variations in recorded DA crimes, with 19,036 DA crimes recorded between April 2020 and March 2021, compared to 18,628 crimes recorded in the previous year (PSNI Statistics, 2021).

Research indicates that reporting patterns for DA have changed during the pandemic, with third party reports of DA to the police increasing (Ivandic, Kirchmaier & Linton, 2020). This may be due to the proximity of neighbours or families and friends having concerns about individuals' safety which they were unable to check out themselves.

Domestic Homicides under Covid-19

A report by Bates and colleagues (2021) indicates that trends in domestic homicides and suspected victim suicides in England and Wales have remained relatively stable during the pandemic. Between 1st April 2020 and 31st March 2021, 163 domestic homicides were recorded, with this being slightly higher than the previous 12-months (152 deaths), but reflective of annually increasing trends. Similar patterns have been noted in Northern Ireland, with nine DA related homicides being recorded between March 2020 and February 2021, a rise of three cases from the previous year (PSNI, 2021). However, the trends differed in Scotland. Between 2020-21, 3 domestic homicides

[1] This may reflect improved recording by the police alongside increased reporting by victims.

were recorded in Scotland, compared to 7 deaths in the previous year (National Statistics Scotland, 2021).

Alongside these figures, the murders of Nicole Smallman and Bibaa Henry (7th June 2020), Sarah Everard (3rd March 2021), Julia James (27th April 2021), Sabina Nessa (17th September 2021), received significant media coverage, reigniting conversations around the need for the UK to better tackle men's violence against women.

Demand on Domestic Abuse Services

Data gathered from victim services indicates an increase in demand for DA support during the pandemic, specifically when lockdown restrictions eased. For instance, Women's Aid June 2020 Provider Survey highlighted that of 22 online support services, 90% had seen an increase in demand, with 81% of 31 telephone support services also witnessing high levels of calls. Refuge, who operate a national DA helpline in England, saw a 22% increase in calls to their service in the year ending March 2021, compared to the previous year (ONS, 2021a), with a 700% increase in individuals accessing their website between April and June 2020 (ONS, 2020). The Men's Advice Line, operated by Respect and targeting male victims of DA, as well as perpetrators, recorded increases in calls at different stages in the pandemic, with calls peaking in May 2020 (3007 calls) and in March 2021 (3013 calls – figures provided by Respect). Contact via email and webchats to Respect services have also fluctuated, with increases reflecting national lockdown periods.

In recent years, the DA sector has consistently reported loss of funding and shortfalls in refuge accommodation with refuge provision falling below the level recommended by the Istanbul Convention (Council of Europe, 2011; Women's Aid, 2017). Refuge spaces have been compromised further during the pandemic, with social distancing rules restricting refuge numbers. For instance, during the first UK lockdown, Women's Aid Federation England (WAFE) had to reduce refuge space by 42%, with the lack of move on accommodation, PPE shortages and fears of spreading the virus also influencing this figure (Women's Aid, 2020).

Alongside increasing demand, organisations had to reduce, or pivot, their service delivery, making it more challenging to ensure all individuals received relevant support and interventions. Common concerns voiced by DA services in the early stages of lockdown included: lack of IT and technology infrastructure to move swiftly to remote working; safety concerns when talking to victims, survivors and perpetrators whilst they were in their home environment; not having adequate staffing levels to operate remote services; engaging with children and young people living with DA and uncertainties about funding options (SafeLives, 2020a).

Impact on Criminal Justice System

Prior to Covid-19, referrals of suspects of DA-flagged cases from the police to the Crown Prosecution Service (CPS) were decreasing annually and the number of DA-related CPS prosecutions in England and Wales decreased for the fifth year in a row showing an 11% fall on the previous year in the year ending March 2021 (ONS, 2021b). Lockdowns and social distancing rules impacted on court processes. Navigating the court system was already challenging for DA victims and survivors with a significant amount of cases waiting long periods before coming to trial (Jacobs, 2020). The pandemic exacerbated these challenges since court sitting days reduced, with the move to remote hearings not being introduced until the middle of May 2020, when DA cases were identified as a priority

(Home Affairs Committee, 2020). As of February 2021, there was a backlog of 56,875 cases to be heard in the Crown Court in England and Wales, with 476,932 cases yet to be heard in the Magistrates Courts (UK Parliament, 2021). Similar backlogs were reported elsewhere in the UK. In Scotland, business was severely limited in Sherriff (no jury) courts where the vast majority of domestic abuse cases are heard and, despite the move to online and prioritisation of domestic abuse cases, there remain significant delays in setting trial dates.

There have also been delays in perpetrators being summoned to court, with cases considered less serious resulting in no bail conditions being applied in England and Wales, enabling the perpetrator to maintain contact with their victim (HMICFRS, 2021). Police and prosecutors in Scotland stated that DA remained priority business, requiring a face-to-face response and acted quickly to plug some identified gaps in bail conditions but respondents noted that bail offending increased. Undertakings were taking 10 instead of 2 weeks meaning many perpetrators were in the community for longer before trial, which made safety planning very difficult. Delays in cases coming to trial across the UK also increased attrition rates, with victims finding it stressful to maintain engagement with proceedings, especially if cases are not likely to be heard until 2022 (Criminal Justice Joint Inspection, 2021).

Impact on Black, Asian and minoritised service users

Throughout the pandemic, the impact on ethnic minority groups has received attention in the media and published reports, with acknowledgement that the impact of Covid-19, both medically and economically, has been greater amongst Black, Asian or other minoritised (BAME) groups (Public Health England, 2020). Moreover, messages around restrictions and support campaigns have been predominantly circulated in English, raising questions around the accessibility of information for those who do not speak English as their first language (British Red Cross, 2021).

When these challenges are considered in relation to DA, the picture becomes bleaker. Prior to Covid-19, women, children, and young people from BAME backgrounds, were exposed to higher levels of gender-based violence, with access to specialised support, protection and justice being more complex than for White victims and survivors (End Violence Against Women, 2020). Over the course of the pandemic, such challenges have become more pronounced, particularly for those with no recourse to public funds (NRPF) (Imkaan, 2020; Gardner, 2021), with BAME victims finding it harder to report experiences of DA to the police for fear of being disbelieved (Imkaan, 2020). It has also been argued that historically, there has been little funding directed towards specialist BAME DA services which have lost out to larger generic services (Imkaan, 2018), with this being amplified under Covid-19. Together, these factors have made it more difficult for women from minority backgrounds to receive timely and effective support (End Violence Against Women, 2020).

Government Response under Covid-19

DA Funding Allocation

During the pandemic, various pots of funding for DA services have been announced by Government in England and Wales. In April 2020, the Home Secretary allocated £2 million to increase the capacity of DA helplines and online support services, with over £1.2 million being allocated to service providers by July 2020. By May 2020, the Government pledged £76 million in emergency funding to support vulnerable people, with £25 million being allocated to DA services. During the second lockdown in England (November 2020), the Ministry of Justice helped to boost funding for rape and

DA services by providing £10.1 million. Alongside this, the Home Office directed a further £683,000 towards DA organisations (UK Parliament, 2021a).

In June 2020, the Welsh Deputy Minister and Chief Whip announced that Violence Against Women, Domestic Abuse and Sexual Violence services in Wales would be allocated an additional £1.5 million to help services respond to the increase demand in the sector. This new fund complemented the £5.25 million announced in the 2020 Welsh budget, with funding allocated on a needs-led basis. Priorities for this fund included acquiring PPE and preventing the spread of the virus in support services, children and young people affected by DA and behaviour change programmes for perpetrators (Welsh Government, 2020a).

The Scottish Government provided a £70,000 boost to the Victims' Fund, which helps victims affected by crime and was used for IT equipment, supermarket vouchers, and safety devices. The Communities Fund set up in Scotland also distributed additional funds to the DA sector allocating £1.35 million to Scottish Women's Aid (SWA) and £226,309 to Rape Crisis Scotland to support service delivery over a six-month period (Scottish Government, 2020). The Scottish Government also provided an additional £4.25 million in September 2020 to frontline services tackling violence against women and girls (VAWG) and £5.75 million to help VAWG services to redesign their services, however, the latter was only distributed to organisations funded through the pre-existing funding stream, the Equally Safe Fund (Scottish Government, 2020). An additional £5 million was provided in Scotland to help frontline VAWG services cut waiting lists, of which £4.5 million was split between SWA and Rape Crisis Scotland and £500,000 went to 12 other specialist support services and organisations (Scottish Government, 2021). As in Wales, improving responses to children and young people experiencing DA was highlighted as a priority in Scotland (Scottish Government, 2020a).

At the start of the pandemic (March 2020), Northern Ireland's 24-hour Domestic and Sexual Abuse Helpline received £20,000 additional funding from the Northern Irish Government. This money was directed towards ensuring the helpline could remain operational during the pandemic. The Department of Health also provided Women's Aid with £60,000 to support care packages for families who experienced DA during the pandemic (Northern Ireland Executive, 2020). Whilst this funding was welcomed, experts interviewed for this study in Northern Ireland noted the disparity in funding allocated to Northern Ireland compared to the rest of the UK.

Employment Policies Under Covid-19

The UK Government introduced the Coronavirus Job Retention Scheme, more commonly known as furlough, in March 2020. This scheme involved the Government paying up to 80% of wages for those who were not able to work due to Covid-19 restrictions or whose employer was not able to pay them. Initially, the scheme was planned to end in November 2020, but it was extended until 30th September 2021. According to the Office for Budget Responsibility (2021), the scheme has protected 11.6 million jobs.

Alongside the job retention scheme, a £20 weekly uplift in Universal Credit and working tax credit was introduced. Originally intended to last 12-months, this was extended until September 2021. It is estimated that 690,000 people have been protected from poverty during the 18-month period, with concerns around the impact the removal of the uplift in October 2021 will have on individuals and families (Institute for Government, 2021b; UK Parliament, 2021b).

Housing Policy

Housing policy is devolved in the UK, with each of the four nations responding differently to homelessness during the pandemic (HM Government, 2020c).

In England, the 'Everyone In' hotel and emergency accommodation initiative was introduced in March 2020 (UK Parliament, 2021c), with the aim of ensuring all individuals, regardless of immigration status or circumstances, would have a place to stay during the pandemic. To achieve this aim, local authorities block booked hotel accommodation and worked with local partners to ensure food, medicine and support were available to those staying in such accommodation. Government allocated £700 million in 2020/21 and £750 million in 2021/22 to support this initiative. In January 2021, 11,263 individuals were in emergency accommodation, with 26,167 individuals moved into settled accommodation or supported housing. However, concerns around the impact of housing, welfare and employment support coming to an end are emerging, with questions being raised around the long-term plans to address homelessness (House of Commons Library, 2021). Alongside this, the Coronavirus Act 2020 prevented bailiff enforcement of eviction from private or socially rented properties, in England, between 17 November 2020 to 31st May 2021 (Ministry for Housing, Communities and Local Governments, 2021).

The Scottish Government gave £350 million to local authorities, charities, businesses and community groups to support 'welfare and wellbeing' in local communities. From this fund, £300,000 was allocated to Simon Community Scotland, a homelessness charity, to provide hotel accommodation to rough sleepers in Edinburgh and Glasgow (House of Commons Library, 2021). Alongside this, the Homelessness and Rough Sleeping Action Group (HARSAG), have advised Government on reducing rough sleeping long-term, with recommendations being accepted in principle (Scottish Government, 2020b). In November 2020, the Scottish Government (2020c) launched its Winter Plan for Social Protection and provided an additional £5 million to help homeless individuals find settled homes. A temporary halt to evictions introduced in December 2020 was extended until 31st March 2021.

In March 2020, the Welsh Government (2020b) announced funding for local authorities for up to £10 million to help secure accommodation for homeless individuals and those in temporary accommodation. A further £50 million was allocated to local authorities in August 2020 to develop plans to ensure individuals in emergency accommodation did not return to the streets or unsuitable accommodation.

The Northern Ireland Government also allocated funds to address homelessness, with £7.6 million being made available until March 2021. Guidance and a plan to build upon the response to homelessness during the pandemic were released, with an additional £9 million being announced in May 2021 to support the plan (Department for Communities, 2021; Department of Health, 2021; Housing Executive, 2021).

Education Policy

The approach taken to continuing the provision of education for some groups of children has varied across the four nations of the UK (Sibieta and Cottell, 2020).

In March 2020, early years, and childcare providers, as well as schools, across the four nations closed, with an exception made for children of key workers and those deemed vulnerable who could still attend school or nursery. Within England, school provision for these groups was organised on an

individual school basis, with approximately 70% of schools remaining open. Conversely, in Scotland, Wales and Northern Ireland, provision was provided via hubs or cluster schools, resulting in around 25 to 30% of schools remaining opened. Across the four nations, Northern Ireland had the lowest proportion of pupils attending school during the lockdowns.

To ensure that children who were not eligible to attend school did not miss out on their education, schools provided home learning via online classes and access to online resources. Findings from surveys relating to home learning indicate that the number of hours children engaged in home learning was much lower than pre-pandemic learning in schools (Institute of Fiscal Studies, 2020). Evidence also suggests that children from low income families were likely to have approximately 75 minutes less educational time per day at home than those from high income families (Institute of Fiscal Studies, 2020). Digital poverty was another factor found to influence engagement with home schooling, with children from disadvantaged backgrounds more likely to have restricted access to the digital equipment and resources required.

The periodic closures of schools also meant that children eligible for free school meals were not able to receive their meals, potentially adding to the financial pressures families were facing. In England, a voucher scheme was launched by the Department of Education in March 2020 to help provide food for 1.4 million children. As part of the scheme, schools were able to order £15 of vouchers per week for eligible pupils, with parents able to spend vouchers in eight supermarket chains. This scheme received substantial criticism, particularly in relation to delays in the scheme being rolled out and the choice of contractors to run the scheme (UK Parliament, 2021d). In Scotland and Wales, there was more local discretion to ensure access to free meals, with existing infrastructure being used to inform decisions and approaches. In Scotland, local authorities allocated £10-£20 per week per child, with Wales providing £19.50 per week. Northern Ireland sent payments directly to parents (£13.50 per week per child), enabling more flexibility for families. Responses to food poverty for children and families were judged to be timelier and more effective across Scotland, Wales and Northern Ireland (Sibieta and Cottell, 2020).

Chapter 2. Research Aims and Objectives

The DAHLIA-19 study was underpinned by two broad research aims:

1. To capture and assess policy and practice initiatives in four countries – the UK, Australia, Ireland and South Africa - in responding to DA under Covid-19.
2. To disseminate the findings to key stakeholders to inform policy and practice that can be used to build strategies for recovery, any further lockdowns and the longer-term future of DA services in the UK and elsewhere.

The mapping study was to be undertaken within a short period of approximately six months in order that the findings could be available to inform recovery from the pandemic and any further lockdowns. Involvement of key stakeholders with membership of relevant professional, policy, research and practice networks was therefore essential for the rapid identification and collection of information. In addition to a range of partner organisations that committed to supporting and

assisting the research from the application stage (see Appendix 1), stakeholder engagement was elicited from the DA and other relevant sectors such as criminal justice, health, children's services and social care by their early involvement in meetings aimed at generating key questions and sustained thereafter through stakeholder meetings and webinars providing reports on study progress and early findings.

Engagement with both policy and practice representatives in these forums assisted in identifying both top-down and bottom-up initiatives. A wide range of stakeholders was targeted to ensure that the study captured initiatives and interventions aimed at all family members experiencing DA: survivors, perpetrators, and children. This approach also facilitated exploration of the question of whether there was evidence of collaboration and co-ordination between different sectors and services under Covid-19.

Ethical approval was provided for the study and care has been taken throughout the study to protect the safety and anonymity of all those participants who might require it.

Input from stakeholders and the survivors' advisory groups was used to develop the following research questions for the mapping study. These questions were addressed in all four countries involved in the DAHLIA-19 study:

1. To what extent and how have policy and funding strategies fostered collaboration within the DA sector and between the DA sector and other sectors e.g. housing, education, health?
2. To what extent and how have DA policy and funding strategies in response to Covid-19 been developed in consultation with the DA sector and survivors (adult and child)?
3. How did policy and funding strategies in response to Covid-19 take into account existing national context of DA infrastructure and service delivery?
4. How have policy and funding strategies implemented in other sectors (e.g. housing, benefits, health, education) contributed to specific benefits or barriers for families living with DA?
5. What has been learnt under Covid-19 about how both first response services and specialist DA services can build fast and accessible routes to safety for survivors and children?
6. What has been learnt under Covid-19 about delivering DA services remotely to survivors and children?
7. What has been learnt under Covid-19 about delivering DA services to minority groups?
8. What has been learnt under Covid-19 about delivering DA services to perpetrators?
9. How has the capacity of DA services been protected or strengthened under Covid-19?
10. Which public health and other public messages addressing DA are perceived to have had most impact and reach on the general public, survivors, perpetrators, children and practitioners?

UK Mapping Study Stages

Rapid Review

Early meetings with stakeholders provided links to relevant sources and initiatives. Following the first stakeholder meeting, a Call for Evidence was circulated to a list of relevant informants compiled with the help of partner organisations and stakeholders. The Call for Evidence used a condensed version of the research questions above to request information on policy and practice initiatives addressing DA for survivors, perpetrators and children under Covid-19. The Call was live from

February to June 2021, with 47 responses received. This information was supplemented by proactive searches of relevant websites and databases, information supplied by interviewees (see below), telephone consultations with key stakeholders and other informants and backlinking from published papers and media accounts.

Sources were varied and included: government documents; reports from professional organisations and NGOs; data on DA services and initiatives including helpline data; guidance documents for practitioners; media reports and information from non-DA third sector organisations. Data was extracted and stored on a spreadsheet. A simple data appraisal tool (Appendix 2) influenced by questions used in the European Institute for Gender Equality Covid-19 study (2021) on intimate partner violence was incorporated into the spreadsheet. This tool was used to assess the promising nature of policy and practice initiatives identified. Most accounts of policy and practice included some promising elements, but these often-lacked robust evaluation data.

UK Expert Interviews

Between July and November 2021, 24 interviews were completed with experts from relevant policy and practice sectors. In recruiting interviewees, we aimed to identify individuals with a broad national perspective who could fill gaps in our review data. A common interview schedule was used across the DAHLIA-19 study with questions informed by the research questions above, but which also gave interviewees the opportunity to provide in-depth knowledge from their field of expertise. In the UK, 12 interviewees held national or local Government posts; 6 worked for public services; 6 were employed by NGOs; and 1 worked within the media.

All interviews were recorded, transcribed, and analysed using NVivo. The framework for analysis reflected the research questions and linked to the headings used in the rapid review.

UK Surveys

Surveys were suggested by stakeholders as an additional component to the study. They provided an opportunity to scope the middle ground between national policy and local initiatives, examining the reach and accessibility of national interventions at the regional level and the extent to which local initiatives had extended beyond a single organisation.

In England and Wales, Standing Together, a DA organisation that partnered with the study, distributed an online survey on behalf of the research team to its network of regional DA co-ordinators. The survey was launched in England and Wales in June 2021, with 31 usable responses being received. Findings were combined and analysed using SPSS. The survey was also distributed in Scotland where only one response was received, with this low response attributed to survey fatigue. The Scottish survey response is therefore reported as part of the wider qualitative data to preserve anonymity.

