

Support services for children affected by domestic abuse

TECHNICAL REPORT



domestic
abuse
commissioner

April 2025

Acknowledgements

We would like to thank the following people who contributed to this report either through their advice or participation.

- The SafeLives Changemakers Group.
- Members of the Domestic Abuse Commissioner's Children and Young People Working Group.
- Commissioners of domestic abuse services across England and Wales.
- Providers of services to children and young people impacted by domestic abuse across England and Wales.

© 2025 Domestic Abuse Commissioner. All Rights Reserved.

Contents

Summary	4	Chapter 3 – Findings	21
Profile of respondents to the surveys	5	3.1 Commissioning of services for children affected by domestic abuse	21
Commissioning of services for children affected by domestic abuse	5	3.2 Specialist services available for children reported by service providers	27
Current provision of services to children	6	3.3 Organisations delivering domestic abuse support services to children	30
Children’s priorities	6	3.4 Children’s priorities: child focus	33
Next steps	6	3.5 Children’s priorities: Access to services	35
Main Report	7	Chapter 4 – Conclusions	41
Chapter 1 – Introduction	8	References	43
1.1 Enabling children to shape our understanding of their needs	8	Appendices	46
1.2 Prevalence and impact of domestic abuse on children	9	1. Summary of Changemaker feedback	47
1.3 The DAC’s vision and aims for children affected by domestic abuse	9	2. Commissioner survey questions	48
1.4 Concerns about the provision of domestic abuse support for children	10	3. Service provider survey questions	50
1.5 Other initiatives exploring domestic abuse support services	12	4. Charts and tables from survey of commissioners	56
1.6 Summary	13	5. Charts and tables from survey of service providers	67
1.7 Structure of this report	13	6. Research ethics	85
Chapter 2 – Method	14		
2.1 Research aims	14		
2.2 Survey of commissioners of domestic abuse services for children	14		
2.3 Survey of providers of domestic abuse services for children	17		
2.4 Coverage	20		
2.5 Research ethics	20		

Summary

Summary

Children affected by domestic abuse have told the Domestic Abuse Commissioner (DAC) that there needs to be greater variety and availability of support services to enable children to recover.¹ Despite greater recognition of children as victims of domestic abuse, following the recognition of children as victims in their own right within the Domestic Act 2021, service provision for children still appears to be what was described in 2019 as “patchy, piecemeal and precarious.”² Current commissioning and provision of support services for children, therefore, merits further exploration.

During 2024, the DAC held two comprehensive surveys across England and Wales: first, with commissioners of domestic abuse support services and, subsequently, with known service providers of domestic abuse support services for children. This document is the technical report for the research project. Key findings from the analysis of the surveys are summarised below.

Profile of respondents to the surveys

The project originally intended to ‘map’ the provision of support services for children across England and Wales during the financial year ending March 2024. However, while the 51% response obtained from organisations providing services to children is acceptable for the purposes of analysing and understanding commissioning and

service provision, it does not represent a complete list of all types of support in all areas. Nearly three-quarters of commissioning areas had a response from a service commissioner and over half had a response from at least one service provider. However, across England and Wales there was no response from either service commissioners or providers in just over one-in-five commissioning areas,³ with considerable variation between English regions.

Nearly 60% of the service providers were domestic abuse sector voluntary organisations. The next largest group (14%) were children’s sector voluntary organisations.

Commissioning of services for children affected by domestic abuse

Tier 1 local authorities are required to include a comprehensive section on the needs of children and young people within their local needs assessment for domestic abuse support within safe accommodation;⁴ however, over 20% report that they were not doing so at the time. Service commissioners reported a combination of factors that lead to uncertain funding situations for domestic abuse support services for children. For example, most funding periods are relatively short, at between one and three years, a quarter of services are funded from different sources for different timespans and the continuation of current funding was confirmed for only one-in-five services.

1. Domestic Abuse Commissioner (2025).

2. Action for Children (2019).

3. Community Safety Partnerships and/or Tier 1 local authorities.

4. See Section 3.1.1.

Current provision of services to children

Recovery or community-based services were the most frequently reported type of service. Most interventions target children who are experiencing domestic abuse within the home or family.

Service providers reported that the funding of their services mainly came from local authorities, followed by charitable trusts and Police and Crime Commissioners (PCCs). Most services receive relatively small amounts of funding, while a few services receive much larger amounts, pushing up the average amounts of funding reported. Service providers that offer multiple interventions tended to receive the highest funding amounts. Accommodation-based services receive higher funding amounts than community-based services (although the overall spend on community-based services is higher as they are more numerous). Funding cuts were affecting the majority of service providers, with funding being particularly problematic within the domestic abuse sector. Recovery and community-based services were the most likely to be cut.

Children's priorities

The survey for service providers included questions based on themes that young people had said would be important to them if they needed to seek support. We found that most organisations do not have any arrangements for children's engagement that could influence the operation of their services. However, two-thirds of services help children to advocate for themselves when dealing with the police or children's social care.

While over a quarter of services said that children would need a parent or carer to know they were being referred for the service, the majority of services would accept referrals without this in the right circumstances. A key issue, probably linked to funding problems, is children's access to support – with long waits for services and one-in-four services reporting that they had to turn away some referrals. Some children find it even harder to get support. For example, few organisations know how to support d/Deaf children or children experiencing spiritual abuse, nor do they know to whom they can refer these children.

Next steps

Findings within this report will contribute to the DAC's wider strategy for child victims of domestic abuse. It accompanies other policy reports about children affected by domestic abuse within which the DAC will make a range of policy and practice recommendations for change.⁵

5. Domestic Abuse Commissioner (2025b).

Main report

Chapter 1

Introduction

The Domestic Abuse Commissioner (DAC) conducted a research project that explored the provision of domestic abuse support services specifically for children affected by domestic abuse. This document is the technical report for the project. The research is part of a wider strategy led by the DAC office on child victims of domestic abuse – see also the DAC policy report: ‘Victims in their own right?’⁶ and children’s engagement report: ‘Tell Nicole’ (described in Section 1.1.1 below).

This introductory chapter of the report will briefly discuss:

- The DAC’s mechanisms for enabling children to influence her work.
- The prevalence and impact of domestic abuse on children.
- The DAC’s vision and aims for children affected by domestic abuse.
- Concerns about domestic abuse support services for children.
- Other initiatives exploring support relevant to domestic abuse victims.
- The structure of remaining sections of this report.

6. Domestic Abuse Commissioner (2025b).

1.1 Enabling children to shape our understanding of their needs

While the DAC hears from hundreds of adult victims and survivors each year, many of whom are writing about their concerns about their children, she recognised that she also needed to hear directly from children themselves.

1.1.1 Tell Nicole “Our feelings matter”

This recognition led to the development of ‘Tell Nicole’ – a framework to create opportunities for children to become involved in the work of the DAC. Key to the approach is working alongside professionals already involved in children and young people’s voice, participation and engagement work with children affected by domestic abuse who can share children’s feedback with the DAC Office.

‘Tell Nicole’⁷ is the first report based on data gathered via Tell Nicole. To coincide with the themes of this project, children were asked to discuss the types of support that children experiencing domestic abuse need to help them recover from it. Children thought the Government could help by understanding what services help children affected by domestic abuse and ensuring that these are available. They also told the DAC that children needed greater choice over the length, location and type of support (for example, group or one-to-one) available to help them recover.⁸

7. Domestic Abuse Commissioner (2025a).

8. Domestic Abuse Commissioner (2025a).

1.1.2 Including children’s priorities within our surveys

Prior to the development of ‘Tell Nicole’, members of the DAC team met with the SafeLives Changemakers⁹ group. The young women advised on what questions we should ask service providers of support to children affected by domestic abuse. Themes identified by the Changemakers are discussed within Section 2.3.1.

1.2 Prevalence and impact of domestic abuse on children

An estimated 1.5 million children within the UK are affected by domestic abuse within their parent/carer’s relationship.¹⁰ Living in a household where there is domestic abuse puts children at risk of physical injury as well as emotional and psychological harm and is associated with a long-term negative impact on children’s development, health and wellbeing that can continue into adulthood.¹¹

Children within England and Wales have been legally recognised as victims of domestic abuse in their own right since the Domestic Abuse Act 2021. However, legal recognition has not led

9. For further information see: <https://safelives.org.uk/survivor-voices/ypav-and-changemakers>

10. Skafida et al (2023).

11. Stanley (2011).

to all children getting the support they need to escape or recover from domestic abuse, as we will discuss in Sections 1.4 and 1.5 below.

1.3 The DAC’s vision and aims for children affected by domestic abuse

The DAC committed to find out how children are currently supported, or not, and publish recommendations on how to improve the response to children.¹² Her vision for children was that:

“All babies, children and young people who are subject to domestic abuse should receive an integrated and comprehensive response, rooted in understanding, prevention, effective intervention and long-term support.”

The DAC had two aims to achieve this vision:

Aim 1

Improved identification, response to and shared understanding of children subject to domestic abuse.

Aim 2

Improved and increased support service provision for children subject to domestic abuse.

12. Domestic Abuse Commissioner (2023).

Aim 2 aligns with the DAC's legal duty to encourage good practice in the provision of domestic abuse support services.¹³ After nearly two years, the DAC plans to update and revise her vision and aims for children and young people in response to feedback and to include a greater focus on prevention.

1.4 Concerns about the provision of domestic abuse support for children

1.4.1 A 'Patchwork of Provision'

The DAC's first assessment of domestic abuse provision within England and Wales during 2021/2022 highlighted a lack of support for child victims. The *'Patchwork of Provision'* report found that only 29% of parents who wanted support for their children following domestic abuse were able to access it.¹⁴

Professionals working within support services for children affected by domestic abuse described how thresholds for intervention

13. One of the duties of the Commissioner set out within the Domestic Abuse Act 2021 is to encourage good practice in: "The provision of protection and support to people affected by domestic abuse." The Commissioner may fulfil this duty by: "assessing, monitoring, and publishing information about the provision of services to people affected by domestic abuse."

14. Domestic Abuse Commissioner (2022a).

and support services are too high. Consequently, safeguarding responses tend to focus on physical risk rather than other forms of domestic abuse and only children exhibiting disruptive or problematic behaviour are referred for support. The professionals interviewed also felt that the views of children experiencing domestic abuse are often marginalised when decisions are made about them.¹⁵

The DAC recommended an increase in specialist counselling and therapeutic support available for victims and survivors including children. Her recommendations for the commissioning of domestic abuse services were that services for children affected by domestic abuse should be included within the commissioning process in every locality; and a duty should be placed on local commissioners to collaborate on the commissioning of specialist domestic abuse services and conduct joint strategic needs assessments that include the needs of child victims.

1.4.2 Learning from previous reviews of domestic abuse services

With notable exceptions,¹⁶ the literature that maps domestic abuse support services within England and Wales rarely focuses on children in their own right. Children are often discussed within the context of their parent's additional needs; and while consideration is given to how factors like disability, ethnicity, gender and sexual

15. Domestic Abuse Commissioner (2022b).

16. Action for Children (2019).

orientation can impede access to support for adult victims, these factors almost seem to disappear when child victims are discussed. We know that children experiencing domestic abuse are a diverse group. They include those experiencing abuse within their own relationships,¹⁷ children experiencing other forms of child abuse and children experiencing familial abuse from their wider family, such as so-called ‘honour’-based abuse. To overlook the additional needs of these populations of children further disadvantages them, particularly children from marginalised communities. It also limits our understanding and awareness of the service provision that children, as victims of domestic abuse in their own right, need.

Access to support for children with additional and intersecting needs was one of the issues that the Changemakers asked the DAC to include within the service provider survey and is explored further in Section 3.5. See Appendix 1 for a full description of the young people’s priorities.

Themes emerging from previous reviews of services for children include:

- A lack of therapeutic support to help children recover from trauma.¹⁸
- Low levels of funding for services specifically for children.¹⁹

17. The next Tell Nicole report will focus on children experiencing domestic abuse within their own relationships.

18. Welsh Parliament (2024).

19. Against Violence and Abuse (2023).

- No dedicated funding for services for children for approximately 1-in-4 refuge and community-based services.²⁰
- Services having to reduce the number of children they can support.²¹
- No support services for children unless they live within specific postcodes or areas of deprivation.²²
- Regional differences in the proportion of children supported via safe accommodation.²³
- Children’s access to a service being dependent on a parent’s engagement with the service.²⁴
- Refuges unable to accommodate mothers with more than one child.^{25,26}
- Limited information on local authority websites, suggesting that families looking for local support would be unable to find help or that no local support is available.²⁷

20. Women’s Aid (2023).

21. Women’s Aid (2023).

22. Action for Children (2019).

23. Ministry of Housing Communities and Local Government (formerly Department for Levelling Up, Housing and Communities) (2023).