UK Survivor Advisory Groups (SUAGs)

Survivors and their families were not directly included in this research as the time available for recruitment and ethical approval was limited. However, two survivors' advisory groups were convened to ensure that their perspectives contributed to the study. These groups were held online and addressed questions about families' experiences under Covid-19 and which messages and interventions had potential to be useful and accessible. The groups were recruited through specialist

DA organisations that provided members with support and facilitated the meetings which were led by the researchers. Located in England and Wales, each group met on two occasions with up to six women participating in each group. All women participating in the groups had left an abusive relationship and they represented a range of ages and backgrounds including one young survivor.

Chapter 3. Public Health and other Public Messages Addressing Domestic Abuse

Public health and other public messaging are considered in this section, with a focus on the messages from Government and the DA sector, as well as other sources of information. The accessibility of such messaging is also considered.

Government Messaging

All devolved UK nations used the slogan 'Stay home, save lives, protect the NHS' in the first phase of the pandemic, starting in March 2020. As a public health message which aimed to prevent the spread of Covid-19 this succinct phrasing proved very successful. However, as most of the interview and webinar participants stated, it proved to be highly problematic and detrimental for those experiencing DA. One interviewee commented that it had not been anticipated how literally the public would interpret the message: *So, I think we were very slow to recognise the literal way in which people were interpreting that because, you know, everybody had the bejesus scared out of them in the pandemic* (Interview 7, Scotland).

In England, SUAG participants described a confusion between the wider government messaging around movement and travel and messages designed for women fleeing DA, calling for messages to be *'much stronger, clearer and positive'* (Survivor Group).

Another interviewee reflected on how the messaging had been usurped and exploited by perpetrators *'All the perpetrators have calmed right down because Covid-19 was doing their job for them*' (Interview 17, Scotland).

Interviewees highlighted the one occasion when the UK Prime Minster, Boris Johnson, speaking at the daily televised Downing Street press conference, stated that this directive did not apply if home was not a safe place. On two occasions, the Home Secretary also publicly clarified that the stay-at-home messaging did not apply if your home was not a safe place to be for yourself or your children. In contrast, the Health Secretary failed to provide this caveat when they attended the briefings, instead emphasising the public health message of stay at home. Many interviewees commented that these omissions at prominent public events were missed opportunities to clarify the message, raise awareness of DA and signpost to sources of support.

The UK Government's subsequent response to DA and lockdown was launched by the Home Secretary under the hashtag #YouAreNotAlone, 'At home shouldn't be at risk', in April 2020. The new public awareness campaign aimed to highlight that if anyone was at risk of, or experiencing DA, help and support were still available, including a free 24 hour National Domestic Abuse Helpline run by Refuge. It also sought to encourage members of the public to show their solidarity and support

for victims and survivors of DA and to convey to perpetrators that DA is unacceptable by sharing government digital content or a photo of a heart on their palm. Adverts to raise awareness of where to access help ran across social media and materials were made available to a wide range of partners including charities and supermarkets. The Scottish Government decided to rerun their recent domestic abuse coercive control advertising campaign at the same time, identifying Scotland's Domestic Abuse and Forced Marriage Helpline as the source for help in Scotland, which was deemed helpful but critiqued for a lack of Covid-19 specific content (e.g. Interview 14). The Scottish Government also added DA to Covid campaign website messaging, albeit a little later. National DA organisations had been centrally involved in supporting both campaigns' development and resources.

Many interviewees and webinar participants, especially those from DA organisations, although critical of the 'Stay at Home' messaging, were positive about the #You Are Not Alone campaign, stating that the simple message and the corresponding advice provided much needed clarity and a clear statement that survivors were not alone, and help was still available. Many also reported that that the materials had encouraged and supported local engagement in the campaign. To date, no evaluation has been undertaken to determine its effectiveness or reach.

However, most interviews and webinar participants stated that the profile of the campaign could have been heighted, especially in England, by the Prime Minister routinely referring to it in the daily briefings. In contrast, interviewees from Scotland and Wales generally felt their First Ministers had been more visible in their support of the messaging and campaigns, including referring to them at daily press conferences, in blogs and through social media, repeatedly delivering the key messages, including messages for children and young people. One interviewee commented:

*"And I've noticed, even sort of the last six months, ministers are much more keyed up on these issues and they're much more interested". (*Interview 10, Scotland)

Ministerial posts were quickly picked up by the media and the message was reinforced in the wider press. However, a few interviewees disagreed and felt that the messaging or DVA 'strapline' took too long to be routinely included in ministerial broadcasts, including in Scotland. The Home Office built on the initial #YouAreNotAlone DVA campaign with the launch of an information pack for employers in April 2020 (HM Government, 2021b). The pack included help and practical advice as well as images and posters to support employers to provide help and information to staff at risk of DA. One interviewee commented:

"I think it was hugely accelerated by Covid...I think Covid just tipped them (employees) over the edge to think, no, this has really got to be done. This is going on for our staff and it's not OK to try and look the other way...that's a big change, potentially". (Interview 21, England)

The Scottish Government launched an information pack for professionals across sectors – Improving Awareness of DA (Scottish Government, 2020f).

Domestic Abuse Sector Messaging

Interviewees and webinar participants, from across different sectors, considered that DA organisations, and especially the large national organisations had been very agile in getting messages of support and advice out quickly via social media, websites and the national press. These

messages primarily emphasised that help was available, services were still open and provided clear signposting. This was bolstered on the ground by local activism that reiterated the wider national messaging, for example, through local leaflets and pamphlets conveying relevant local information and helpline numbers. Nearly all those responding to the survey completed in England and Wales thought that local campaigns had had some or a lot of impact with nearly half the respondents rating Government messages about exemption from restrictions similarly. Interviewees frequently emphasised the importance of getting 'the number out' so that survivors did not feel forgotten. Many interviewees and webinar participants highlighted how DA organisations had come together, alongside survivors, to influence government messaging.

Most of the information distributed by DA services provided helpline numbers, support service information, bystander information and self-care advice for survivors. Some innovative ways of delivering messages were highlighted: for example, Women's Aid in Scotland recorded brief webchats so that survivors could listen to these through headphones and more easily disguise their help seeking as listening to music or attending online work meetings. The Scottish Domestic Abuse and Forced Marriage helpline, run by SWA, received funding to re-run an already established TV and radio awareness campaign, securing prime time slots in the middle of a national soap opera with a domestic abuse storyline.

The 16 days of Action against Gender-Based Violence in November 2020 provided an opportunity for DA organisations to again raise awareness of Covid-19 and DA as the UK entered another phase of lockdown. Many campaigns focused on linking the experience of lockdown as characterised by isolation, control and restrictions to the reality for DA victims and survivors.

Wider Public Sector Messaging

We received less evidence of public sector messaging around DVA although it was reported that pamphlets on DA were distributed by public health in some vaccine centres, health centres, hospitals and schools. However, it was also reported that concern about diluting Covid-19 safety messages made for reluctance to include DA information at testing and vaccination centres. One interviewee stated the roll out was curtailed as they didn't want to discourage vaccinations:

"*The most important thing to save people's lives was to get them vaccinated, and we didn't want to deter anybody from coming. So, it's not about what's on the walls because it's about what happens in that cubicle, what happens in that moment.*" (Interview 3, Wales)

Target Groups

Most campaigns were predominantly aimed at adult victims/survivors to convey the message that they could leave abusive situations and there would be support for them. In addition, campaigns sought to raise public awareness of the issue and provide support for bystanders through advice on how to recognise the signs that someone might be experiencing DA. In contrast, fewer DA messages were aimed at children or young people - often due to the lack of safe spaces where they could access information directly. Interviewees and webinar participants questioned whether messages could have reached this group through TV, Spotify and social media platforms such as You Tube etc. However, some messaging for children by young survivors was highlighted in Scotland, both locally through AWARE and Yello!'s national campaign:

"Yes, *I think there was really amazing work, again, by the young people and Yello! and kind of the videos and things. So, I think there was some really, really great kind of hard hitting, really, really powerful work done.*" (Interview 19, Scotland)

Webinar participants also reported on a video with a young person speaking about DA with support from the NSPCC and contacts for Childline had also been promoted.

Similarly, messaging was rarely aimed at supporting perpetrators to recognise their behaviour and seek help to change:

"I think that, as usual, there was not enough or there was kind of under-acknowledgement of the specific ways in which that [lockdown] *would change perpetration…and what was available for perpetrators, although we did see an increase in people contacting the phone lines." (*Interview 2, England).

In Scotland, The Convention of Scottish Local Authorities (COSLA) highlighted the need to support perpetrator messaging at a local level across authorities and Police Scotland also ran a social media campaign with messages to both victim survivors and perpetrators conveying that the police would respond robustly to DA (Interview 17, Scotland).

Accessibility of Messaging

Participants regularly stressed the importance of providing clear and simple messages, which were repeated consistently and regularly, enabling survivors to remember them even at times of high stress and trauma. One webinar participant spoke about how various DA organisations had come together to produce a joint resource available in British Sign Language and 11 languages for survivors, family members and bystanders. In another example, the Scottish Government, Public Health Scotland and the Scottish Consortium for Learning Disabilities worked with women with learning disabilities to develop accessible materials for women on DA, sexual exploitation and grooming during the pandemic.

A high court judge ruled that Downing Street's failure to provide British Sign Language (BSL) interpreters during live Covid-19 briefings led by medical and scientific advisers was discriminatory and breached equality legislation, (Guardian, 2021). Subsequently, BSL interpreters were introduced to briefings. In contrast, an onstage signer was provided in all devolved UK nations briefings.

SUAG participants in England regarded government messages as '*dark and depressing*' and often tokenistic (SUAG meeting, Feb 2021), suggesting that messaging did not encourage survivors to seek support. In contrast, the Welsh government approach was viewed more positively and participants in Wales remembered that the First Minister (and other members of the Senedd) continuously referred to DA, emphasising that it would not be tolerated.

National and Local Media

The role of the national and local press in focusing attention on DA in the pandemic has been indisputable. Overall, interview and webinar participants commented that press coverage had

generally been helpful in providing wider messages to the public and DA survivors and had sparked national debate around the issue. Some commented that the media, assisted by DA organisations, had gained a much deeper understanding of trauma and the associated issue of violence against women and girls, and this had increasingly put DA on the media agenda. Interviewees also stated that the pandemic had exacerbated vulnerabilities for large sections of the population, leading to greater understanding and empathy amongst the public, especially around DA, and this change had quickly been recognised in media coverage. In addition, understanding around coercive control had increased:

"I think the positive side of Covid is that domestic abuse, and particularly coercive control…has actually come to the fore hugely, partly because the setting was very different. The setting is we're all imprisoned really and how we react has become much more to the forefront of media attention." (Interview 21, England)

This heightened awareness was consolidated by the horrendous abduction and murder of Sarah Everard in March 2021 by a serving police officer (BBC News, 2021).

However, although progress was acknowledged, several interviewees argued that the media still largely viewed violence against women and girls as isolated acts rather than making connections to structural inequalities. Some interviewees also felt that the media had in some instances amplified risk in their reporting:

"And I also think there was a sense that it [lockdown] would exacerbate risk, but that discourse was problematic because it wasn't sophisticated enough. So, for example, there was this sense that there's more domestic abuse. There's probably worse domestic abuse and different types of domestic abuse. Did more people start being abusive? Not sure, it would have been helpful to kind of know a bit more about that, just from a kind of data point of view. But my sense was the messaging was focused on vulnerability, which was helpful." (Interview 2, England)

In addition, some media messaging was criticised on the grounds that it failed to take account of local and regional variations in services:

"Media enraged me on a fairly regular basis because they are oblivious to the fact that Wales is a separate country with a separate helpline, which is really unhelpful." (Interview 4, Wales)

Lastly, there was a recognition, especially from DA organisations and DA commentators, that the heightened press interest might not be sustained:

"My concern is what comes after and …as the press slides away, whether some of these …improvements actually lead to real change. We need change in convictions, we need change in support … for perpetrators. We need more resources, all of that. And whether that then still has the interest of the press, I don't know." (Interview 22, England)

Chapter 4. Collaborative Working and Planning under Covid-19

Introduction

This section considers the extent and nature of collaborative working practices within the DA sector, as well as between the DA sector and other sectors, such as police, social care and housing. The extent to which DA survivors contributed to funding strategies and policy development is also considered.

Strategic Planning

Co-ordination of collaborative and multi-agency meetings took place at a strategic level, with Governments or the newly appointed Domestic Abuse Commissioner for England and Wales[2] arranging regular virtual meetings early in the pandemic. Through this top-down approach, a more holistic understanding of the challenges facing the DA sector was achieved. This enabled speedier decision-making processes to emerge, with responses being spread across the whole sector, rather than specific locations or organisations. In some instances, new panels or sub-groups emerged to address specific weaknesses within practices and processes, with these described as likely to remain once the pandemic is over:

"Welsh Government set up a Covid strategic group that is still meeting… and we tell them, you know, our views, we share with them our experiences and what is happening on the ground…The positive outcome from that is that every issue…is picked up by the Welsh Government, they will investigate, in the next meeting they come back with answers". (Interview 23, Wales)

In Scotland, the need for policy co-ordination was recognised in the Coronavirus Act (Scotland) 2020 which required Ministers to take account of the nature and number of DA incidents in their decision making. Regular meetings between Government and the DA sector served to inform Government and also enabled learning to be shared across the DA sector:

"I don't think anyone was prepared for the pandemic, in the sense of needing to reform their internal management and procurement systems, but in any event, I think the bigger [organisations] were more able to do that. The smaller organisations were able to benefit from hearing what those organisations were doing". (Interview 15, Scotland)

Guidance on Collaborative Working

Multi-agency collaboration and communication, both within the DA sector and across sectors was a common theme in Government publications during the pandemic. In March 2020, the Local Government Association in England, released a resource document to assist local authorities to tackle DA during the pandemic. This document highlighted the importance of the DA sector, police, housing and health services working in partnership to respond to the impact of DA.

Similarly, Scottish Government and COSLA published guidance in May 2020, and updated it in September 2020, entitled: Coronavirus (Covid-19) Supplementary National Violence Against Women

[2] The independent Domestic Abuse Commissioner for England and Wales was appointed as Designate Commissioner in 2019 and the role was enshrined in law when the Domestic Abuse Bill was confirmed in April 2021. The Commissioner's remit is more limited in Wales where her focus is primarily on criminal justice matters.

Guidance (Scottish Government, 2020d). The guidance was produced in partnership with in partnership Public Health Scotland and Improvement Service and was co-produced with a wide range of public sector and third sector partners across Scotland, with the aim of highlighting the risk of violence against women and girls during the pandemic, alongside identifying actions organisations could take to mitigate such risks.

Increased Representation at Meetings

Increased collaboration has been recognised as a strength of Covid-19 adaptations, with 77% of respondents to our survey indicating that collaboration between services had increased. The shift to online meetings facilitated knowledge sharing and collaborative planning within the sector:

"Even ourselves, as [the DA sector], we were initially meeting once a week at management level to…share expertise with one another, look at what…we needed to do here to respond quickly. And then on an ongoing basis we were meeting monthly, fortnightly, depending on what was coming up". (Interview 11, NI).

Online regional and national meetings became more accessible, allowing a diverse range of DA organisations and professionals to come together and discuss best practice and the challenges being faced. This was particularly advantageous for those working in rural communities or outside London, with increased recognition that the DA landscape in the devolved nations varies, requiring tailored responses:

"We saw a massive amount of engagement with the national network that we never previously had. So, we're still meeting virtually…and that's just been phenomenal. I'd say you'd probably…most local authorities are attending". (Interview 17, Scotland)

"More [organisations are] registering that there are devolved nation[s] and actually asking the 'What about Wales?' question. The DA Commissioner has been brilliant at sort of really trying to understand the devolved nation, understand the…connections and relationships…". (Interview 4, Wales)

Respect, the co-ordinating organisation for perpetrator services, organised regular online meetings of accredited members and local providers who contributed to the DAHLIA-19 call for evidence noted their value:

"This proved to be extremely useful in supporting us to make sure that we were providing online delivery safely had the correct policies in place and had amended our service user contract to incorporate the change from face-to-face delivery to online delivery. The forums are now monthly and are well attended." (Call for Evidence Response)

However, the representativeness of collaborative meetings was questioned by some interview participants, with some noting how services supporting BAME women, NRPF women or children and young people, were not always invited or present:

"…while, I think, collaboration's probably been better, children's voices haven't necessarily been a strong part of that" (Interview 19, Scotland).

DA Survivor Involvement in Funding and Policy Decisions

Across the UK, funding and policy decisions were frequently made without the voice of DA victims and survivors being included. Rather, more emphasis was given to organisational knowledge, what had worked well previously and sector wide capacity:

"We've identified violence against women partnerships as a key driver and the implementation and delivery of Equally Safe, but [survivors] had no involvement in the process…" (Interview 10, Scotland)

However, we did identify specific examples of consultation with survivors and perpetrators at the local level or within some DA organisations:

"I had consulted with survivors and perpetrators who were accessing [our]interventions, about their views on adaptation to online… and had written to all of them as well, explaining…what I was going to do." (Interview 2, England)

The absence of children and young people's voices in policy creation during the pandemic was noted, with contributors describing CYP as a hidden population:

"The top priority is to be getting [children and young people's] voices into the public policy discussions, understanding their experience is a big data gap." (Interview 19, Scotland)

Collaboration Between DA Sector and Other Public and Third Sector Organisations

Cross sector collaboration has also benefited from remote methods of communication, with more frequent and accessible multi-agency meetings occurring. Such meetings have been hosted at management and strategic levels, with police, social care, health and housing all represented. These meetings have acted to maintain awareness of and have emphasised the value of a multi-agency response:

"[The] police led multi-agency group really provided an opportunity for key organisations to get together to look at…what some of the key issues are, what responses were needed, particularly focusing in relation to kind of housing, accommodation, refuge needs, as well as the support services that were available…". (Interview 6, NI).

Multi-agency DA meetings such as Multi-Agency Risk Assessment Conferences (MARACs) and Multi-Agency Tasking and Co-ordination (MATACs) moved online, which many found to be productive and offered opportunities for increased engagement and accessibility. These findings are supported by other research studies conducted under Covid-19 (Walklate et al., 2020). Some interviewees hoped that these online meetings would continue in the future. Some noted that effective remote meetings were built on pre-existing relationships. One expert interviewed commented that the switch to online MARACs was smoother in areas with an established strategic approach and networks, which facilitated the drafting of guidance about new online arrangements.

One interviewee described how, for the first time, a multi-agency approach had been taken to developing a funding application, with the police, Office for the Police and Crime Commissioner and Hospital Trust jointly submitting a bid:

"We did a joint application …I think that's the first time that we've pooled resources on that footprint for the purposes of delivering a service in that way". (Interview 12, England).

Challenges of Remote Communication and Collaboration

Whilst there was consensus that Covid-19 had created opportunities for increased collaboration and communication within and beyond the DA sector, remote practices were perceived to create challenges. Interviewees noted the reduced opportunities for the informal discussions that happened in face-to-face meetings and used the examples of MARACs and domestic homicide reviews to illustrate how *"…you lost some of that communication and rapport building".* (Interview 11, NI)

The sustainability of remote forms of collaboration was also raised, with enthusiasm and commitment to attend online meetings described as declining as the pandemic has unfolded. This raises the question of how a shift to more collaborative working practices can be maintained in the longer term.

Chapter 5. Domestic Abuse Policy and Funding Strategies under Covid-19

Introduction

The strategies adopted across the four UK nations were inevitably affected by existing structures and policy, histories of consultation and established patterns of funding distribution for the DA sector. In England, the Domestic Abuse Commissioner was able to act as a conduit between the DA sector and Government. As noted above, she met regularly with key DA organisations and exerted some influence on decisions about funding distribution.

In Scotland, the established infrastructure for the Equally Safe Strategy to Prevent and Eradicate Violence against Women and Girls (2014, updated in 2016) was used and enhanced to form the rapid response to DA: from early March 2020, the Government-led Victims VAWG weekly meeting collated data, established need and several departments involved key organisations in directing funding. The Delivering Equally Safe Fund designed to support delivery of the strategy (Inspiring Scotland, 2021) was initially suspended and emergency funding was distributed, the fund was later expanded to reflect the impact of Covid-19 on services.

In Wales, experts interviewed for this study reported that the Welsh Government was already good at listening to the VAWG sector. These varying channels of communication were generally considered to have informed patterns of funding distribution.

However, in Northern Ireland, the extent of communication with Government was judged to be rather different with one participant in the focus group held in Northern Ireland reporting that there had been '*no consultation'* regarding the allocation of funding for DA services.

Distribution of Funding

In England, Wales and Scotland, experts interviewed reported on Government attempts to ensure that funding streams reached a wide range of DA providers. While the bulk of funding distributed appeared to flow to those DA organisations already receiving Government funds, in England and Wales, some of the funding provided to Police and Crime Commissioners (PCCs) by the Ministry of

Justice was earmarked for organisations that had not previously received funding from PCCs and, in Scotland, additional funding was made available to ensure that the pool of those receiving grants extended beyond the usual recipients. Some large DA organisations acted as onward grant givers, distributing funding across their member organisations. One umbrella organisation with this responsibility reported promising practice in the form of appointing an independent adviser to assist with this process, to '*scrutinise and do the assessment and give us a steer…creating a little bit of a fire break, so that felt alright for members*' (Interview 4, Wales).

However, the demands of ensuring that sufficient funding reached restricted services struggling to meet demand and did so speedily revealed structural weaknesses at different levels. A lack of co-ordination between Government departments meant that, while third sector organisations in England and Wales were able to bid directly to Government under the pandemic for some funds (whereas previously bidding had always been through an intermediate body such as a local authority), they ended up submitting bids to multiple funding sources:

"…charities that run refuge and community-based services bidding in different departments… made it simple for the departments to stay very boundaried, which is what they like to do, but you've made it harder for the charities, even though your whole principle starting out, was not to make it hard for the charities." (Interview 5, England)

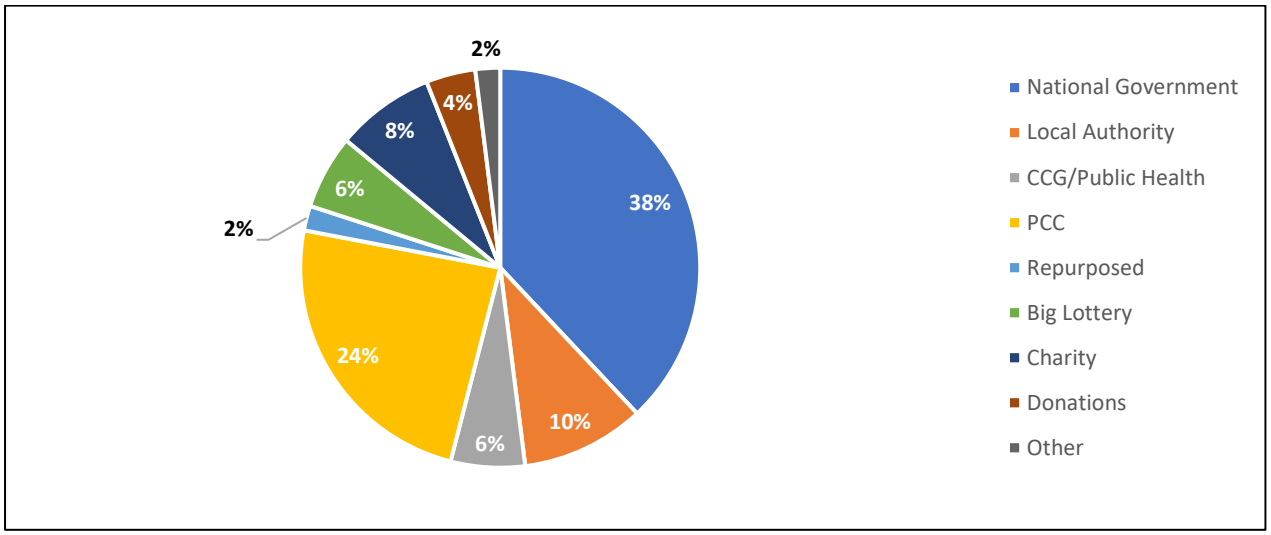
In Scotland, this interviewee argued that the pandemic revealed the lack of infrastructure at the local level and a disconnect between national and local responses:

"*It highlighted all the cracks through which people fall…Because there was no consideration at any point given to infrastructure and how violence against women and partnerships on the ground could deal with the colossal pressures being placed on them to coordinate local responses."* (Interview 17, Scotland)

Funding Sources, Procedures and Allocations

The survey of local DA Co-ordinators completed in England and Wales provides a picture of funding sources as they were experienced at the local level. Approximately a third of the 31 survey respondents had a commissioning or co-ordinating role, a third were service or project managers with another third covering a range of roles such as training or safeguarding. The majority of survey respondents (n=26, 84%) considered that DA had been identified as a strategic priority in their area and a similar proportion reported that additional funding had been made available under Covid-19 (n=24/28, 86%). Figure 2 shows the sources of this additional funding as identified by survey respondents, over half of whom had been involved in allocating funding. National government was the most frequently identified source with the PCCs (through which central government channelled targeted funding) being the second most frequently identified source.

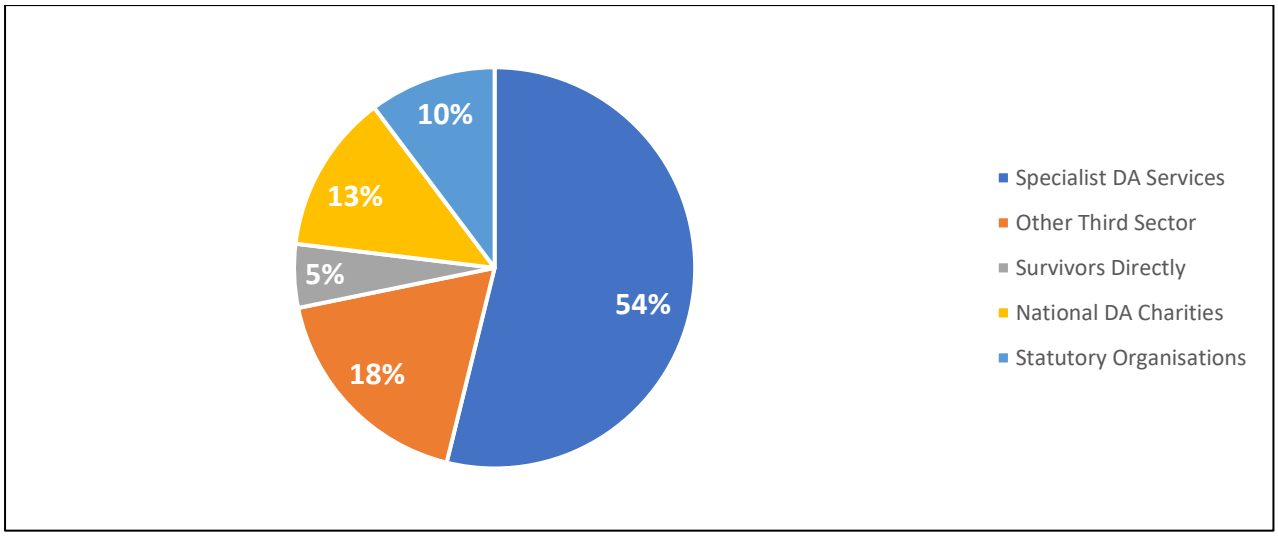
Figure 2: DA Funding Sources under Covid-19 Identified by Local VAWG Co-ordinators



Nearly half the survey respondents reported that funding for DA services under Covid-19 had been allocated on the basis of needs assessments or existing priorities although just under a third noted that competitive bidding procedures had been used.

Figure 3 shows survey respondents' perceptions of which sectors received funding for DA service provision under Covid-19. Specialist DA organisations were the most frequently identified recipients of funding with other third sector organisations the next most frequently identified group of beneficiaries.

Figure 3: DA Funding under Recipients under Covid-19 Identified by Local VAWG Co-ordinators.



Similar data is not available for Scotland and Northern Ireland where we were unable to complete comparable surveys in the limited timeframe for this study. However, experts in Scotland reported that both the Scottish Government and some local authorities provided funds for DA services.

In all parts of the UK, charitable foundations and trusts contributed additional funding for the DA sector. However, their role was particularly vital in Northern Ireland where, with the exception of funding for the DA helpline, there was no Government funding allocated specifically to DA services

during the pandemic and the DA sector had to submit bids to Government alongside all other third sector organisations. Government sources confirmed the lack of any additional or targeted funding for the DA sector in Northern Ireland. While some funding had been accessed by Northern Ireland DA organisations from Supporting People (housing funding), and from Police and Community Safety Partnerships (PCSPs), DA service providers consistently noted that they had not benefited from Westminster funding to the extent that their counterparts elsewhere in the UK had done.

Flexibility in Tendering and Application Processes

While funders, including governments in both England and Scotland were considered to have made attempts to reduce the bureaucracy involved in funding applications, perceptions of flexibility in funders' responsiveness and requirements varied across the range of different funders. In Wales and Scotland, experts interviewed commented on the speed at which devolved governments provided emergency funding in the early days of the pandemic. Experts interviewed in Wales, Scotland and England also appreciated those funders that succeeded in streamlining the application process and provided funding speedily:

"…it was like a one side of A4 application form. It was a, tell us what you need and tell us how much it costs, process. And people were saying that they were getting their applications in and they were finding the money in their bank account within days…[they] said, 'you are the specialists, you know, we trust you." (Interview 4, Wales)

Funding that required organisations to provide matched funds or funding that was short term and didn't allow for the time required to recruit and train new staff was felt to be less helpful. Experts consulted in Northern Ireland described some funding streams as too restrictive or overly specific in their scope:

"I was getting emails in the post going, here's seven and a half thousand pounds but you will do exactly this and you're going to spend two thousand on this and it must be for at least 50 families, this kind of stuff, and you're thinking, no, you know." (Interview 11, NI)

Using the Experience of Covid-19 to Inform Future Policy

The expert interviews contained some reflections on how the policy and funding response under Covid-19 might generate new thinking. In England, it was noted that: *it was definitely a lesson for government, I think, to know…they didn't have the information they needed to hand* (Interview 5, England). The anticipated policy focus on the mental health consequences of the pandemic was identified as an opportunity to address trauma and the mental health impact of high levels of DA:

"There's a recovery and resilience plan for mental health, which has a specific section… on women, and which does look at how to address issues around abuse. And there's a recognition in the plan that abuse has escalated as a result of Covid." (Interview 7, Scotland)

Chapter 6. Policy and Funding Strategies in Other Sectors

Introduction

Policy and funding strategies implemented in other sectors, such as health, housing, and education, during Covid-19 resulted in both benefits and barriers for families experiencing DA. While there were variations in policies and funding strategies across sectors and the devolved nations, experts participating in the research interviews and consultations reported increased awareness and recognition of the responsibility of statutory agencies and 'mainstream' government portfolios in responding to DA and supporting survivors.

Health

The outbreak of Covid-19 required a fast and coordinated effort from the National Health Service (NHS) to effectively respond to the pandemic, supress transmission, adapt services, and protect public health. Funding, staffing, and attention were diverted to enable a crisis emergency response, leaving some systems of support '*fragile*' (Interview 7, Scotland). Respondents described the health service's response to Covid-19 and support for DA victims/survivors as a '*mixed bag*' (Interview 3, Wales).

During the first lockdown, some services, such as mental health, health visiting, and maternity services, withdrew services and closed offices, negatively affecting some survivors and children and young people. Contributors noted health practitioners' concerns that usual routes to help-seeking through health appointments had been reduced, and that victims might struggle to access support if living at home with the perpetrator. One interview respondent working in public health reflected that the experience of DA service users, who might already have had limited access to standard health care as a result of coercive control, had not been fully considered at the start of the pandemic when many frontline health services were limited.

DA organisations reported difficulties in supporting survivors with severe mental health issues, with some feeling that they had '*fallen into being the mental health provider*' (Interview 21, England and Wales) due to the shutdown of health services. There were concerns about the lack of consideration given to the implications of shutting down these services: *"…what do you do when you suddenly withdraw, abruptly withdraw support from people?"* (Interview 7, Scotland).

A lack of access to mental health support, either online or face to face, was confirmed by the experience of one SUAG group member who reported experiencing substantial difficulties accessing any form of professional support.

Yet, there were also some positive policy and funding strategies implemented in the health sector that assisted DA survivors. Governments in England, Wales, and Scotland approved the use of telephone consultations for abortion care with guidance and resources provided to enable health providers to risk assess women. Some health boards delivered the medication to women and others made the medication available from pharmacies. A respondent emphasised that the change to abortion care meant that it was: '*much better for women experiencing abuse because they've got access to services that much quicker*.' (Interview 7, Scotland).

In Northern Ireland, abortion laws were changed by the UK Government on the 25th March 2020, with The Abortion (Northern Ireland) Regulations 2020 allowing abortions up to 12 weeks gestation

(House of Commons Library, 2021). Previously, abortions in Northern Ireland were illegal unless the woman's life was at risk.

Housing

The negative effects of the shutdown of housing services and systems on refuge provision and emergency accommodation for families experiencing DA were reported across the UK. Housing shortages were described as impacting on the whole system aimed at moving women into safe places:

"I would say one of the big challenges has been housing and this shutdown of the housing system and trying to get people houses. There's only ever so much resource, isn't there? And when there's a blockage it has an impact on the whole system, so that's been really difficult." (Interview 12, England).

Some local authorities and housing associations were swift and innovative in responding to these challenges. New forms of emergency accommodation were used, such as hotels, B&Bs and Airbnb's. There were also some examples of best practice with housing associations offering additional single occupancy refuge spaces and 'transition flats' for women moving on from refuges, some of which were transferred to permanent tenancy (call for evidence, Edinburgh Women's Aid).

However, interviewees in this area felt that while this was initially felt to be a '*useful short term safety mechanism'*, difficulties with move on accommodation were encountered. In Northern Ireland, there was criticism of the Housing Executive's use of emergency B&B accommodation which failed to link survivors into floating support services. There were also questions raised about the suitability of using accommodation that was also used to house people on bail from prison. Further, a specialist BAME organisation in Scotland reported specific challenges that minority and migrant women faced regarding the use of new forms of emergency accommodation:

"*We had women in B&B's who faced racial harassment and the B&Bs were not suitable for women fleeing domestic abuse especially when it is a mixed accommodation. We had to move women from unsuitable accommodation into more suitable accommodation."* – Call for Evidence.

Scottish Women's Aid and the Chartered Institute of Housing Scotland co-authored and published guidance for social landlords in April 2020 which emphasised the increased vulnerability that Covid-19 and lockdowns posed for women and children experiencing DA (Scottish Women's Aid, 2020a). Social landlords were urged to engage with local DA services and partnerships.

Scotland was rapid and decisive in its policy approaches to supporting people with NRPF. Three days before the prime minister announced the first UK lockdown, COSLA decided that local authorities should support and meet the financial and housing needs of people with NRPF. COSLA published early guidance which provided a framework to support local authorities and partners in their local decision-making and reaffirmed their duties to all people '*regardless of their immigration status*' and to '*protect public health*' (COSLA, 2020: 1). A respondent explained that COSLA had an established team devoted to migrant issues which made for an early response:

"*I think we were kind of quite quick on the ball around kind of asylum seeker issues and no recourse to public funds, because we were also quite focused on their right to being healthy and, you know, in*

a safe place, even if that was in a hotel, which wasn't ideal…there's always a bit more of a focus on that here". (Interview 16, Scotland)

The removal of NRPF contributed to specific benefits for migrant survivors and children and '*helped more women in this category to leave*' (Call for Evidence Response).

Education

As mentioned above, schools and early years provision closed across the four nations during lockdowns. Although organised differently across the nations, education hubs were swiftly established to ensure that children of key workers and those deemed vulnerable could still attend school and early years childcare. Despite the speed with which these hubs were set up, respondents described the confusion during the first UK lockdown over who constituted a 'vulnerable child' resulting in poor implementation of the service:

"…*I think the figure at one point was that only 20 percent of children who were eligible to go in by reason of being vulnerable were actually going in*." (Interview 21, England and Wales)

In Scotland, the original definition of 'vulnerable child' made no explicit reference to children experiencing DA. However, after successful lobbying from SWA and children's organisations, government guidance was updated in July 2020 to include any child "experiencing adversities including domestic abuse and bereavement" (see Scottish Women's Aid, 2020).

Respondents noted that many children experiencing DA do not have a multi-agency plan and therefore were unknown to the system:

"…there were literally, thousands upon thousands of children in Scotland that were invisible to the system. And if they weren't getting into school, then the usual professional referrals that we receive were not coming in." (Interview 14, Scotland)

However, some MARACs played a valuable role in identifying some children living with high risk DA victims and referring them for school places (Call for Evidence Response).

Operation Encompass, a police and education early information sharing partnership in England, Wales and Northern Ireland, which enables schools to offer immediate support for children and young people experiencing DA, adapted their practices during Covid-19. Operation Encompass set up a teacher helpline in response to the first closure of schools, provided additional information for practitioners, and reminded police of the necessity to monitor children experiencing DA who were not attending school.

Social Work and Child Protection / Safeguarding

The Scottish Government established the Children and Families Collective Leadership Group in May 2020 with a remit to review data, trends and research on child protection under Covid-19. The group includes representatives from the public sector, children's organisations, local government and other agencies with a child protection responsibility and reported data trends, including DA trends, weekly to government ministers. It also published various 'deep dive' reports on child protection during the pandemic and gathered weekly child protection data, including a report on DA and child protection (McTier and Sills, 2021). Subsequently, a sub-group on DA was established in the summer of 2020. Many respondents from Scottish statutory agencies noted the benefits of the Collective

Leadership Group which assisted in predicting trends, ring-fencing resources, and getting vulnerable children into schools.

However, respondents from the third sector and local government were more critical of the delayed timing in establishing a DA sub-group and were sceptical about its achievements.

In Wales, meetings between the National Safeguarding Board and Directors of Social Services were held to regularly to review available referral and service use data and oversee how additional resources distributed to the regional safeguarding boards impacted on service delivery.

The Government in England released guidance for children's social care services in April 2020, with this guidance being update periodically during the pandemic (HM Government, 2020d). This guidance referred to those in care, missing children, as well as vulnerable children having access to educational settings.