24. Action for Children (2019).

25. Action for Children (2019).

26. Women’s Aid (2023).

27. Action for Children (2019).

1.5 Other initiatives exploring domestic abuse support services

If a service needed by children affected by domestic abuse had recently been subject to national assessment, audit or mapping, it was excluded from the DAC project to avoid duplication. For example, support following sexual violence within the context of domestic abuse was excluded, because this was comprehensively addressed by the Support Matters report, discussed below. Relevant findings from other projects are also summarised below.

1.5.1 Support following CSA: Support Matters and a Real Safe Space

Support Matters reported on the provision and availability of support for people affected by child sexual abuse (CSA).²⁸ The project found that services were scarce relative to demand and need with considerable geographical variation. The majority of services within the not-for-profit sector faced funding challenges with only a third fully confident that they could sustain their service at current levels into the next financial year. Rape Crisis services reported that service commissioning is hampered by a lack of clarity over which organisations have overall responsibility for therapeutic support services, and commissioners having different priorities and sometimes overlapping geographical areas.²⁹

28. Parkinson and Steele (2024).

29. Rowson (2024).

1.5.2 Health response to domestic abuse: Crossing Pathways

Crossing Pathways³⁰ looked at health services' response to domestic abuse by surveying 103 county and unitary authority areas in England during Spring 2023. The project found that most areas had Health Independent Domestic Violence Advisors (HIDVAs) and a health representative who attends domestic abuse/violence against women and girls (VAWG) steering or strategy groups, although attendance/invitations can be inconsistent. Areas were less likely to report that they have:

- Initiatives to promote domestic abuse intervention within primary care, such as IRISi or similar (only 1-in-3).
- Health-specific domestic abuse coordinators (less than 1-in-6).
- Mental health IDVAs (approximately 1-in-7).³¹

1.5.3 Domestic Abuse Services in England: WAFE Annual Audit 2023

Sixty per cent of services within the WAFE Annual Audit included dedicated services for children and young people.³² WAFE recorded that over 12,500 children were supported via refuge services and over 170,000 were supported via community-based services.³³

30. Standing Together (2023).

31. Standing Together (2023).

32. Women's Aid (2023).

33. Women's Aid (2023).

1.5.4 Refuge Annual Commissioning report 2023/24

Although there has been an increase in the commissioning of services that mention providing support to/for children, less than half of those services are specifically for children only, and in the last year the number of commissioning opportunities that mention children have reduced (see Figure 1).

1.6 Summary

Children affected by domestic abuse have told the DAC that there needs to be greater variety and availability of support services to enable children to recover. While there is greater recognition of children as victims of domestic abuse, what the DAC previously described as a ‘patchwork of provision’ appears to remain particularly for children and, therefore, merits further exploration of current commissioning and provision of support services for children.

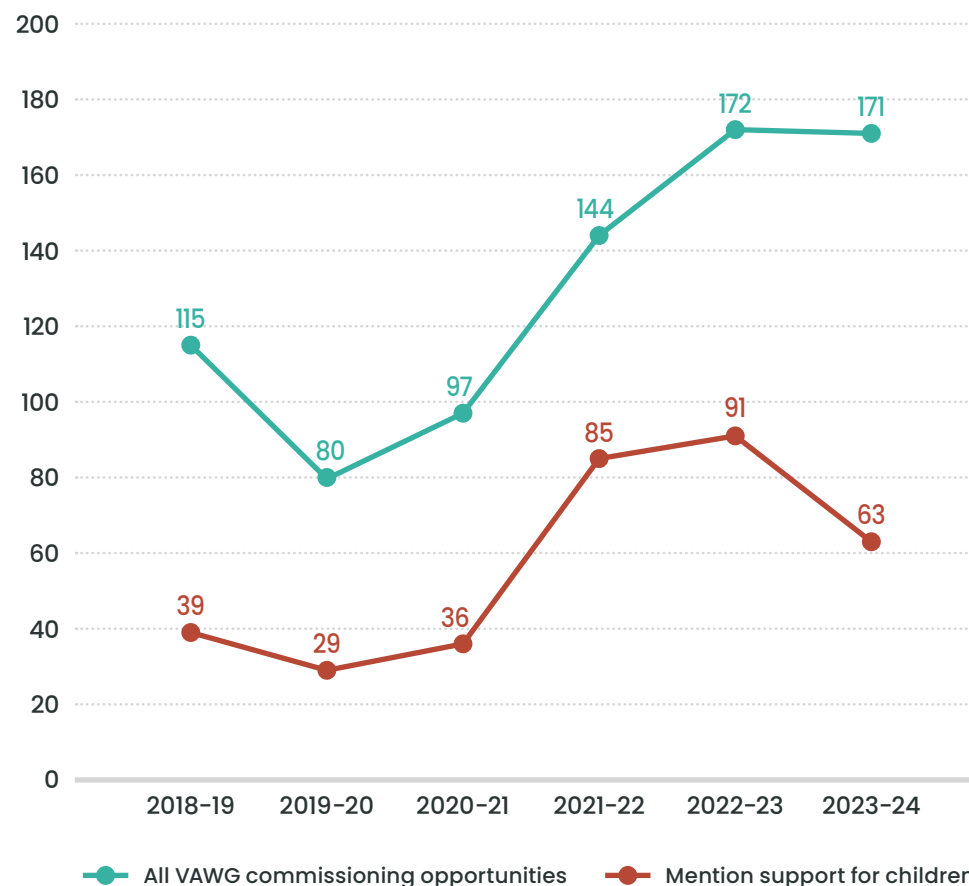
1.7 Structure of this report

The remainder of this technical report is structured as follows:

- Section 2 – provides an overview of method and data collected.
- Section 3 – sets out the findings from the analysis of survey data.
- Section 4 – draws conclusions from the findings.