Two reports highlighted the challenges to safeguarding arrangements for children under Covid-19. Driscoll et al. (2021) conducted a survey of safeguarding leads in England and interviews with leads in London, finding that DA was a key concern that staff would like more training on. The study highlighted examples of good practice in responding to DA in local authorities, such as a children's centre that remained open and functioned as a one-stop shop for DA support work, midwifery and adult mental health services, prioritising support for high risk perpetrators and survivors.

Baginsky and colleagues (2020) examined how child protection conferences (CPCs) had been impacted by the move to remote methods in the pandemic. Methods included a survey of 492 professionals in local authorities in England and Wales and 24 parents; and interviews with practitioners and parents. Most practitioners felt that the increased use of telephone and video methods had been broadly positive and anticipated that in future conferences would be conducted in hybrid. Specific concerns regarding risk assessment and sensitivity in respect of DA were raised, and delays in referring to perpetrator support were highlighted. The research considered the participation of family members, including children, in remote CPCs and identified concerns about the suitability of technology, a point also noted by Ryan et al's (2021) study of remote hearings in family justice.

Courts, Criminal and Civil Justice System

Various forms of guidance were published in the UK on the adaptation and functioning of the courts, and criminal and civil justice system during Covid-19. England and Wales were relatively quick in publishing guidance in relation to compliance with court ordered child contact and DA during the pandemic on 24 March (Courts and Tribunals Judiciary, 2020). In Scotland, similar guidance was produced on 27 March (Scottish Courts and Tribunals, 2020), however it did not refer to DA. Many service providers reported that perpetrators were exploiting quarantining guidance and not returning children after contact visits (SWA, 2020) and SUAG participants in Wales also reported that a lack of guidance from family courts concerning child contact led to perpetrators using Covid-19 as an excuse not to return children. Scottish court guidance was updated on 16 July 2020, stressing that court orders must be complied with. At the very beginning of the first UK lockdown, Scotland's Lord Advocate publicly affirmed the Crown's commitment to tackling and prosecuting DA, various versions of guidance for Police Scotland were produced on bail conditions, the risks associated with DA cases and child contact.

Despite best attempts to adapt the court system during the first lockdown, participants across the UK reported significant delays in court cases, which presented barriers for families living with DA. "*Delays in criminal justice response*" was the most frequently identified challenge in our survey of local VAWG co-ordinators in England and Wales, identified by 82% (18/22). This interviewee identified the risks consequent on these delays:

"*…cases that are being set for trial in 2023, like it's just, it seems like those delays to the court system are just getting longer and longer and longer… it puts them at higher risk because it takes so much longer*." (Interview 12, England)

In England, SUAG participants perceived that an overwhelmed court system and backlog of cases meant that perpetrators were being released on payment of bail rather than remanded, creating a sense that perpetrators were 'getting away with it':

"Your perpetrator is allowed to do whatever he wants to do…all they're getting is a slap on the wrist and a warning". (Survivor Group)

There was a move to online hearings in some areas, as well as the introduction of Nightingale Courts aimed at relieving the backlog in England and Wales. However, the pace of change was reported to vary across the UK, resulting in considerable delays of cases, increasing victim attrition rates (UK Parliament, 2021e). There were differences between criminal and family courts - family courts were noted to have received greater numbers of applications relating to child contact issues but moved more swiftly to online procedures. As noted in the perpetrator section of this report, the Family President of the Family Division and Head of Family Justice in England and Wales issued guidance for DA cases in remote and hybrid hearings in November 2020.

There were mixed views about the move to cases being heard online. The Nuffield Family Observatory (Ryan et al. 2021) conducted a consultation about the increased use of remote and hybrid hearings in the family justice system in 2020, with two consultation exercises and a follow up report in July 2021. The consultation included two surveys with practitioners and focus groups with parents. It found that 83% of parents had concerns about how their case was dealt with and about access to support and that there were difficulties with technology. Professionals responding to the consultation highlighted both advantages and concerns about remote hearings in DA cases, for example regarding safety and wellbeing and risk assessment.

One benefit noted was improved access to legal representation across the country lifting geographical limitations (for example, additional government funding was given to FLOWS - 'Finding Legal Options for Women Survivors' - to facilitate this in England and Wales). Participants also noted that giving evidence remotely could be less traumatising for some victims, although this interviewee described challenges for others:

"*…it felt re-traumatising to be in their own home and kind of pulling all of that experience into their house, to have the conversation, trying to keep children in a different room, so they weren't hearing it"* (Interview 21, England and Wales)

In Wales, SUAG participants were critical of family court systems, describing them as 'uneducated' regarding DA and secondary abuse post-separation. As reflected in the extract above, survivors described how family courts had insisted on survivors attending hearings during the pandemic, despite children being home from school. Virtual online hearings meant that survivors could not

have their DA support workers attend court with them, and they felt that opportunities to send powerful messages to the judge were lost. Survivors described the difficulties in liaising with solicitors during online hearings; whereas previously points raised by the judge would be discussed with solicitors sat beside them: remote hearings meant that communication with solicitors was via text message:

"*You can't possibly tell your solicitor everything before you go into court, things are brought up that you don't know are going to be brought up".* (Survivor Group)

Police

As other forms of crime reduced, while DA was anticipated to increase, many police forces identified DA as a priority during the pandemic and Police Scotland retained DA as a priority. The National Police Chiefs Council (NPCC), the UK co-ordination body for law enforcement, enabled police forces across the UK to share best practice, responses, and information. Research by Walklate and colleagues (3/11/2021) found that police forces targeted resources to focus on high risk and repeat offenders.

Some police forces reported that the nature of their engagement with DA victims and perpetrators had not been substantially adapted: it remained very much public facing and engaged face-to-face, as one respondent emphasised: '*I want the gold standard, so I would expect it to be business as usual and no change'* (Interview 14, Scotland). A local police division in Scotland reported that they reviewed thresholds for generating an inter-agency referral discussion for DA incidents where there were children in the household '*given the perception at the beginning of lockdown that there may be a propensity for the amount of domestic incidents to rise*.' (Call for Evidence Response). Similarly, in England and Wales, respondents spoke positively of the police response to DA during the pandemic:

"*…the police have tried to be really proactive in a lot of places and that's been welcomed by those specialist services. And, obviously, they'd love to be able to hang on to some of those ways of working when they start, the normal crime kind of goes back to normal levels*." (Interview 21, England and Wales)

In Northern Ireland, PSNI used a risk-based approach, with police officers contacting victims of the highest risk cases, and staff from a dedicated team contacting low and medium risk victims, providing signposting to key services and support. Also, in PSNI, there was renewed promotion of the 'silent solution' number 55 telephone service that gave victims direct access to emergency services (PSNI, 2020).

A project in Lancashire, England, piloted a multi-agency response combining nurses, DVA specialists and the police during Covid-19. A DVA specialist hospital nurse and Independent Domestic Violence Advocates (IDVAs) from a local Women's Aid organisation worked with the police to visit victims as soon as possible after a police incident, rather than waiting for a referral. The police also proactively contacted known perpetrators during Covid-19. Operation Provide began in April 2020 with funding from the Ministry of Justice via the local Police and Crime Commissioner, and later received national recognition in a Nursing Times award (The Gazette, 2020). The providers note that this model of delivery led to increased engagement and uptake of the service when survivors were visited when the suspect was in custody. The pilot has received further funding from the Police and Crime

Commissioner's Community Safety Partnership fund to extend the initiative to other parts of Lancashire (Lancashire Police and Crime Commissioner, 2020).

Williams et al. (2021) examined the use of video calls with DA victims during lockdown in one police force. They found that the method was as effective as face to face interviews and that police and victims reported additional benefits to this method, such as convenience and effective use of time for police. However, it should be noted that the sample of 115 service users was described as primarily white British. The beneficial impact of remote methods for policing resources, particularly in rural areas, was reported by other forces (Walklate seminar 3/11/21).

However, research early on in the pandemic found that many Police and Crime Commissioners had not identified DA as a funding priority (Walklate et al., 2021), with call for evidence responses also suggesting that some police responses to DA incidents were 'less robust':

"…*Police responses at times were not the same as prior to the pandemic. Some women felt that the police did not take their concerns seriously…*." (Call for Evidence Response).

Women from the SUAG in England described a loss of personal connection with the police: face to face home contact with police after reporting incidents was said to have gradually diluted during lock down, and communication was undertaken electronically or by telephone. New online systems for providing witness statements online were described by a survivor as '*work[ing] fairly well, but not the same as sitting with an officer*'. Writing a witness statement was viewed as '*a task*' that compared poorly to the experience of telling their story to an individual officer. At the same time, it was felt that reading rather than listening to an account could mean that police were less likely to connect to the survivor and '*hold them in their head*'.

Chapter 7. Delivering Fast and Accessible Services

Introduction

This section considers how fast and accessible DA services were provided in the DA sector under Covid-19. The sector adapted rapidly to the pandemic and a range of responses were identified through the call for evidence and interview data including community touch points; safe travel schemes; accommodation for survivors; changes to helpline provision and remote service provision.

Adaptation

The speed at which local DA services adapted to the situation was cited as a key achievement under Covid-19 by survey respondents in England and Wales.

Much of the innovation and activity identified concerned the creation and publicising of routes to safety, with interviewees commenting on the long-term value of this provision:

"Why have we not always been publicising routes to, you know, free yourself from domestic abuse? So, all of a sudden, we had these schemes where you could get on a train, you could go into a

pharmacy with a code word and all these things…we should have always had." (Interview 16, Scotland).

Community Touch Points

Interventions to provide safe spaces in the community where survivors could receive support accelerated and developed significantly in the pandemic. 'Safe Spaces' was a key initiative developed by Hestia/UK Says No More, a London-based DA organisation, which sought to provide such spaces in community pharmacies. This work was based on a previous pilot scheme in one London borough. In May 2020, the UK-wide scheme was launched with four pharmacy chains, in collaboration with Royal Pharmaceutical Society and the General Pharmaceutical Council. The scheme encouraged pharmacies to enable their consultation space to be used by DA survivors, who were given access to a telephone and provided with the national DA helpline number, Hestia's Bright Sky app details and information about their local DA organisation (the latter was not a required aspect of the provision). Pharmacies were chosen for their community provision and because pharmacists are trained in safeguarding. An early impact report by Hestia found that participating pharmacies were located predominantly in England (82%) with 10% in Scotland. The scheme was expanded to include TSB bank branches in May 2021. 'Online safe spaces' on the websites of companies such as the Royal Mail Group, Thames Water and Network Rail and the Ministry of Defence were introduced in September 2020, which following collaboration with the Royal Mail Group. This uses a pop up 'widget' to allow website users to access DA information quickly.

The 'Ask for Ani' ('Action needed immediately') codeword initiative was launched by the Home Office on 14 January 2021. This scheme was conceived by SafeLives (2021) who worked with their survivor groups and lobbied government for its introduction. The scheme publicises the use of an emergency code word survivors can use in a community pharmacy to signal a need for help. The Home Office website provides training leaflets and videos as well as posters for pharmacies to display to survivors, available in different languages if required. Training materials detail how staff should support survivors to call 999/101 or a local DA organisation. A separate training pack outlining how the two schemes operate together and co-branded materials are provided for those pharmacies who are also operating the Safe Spaces scheme described above.

We identified criticism of the Ask for Ani scheme: for example, Hourglass, a charity for older victims of all types of abuse, criticised the lack of wide consultation about the scheme and lack of signposting to specialist organisations. In Scotland, interviewees noted that the helpline numbers used in promotional materials were initially incorrect. The four UK Women's Aid organisations issued a joint statement regarding the planned introduction of the scheme in May 2020, expressing concern about lack of training for frontline pharmacy staff, risk assessment for survivors and staff, and monitoring and evaluation of the impact of the work. This was reflected in interviewee comments.

Data about the uptake of the Ask for Ani and Safe Spaces work is limited. Hestia reported some monitoring data in September 2020, as noted above, and an evaluation of Ask for Ani by IPSOS/Mori is currently underway. Our survey (Table 1, below) found mixed responses from local VAWG co-ordinators in England and Wales about awareness and uptake of these initiatives: 39% did not know about the uptake of the codeword scheme in their area and 36% either did not know about uptake or had not heard of Safe Spaces. Around a quarter stated that there had been 'some uptake' of code

word schemes (22%) or safe spaces schemes (27%) in their area. This was reflected in comments made in the SUAGs, where survivors were either unaware of the initiative or were aware of it but did not understand how it operated.

Table 1: VAWG Co-Ordinators' Perceptions of Local Uptake of Pharmacy Codeword and Safe Space Schemes

Initiative	Participants (N)	No Uptake		Low Uptake		Some Uptake		Good Uptake	Don't Know	Not Heard of.
Pharmacy Codeword Scheme	23	2	8%	5	22%	5	22%	2	8%	9
Safe Space Scheme	22	-	-	5	23%	6	27%	3	14%	7

Safe travel

Free travel to enable DA survivors to reach a place of safety was another initiative that pre-dated the pandemic but gained publicity under Covid-19 when there were concerns about people being unable to leave their homes. It also supported government messaging about DA victims being able to travel to safety despite lockdown restrictions.

One major initiative was 'Rail to Refuge' which provided free rail travel to refuges. Implementation of Rail to Refuge varied across the four nations. The scheme was in development by Women's Aid in England prior to the pandemic, but its roll out across the UK was 'fast tracked' under Covid-19 amid concerns about rising DA routes and restrictions on usual routes to safety. In England, the scheme was delivered by Women's Aid alongside Respect (for male survivors) and Imkaan (an umbrella organisation for BAME DA organisations), in collaboration with the Rail Delivery Group, and was funded through the Department of Transport. In Wales and Scotland, rail tickets did not have be booked via Women's Aid, and in Northern Ireland which has limited railway networks, a different scheme of free transport on rail and bus was introduced in collaboration with NI Women's Aid.

Women's Aid reported (Women's Aid, 2021) that between April 2020 and September 2021, train operators provided free tickets to 2,265 people, including 650 children over five. Almost two-thirds (64%) of those using Rail to Refuge said they would not have travelled if the journey costs had not been covered (Women's Aid, 2021). A detailed breakdown of uptake is not available, and the report notes the need for further research on use of the scheme was by different communities, however nine of the 120 participating organisations were Imkaan member organisations.

Study respondents welcomed the idea of free travel for survivors, and of the 22 survey respondents (the majority of whom were from England) most felt that there had been some (36%) or 'good' (23%) uptake of free transport to refuge schemes in their area. However, questions were raised about the scheme's applicability across the whole of the UK when some areas had limited railway networks and its value for women in remote rural areas was questioned. Some participants reported low awareness of the scheme amongst the wider public and sometimes amongst transport staff.

More broadly, awareness of the need for DA victims to travel to safety was highlighted during the pandemic, and respondents noted the need to consider how travel schemes could be funded and developed in all parts of the UK. Webinar participants noted that payment for taxis to refuges was a longstanding arrangement in some areas. For instance, in Northern Ireland, the Local Housing Executive had a pre-existing scheme.

Accommodation

As noted above, staff shortages combined with restrictions and cleaning regulations made for considerable delays and blockages in refuges. Some shared occupancy refuges were adapted into single occupancies due to social distancing restrictions and a respondent highlighted the tensions and challenges in doing so:

"There have been tensions [with the commissioning team] around our operating shared refuge as single occupancy. This is an ongoing issue, and one in which the silo nature of local authority services and structures becomes evident." (Call for Evidence Response).

The Police Service of Northern Ireland (PSNI) promoted a new 'crash pad' scheme whereby emergency accommodation would be provided for 48 hours for high risk victims in Women's Aid (WA) accommodation following a police referral.

A WA service also described introducing reserved emergency spaces in their refuges available only to police and social work referrals.

Move-on accommodation for survivors was a common concern:

"We have seen and are still experiencing huge backlogs in getting people access to social housing and moving them on from refuge when it's no longer meeting their needs… because it all shut down and then there's that build up in the system." (Interview 12, England)

However, we also identified examples of good practice with housing associations offering additional single occupancy refuge spaces and 'transition flats' for women moving on from refuges, some of which were transferred to permanent tenancies (Call for Evidence, Edinburgh Women's Aid).

Most survey respondents felt there had been some (41%, 9/22) or good (32%, 7/22) uptake of emergency accommodation schemes. In Northern Ireland, the PSNI promoted a new 'crash pad' scheme whereby emergency housing could be provided for 48 hours for high risk victims in Women's Aid accommodation following a police referral. However, interviewees from this sector felt that while this was initially felt to be a '*useful short-term safety mechanism'*, difficulties with move on accommodation were encountered. Another Women's Aid service described introducing emergency spaces in their refuges that were reserved for police and social work referrals.

Helplines

Helplines were key to DA service provision during the pandemic. One DA organisation providing a national helpline described how they rapidly adapted their services to enable helpline staff to work from home and continue to operate the service. There was also diversification of the format that

helplines offered, with some services adding webchat for the first time or increasing the hours that the service was operational. This was noted to appeal to younger people and was also used by older people and deaf service users.

Participants described how monitoring information from helplines was key to understanding the nature of abuse during lockdowns and being able to respond to changing need, feeding into national meetings about service provision. At the onset of the pandemic there were concerns about a spike in numbers and increased demand with the England Refuge helpline numbers showing an initial increase. However, the picture appears more complex over the course of the pandemic with study participants and data from Scotland helplines reporting that helpline numbers fluctuated over time. This interviewee reflected that in Wales helpline data demonstrated that calls had increased in complexity if not in number:

"…the increased complexity, because people are not able to get in touch with whoever it is that they were seeking help from… some of that you can see more tangibly, like Welsh Women's Aid has been quite good about recording length of calls." (Interview 5, England and Wales)

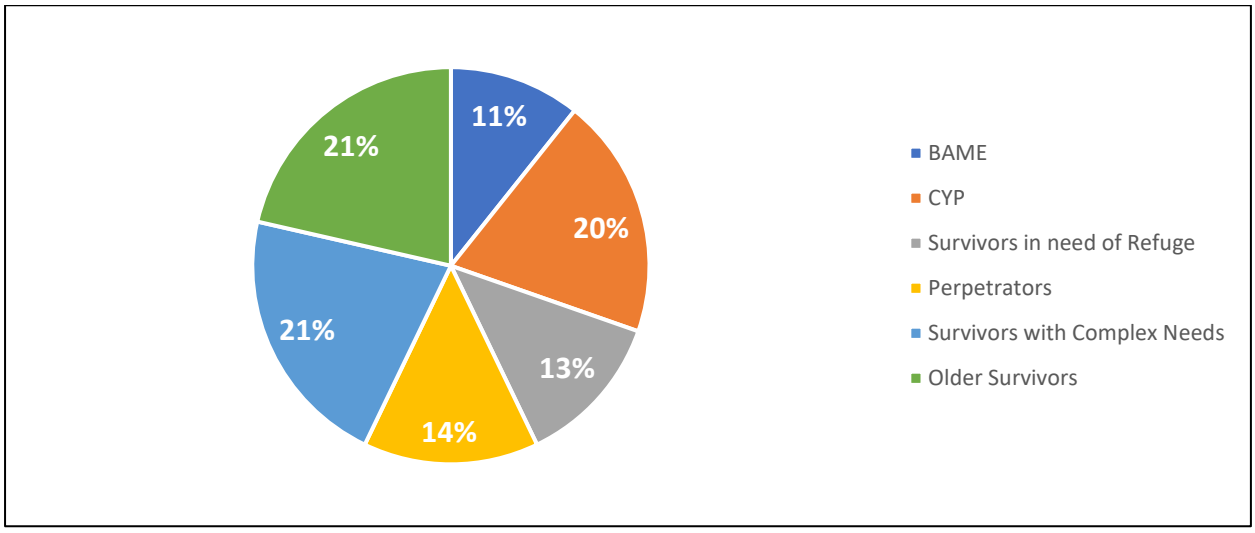
In Scotland, links between the Police and the DAFM helpline meant that information about lockdown restrictions and how they affected ongoing child contact arrangements between women and ex-partners could be shared.

Remote service provision

The accelerated provision of online services was identified as a key achievement under Covid-19 by a third of survey respondents. The majority of survey respondent in England and Wales (n=20, 83%) felt that services had adapted well to remote delivery, but over half noted that some service users had found remote service delivery difficult and that face to face contact had been missed.

Figure 4 illustrates which user groups survey participants (n=15, 34%) reported to have experienced difficulties with remote service provision, with participants being able to select multiple responses. Of the groups listed, older survivors (n=12, 21%) and survivors with complex needs (n=12, 21%) were deemed to be the most affected by remote delivery.

Figure 4: VAWG Co-ordinators' Perceptions of Groups Affected by the Remote Delivery of DA Services.



The rapid move to online service delivery required swift changes, including learning new skills, such as in how to use Zoom or Microsoft Teams, as well as sourcing and providing equipment for staff work from home:

"What we all learnt was we're bloody good at responding to crisis. We do it daily, we've been doing it for decades and we really turned things around really quickly…we implemented IT, phone systems, all of that… we did it very, very quickly." (Interview 11, NI)

Some local services were able to make IT equipment directly available to women and children to enable them to receive remote services. However, experts interviewed highlighted issues regarding the spread of digital literacy. Furthermore, digital poverty in respect of the affordability of technology, a Wi-Fi connection or phone bills was a concern. In Scotland, there was a relatively fast distribution of laptops, tablets and mobile phones to practitioners and to some survivors from the Scottish Government via the Victim's Support Fund (VSF). Participants stated this was also useful in providing safety equipment such as doorbells and material support for their safety such as supermarket vouchers or money for fuel. While the VSF was welcomed in the Scottish Women's Aid report (2020b) on survivors and service providers' experience of Covid-19, there was also some critique from interviewees in our study regarding the success and speed of the scheme.

Organisations reported rapidly adapting and introducing new systems, for example the Scottish DA and Forced Marriage Helpline (2021) fast tracked their pre-pandemic plan to update their helpline and introduce online delivery.

The move to online service delivery increased accessibility and engagement with services for some groups, for example those in rural locations and individuals accessing services for the first time. Respondents noted that remote delivery removed the pressure of needing to travel for support: for some, help-seeking was easier using remote methods such as phone appointments. This was reflected in SUAG discussions, with survivors reporting that participation in online programmes helped women to feel a sense of belonging and to connect with others.

Contributors from DA organisations noted concerns about doing risk assessments, and safe working with families was a key factor when delivering services remotely, also highlighted in Scottish Women's Aid survey of their member organisations (2020b) and in Women's Aid England (2020) report. Risks were noted to be compounded when the perpetrator was living in the house. Alternative approaches included arranging calls with victims at the same as perpetrator workers were calling the perpetrator (as noted by Scottish Caledonian workers who work with the whole family); or through delivering doorstep 'care packages' to allow brief face to face contacts.

One expert interviewed described organising 'Covid-19 safe' meeting rooms via the local authority to enable them to meet with some service users. However, overall engagement was a difficulty as this provider described:

"What we found was a lot of families that we work with disengaged totally because they were locked in with the perpetrator. So, they couldn't come out to us, we couldn't go to them." (Interview 11, NI)

Contributors also noted that concerns regarding risk assessment were shared by other frontline workers, such as health staff. In Scotland, guidance for health and social care staff on telephone

consultations, advised on making telephone consultations in lockdown and suggested how practitioners could create opportunities to ensure women were safe at home.

Chapter 8. Delivering Domestic Abuse Services to Specific Groups and Populations

Introduction

This section considers what has been learnt under Covid-19 about delivering DA services to particular populations, including minority and excluded groups and children and young people who experience DA. It begins with consideration of survey responses to this question, then presents findings on the DA service response to BAME survivors, migrant women and other minoritised groups such as those living in rural areas, LGBTQ survivors and those with complex needs. Services for DA perpetrators are also considered. Evidence is drawn from survey and interview data, the Call for Evidence and some submitted reports and studies.

Minority and Excluded Groups

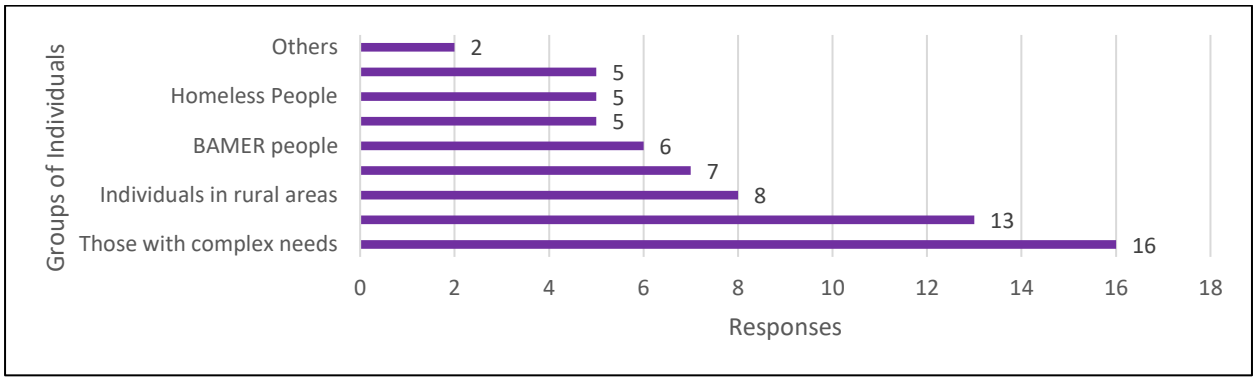
Table 2 shows the survey responses regarding local DA provision for different minority groups in England and Wales. Just over half (56%, 14/25) of respondents felt there was adequate provision in their area for BAME service users, and 28% were not sure. There was felt to be inadequate provision for service users with complex needs, with just under half describing this as not adequate, and only 17% of respondents felt that there was sufficient provision for those living in rural communities. Respondents also identified other groups with inadequate service provision such as those with no recourse to public funds and male victims.

Table 2: VAWG Co-ordinators' perceptions of adequate local service provision for specific groups under Covid-19?

Service User Group	Responses	Yes		No		Not sure	
BAME Survivors	25	14	56%	4	16%	7	28%
CYP living with DA	25	10	40%	12	48%	3	12%
Homeless	25	8	32%	8	32%	9	36%
Perpetrators	23	4	17%	12	52%	7	30%
LGBTQ Survivors	24	8	33%	8	33%	8	33%
Disabled Service Users	24	8	33%	7	29%	9	38%
Rural Communities	24	4	17%	7	29%	13	54%
Complex Needs	24	7	29%	12	50%	5	21%
Other	19	3	16%	3	16%	13	68%

Survey participants were asked to indicate which groups had been hard to reach during Covid-19, with multiple responses permitted (Figure 5). The group most frequently identified as hard to reach were those with complex needs, such as mental health and substance misuse (n=16, 76%), followed by children and young people living with DA (n=13, 62%). Other groups that were seen to be hard to reach included older survivors.

Figure 5: VAWG Co-ordinators' Perceptions of Hard to Reach Groups under Covid-19.



One interviewee (in local government) remarked that services were already struggling to reach all minority groups prior to the pandemic:

"We're not getting the reach into every community, every type of relationship, every type of situation, every geography…I'd be surprised if somehow those things were more successful at being fully inclusive than some things that have gone before." (Interview 21, England and Wales)

Children and Young People

Specialist and first response services were relatively fast in adapting services throughout the pandemic, with services pivoting to remote and online delivery. While respondents emphasised that, in general, women victims/survivors engaged well with the shift to remote support, the same could not be said consistently for CYP, as described by this respondent in Scotland:

"…unlike for women who, generally speaking, are more used to phone contact, it didn't work as well with children and young people." (Interview 8, Scotland)

Specialist DA services reported various issues with delivering DA services remotely to children, including a lack of privacy, limited access to IT equipment and IT illiteracy. Some respondents also highlighted the difficulties in assessing risk when meeting with children and their families online, particularly if they lived with the perpetrator. However, across the nations of the UK, one of the biggest reported concerns by our respondents was around the disengagement of CYP with online service delivery, particularly in respect of younger children. Interestingly, many of the interviewees remarked upon how surprised they were to find that young people disengaged with online service delivery:

"*…I think that was something that surprised me, was how many young people disengaged with us. They did not want to do telephone and you'd have thought… that's their media but yet, they didn't want to access the service through that media…everything we offered them, the WhatsApp, the zoom, we got youngsters just saying, when you can do face to face, I'll come and see you*." (Interview 11, NI)

Services reported considerable effort and attempts in continuing support for CYP during the various lockdowns, including providing resource packs and check-up phone calls.

Not all of the respondents agreed that young people disengaged from online services. Two interviewees from England argued that some young people, particularly teenagers, preferred virtual

service delivery, resulting in increased engagement. One participant suggested that it is "*probably a demographic thing, they quite like that technology*" (Interview 12, England).

As a response to the low engagement of CYP with online and specialist services and concerns over their safety, some local authorities in the UK (e.g. Edinburgh) offered 'resilience hubs' to enable services to deliver face-to-face appointments with children.

Adapting helplines for Children and Young People

The Scottish Domestic Abuse and Forced Marriage helpline, with support from Childline (a 24-hour confidential counselling service for CYP in the UK), piloted a web-chat for CYP in December 2020 – March 2021, as a direct response to recommendations from Yello! a young expert group in Scotland. Despite anticipating a busy service, the helpline only hosted four web-chats throughout the four-month project.

Between 23 March and 17 May 2020, the NSPCC reported that they received 1,500 contacts from adults across the UK who were worried about the impact of DA on children (NSPCC, 2020). Prior to lockdown, the helpline reported a monthly average of 607 contacts about DA, with the monthly average rising to 930 between 1 April – 31 December 2020 (NSPCC, 2021). During the same period, Childline delivered over 500 counselling sessions to children and young people who were worried about DA (NSPCC, 2020).

Invisibility of Children and Young People

Participants also highlighted their concerns around the visibility of CYP experiencing DA throughout the pandemic. Some emphasised that the government's early responses to the pandemic did not fully consider the effects of Covid-19 restrictions and measures on children, particularly those living with DA. There was consensus across interviewees that the initial response and focus in government was largely on adult victims and the wider problem of violence against women and girls, as noted in this interview:

"*[we] haven't maybe taken into account the impact it might have [on] children… the fact that schools were closed and things, you couldn't ignore it, you had to put something in place to try and address that*." (Interview 10, Scotland)

Many respondents considered that CYP were particularly invisible to the system during the first lockdown, largely due to school closures:

"*We know that children and adolescents pretty much disappeared or, certainly, in 2020…even where they were deemed to be vulnerable, they weren't turning up at school, which they were technically allowed to do. So, nobody knew what was happening for those children and young people…*" (Interview 21, England and Wales)

Moreover, respondents made a distinction between children already known to child protection services who would likely have a multi-agency protection plan, and those that were '*unknown*' or '*hidden*' to the system.

"*…it was maybe at least nine months in before we really started talking about hidden harm and who are we not knowing, what's happening…actually, there might be a huge number of children and young people who are really vulnerable that we just don't know about*." (Interview 17, Scotland)

These findings reflect concerns highlighted in earlier reports about 'off-radar' CYP (Chevous, Oram, and Perôt, 2020), with official government statistics estimating that in 2020 around one in seven vulnerable CYP were unknown to any statutory service (ONS, 2020).

Respondents reported that the invisibility and vulnerability of CYP intensified for marginalised young people. A respondent in Wales highlighted the negative effects that school closures and the suspension of other support services had for disabled children:

"*…children, for example, who live with disabilities and everything, rely a lot on the schools and the community nurses, and that kind of support was not there, you know, it was taken away."* (Interview 23, Wales)

Child Contact

As mentioned above, there were considerable concerns and challenges around court-mandated child contact arrangements that negatively affected CYP, with reports of perpetrators flouting Covid-19 restrictions, using virtual access to get information on survivors' whereabouts, exploiting arrangements to perpetuate abuse, and refusing to return children after their contact visits (see Scottish Women's Aid, 2020b). Respondents identified:

"…a shift in perpetrator tactics, where they were using Covid to further abuse partners or ex-partners, particularly around child contact. Well the child's with me now, they can't change households because…', so we saw quite a lot of that." (Interview 14, Scotland).

While child contact centres closed during the first UK lockdowns in Scotland, a respondent emphasised the efforts made to ensure they remained open in subsequent lockdowns:

"What we did do after that, was lobby very hard to make sure child contact centres weren't closed in the second wave…the importance of child contact centres had clearly been highlighted to ministers." (Interview 8, Scotland)

Additionally, respondents reported some innovative and creative practices regarding child contact arrangements during lockdown, with an increased use of virtual or 'indirect' contact between parents and their children. In England, a respondent explained how their public sector agency supported the facilitation of virtual contact, with parents reading stories, playing games, and doing arts and crafts with their children via Zoom. The respondent contended that change has "*shone a light on indirect contact in an interesting healthy way*" (Interview 24, England).

Black and Minority Ethnic Survivors

As noted above, racism and racial injustice were highlighted globally in 2020. One perpetrator service provider stated in a webinar that the acceleration of the Black Lives Matter movement in 2020 had "*influenced their response to BAME communities and attention to work with racialised communities".* Two reports from member organisations - Imkaan (2020), a specialist UK wide umbrella organisation for DA services working with BAME women, and the Women's Resource Centre (2020) drew attention to the concerns of those working with BAME women experiencing DA in the pandemic. Imkaan's position paper highlighted the intersection of the pandemic with the structural inequalities faced by their service users, describing this a 'dual pandemic'. Challenges included: access to services, with the usual publicity and referral routes being rooted in communities. The paper notes that organisations made efforts to ensure information was available

about services in different languages and formats, including on social media with links available to other community networks to share information.

Imkaan's member organisations also reported more mainstream /statutory referrals during the pandemic, and referrals that were increasingly concerning "complex, intersectional issues and needs". Local authority housing provision for BAME survivors was described as inadequate during the early stages of the pandemic. Poverty was a significant concern, with service users needing more support with issues such as access to benefits, and loss of employment in the pandemic. Services provided material support and food. Furthermore, digital poverty was also a concern for BAME survivors with one contributor estimating that between "*40-60% of women in some services had no safe access to phones, no credit, and no access to the internet"* (Imkaan 2020).

BAME 'by and for' organisations were identified by both the Imkaan and WRC (2020) reports, as incurring additional resource costs during the pandemic while already in vulnerable financial positions.

A webinar participant from a local DA provider highlighted the value of collaboration meetings when working with BAME communities. A small training organisation organised monthly Zoom meetings that brought together frontline workers, policymakers, researchers and survivors involved in services for BAME victims of DA and sexual violence during Covid-19. One outcome of this was a consultation study run in collaboration with the Drive perpetrator programme that explored '*increasing safety for those experiencing family and intimate relationship harm within BAME communities by responding to those who harm'* (Adisa and Allen, 2020). This is expected to lead to further workforce development activities supporting practitioners from BAME communities working in the VAWG sector.

Nexus, the Northern Ireland DA and sexual violence helpline, reported that they established a diversity inclusion group to ensure a voice for all sections of the community contacting the helpline. This group comprised representatives from organisations who support non-English speakers, older survivors, LGBTQ+ communities and students.

Two specialist BAME DA service providers participated in the webinars and provided information for the call for evidence. As noted above, there was a view that the unique experiences of BAME women experiencing DA had not been recognised prior to Covid-19, and that the pandemic had exacerbated these needs. Shakti ran a consultation with their service users in collaboration with SafeLives which detailed the problems migrant and BAME women were experiencing under Covid-19 (SafeLives, 2020b). These included: isolation, mental health concerns, health worries (not least heightened concerns about contracting Covid-19 as people from BAME communities were found to be more likely to be adversely affected by the virus); difficulties accessing housing and other resources (House of Commons Women and Equalities Committee, 2020; Razai et al., 2021).

Service providers noted that language barriers were a challenge for some, particularly at the start of the pandemic when Government information was not available in different languages. DA practitioners often took on interpreting tasks:

"That is why our support workers were ending up with extra work. Those who speak the languages of services users, it was good because they could talk to them in that language and relay the

message…Because, of course, they're scared, they didn't know what was happening." (Interview 23, Wales)

Additional help-seeking barriers including not being able to receive services remotely at home due to partners, males and other extended family members in the house (Anitha and Gill, 2021). Young women aged 16 to 25 were identified as a particularly hard to reach group if they were not in education and isolated at home.

The Shakti Women's Aid service in Edinburgh provided information in nine other languages on their website and reported that they were able to switch easily to telephone support during lockdowns using bilingual workers. However, they noted that using translators was harder when facilitating meetings on Zoom. The service also provided support for CYP and continued to provide remote support using Zoom, phone calls and text. It created new leaflets for CYP which were translated into other languages.

DA organisations participating in the webinars described allocating additional resources to BAME survivors such as increasing the amount of emergency housing support provision or receiving funding from the city council for additional specialist BAME IDVA posts. One organisation reporting an increase in DA referrals during the pandemic noted that their caseloads comprised approximately 50% of women from a BAME background. The Respect male victim helpline reported a 'steep increase' in demand in the pandemic (Respect, 2021b) and a report on their helpline use from March-September 2020 found that a third of callers were from a BAME background (Westmarland et al., 2021).

Survey respondents were asked if provision of DA services in their area for minority groups had been adequate under Covid-19. Most felt that services for black and minority ethnic survivors were adequate (56%, 14/25), and 28% were unsure.

Migrant Victims/Survivors and those with No Recourse to Public Funds

Differences in the UK nations were found in response to women with NRPF. In Scotland, local authorities funded the cost of emergency/temporary accommodation for those with no access to public funds who needed refuge services. COSLA worked in partnership with the Scottish Government to provide guidance on housing people with NRPF, which was revised in 2021. This framework specifically referenced "*women who may be vulnerable to exploitation, violence and domestic abuse because of their insecure immigration status and lack of access to public funds"* (COSLA, 2020).

In Northern Ireland, a fund for DA victims with NRPF that had closed prior to March 2020 was reopened by July 2020, but DA organisations reported that during the interim period they had to search for alterative funds to support service users with NRPF.

In other nations, women with NRPF continued to experience difficulties in accessing support:

"…It was still restricted, we didn't see any difference because, you know, the social services, they were still following their old guidelines and, therefore, they were still leaving victims, you know, to be supported by [specialist BAME org]. We didn't see a change, in terms of supporting victims who didn't have any recourse to public funds or all the vulnerable persons." (Interview 23, Wales)

DA service providers participating in the study's June webinar argued that the needs of women with NRPF must be considered as a special area of investigation and that accommodation for this group had been a significant challenge under Covid-19. While some Home Office funding was available for people with NRPF and for BAME groups this was not available consistently. A 'Covid crisis project' delivered by Southall Black Sisters and Solace Women's Aid in London was funded by the London Mayor's Office for Policing and Crime (MOPAC) and specifically targeted '*any women seeking support including migrant women and those with no recourse to public funds'.* This was identified as a good model of support by one webinar respondent who also noted it had experienced very high demand, with more referrals than the resources available (30 families at any one time for 3 months).