References and appendices, including the research tools, tables and figures, can be found at the end of this report.

Figure 1: Commissioning of all VAWG services and VAWG services that mention support for children, 2018/19 to 2023/24



Source: Refuge Annual Commissioning Report 2023/24

Chapter 2

Method

This chapter begins with the project’s research aims. It then describes the method, samples, analytical approach and limitations of the two online surveys conducted by the DAC to gather information about specialist domestic abuse services for children. The chapter concludes with sections on coverage and research ethics.

2.1 Research aims

This project explores the commissioning and provision of domestic abuse support services within England and Wales that is specifically for children affected by domestic abuse. This will enable the DAC to report on:

- Current commissioning practice in relation to children affected by domestic abuse.
- Types of services provided – their focus, target populations and funding arrangements.
- Organisations that deliver these services including their financial circumstances.

- Priority issues for children and young people including:
 - » Ability to access services independently.
 - » Access for children with additional and intersecting needs.
 - » Who delivers the service.
 - » Young people’s influence on service delivery.
- Access to services and waiting times

Findings from this research will contribute to the DAC’s policy reports on children affected by domestic abuse.

2.2 Survey of commissioners of domestic abuse services for children

2.2.1 Commissioner survey method

Using her powers under Part 2 section 15 of the Domestic Abuse Act 2021, the DAC requested that public authorities responsible for commissioning domestic abuse support provide information via a survey about their commissioning of services specifically for children affected by domestic abuse during the financial year 2023/24.

Mailing lists compiled by the DAC office were used to contact the lead persons for commissioning domestic abuse services within Tier 1 and Tier 2 local authorities, Police and Crime Commissioning areas (PCCs), Community Safety Partnerships (CSPs) and some health authorities.

Recognising that services are often jointly funded, service commissioners were asked to agree locally how their areas would respond to the request. Submissions were encouraged using the following arrangements:

- Joint responses from Domestic Abuse Local Partnership Boards within each CSP responding on behalf of each commissioning organisation within the partnership.
- Individual responses from the different authorities within the CSP.
- PCCs responding independently or within their joint response with that of the local CSP, if that is agreed locally. PCC areas were also asked to report on any services commissioned by their local Violence Reduction Units where appropriate.

A series of webinars and guidance was produced to help commissioners understand the purpose of the survey and its questions and decide the best approach for their area. The survey asked the commissioners to provide information on:

- The services they commission.
- The types of intervention and the target population.
- Whether the service has been evaluated.
- Funding arrangements.
- Estimates of the number of children seen.
- How long children have to wait for a service.

Data was collected via SmartSurvey between January and March 2024. Although the survey tool accommodated submissions that included multiple different services, there were a few commissioners who needed to complete the survey twice in order to include all of their services for children. In such cases, we advised them to contact the research team who could merge their responses after the survey closed, which avoided confusion or double counting. The survey questions can be found in Appendix 2.

2.2.2 Commissioner survey sample

A total of 168 commissioning organisations responded to the survey. Table 1 presents the number of respondents by the type of service commissioning organisation. Three-quarters of respondents were from commissioning bodies representing areas that have a legal responsibility for commissioning domestic abuse services – for example, either the Tier 1 local authority (38%) or the relevant community safety partnership (37%). These commissioners provided information on 683 separate commissioned services, which will be discussed later in Section 3.1 (see also Appendix Table V).

Table 1: Number of respondents to the commissioning survey according to the type of commissioner

Type of commissioning organisation	No.
Joint response from a Community Safety Partnership	47
Tier 1 local authority	80
Tier 2 local authority	22
Police and Crime Commissioner	19
Total number of respondents	168

Table 2 presents the percentage of commissioning organisations that responded to the survey according to countries and English regions. The number of commissioners responding per region ranged between 10 commissioning organisations in the East Midlands and 25 in London. More populous regions like London and the South East tended to have a higher number of commissioners responding.

2.2.3 Commissioner survey analytical approach

Data was cleaned and recoded using Microsoft Excel. For example, dates were used to calculate time periods and detailed replies were recorded into new categories where possible. Information provided on funding periods and amounts was recoded to calculate average amounts per year. This assisted comparisons but hides some of the complexity of funding arrangements, which often vary year to year and in many cases are shared between

Table 2: Commissioning survey respondents according to location

Countries and regions	%
East of England	8%
East Midlands	6%
London	15%
North East	8%
North West	15%
South East	13%
South West	10%
West Midlands	10%
Yorkshire and the Humber	11%
ENGLAND	93%
WALES	7%
ENGLAND AND WALES TOTAL	100%

separate service elements. SPSS Statistics and Microsoft Excel were used to provide descriptive statistics and comparisons of subgroups using chi-squared tests, and comparisons with official data sets, such as population figures.

2.2.4 Commissioner survey limitations

The main limitation of the commissioner survey when trying to understand provision for children affected by domestic abuse is that service provision that is not commissioned by public bodies is excluded. Hence the need to also contact service providers who will deliver services that are funded from a wider range of sources.

Despite being encouraged to participate, regardless of whether they commissioned services, so that the DAC could obtain a complete picture where possible across England and Wales, it is likely that those areas who did not commission services to children would be less motivated to participate in the survey.

Correspondence with commissioners during the survey process highlighted some of the different stories behind the data. For some, it was difficult to state the exact starting dates for some funding – for example, after CADA³⁴ funding ended, commissioners described finding additional funding from a variety of sources until more consistent funding became available.

Unless a survey question specifically addressed future plans or predictions, respondents could only report on what was happening within services at the particular point in time that the survey was held to enable comparisons. This was frustrating for some commissioners who wanted to report on what they were planning for the future.

34. Children Affected by Domestic Abuse funding provided by the Home Office.

We were unable to obtain a complete response to some questions. For example, commissioners were able to provide an approximate figure for the number of children who would be helped by the service during the financial year ending March 2024 for only 70% of services reported. Many commissioners also struggled to provide information on the funding of services for children because it came from multiple sources over different time periods and/or they were unable to separate the funding spent on children victims from that spent on adults. This meant that we were unable to make reliable comparisons between spending in each region.