Complex Needs

As noted above, survey respondents identified survivors with complex needs as hard to reach under Covid-19.

A DA organisation described gaining additional funding for a complex needs IDVA due to the increase in women accessing support during Covid-19 who were at high risk of harm and had a substance misuse and/or mental ill health issue. A report from the Homeless Link 'Learning from the Ending Women's Homelessness Fund' also drew attention to these issues presenting case studies from seven specialist homelessness and DA organisations working with homeless women during the first lockdown. Good practice highlighted included: partnership work between DA and homelessness organisations during lockdown leading to the establishment of a "VAWG and multiple disadvantage forum" in the London Borough of Westminster, for staff from homelessness agencies to discuss cases with other practitioners. Leeds City Council funded a 15-bed women's hotel, for homeless women at women at risk providing opportunities for wrap around support. The Homeless Link report notes this was the only gender-specific homeless accommodation found in their case studies.

Rural Communities

Most survey participants were not sure if services for rural communities were adequate in their area (54%, 13/25), with a third (29%) saying they were not adequate and only 17% (4/25) saying they were adequate. Respondents considered individuals in rural areas were hard to reach. Next Link, a DA service provider in the SW of England launched a specialist rural IDVA service during 2020. Although the funding predated the pandemic, the service reported that Covid-19 had a huge impact on this group of victims. The intervention comprised one-to-one IDVA support but also delivered training to local community settings such as village halls, religious centres, pharmacies, hairdressers, local shops and neighbourhood watch teams. This has led to approximately 100 victims accessing specialist support and 200 DA champions being trained (Call for Evidence Response).

LGBTQ+ Survivors

The Rainbow Project, a health and wellbeing organisation for LGBTQ+ people worked in collaboration with PSNI and other mainstream services to provide support during the pandemic. Additional funding allowed the organisation to expand its counselling service to meet demand and move to online service delivery. Their work with the police to ensure pathways to support for LGBTQ+ people who had experienced DA continued and they reported strengthened connections with the DA sector in NI during the pandemic. They also partnered with the police in DA awareness campaigns during Covid-19.

In Wales, the LGBT Foundation stated that calls to its helpline regarding DA had increased by 38%, with increased website traffic (Wales Online, 2020). To respond to this increase in demand and to raise awareness of DA within the LGBT community, they created the Locked Down and Out campaign (LGBT Foundation, 2021).

Disabled survivors

Sisters of Frida, a UK wide support organisation for disabled women, released a document in April 2020 in response to UK Parliament's Unequal Impact: Covid-19 and the impact on people with protected characteristics (2020). The response outlined the challenges facing disabled women experiencing DA during the pandemic. Reference to the difficulties of DA services supporting women over the phone was highlighted, particularly if sign language was a survivor's main communication method. Within the response, it was recommended that DA services and refuges consider the needs of disabled women and ensure reasonable adjustments.

The Scottish DA/FM helpline reported that there had been an increase in the use of webchat since the start of the pandemic, accounting for around one quarter of contacts to the helpline, which had introduced webchat six months prior to the pandemic. Although it was primarily used by younger survivors, they found that it was useful for deaf survivors and was used by older people.

Perpetrators

Changes in Nature of DA Perpetration

There were concerns at the start of the pandemic about how lockdowns would impact upon rates of DA, as this provider notes:

"With the pandemic came additional concerns about the risk management of the men. We realised that under lockdown measures some of the men we worked with would face a considerable test of behavioural self-management, and there would be a high likelihood that their criminogenic needs would increase." (Call for Evidence, DA organisation)

One specialist organisation felt that there had been an 'under acknowledgement' of such concerns about perpetrators' behaviour, compared to the national heightened awareness of survivors' experiences of DA.

The Respect helpline for perpetrators experienced a significant increase in activity in the first lockdown: the number of calls increased by 67%, emails by 185%, webchats by 2,200% and website visitors by 581 (Respect April 2020). In the period April 2020 – March 2021, figures provided by Respect show an average of 680 calls per month, compared to 364-448 in the first three months of 2020 as well as sustained increase in the number of webchats and emails. Calls were described as increasing in complexity and severity, and an increase of concerned professionals seeking guidance was noted.

The Scottish Government produced a weekly update based on the Justice Analytical Service's survey of practitioners which enabled the nature and severity of DA to be monitored, including how perpetrators' behaviours and tactics changed during lockdowns. This provided evidence to inform Government's response to perpetrators and victims.

Changes to Service Provision

Survey respondents were asked if provision of DA services for perpetrators in their area had been adequate under Covid-19. Most felt that services were not adequate (52%, 12/25), 30% were unsure and only 17% (4/25) felt there had been adequate services.

Service providers described having to rapidly change and adapt their service provision in March 2020, with a shift away from the usual model of face-to-face individual and group work with perpetrators. Providers of perpetrator and behaviour change programmes responding to the Call for Evidence described how they introduced new ways of meeting with perpetrators such as check in telephone calls and 'walk and talk' appointments when restrictions allowed. Many groups switched to online delivery, but this was not suitable for all, and some providers reported an increase in one-to-one appointments. One interviewee in England reported that mandatory perpetrator programmes were not run online for many months resulting in a backlog of cases.

The switch to online groups was beneficial for some, allowing more opportunities to engage with perpetrators, offering more flexibility and convenience, and was described as making it 'easier' for some perpetrators with mental health difficulties to participate. Furthermore, it allowed continuity of support and did not stall progress with child protection cases which was welcomed by social workers. However, other service providers reported that there were challenges with online delivery, including drop off in numbers which led to groups being too small, a lack of interpreters and provision of services in other languages. Offering more one-to-one sessions reduced services' capacity leading to longer waiting lists. While face-to-face delivery was described as the preferred method for many service users, some providers noted that the changing nature of restrictions in some areas in the latter part of 2020 meant that organising face-to-face support was more difficult. Providers also highlighted the poor mental health and wellbeing of perpetrators as a significant concern.

The Caledonian programme, a whole-family service that works with men, women and children, is delivered in 19 of the 32 local authorities in Scotland. The programme adapted their services for online delivery, producing guidelines for staff and others in the sector (see guidelines section below). Key developments included the creation of a manual of activities that could be safely undertaken with men by phone, and accreditation of a one-to-one version of their men's programme, which was rolled out to staff via online training. Local teams were described by the coordinator as: "*very creative and risk centred in their response. They prioritised highest risk men for continued face to face contact throughout the pandemic and with others continued to do what programmed work was deemed safe to be conducted by phone*." A local Caledonian team response to the Call for Evidence highlighted the importance of providing mobile phones to perpetrators to enable safe conversations to take place, as well as the value of offering food and other practical support.

In response to the pandemic restrictions, Respect developed an online perpetrator course for fathers with CAFCASS (the Children and Family Courts Advisory Service). The content and guidance specifically included consideration of remote risk assessment, learning styles and group dynamics online, with individual exercises and worksheets replacing large group discussions. It also included consideration of available technology online and organising remote child contact arrangements. The course was piloted in two areas and the evaluation report is due to be published in November.

An evaluation of the Croydon Drive perpetrator programme published in September 2020 noted that whilst the services evaluated were mostly pre-March 2020 (Geoghegan-Fittall, Keeble & Wunsch, 2020), there was an opportunity to learn from Covid-19 contingencies in delivering perpetrator services. The evaluation report highlighted service delivery challenges which such as issues with attendance at DA perpetrator panels (DAPPs) and "*time spent travelling and arranging the logistical aspects of working with perpetrators".*

Respect's 'Make a Change' behaviour change programme, which included support for LGBTQ perpetrators in East Sussex has identified that there was a strong preference for service users to access the courses online (the full evaluation report is due in November 2021).

Guidance

Specialist providers noted some confusion during the first lockdown about whether perpetrator services were an 'essential' service and how they were expected to operate. Respect provided guidance for their accredited members on service delivery during the pandemic. Their document 'Responding to the challenges of Covid-19' provided information at the start of the first lockdown, citing Bellini and Westmarland's research(2020) on remote video-call based group work with perpetrators, and providing guidance for staff on safety and links to other organisations.

Various guidance notes were issued throughout the pandemic by the central Caledonian coordinators to all practitioners working with perpetrators (Scottish Government, 2020e). For high risk perpetrators, the guidance proposed face-to-face meetings if possible and included information on completing remote assessments safely including speaking to women/partners, and work around children and contact. A toolkit of nine exercises for working with and supporting men during the pandemic was also produced and made available online in April 2020 (Community Justice Scotland, 2020). Participants in the UK webinar noted that having one central perpetrator programme and source of guidance in Scotland offered clarity for service providers.

The Safe and Together model which aims to strengthen children's social care response to whole families experiencing DA is delivered in most local authorities in Scotland and several local authorities across the UK. The international website offered guidance for how support for perpetrators could be maintained under Covid-19 (Safe and Together Institute, 2020). This was disseminated via the Caledonian Programme's guidance.

Finally, the pan-European project European Network for the Work with Perpetrators of Domestic Violence (WWP EN) (2002a) produced guidance for working with perpetrators. The project subsequently conducted focus groups and a survey of members to encourage critical reflection. The toolkit includes examples of best practice and challenges encountered in the pivot to online delivery (WWP EN, 2020b). Challenges identified included: safety of victims when online work was taking place with their partner; ensuring virtual space was not manipulated by perpetrators, adaptation of perpetrators to the online setting; additional complexity of the pandemic for perpetrators and service providers' adaptation to online delivery.

Emergency Accommodation for Perpetrators

During the pandemic there were increased calls for more schemes that rehoused the perpetrator rather than providing emergency accommodation for the survivor. A statement issued by

Drive/SafeLives in May 2020 co-signed by other key organisations in the DA sector, drew attention to the emerging issue of housing perpetrators in the pandemic and called for funding for accommodation for perpetrators rather than emergency accommodation for survivors. There was felt to be some resistance to this concept within MHCLG and central government. However, there were some regional examples of promising practice in this regard. SafeLives/Drive and Respect received funds from the MOPAC for early intervention work in five London Boroughs with families who were receiving children's social care support for DA which included temporary housing for the perpetrator. This was described by one interviewee as *"an incredibly brave policy change, given everything that was going on and, you know, the kind of cutting edge ground breaking nature of it*" (Interview 5, England and Wales), and by another, expert interview participant as:

"Properly kind of changing the nature of the conversation we have as a country. Because it starts to make a kind of practical reality of this idea that we should stop asking, why doesn't she just leave, and start asking, why doesn't he just stop? To live up to that principle, we've got to get the policy and practice in place to make a reality of it." (Interview 21, UK).

Early findings from the six-month pilot study are promising and include the positive engagement of perpetrators in the intensive support, behaviour change and a reduction in abuse. The need for support for all family members including adult victims has been recognised by the pilot. Funding has been secured to extend the pilot work further.

Other examples of innovative practice in this area include the use of police powers, and coordination with housing providers regarding the use of DVA protection orders (DVPOs).

Policing of Perpetrators

There were some examples of positive policing of DA perpetrators such as proactively contacting offenders and in the use of existing powers such as disclosures through 'Clare's Law' and bail powers. Police forces in England and Wales took a proactive approach, with many forces moving staff into DA investigation units, alongside increasing their applications for Domestic Violence Protection Orders which were processed online in the first lockdown (HMICFRS, 2021) and visiting known perpetrators. In Wales, South Wales Police and Drive (a perpetrator programme) worked with probation services to monitor perpetrators convicted of DA and out on licence. Police forces also adapted their rehabilitation programmes so that they could be delivered online (HMICFRS, 2021).

In Scotland, a police interviewee explained that Covid-19 adaptations had meant that more people were released on 'presumption of liberty' which had implications for managing DA perpetrators. They also noted that court delays had led to perpetrators being out on an undertaking (bail) for longer. Police and DA service providers in Scotland were hopeful that new legislation passed in March 2021 would make removal of the perpetrator from the home easier, but a Police Scotland respondent noted that meanwhile efforts had been made to raise awareness of the current 'investigative liberation' powers of the police, which allow the perpetrator to be excluded from the family home for 28 days. here was criticism from some interviewees in Northern Ireland of the way bail conditions were managed with some perpetrators being housed over the border in Ireland.

Impact of Delays in Criminal Justice System

As noted earlier, the work of the criminal justice system slowed considerably during the pandemic. Respect (2020) noted concerns about the impact of these delays on family courts, and on separation and post-separation violence. Moreover: *"criminal justice service provision not being available leading to delays in perpetrators being able to access support*" (Respect, 2020). The Family Justice Council (England and Wales) produced guidance in November 2020 for family hearings where DA was a factor. It notes the risk and challenges with perpetrators and survivors participating in online hearings and gives guidance on how to manage this. Scottish Women's Aid expressed concern about the lack of consideration and evaluation of a new initiative providing prisoners with mobile phones to participate remotely in court hearings without considering the potential for this to become a tool for perpetrators of DA. Concerns about court decisions were noted by other DA organisations.

"The decisions in relation to safety feel less robust. E.g. five breaches of bail and, the perpetrator is still at liberty, serial perpetrators not remanded, fines imposed instead of more robust measures such as an NHO/CPO or custodial sentence." (Call for Evidence Response)

Scottish Women's Aid provided input to the Scottish Government regarding proposals to release prisoners early ahead of their scheduled release date which informed the consequent exclusions to early release for offences involving DA, stalking and sexual offending. Similarly, they lobbied for an exclusion of perpetrators of DA, stalking and sexual violence from proposals to reduce unpaid work elements of community payback orders under Covid-19.

Chapter 9. Strengthening Domestic Abuse Service Capacity under Covid-19

Introduction

This chapter considers whether and how DA service capacity has been strengthened, or protected, under Covid-19. Findings discussed below also highlight new practices and processes considered worth retaining in the long term.

Staff Wellbeing

The DA sector remained operational throughout the pandemic, with those delivering services having to adapt their working practices to reflect the various restrictions. Such adaptions have had an impact on staff wellbeing, alongside their ability to effectively fulfil their role (Women's Aid, 2020). Although guidance supported practitioners to adapt their response and virtual team meetings were appreciated, working from home impacted upon staff wellbeing, since they were often isolated from their colleagues and supporting survivors, families and perpetrators in spaces shared by their families. Boundaries between work and home were therefore blurred, impacting upon morale and feelings of helplessness.

Within the Standing Together survey, 54% of respondents (n=13), stated that supporting staff working from home had been challenging. If remote service delivery is going to feature in future practice, consideration needs to be given to the impact it may have upon staff wellbeing and how best to manage the loss of protective boundaries described here:

"I can't wait for staff to be back supporting one another…My office was in my bedroom, I dreamt of work pretty much every night, and that's not healthy for anyone…People's ability to switch off from work was definitely impacted. And the services did a lot to try and support them but virtually, it's very, very hard". (Interview 12, England)

"We had service managers and colleagues saying, you know, I've now imported all of this trauma into my own home and I'm also struggling to kind of keep my children away from the calls… …Colleagues were taking their phones to bed in case somebody needed to call them in the middle of the night." (Interview 21, England and Wales)

To help maintain staff morale, a DA organisation that responded to the call for evidence had hosted online wellbeing days for staff, with remote staff support meetings also mentioned by other contributors to the study.

Delivering Services Remotely in the Long-Term

The pandemic has required DA organisations to develop the infrastructure to deliver services remotely, with increased telephone and web-based support providing opportunities for different groups to engage in DA support. Experts interviewed identified that DA service providers now needed to evaluate which delivery methods worked for which populations and consider the feasibility of offering remote support in the longer term. However, interviewees were clear that remote service delivery would augment rather than replace face-to-face interaction delivery and should not be conceptualised as a means of cutting costs:

"I do not see [remote methods as] being the main way that we will be supporting women…But…if you're supporting a woman for…three/four/five/six months…do you actually need to physically be in her home every time you interact? …I will be wanting to use that on a case by case basis but…I think I would want to look at that as something that we integrate into the services." (Interview 11, NI)

"We've learnt about innovation and kind of some of the specific risks associated with remote working. We're much more knowledgeable about that than we were a year ago…What safe and effective adaptation looks like…still [needs] to be answered…but I think we've learned something about that process of adaptation." (Interview 2, England)

Collaboration and Consultation

Increased collaboration both within the DA sector and across other sectors has emerged as a key achievement during the pandemic. For work in the aftermath of the pandemic, ongoing collaboration across the DA sector was deemed to be important, with remote meetings being one way in which this could be achieved. It was argued that collaboration needed to be fostered at the local as well as national levels:

"I think…a big lesson is…a much greater emphasis on communication and coordination at the local level, which, if you're going to have localism, you have to recognise that a lot of…the decision making and implementation is happening at the local level and that has to be supported." (Interview 5, England and Wales)

The importance and benefits of national and local government consulting with the DA sector, particularly at a strategic level and asking survivors for their input, have been highlighted during the pandemic. To build upon the consultation mechanisms and processes that have been developed,

communication between Governments, funders, DA organisations and survivors will need to be maintained and strengthened:

"It's…clearer lines of communication between those on the ground being impacted by these decisions and those say at director level who are making them, who are quite removed from the impact they might have. So, I think that's come out as a clear lesson…there needs to be really clear lines of communication when decisions are being made". (Interview 10, Scotland)

The involvement of a range of stakeholders in co-creating guidance during the pandemic was described as a valuable experience worth retaining:

"…We went out to pretty much every agency that we could think of…asking them if they'd be happy to comment on drafts…just to make sure that we were all kind of doing the same messages… such good learning…if we're ever co-creating work again it's exactly the process that we should be following." (Interview 17, Scotland)

Collaboration with Other Sectors

The argument that all sectors have a role to play in responding to DA has emerged as a strong theme throughout the pandemic. Restrictions have prompted wide reflection on the experience of being confined to an abusive environment, and this broader awareness has spread to frontline professionals in a range of organisations. Sectors that have demonstrated their capacity to address issues associated with DA include: the housing sector; mental health services; social care; transport and retailers. Study contributors considered that the relationships built with other sectors needed to be maintained, evaluated and developed, with the DA sector providing the skills and knowledge needed to ensure responses are consistent and appropriate:

"Many services and communities sitting outside of that specialist sector…are addressing domestic abuse and we need to know more about what good looks like there and be really clear about that…If we were being honest, [non-specialist DA settings are] where most people will be in first contact with somebody who'd be in a position to recognise support…We also have to have more clarity about, what do we expect in housing, health, mental health services…." (Interview 5, England and Wales)

"If you're going to ask organisations, like supermarkets and whatever, you know, Boots…or whatever, to become involved in that, then their staff have to be properly trained to respond to that appropriately and to recognise it for what it is." (Interview 14, Scotland)

Sustainability of DA Funding and Services

The need for a preventive approach to DA is one of the lessons that has emerged during the pandemic and contributors to this study reflected upon the reactive nature of the sector. During Covid-19, the impact of prevention strategies has been demonstrated and expert interviewees noted the challenges of embedding such approaches in the DA sector given current funding patterns:

"I have finally discovered what a prevention approach looks like… it was the smaller, cheaper things, making a space between people, washing your hands regularly… that we hoped would reduce the number of people that ended up dead and ended up in intensive care. And what we currently have

is a response to violence against women and girls that seeks to deal with intensive care and hospitalisation cases only…We can't afford to do everything, so we have to afford to do this and, unfortunately, that means we can't invest in prevention, means that we are never ever going to reduce the population in intensive care." (Interview 4, Wales)

Developing an effective preventive approach, alongside managing the predicted increase in demand once restrictions ease, was considered to require sustained, long-term funding alongside flexibility to enable organisations to decide how money is spent:

"The [Delivering Equally Safe Fund in Scotland] …is going to be £18 Million per annum for two years…the thinking behind that is that during this two year period we're carrying out a national review of the funding and commissioning of frontline support services, to look at moving to sort of longer term, more sustainable funding position and model." (Interview 10, Scotland)

Chapter 10. Conclusions

The pandemic has served to demonstrate the extent to which the DA sector interlocks with other public services and systems. For instance, the shutdown of housing services and delays in the justice system acted both to increase demands on DA services and create blockages in refuges. Reductions in mental health service capacity increased the complexity of need facing the DA sector and this represented an exacerbation of an ongoing trend (Stanley et al. 2021). Government and other funding sources enabled the DA sector to pivot rapidly to meet increased and increasingly complex demand and this study found examples of positive and imaginative innovation, some of which represented rapid acceleration of existing initiatives.

Cross-sector communication and collaboration were supported by existing multi-agency structures such as MARACs and these were maintained and strengthened by the move to online communication under Covid-19. However, some sectors that were not already fully engaged with regional multi-agency groups were omitted and this may have contributed to the widely reported 'invisibility' of CYP. New strategic groups established at national level were also judged to be valuable both in ensuring rapid distribution of funding and in enhancing Government understanding of the needs of survivors and the DA sector. These groups assumed different forms in different UK jurisdictions. Online communication also made for increased collaboration and shared learning across the DA sector and within DA organisations. However, consultation on service planning and delivery with survivors, and with CYP and perpetrators, proved difficult to maintain under Covid-19.

While the rapid shift to remote delivery of DA services was deemed to be successful in extending the reach and accessibility of provision, even for those groups such as perpetrators where this might previously have been considered inappropriate, challenges were also encountered. Although they benefited some, online services were not equally accessible for all: groupwork for perpetrators proved difficult in some cases and many CYP were reported to express a preference for face-to-face services. Those contributing to this study noted the value of face-to-face encounters for building rapport both in terms of practice and in professional meetings. These concerns were also evident in relation to the remote operation of courts which, while offering flexibility and accessibility for some,

deprived some DA survivors of expert support and made the experience less secure. In the longer-term, it will be important that face-to-face service delivery and professional collaboration are retained and hybrid models are likely to offer a way forward.

Except for specific programmes such as the well-established Caledonian programme in Scotland and the Safer Together programme, this study found little evidence of 'whole family' thinking informing the response to the pandemic. However, an interesting reconceptualisation regarding moving of perpetrators out of the family home as opposed to rehousing survivors and children emerged. We identified a significant shift towards rehousing DA perpetrators in order that women and children could stay in the family home and a Respect/SafeLives/Drive/Social Finance early intervention project provided a test ground for this thinking. New legislation passed in Scotland in March 2021 introduced additional powers for the police to remove perpetrators from the home, while Domestic Violence Protection Orders existed in England and Wales prior to the pandemic.

Other studies (Walklate et al., 2020 & 2021) have examined the police response to DA in more depth than has been possible within the broad remit of this study but the proactive approach adopted by many police forces demonstrates what is possible when DA becomes the 'priority crime'. Under Covid-19, this happened by default in some jurisdictions when the volume of other crime declined but, given the damage inflicted by DA on all family members and the fact that DA is the crime with the highest number of repeat incidents for victims (ONS, 2021c), there are arguments for retaining this priority status in the long-term. The experience of proactive policing under the pandemic together with the absence of any substantial increase in domestic homicide figures provide an argument for campaigning on this issue.

Finally, public messaging and media coverage in respect of DA acted to increase public and government awareness of DA and may have been impactful for survivors and for funding of the sector. Unlike Ireland, where evaluations of DA campaigns have been published (see Holt et al., 2021), the evidence for any such impact is lacking in the UK and future research might usefully address this question. Awareness raising is an important cornerstone of prevention work that, as experts noted, is rarely a priority for the DA sector which focuses on emergency responses to crises. Arguably, the task is one for public health. Public health has contributed to some innovative DA initiatives under Covid-19 but the decision not to publicise sources of help for DA survivors in community-based testing and vaccination centres with high levels of reach seems to be a missed opportunity. Since these centres and clinics are likely to be a feature of the UK landscape in the foreseeable future, we would urge a reconsideration of this policy.

A number of promising responses and initiatives have emerged from this study and below we identify those where we would advocate robust evaluation and retention. There were some variations between the four countries of the UK in terms of implementation and take-up of such initiatives, reflecting differences in infrastructure and service development. Not all are new initiatives with some being existing interventions that were accelerated or revived under Covid-19:

- Targeting funding on the DA sector while allowing flexibility in how it was spent allowed DA organisations to tailor funding to local need and circumstances. This approach was essential in maintaining DA services and enabling their agility under the pandemic and should be implemented in all UK jurisdictions.

- Regular strategy meetings between Government and the DA Sector proved valuable during the pandemic and these meetings could be sustained in the longer term.
- The removal of the No Recourse to Public Funds category in some jurisdictions was identified as an effective policy intervention that relieved distress and enabled the DA sector to respond to the high level of demand from this group of survivors. This is a policy that could be retained in the long-term.
- Community touchpoint schemes such as Ask for Ani and Safe Spaces: the DAHLIA-19 team will be examining these in more depth as one of the four deep-dive case studies undertaken in the final stages of the project.
- Rail to Refuge: this initiative has achieved good uptake and alternative forms of the scheme using other means of transport have been introduced in some areas. It has also acted to increase awareness of the need for DA victims to travel to safety and participants in this study argued for its retention and extension.
- A pilot of a whole family service that aims to keep women and children in the family home while moving perpetrators out represents a significant shift in thinking and this initiative should be retained and extended.
- Online delivery of services for survivors, children and perpetrators proved feasible and increased accessibility for some groups. However, this shift also acted to exclude some groups and created some barriers and hybrid models of service delivery are recommended for the longer-term.

References

Adisa O., & Allen K. (2020). Increasing safety for those experiencing family and intimate relationship harm within black and minority ethnic communities by responding to those who harm: Survey findings. Accessed via: https://www.uos.ac.uk/sites/www.uos.ac.uk/files/Family%20and%20intimate%20relationship%20harm%20within%20black%20and%20minority%20ethnic%20communitiesFINAL%20%281%29.pdf [04/11/2021].

Anitha, S.& Gill, A. (2021). Domestic Violence During the Lockdown: The needs of Black and Minoritised communities during the pandemic. Accessed via: Briefing-1_-Domestic-violence-during-lockdown_-Anitha-and-Gill©-26-Jan-2021-2.pdf (cpb-eu-w2.wpmucdn.com) [02/12/2021]. University of Lincoln and University of Roehampton.

Bates, L., Hoeger, K., Stoneman, MJ. & Whitaker, A. (2021). Domestic Homicides and Suspected Victim Suicides During the Covid-19 Pandemic 2020-2021. Home Office. Accessed via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1013128/Domestic_homicides_and_suspected_victim_suicides_during_the_Covid-19_Pandemic_2020-2021.pdf [04/11/2021].

BBC News (2020). Sarah Everard murder. Accessed via: https://www.bbc.co.uk/news/topics/c8657zxk82wt/sarah-everard-murder [09/11/2021].

Baginsky, M., Eyre, J., and Roe, A. (2020). Child protection conference practice during COVID-19. Reflections and experiences (rapid consultation September–October 2020). London: Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/child-protection-conference-practice-covid-19 -

Bellini, R. & Westmarland, N. (2020). Initial Lessons Learned from using Video Conferencing Software to deliver Interventions for Men using Violence in Intimate Relationships. Accessed via: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/92/Initial_Lessons.pdf [09/11/2021].

Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of clinical nursing*.

British Foreign Policy Group (2021). Covid Timeline. Accessed via: https://bfpg.co.uk/2020/04/covid-19-timeline/ [04/11/2021].

British Red Cross (2021). The Longest Year: Life under local restrictions. Accessed via: https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/the-longest-year-life-under-lockdown [04/11/2021].

Chevous. J, Oram. S, Perôt. C (2020), Supporting 'off-radar' children & young people at risk of violence and abuse in their household. Survivors' Voices, UKRI Violence Abuse and Mental Health Network, McPin Foundation. London.

Community Justice Scotland (2020). The Caledonian System: An integrated approach to address men's domestic abuse and to improve the lives of women, children and men - Working with men who abuse their partners in the context of the COVID-19 crisis. Accessed via: https://communityjustice.scot/wp-content/uploads/2020/04/Working-with-men-COVID-19-v1.0.pdf [09/11/2021].

COSLA (2020). Framework Produced by COSLA To Help Local Authorities Support Those With No Resource To Public Funds. Accessed via: https://www.cosla.gov.uk/news/2020/may-2020/framework-produced-by-cosla-to-help-local-authorities-support-those-with-no-resource-to-public-funds [04/11/2021].

Coronavirus Act 2020 https://www.legislation.gov.uk/ukpga/2020/7/contents/enacted

Coronavirus (Scotland) Act 2020. https://www.legislation.gov.uk/asp/2020/7/contents/2020-05-27 https://www.legislation.gov.uk/asp/2020/7/section/15A/2020-05-27

Council of Europe (2011) Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210) https://rm.coe.int/168008482e

Courts and Tribunals Judiciary (2020). Coronavirus Crisis: Guidance on Compliance with Family Court Child Arrangement Orders. Accessed via: https://www.judiciary.uk/announcements/coronavirus-crisis-guidance-on-compliance-with-family-court-child-arrangement-orders/ [04/11/2021].

Criminal Justice Joint Inspection (2021). Impact of the pandemic on the Criminal Justice System. Accessed via: https://www.justiceinspectorates.gov.uk/cjji/wp-content/uploads/sites/2/2021/01/2021-01-13-State-of-nation.pdf [12/11/2021].

Department for Communities (2021). Homelessness action plan fully funded – Minister Hargey. Accessed via: https://www.communities-ni.gov.uk/news/homelessness-action-plan-fully-funded-minister-hargey [04/11/2021].

Department of Health (2020). Health Minister welcomes Executive agreement. Accessed via: https://www.health-ni.gov.uk/news/health-minister-welcomes-executive-agreement [04/11/2021].

Department of Health (2021). COVID-19: Guidance for Homeless Service Providers in Northern Ireland. Accessed via: https://www.health-ni.gov.uk/publications/covid-19-guidance-homeless-service-providers-northern-ireland [04/11/2021].

Driscoll, J., Hutchinson,A., Lorek, A. & Kiss, K. (2021) Protecting Children at a Distance A multi-agency investigation of child safeguarding and protection responses consequent upon COVID-19 lockdown/social distancing measures. Kings College London.

EIGE (2021). The COVID-19 pandemic and intimate partner violence against women in the EU. Accessed via: https://eige.europa.eu/publications/covid-19-pandemic-and-intimate-partner-violence-against-women-eu [04/11/2021].

End Violence Against Women (2020). End Violence Against Women Coalition: Submission to The Women and Equalities Select Committee Inquiry 'Unequal impact: Coronavirus and BAME People'. Accessed via: https://www.endviolenceagainstwomen.org.uk/wp-content/uploads/EVAW-Submission-WESC-BME-Inequalities-Covid-Inquiry-July-2020-FINAL.pdf [04/11/2021].

European Network for the Work with Perpetrators of Domestic Violence (2020a). Home Page. Accessed via: https://www.work-with-perpetrators.eu/ [09/11/2021].

European Network for the Work with Perpetrators of Domestic Violence (2020b). COVID-19 Revision of Practice Toolkit. Accessed via: https://www.work-with-perpetrators.eu/fileadmin/user_upload/COVID-19_Revision_of_Practice_Toolkit.pdf [09/11/2021].

Family Justice Council (2020). Safety from Domestic Abuse and Special Measures in Remote and Hybrid Hearings: Foreword by the President of the Family Division. Accessed via:

https://www.judiciary.uk/wp-content/uploads/2020/11/Safety-from-Domestic-Abuse-and-Special-Measures-in-Remote-and-Hybrid-Hearings-Family-Justice-Council-guidance.pdf [09/11/2021].

Gardner, Z. (2021). Migrants with No Recourse to Public Funds' Experiences During the COVID-19 Pandemic. The Joint Council for The Welfare of Immigrants. Accessed via: https://www.jcwi.org.uk/Handlers/Download.ashx?IDMF=17805c35-d3bc-4251-9ada-6dfdae8dbca6 [04/11/2021].

Geoghegan-Fittall, S., Keeble, C., & Wunsch, D. (2020). The Croydon Drive Project: A 2-year Evaluation. MOPAC Evidence and Insight. Accessed via: https://www.london.gov.uk/sites/default/files/croydon_drive_final_evaluation_report.pdf [09/11/2021].

Guardian (2021). Downing Street Covid briefings excluded deaf BSL users, judge finds. Accessed via: https://www.theguardian.com/law/2021/jul/28/downing-street-covid-briefings-excluded-deaf-bsl-users-judge-finds [11/11/2021].

Hestia (2020). Safe Spaces Survey: Initial Impact Report. Accessed via: https://uksaysnomore.org/wp-content/uploads/2020/11/Safe-Spaces-survey-inital-impact-report.pdf [04/11/2021].

HM Government (2020a). Speech: Prime Minister's statement on COVID-19: 23 March 2020. Accessed via: https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020 [04/11/2021].

HM Government (2020b). Home Secretary announces support for domestic abuse victims. Accessed via: https://www.gov.uk/government/news/home-secretary-announces-support-for-domestic-abuse-victims [04/11/2021].

HM Government (2020c). Guidance on devolution. Accessed via: https://www.gov.uk/guidance/guidance-on-devolution [04/11/2021].

HM Government (2020d). Guidance: Coronavirus (COVID-19): guidance for children's social care services. Accessed via: https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-for-childrens-social-care-services#history

HM Government (2021a). COVID-19 in the UK. Accessed via: https://coronavirus.data.gov.uk/details/deaths [04/11/2021].

HM Government (2021b). Domestic abuse: how to get help. Accessed via: https://www.gov.uk/guidance/domestic-abuse-how-to-get-help [09/11/2021].

HMICFRS (2021). Review of policing domestic abuse during the pandemic – 2021. Accessed via: https://www.justiceinspectorates.gov.uk/hmicfrs/publication-html/review-of-policing-domestic-abuse-during-pandemic/#summary-of-findings [04/11/2021].

Holt, S.; Butler, E.; Gregory, S. & Elliffe, R. (2021). DAHLIA-19 Mapping In-Country Report Ireland. Accessed via: https://static1.squarespace.com/static/600e896f2c69ea16574e97ff/t/614b2ee03a3d425f0b97cc41/1632317156477/Ireland+interim+report+22-9-21.pdf [12/11/2021]Home Affairs Committee (2020). Second Special Report – Appendix: Government Response. Accessed via: https://publications.parliament.uk/pa/cm5801/cmselect/cmhaff/661/66102.htm [04/11/2021].

Homeless Link (2020). Learning from the Ending Women's Homelessness Fund. Accessed via: https://www.homeless.org.uk/sites/default/files/site-attachments/EWHF%20Case%20Study%20Report%20Aug%202020.pdf [04/11/2021].

Hourglass (2021). Hourglass response to the Home Office Ask for Ani. Accessed via: https://wearehourglass.org/hourglass-response-home-office-ask-ani [04/11/2021].

House of Commons Health and Social Care, and Science and Technology Committees (2021). Coronavirus: lessons learned to date. Accessed via: https://committees.parliament.uk/publications/7496/documents/78687/default/ [04/11/2021].

House of Commons Library (2021). Coronavirus: Support for rough sleepers (England). Accessed via: https://researchbriefings.files.parliament.uk/documents/CBP-9057/CBP-9057.pdf [04/11/2021].

House of Commons Women and Equalities Committee (2020). Unequal impact? Coronavirus and BAME people. Accessed via: https://committees.parliament.uk/publications/3965/documents/39887/default/ [04/11/2021].

Housing Executive (2021). Homelessness. Accessed via: https://www.nihe.gov.uk/About-Us/Corporate-Strategies/Homelessness [04/11/2021].

Imkaan (2018). From Survival to Sustainability: critical issues for the specialist black and 'minority ethnic' ending violence against women and girls sector in the UK. Accessed via: https://docs.wixstatic.com/ugd/2f475d_9cab044d7d25404d85da289b70978237.pdf [07/11/2021].

Imkaan (2020). Imkaan's Position Paper Outlines the #DualPandemics. Accessed via: https://www.imkaan.org.uk/updates/2020/dualpandemics [04/11/2021].

Inspiring Scotland (2021). Delivering Equally Safe. Accessed via: https://www.inspiringscotland.org.uk/what-we-do/our-funds/equally-safe/delivering-equally-safe-fund/ [04/11/2021].

Institute of Fiscal Studies (2020). Learning during the lockdown: real-time data on children's experiences during home learning. Accessed via: https://ifs.org.uk/publications/14848 [04/11/2021].

Institute for Government (2021a). Timeline of UK coronavirus lockdowns, March 2020 to March 2021. Accessed via: https://www.instituteforgovernment.org.uk/sites/default/files/timeline-lockdown-web.pdf [04/11/2021].

Institute for Government (2021b). Budget 2021: Universal Credit winners and losers. Accessed via: https://www.instituteforgovernment.org.uk/blog/universal-credit-winners-losers [04/11/2021].

Ivandic, R., Kirchmaier, T., & Linton, B. (2020). Changing patterns of domestic abuse during Covid-19 lockdown. Accessed via: https://cep.lse.ac.uk/pubs/download/dp1729.pdf [04/11/2021].

Jacobs, N. (2020). Written evidence from the Domestic Abuse Commissioner for England and Wales. Accessed via: https://committees.parliament.uk/writtenevidence/12799/pdf/ [04/11/2021].

Johnson, K. & Hohl, K. (2021). The Impact of Covid-19 on Domestic Abuse Reported to the Police, and Policing Responses. Accessed via: https://committees.parliament.uk/writtenevidence/22280/pdf/ [02/12/2021].

Lancashire Police and Crime Commissioner (2020). CSP Funding – Operation Provide. Accessed via: https://www.lancashire-pcc.gov.uk/wp-content/uploads/2020/11/2020-22-CSP-Funding-Op-Provide.pdf [04/11/2021].

LGBT Foundation (2021). #LockedDownAndOut. Accessed via: https://justgiving.com/campaign/lockeddownandout [04/11/2021].

Local Government Association (2020). Tackling domestic abuse during the COVID-19 pandemic: Resource for councils. Accessed via: https://www.local.gov.uk/sites/default/files/documents/Domestic%20Abuse%20Guide%20UPDATED%20as%20of%2011%20May%20%28PM%29.pdf [04/11/2021].

McTier, A. and Sills, R. (2021) The impact of COVID-19 on children and families in Scotland: Understanding needs and services through local social work data. Prepared for the Scottish Government Children and Families Collective Leadership Group. Access via: https://www.celcis.org/application/files/8516/2763/5115/The_impact_of_COVID19_on_children_and_families_in_Scotland.pdf [10/11/2021].