2.3 Survey of providers of domestic abuse services for children

2.3.1 Advice from young people

Members of the DAC office met with the SafeLives Changemakers group in January and July 2024 to explain the work programme of the DAC in relation to children, including the proposed survey of service providers. The group's opinions were sought on the following questions:

- What do children and young people want to know about a domestic abuse support service before they get help?
- What is most important to children and young people when they attend a service?
- What else should the DAC ask service providers?

The Changemakers' feedback informed the content of the service providers survey and led to questions about whether children can access services without their parent or carer, whether interventions are delivered within groups or one-to-one, what type of workers deliver the service and whether the service is accessible to children with additional or intersecting needs. A summary the Changemakers' comments can be found in Appendix 1.

2.3.2 Service provider survey method

Between August and October 2024, the DAC surveyed organisations providing specialist domestic abuse support services to babies, children and young people. Organisations were asked to provide information from the previous financial year (the year ending March 2024 – the same time period that the commissioner survey covered). The survey began with a couple of organisational-wide questions (about whether they had to cease any services for children during the previous five years and whether their organisation has a youth panel or lived experience group that influences the operation of their services). They were then asked a series of questions about each service that they provide.

Organisations could report on up to eight different service interventions (or complete the survey more than once if they delivered more than eight).

Organisations were asked to report on the following:

- Types of service provided.
- Children that are helped by the service.

- Geographical locations where the service is delivered.
- Number of children supported.
- Full cost to deliver the service.
- Issues important to children affected by domestic abuse.

Some interventions were excluded from the surveys. Guidance for responding organisations stated that they did not need to record information about the following types of services or interventions:

- When children are being helped indirectly because their parent or carer is being supported, such as parenting interventions.
- Advocacy for a child's school place.
- Crèche facilities provided while the parent or carer is supported.
- Services or interventions for child sexual abuse and exploitation (these were recently mapped by the Centre for Expertise on Child Sexual Abuse).
- Services focused on Violence Against Women and Girls (VAWG or VAWDASV) that do not have a specific focus on children affected by domestic abuse.

Data was collected via SmartSurvey. The survey questions can be found in Appendix 3.

2.3.3 Service provider survey sample

When the DAC previously mapped all of the domestic abuse services within England and Wales, 358 organisations said that

they provided services for children and young people,³⁵ although a review of the service names suggested that many of these services helped children indirectly through helping their non-abusive parent. The sampling frame for the service provider survey was created using data from the commissioner survey that was held earlier in the year, desk research and local knowledge built through relationships developed by the DAC's geographically-based practice and partnerships team. Over 500 contact emails were collated to invite organisations to participate in the survey. After distributing reminder emails and messages directly from the DAC, the service provider survey produced 266 returns (221 submissions via online survey, 42 partial responses and three created submissions via information sent by email), achieving a 51% response rate (Appendix Table XXIII). Between them, these respondents reported on a total of 508 services and interventions for children affected by domestic abuse in England and Wales. These will be discussed later in Section 3.2.

2.3.4 Service provider survey analytical approach

The same analytical approach, outlined in Section 2.2.3, was used for both surveys.

2.3.5 Service provider survey limitations

Multiple factors affected the response to the service provider survey. Unlike the commissioners, organisations providing support

to children are not usually public bodies and, therefore, are not subject to any legal requirement to provide information to the DAC. Automated email responses to survey invitations indicated higher than usual levels of staff turnover and sickness absence, meaning that it was not always possible to obtain a named contact during the survey period. Other organisations declined to participate, referring to the volume of domestic abuse work they were managing. This reflects a wider concern about working environments within the VAWG sector,³⁶ which ultimately affects service delivery to all victims and survivors.

Although the overall survey sample achieved is acceptable for analysis and the response rate of 51% is above average for an online survey,³⁷ we are cautious about making generalisations when analysing subgroups. Therefore, data reporting on subgroups is limited to regions of England, and Wales, plus the most commonly reported services.

We also encountered some gaps in the data. In cases where the service providers had not shared the areas (by regions and tiers) that they cover, the data was labelled as 'missing'. However, during data cleaning, we were occasionally able to decipher the relevant areas based on other answers provided within the survey and include our interpretations within the data returns.

35. Domestic Abuse Commissioner (2022a).

36. Women's Aid (2024).

37. Wu et al (2022).

2.4 Coverage

The project originally intended to ‘map’ the provision of support services for children across England and Wales. However, as was discussed in the previous section, while the response obtained from organisations providing services to children is acceptable for the purposes of analysing and understanding commissioning and service provision, it does not represent a complete list of all types of support in all areas. Neither did we obtain a response from all Tier 1 local authorities.

Nearly three-quarters of commissioning areas had a response from a service commissioner and over half had a response from at least one service provider. However, across England and Wales, there was no response from either service commissioners or providers in just over one-in-five areas, with considerable variation between English regions.

2.5 Research ethics

The mapping project was conducted according to the six ethical principles of the Government Social Research ethics (Government Social Research, 2021).³⁸ These are that:

1. Research should have a clear and defined public benefit.
2. Research should be based on sound research methods and protect against bias in the interpretation of findings.

3. Research should adhere to data protection regulations and the secure handling of personal data.
4. Participation in research should be based on specific and informed consent.
5. Research should enable participation of the groups it seeks to represent.
6. Research should be conducted in a manner that minimises personal and social harm.

Appendix 6 sets out the DAC’s considerations and mitigations for each of the components of each principle. The main ethical considerations for this project were protecting against bias and adhering to data protection principles. All research conducted by the DAC Office also follows the Research Integrity Framework on Domestic Violence and Abuse.³⁹

38. Government Social Research, 2021.

39. Women’s Aid (2020).

Chapter 3

Findings

This chapter of the report explores current commissioning and provision of specialist services for children affected by domestic abuse within England and Wales based on data obtained via the two surveys.

We begin by looking at how services are commissioned: whether this is based on an assessment of children's needs, the services currently commissioned and their funding arrangements, and whether the services commissioned have been evaluated. We then discuss within Section 3.2 the types of services reported by service providers, including their focus, stage of intervention and target populations. Next, in Section 3.3, we look at the organisations that are delivering the services and their organisational arrangements, including their sources and amounts of funding.

Sections 3.4 and 3.5 examine issues that are important to children. Section 3.4 includes the extent to which children and young people influence the operation of services, whether services advocate for them, which workers deliver the service to children, and if children's access to support is dependent on whether support is given to parents and carers.