Ministry of Housing, Communities and Local Government (2021). Guidance for landlords and tenants. Accessed via: https://www.gov.uk/government/publications/covid-19-and-renting-guidance-for-landlords-tenants-and-local-authorities/coronavirus-covid-19-guidance-for-landlords-and-tenants#protections-for-tenants-under-the-coronavirus-act-2020 [12/11/2021].

National Statistics Scotland (2021). Homicide in Scotland 2020-21 Accessed via: https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/10/homicide-scotland-2020-2021/documents/homicide-scotland-2020-21/homicide-scotland-2020-21/govscot%3Adocument/homicide-scotland-2020-21.pdf [09/11/2021].

Northern Ireland Executive (2020). Cross government response to tackling domestic and sexual abuse during Covid-19. Accessed via: https://www.northernireland.gov.uk/news/cross-government-response-tackling-domestic-and-sexual-abuse-during-covid-19-0 [04/11/2021].

NSPCC (2020). The impact of the coronavirus pandemic on child welfare: domestic abuse. Accessed via: https://learning.nspcc.org.uk/media/2241/impact-of-coronavirus-pandemic-on-child-welfare-domestic-abuse.pdf [09/11/2021].

Office for Budget Responsibility (2021). Coronavirus analysis. Accessed via: https://obr.uk/coronavirus-analysis/ [04/11/2021].

ONS (2021a). Domestic abuse in England and Wales overview: November 2021. Accessed via: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2021 [02/12/2021].

ONS (2021b) Domestic abuse and the criminal justice system, England and Wales: November 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseandthecriminaljusticesystemenglandandwales/november2021

ONS (2021c). Crime in England and Wales: year ending March 2021. Accessed via: https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/crimeinenglandandwales/yearendingmarch2021#types-of-violence [04/11/2021].

Operation Encompass (2021). For Every Child. Accessed via: https://www.operationencompass.org/ [04/11/2021].

Police Scotland (2020). Freedom of Information (Scotland) Act 2002 – IM-FOI-2020-1851. Accessed via: https://www.scotland.police.uk/spa-media/iodp0x5r/20-1851-response.pdf [04/11/2021].

PSNI (2021). Homicides recorded by the Police in Northern Ireland in the 12 months March 2020 to February 2021 compared with the previous 12 months. Accessed via: https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/police-recorded-crime-statistics/2021/february/homicides-in-the-12-months-to-feb21.pdf [04/11/2021].

PSNI Statistics (2021). Domestic Abuse Incidents and Crimes Recorded by the Police in Northern Ireland. Accessed via: https://www.psni.police.uk/globalassets/inside-the-psni/our-statistics/domestic-abuse-statistics/2020-21/q4/domestic-abuse-bulletin-mar-_21.pdf [04/11/2021].

Public Health England (2020). Disparities in the risk and outcomes of COVID-19. Accessed via: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/908434/Disparities_in_the_risk_and_outcomes_of_COVID_August_2020_update.pdf [04/11/2021].

Razai, M. S., Kankam, H. K., Majeed, A., Esmail, A., & Williams, D. R. (2021). Mitigating ethnic disparities in covid-19 and beyond. *BMJ*, 372. Accessed via: https://www.bmj.com/content/372/bmj.m4921 [2021].

Respect (2020). Respect's Response to the Home Affairs Call for Evidence COVID-19 Preparedness. Accessed via: https://hubble-live-assets.s3.amazonaws.com/respect/file_asset/file/85/Home_Affairs_Call_for_Evidence_Covid_19_Preparedness_April_2020_FINAL.pdf [09/11/2021].

Respect (2021a). Service Review 2020/21: Supporting male victims of domestic abuse during Covid-19. Accessed via: https://hubble-live-assets.s3.amazonaws.com/respect/redactor2_assets/files/831/MAL_report.pdf [04/11/2021].

Respect (2021b). Men's Advice Line service review 2020-21. Accessed via: https://www.respect.uk.net/resources/171-men-s-advice-line-service-review-2020-21 [04/11/2021].

Ryan, M., Rothera, S., Roe, A., Rehill, J., and Harker, L. (2021). Remote hearings in the family court post pandemic. London: Nuffield Family Justice Observatory. https://www.nuffieldfjo.org.uk/resource/remote-hearings-post-pandemic

SafeLives (2020a). Domestic abuse frontline service COVID-19 survey results. Accessed via: https://safelives.org.uk/sites/default/files/resources/SafeLives%20survey%20of%20frontline%20domestic%20abuse%20organisations%20for%20COVID-19%2030.03.20_0.pdf [04/11/2021].

SafeLives (2020b). Safe at Home in Scotland – Survivor Consultation: Migrant and Black & Minority Ethnic victims and survivors of domestic abuse. Accessed via: https://safelives.org.uk/sites/default/files/resources/SAHS%20-%20BME%20Survivors.pdf [04/11/2021].

SafeLives (2021). SafeLives comments on the new Ask for ANI codeword launch. Accessed via: https://safelives.org.uk/Ask-for-ANI-launch [04/11/2021].

Safe and Together Institute (2021). Covid-19 Case Planning for Professionals. Accessed via: https://safeandtogetherinstitute.com/evidence-resources/covid-19-case-planning/ [09/11/2021].

Scotland's Domestic Abuse and Forced Marriage Helpline (2021). Helpline Information. Accessed via: https://sdafmh.org.uk/ [04/11/2021].

Scottish Government (2020a). Support for victims of domestic violence during COVID-19 outbreak. Accessed via: https://www.gov.scot/news/support-for-victims-of-domestic-violence-during-covid-19-outbreak/ [04/11/2021].

Scottish Government (2020b). Homelessness and Rough Sleeping Action Group: tackling homelessness following coronavirus. Accessed via: https://www.gov.scot/publications/homelessness-and-rough-sleeping-action-group-final-report-tackling-coronavirus/ [04/11/2021].

Scottish Government (2020c). Winter support fund for families and children. Accessed via: https://www.gov.scot/news/winter-support-fund-for-families-and-children/ [04/11/2021].

Scottish Government (2020d). Coronavirus (COVID-19) Supplementary National Violence Against Women Guidance. Accessed via: https://www.cosla.gov.uk/__data/assets/pdf_file/0030/19668/COVID-19-Supplementary-VAW-Guidance-Sept-2020.pdf [04/11/2021].

Scottish Government (2020e). Covid-19- Guidance Notes for Caledonian System Managers. Accessed via: https://communityjustice.scot/wp-content/uploads/2020/03/Caledonian-guidance-re-Covid-19-002-003-final-25.3.20-.pdf [09/11/2021].

Scottish Government (2020f) Improving Awareness of Domestic Abuse. Accessed via: https://www.gov.scot/news/improving-awareness-of-domestic-abuse/ [06/12/2021].

The Scottish Parliament (2021). Timeline of COVID-19 in Scotland. Accessed via: https://spice-spotlight.scot/2021/10/29/timeline-of-coronavirus-covid-19-in-scotland/ [04/11/2021].

Scottish Women's Aid (2020a). Guidance for social landlords: Domestic Abuse: COVID-19. Accessed via: https://womensaid.scot/wp-content/uploads/2020/04/0441-Domestic-Abuse-guidance-V1-003.pdf [04/11/2021].

Scottish Women's Aid (2020b). Crisis and Resilience: the impact of a global pandemic on domestic abuse survivors and service providers in Scotland. Accessed via: https://womensaid.scot/wp-content/uploads/2020/09/SWA-COVID-Report.pdf [04/11/2021].

Sibieta, L. & Cottell, J. (2020). Education policy responses across the UK to the pandemic. Nuffield Foundation. Accessed via: https://epi.org.uk/wp-content/uploads/2020/10/UK-Education-Policy-Response_Pandemic_EPI.pdf [04/11/2021].

Sisters of Frida (2020). The Impact of COVID 19 on Disabled Women from Sisters of Frida. Accessed via: https://www.sisofrida.org/the-impact-of-covid-19-on-disabled-women-from-sisters-of-frida/ [09/11/2021].

Stanley, N., Barter, C., Bracewell, K., Chantler, K., Howarth, E., Radford, L., Richardson Foster, H., Robbins, R. Edwards, R.T., Winrow, E. (2021) Roadmap Evaluation Report. University of Central Lancashire http://clok.uclan.ac.uk/39447/

The Gazette (2020). Fylde coast domestic abuse campaign devised during lockdown wins national award. 7 December. Accessed via: https://www.blackpoolgazette.co.uk/news/people/fylde-coast-domestic-abuse-campaign-devised-during-lockdown-wins-national-award-3060160 [04/11/2021].

The Scottish Parliament (2021). Timeline of COVID-19 in Scotland. Accessed via: https://spice-spotlight.scot/2021/10/29/timeline-of-coronavirus-covid-19-in-scotland/ [04/11/2021].

UK Parliament (2020). Unequal impact: Coronavirus (Covid-19) and the impact on people with protected characteristics. Accessed via: https://committees.parliament.uk/work/227/unequal-impact-coronavirus-covid19-and-the-impact-on-people-with-protected-characteristics/ [09/11/2021].

UK Parliament (2021a). Domestic abuse and Covid-19: A year into the pandemic. Accessed via: https://commonslibrary.parliament.uk/domestic-abuse-and-covid-19-a-year-into-the-pandemic/ [04/11/2021].

UK Parliament (2021b). Universal credit: an end to the uplift. Accessed via: https://lordslibrary.parliament.uk/universal-credit-an-end-to-the-uplift/ [04/11/2021].

UK Parliament (2021c). Coronavirus: Support for rough sleepers (England). Accessed via: https://commonslibrary.parliament.uk/research-briefings/cbp-9057/ [04/11/2021].

UK Parliament (2021d). COVID-19: Free School Meals Voucher Scheme. Accessed via: https://committees.parliament.uk/work/848/covid19-free-school-meals-voucher-scheme/ [04/11/2021].

UK Parliament (2021e). COVID-19 and the Courts: Chapter 3 – Managing the backlog. Accessed via: https://publications.parliament.uk/pa/ld5801/ldselect/ldconst/257/25706.htm [04/11/2021].

Walklate, S., Godfrey, B. & Richardson, J. (2020). Innovating during the Pandemic: policing domestic abuse and multi-agency risk assessment conferencing (MARACs) Working Paper Number 4 Domestic Abuse: Responding to the Shadow Pandemic. Accessed via: https://www.liverpool.ac.uk/media/livacuk/sociology-social-policy-and-criminology/2-research/MARAC,working,paper,4.pdf [04/11/2021].

Walklate, S., Godfrey, B., & Richardson, J. (2021). Changes and continuities in police responses to domestic abuse in England and Wales during the Covid-19 'lockdown'. *Policing and Society*, 1-13.

Wales Online (2020). LGBT+ domestic abuse has 'more than doubled since lockdown'. Accessed via: https://www.walesonline.co.uk/news/wales-news/lgbt-domestic-abuse-lockdown-coronavirus-18647362 [04/11/2021].

Welsh Government (2020a). Press Release: £1.5m new Welsh Government funding will help victims and survivors of domestic abuse to Live Fear Free. Accessed via: https://gov.wales/new-welsh-government-funding-will-help-victims-and-survivors-domestic-abuse-live-fear-free [04/11/2021].

Welsh Government (2020b). Written Statement: COVID-19 Response – Homelessness and Rough Sleepers. Accessed via: https://gov.wales/written-statement-covid-19-response-homelessness-and-rough-sleepers [04/11/2021].

Westmarland, N., Burrell, S., Dhir, A., Hall, K., Hasan, E. & Henderson, K. (2021). 'Living a life by permission': The experiences of male victims of domestic abuse during Covid-19. Accessed via: https://www.dur.ac.uk/resources/criva/LivingALifeByPermission.pdf [04/11/2021].

Williams, L., Godfrey, B., Walklate, S., & Richardson, J. (2021). Report on the effectiveness of video conferences in cases of domestic abuse. Accessed via: https://www.liverpool.ac.uk/media/livacuk/law-and-social-

justice/3research/Report,on,the,Effectiveness,of,Video,Conferences-Sussex,Police-2021.pdf [04/11/2021].

Welsh Government (2021). Coronavirus timeline: Welsh and UK governments' response. Accessed via: https://research.senedd.wales/research-articles/coronavirus-timeline-welsh-and-uk-governments-response/ [04/11/2021].

Women's Aid (2017). No Woman Turned Away. Accessed via: https://www.womensaid.org.uk/evidence-hub/research-and-publications/nowomanturnedaway/ [06/12/2021]

Women's Aid (2021). Rail to Refuge: Impact Briefing. Bristol: Women's Aid via https://www.womensaid.org.uk/rail-to-refuge/ [06/12/2021].

Women's Aid (2020). A Perfect Storm: The impact of the COVID-19 pandemic on domestic abuse survivors and the services supporting them. Accessed via: https://www.womensaid.org.uk/wp-content/uploads/2020/08/A-Perfect-Storm-August-2020-1.pdf [04/11/2021].

Women's Aid (2021). Women's Aid welcomes extension of Rail to Refuge – lifesaving travel scheme for domestic abuse survivors. Accessed via: https://www.womensaid.org.uk/womens-aid-welcomes-extension-of-rail-to-refuge-lifesaving-travel-scheme-for-domestic-abuse-survivors/ [04/11/2021].

Women's Resource Centre (2020). The COVID-19 Crisis and the Black and Minoritised Women Sector. Accessed via: https://www.wrc.org.uk/the-covid-19-crisis-and-the-black-and-minoritised-women-sector [04/11/2021].

Appendix 1: DAHLIA-19 Partner Organisations





















Appendix 2: Data Appraisal Tool.

Point to be Appraised	Overview of what is being asked	Response Options	Narrative
Source Type	What type of source is the document being appraised?	• Webpage • Official briefing • Government Report • National Policy Document • Regional Policy Document • Journal Article • Blog • News Report • Direct Response to Call for Evidence/Case study (information not accessible via web search) • Organisational Published Report or Response • Awareness Campaign material (e.g. posters, videos) • Other	
Level of Response	At what level was the document(s) being appraised produced/published	Local level: • Response that only influences a local context. • E.g. Village/Town Regional Level: • Response that influences a wider geographical area. • E.g. County/District. National Level: • Response that has national influence. • E.g. Government/National Charity response.	

Type of Intervention	Is this a new direct response to COVID or something that has adapted to reflect the situation COVID has created?	Emergency Response: • New service/support that has been introduced due to COVID. • e.g. Safe travel schemes in the UK. Embedded Response: • Service/support that existed before COVID and has continued under COVID without any adaption. • E.g. 24-hour helplines. Fast Track Response: • Service/support that was being planned but never implemented until COVID occurred. • E.g. Organisation planning on launching a webchat service, with COVID causing that to happen sooner than intended. Reimagined Response: • Service/support that existed before COVID but has been adapted to reflect the barriers COVID has presented. • E.g. Services moving to online delivery.	
Financial Input	Is the funding of a response temporary/one off or long term? • Question focused on the level at which the response occurs at. • E.g. if it is a local, third sector response, is that funding temporary or long term? • E.g. if it is a Government initiative, is that funding temporary or long term?	Temporary/One off: • Service/support in receipt of single amount of money and once spent not replenished. • E.g. Money from a grant application for a specific activity, such as buying laptops. Long term:	

		• Service/support receives funding on a continuous basis to help support activities during the pandemic. • Once the pandemic eases, funding is likely to stop. • E.g. Money from Government to help distribute food packages to families experiencing DA. Don't know: • Material does not clearly indicate the length of time a response is being funded for.	
	Where has the money to fund a response come from? • Asking how a response has been funded. • E.g. how has a third sector organisation been able to offer digital support? • E.g. how have national media campaigns been funded?	New money: • Funds have been specifically created or accessed to enable a response to emerge. • E.g. Governments assigning budgets just for DA and COVID responses and encouraging services to apply for such funds. Reallocated money: • Organisations have reviewed budgets and moved existing money to where it is needed most. • Not in receipt of any additional external money. • E.g. An organisation had allocated XX amount for a face to face support but reallocated this money to strengthening digital capacity and offering online support. Don't know: • Material does not clearly indicate where money for the response came from.	

TARGET population	Is the practice addressing vulnerable groups (refugees, minorities, asylum seekers, LGBTQ)	• It excludes vulnerable groups (e.g. no right to public recourse) • It is a general intervention and includes vulnerable groups • It is specifically tailored at vulnerable groups • No evidence of whether or not it addresses vulnerable groups	Red not promising Amber potentially promising Green promising For those categories that are applicable to an intervention/practice/policy – the majority colour determines if it is promising, potentially promising or not promising
if the intervention/practice is targeted at families	Does the intervention/practice provide specific support for children	• No specific support for children • Support is not targeted at children but includes them • Specific support is provided for children • No evidence of whether or not it supports children • NA (e.g. if intervention is only for children or only for survivors or only for perpetrators)	
if it is a family intervention which includes perpetrators	Does it include support for perpetrators	• No specific support for perpetrators • Support is not targeted at perpetrators but includes them • Specific support/restrictions are provided for perpetrators • No evidence of whether or not there is support/restrictions for perpetrators • NA (e.g. if intervention is only for children or only for survivors or only for perpetrators)	

Survivor engagement	Were survivors engaged in the design and implementation?	• No engagement of survivors in design and implementation • Engagement of survivors in design or implementation • Engaged in design and implementation • No evidence of whether or not survivors were involved in the design or implementation • NA (e.g. if perpetrator specific intervention)	
Implementation	The practice/policy was sufficiently promoted to survivors/children/perpetrators/service providers (health, education)	• There was no active promotion • It was promoted locally • It was promoted nationally • There is no evidence of active promotion	Please provide narrative for specific groups as relevant
Delivery	The practice/policy effectively engaged the target population of survivors/children/perpetrators NB: engagement is uptake/use of service	• No engagement • Engagement only with small number of people or specific groups • Considerable engagement across target population groups • No evidence for engagement available	Please provide narrative for specific groups as relevant
Capacity	The practice/policy has strengthened the capacity of DA services	• It weakened capacity of DA services • It has no effect on the capacity of DA services • Strengthened • No evidence for effects on service capacity	
	Was there enough capacity within the DA services delivering the practice/policy to respond to the level of need? Could all services users be supported to the level they needed e.g. did helplines offer comprehensive services including legal advice and psychosocial support or did refuges provide self-contained units with access to	• No, there was not enough capacity • There was capacity but delivery fell short in some areas • Yes, there was sufficient capacity in delivery to respond to the level of need • No evidence for effects on service capacity	Please provide narrative for specific groups as relevant

	facilities and provision of additional financial or psychosocial support, were court proceedings not interrupted etc.		
Accessibility	Were the services easily accessible for survivors, children or perpetrators? E.g. were helplines available 27/7 and free of charge? Were refuges accessible?	• No • Yes • No evidence available on accessibility	Please provide narrative for specific groups as relevant
Transferability	The practice/policy has the potential to be replicable/generalisable to other geographical contexts	• No • Yes	Provide narrative to support your own assessment here
Longevity	The policy and practice has the potential to be embedded in future policy and practice	• No • Yes	Provide narrative to support your own assessment here
	The policy/practice has the potential to be used in future pandemics or crisis situations	• No • Yes	Provide narrative to support your own assessment here