Finally, Section 3.5 discusses the factors that affect children's access to services, including waiting times, whether services have to turn referrals away, whether services are accessible to children with additional or intersecting needs, and geographical variation in the provision of services.

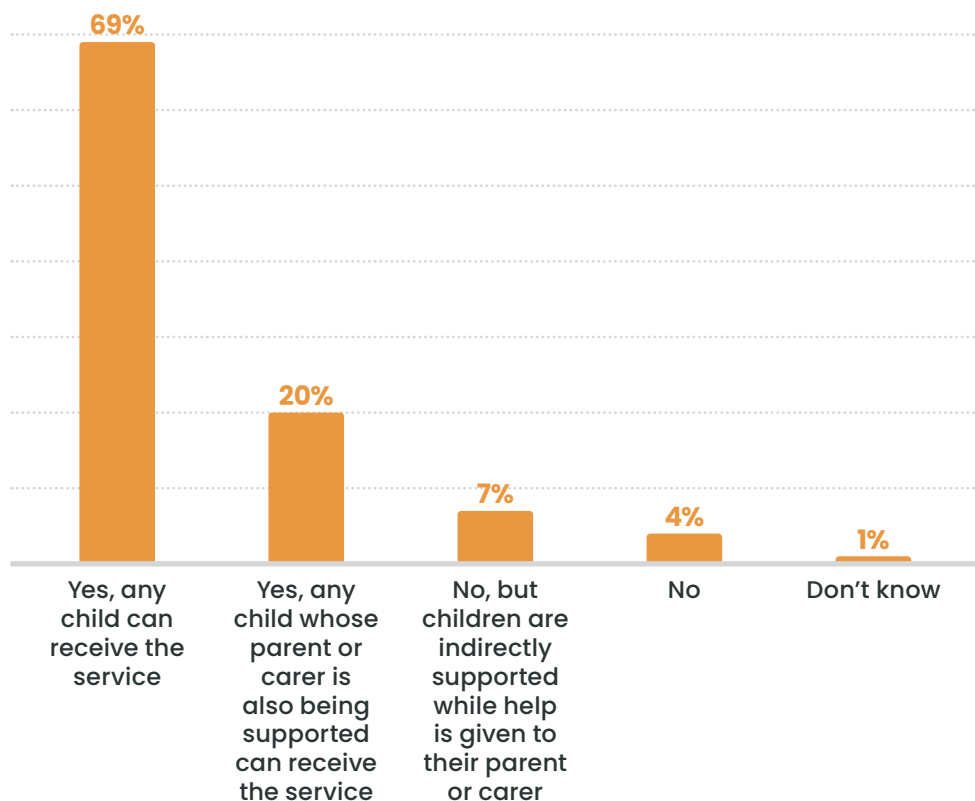
3.1 Commissioning of services for children affected by domestic abuse

3.1.1 Commissioning for children and assessing need for support

Most commissioners participating in the survey said they commissioned services specifically designed for children affected by domestic abuse (89%). Figure 2 (page 22) presents commissioners' responses to this question (see also Appendix Table III). Over two-thirds of commissioners (69%) reported that any child can receive the service, while 20% said that only children whose parent or carer is also being supported could receive the service.

A follow-up question asked respondents if they planned to commission a service for children affected by domestic abuse. Only 2 of the 17 commissioners who did not commission services for children said that they planned to do so during the next financial year. Seven answered "No" or "Don't know" while nine referred to children being indirectly supported via their parent or carer (Appendix Table IV).

Figure 2: Does your organisation or local community safety partnership currently commission any services that are designed for children affected by domestic abuse?



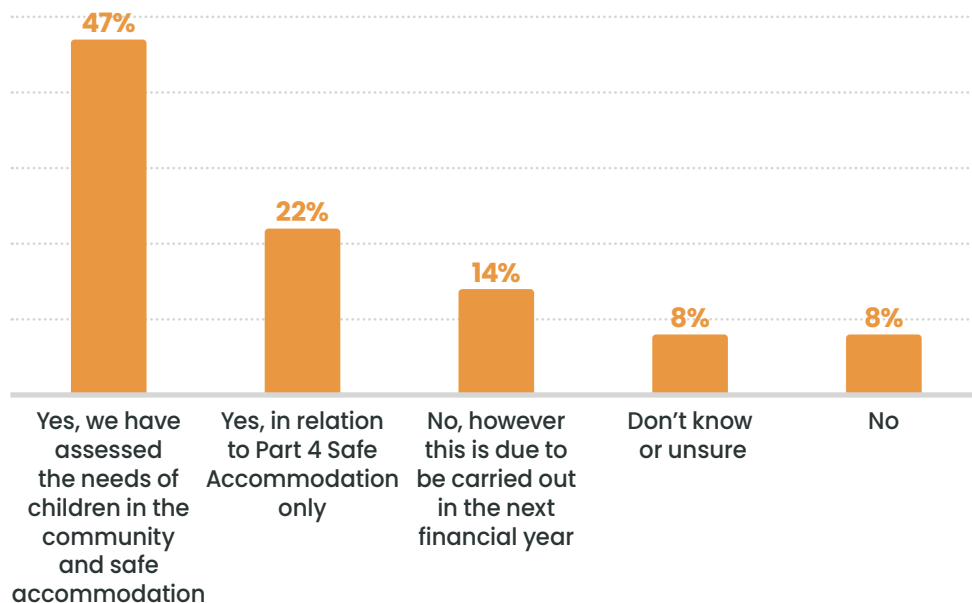
Children should be included in local needs assessments for domestic abuse support

Commissioners of domestic abuse services were asked to report on whether their organisation had carried out a local needs assessment that included a comprehensive section on children and young people (see Figure 3 and Appendix Table 1). As discussed previously in Section 1.4.1, this was a recommendation within the DAC’s *Patchwork of Provision* report.

Nearly half of all commissioners (47%) said they had assessed the needs of children in both the community and safe accommodation, and over one-fifth (22%) had assessed the needs of children in safe accommodation only, as required by Part 4 of the Domestic Abuse Act 2021 and statutory guidance.⁴⁰ For the remaining 30% of commissioners who could not confirm that they had conducted an assessment that included children, 14% reported that they planned to do so during the next financial year and 16% had answered either “No” or “Don’t know or Unsure”.

40. Ministry of Housing Communities and Local Government (formerly Department for Levelling Up, Housing and Communities) (2021).

Figure 3: Has your organisation carried out a local needs assessment for domestic abuse that includes a comprehensive section on children and young people?



* Missing data (n=1) excluded from chart

Over three quarters of CSPs and Tier 1 local authorities assess children's needs

The Domestic Abuse Act 2021 places different duties on CSPs or Tier 1 and Tier 2 local authorities and PCCs. Tier 1 authorities have a duty to assess while 'Tier 2' authorities only having a duty to cooperate with the assessment. Answers to this question were, therefore, analysed according to the type of commissioner (see

Appendix Table II). Over three-quarters of community safety partnerships (77%) and Tier 1 local authorities (81%) responding said that their assessment included a comprehensive section on children and young people, compared with 50% of Tier 2 local authorities and 36% PCCs or mayoral combined authorities.

3.1.2 General trends within service commissioning for children

Collectively, respondents to the commissioner survey commissioned 683 services for children affected by domestic abuse. Nearly half of the services commissioned expected to help up to 50 children per year, with the majority of services helping up to 100 children during the current financial year (Appendix Table XX). Table 3 presents the distribution of the commissioned services reported on across England and Wales.

More commissioning of community than accommodation-based services

Over two-thirds of services were community based (68%) rather than accommodation based (for example, provided by a refuge or via other forms of safe accommodation). Appendix Table VIII and Figure 4 below present respondents' answers to this question.

Analysis of the funding data provided by commissioners indicated that community-based services for children affected by domestic abuse usually received less funding than accommodation-based services: the median average funding per year was £28,000 compared with £41,000 for accommodation-based services (see Appendix Table XII).

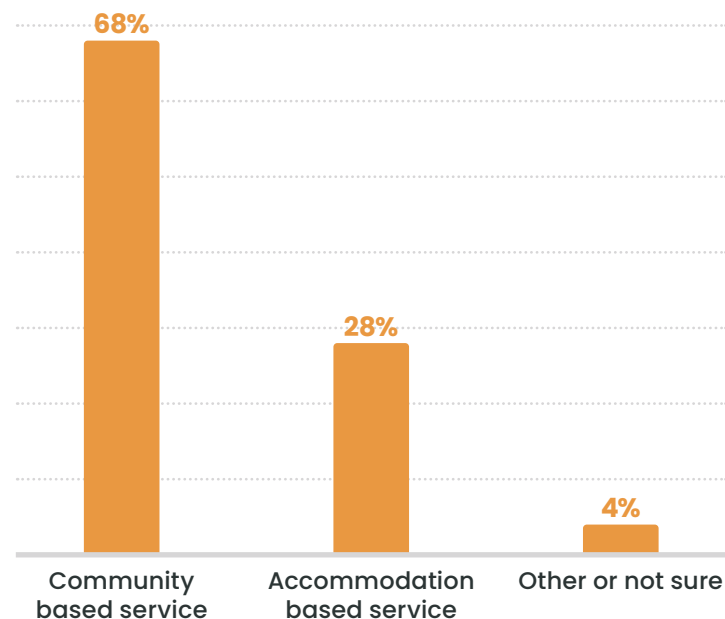
Table 3: Number of commissioned services reported via the commissioners' survey, according to country and region (n=683)

Countries and regions	No.	%
East of England	62	9%
East Midlands	66	10%
London	87	13%
North East	60	9%
North West	98	14%
South East	52	8%
South West	76	11%
West Midlands	65	10%
Yorkshire and the Humber	89	13%
ENGLAND	655	96%
WALES	28	4%
ENGLAND AND WALES TOTAL	683	100%

Most commissioned services target children affected by abuse within their parent/carer relationship

Commissioners were asked to indicate which groups of children were the target populations for the services they commissioned. Categories used within this question included information

Figure 4: Is the service an accommodation-based service (for example, provided by a refuge or safe accommodation) or a community-based service?



about how the services are delivered. For example, whole family interventions or services delivered to the child and their non-abusing parent or carer were recorded as separate populations despite both being aimed at children affected by domestic abuse within their parent/carer relationship.

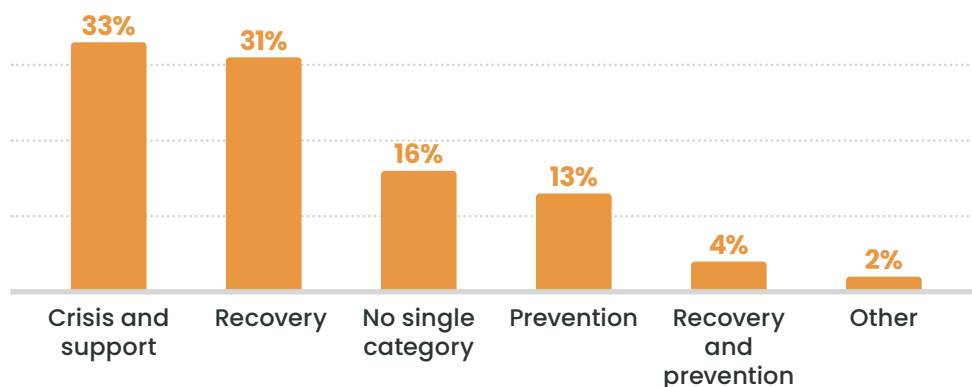
The four most frequent target populations were: children affected by the domestic abuse within their parent/carer relationship

who needed an intervention specifically for them (41%); children affected by domestic abuse within their parent/carer relationship who needed an intervention for themselves and their non-abusing parent or carer (20%); multiple target populations (10%); and young people subjected to domestic abuse in their own intimate relationship (7%). A full list of target populations for commissioned services recorded can be found in Appendix Table VI.

Far fewer services are focused on prevention

Appendix Table X lists the types of services commissioned for children. Service categories were recoded to indicate whether they were focused on crisis and support, recovery, or prevention. Figure 5 and Appendix Table VII present the results of this analysis. A third of services were focused on crisis and support (33%), with a similar proportion (31%) focused on recovery. Only 13% of services were focused on prevention.

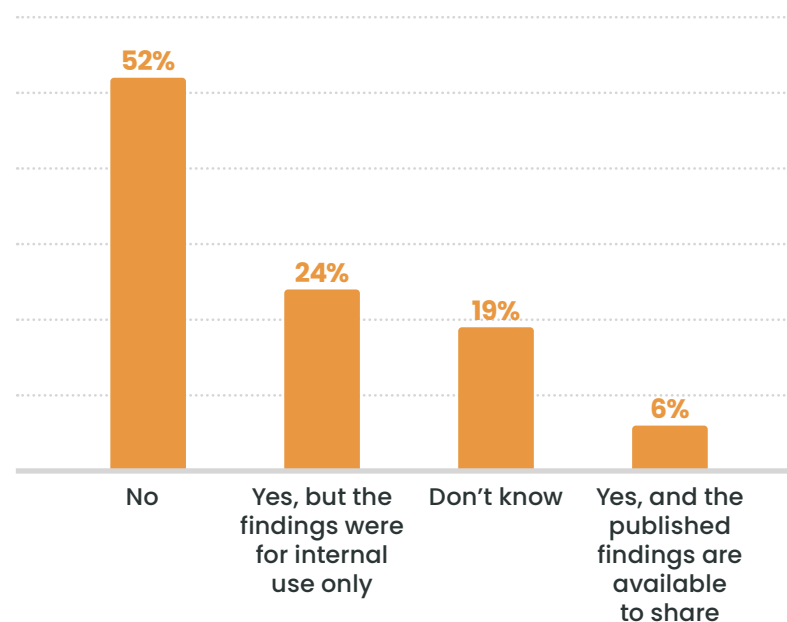
Figure 5: Commissioned service categories



Most commissioned services have not been evaluated

Only 6% of services or interventions recorded by commissioners within the survey had published evaluation findings that were available to share (see Figure 6 and Appendix Table IX). Nearly a quarter of the services (24%) had evaluation findings that were for internal use only. Over half of the services had not been evaluated (51%) or the respondent did not know whether the service had been evaluated (19%).

Figure 6: Has this service or intervention been evaluated?



3.1.3 Funding of commissioned services

Most funding periods are between one and three years

While the funding periods reported within the survey ranged between less than a year and up to 25 years (for an in-house multiple intervention service), most funding periods were between one and three years (72%). The average length was three years, the most frequently reported was for one year only (29%). Appendix Table XVI presents funding periods for each service reported by commissioners. Only 5% of services were described as in-house services (Appendix Table XV).

Funding is skewed with far more services receiving smaller amounts

Mean and median average funding per year for each service was calculated by dividing the total cost of each service by the number of years within the funding period. For most service types, the range of funding amounts was broad, with a large difference between the mean average and the much lower median figures. This suggests that many services are receiving relatively small amounts of funding but the few services receiving much larger amounts pushes the mean figure upwards. Other observations about funding of commissioned services per year were:

- Services that offered multiple interventions for children received the highest funding amounts.
- Crisis and support services receive higher funding amounts than services categorised as recovery or prevention.

- Accommodation-based services receive higher funding amounts than community-based services (although the overall spend on community-based services is higher as they are more numerous).
- Services that target children affected by domestic abuse within their parent/carer relationship had the greatest range between the minimum and maximum funding amounts (they were the most frequently reported).
- Services for young people either displaying abusive behaviour or subjected to domestic abuse within their own relationship received the least amount of funding, compared with other target populations.

Appendix Tables XII to XIV provide further information on the average funding per year reported by service commissioners.

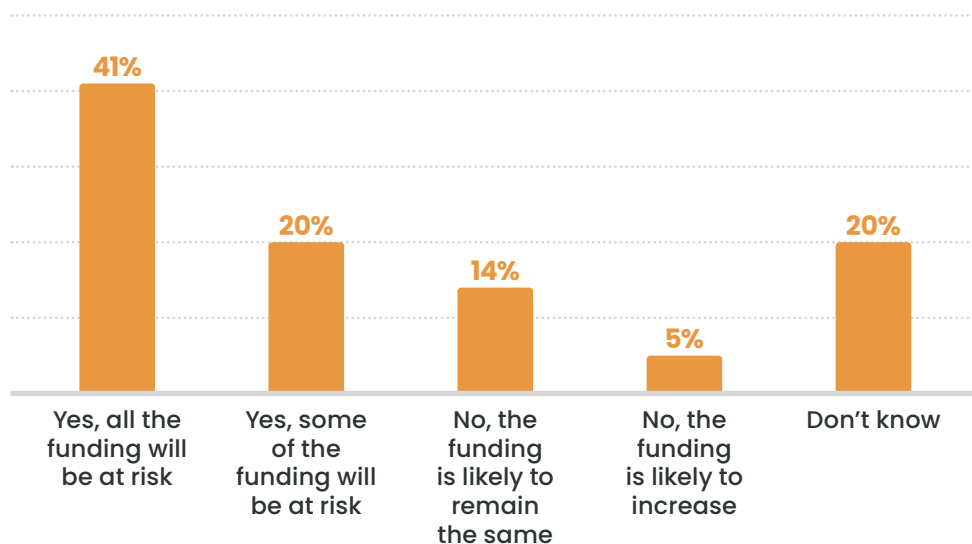
One-in-four services funded by different sources for different time periods

Commissioners were asked to indicate how the funding for each service was provided (see Appendix Table XI). While most funding came from one source (for example, grant or core funding) for a set period of time (72%), one-in-four services received funding made up from a combination of grants and core funding and/or with funding for different durations of time.

Commissioners could only confirm current levels of funding will continue for one-in-five services

Funding for the majority of services appears to be precarious. When asked whether funding for the service is at risk of being cut or reduced when the current funding comes to an end, commissioners reported that all or some funding was at risk for over 60% of services. Commissioners said that they “Don’t know” for 20% of services. Figure 7 presents the responses to this question (see Appendix Table XVII).

Figure 7: Commissioners views on whether the funding for the service is at risk of being cut or reduced when the current funding comes to an end



3.2 Specialist services available for children reported by service providers

Recognising that relying on commissioned services would not capture all of the provision available to children affected by domestic abuse, the DAC also included questions about service types within the survey of service providers. This enabled the inclusion of services funded by other sources.

3.2.1 Most common services were recovery or community-based services

Organisations were asked to categorise their services for children using the WAFE 'Routes to Support' service categories. Table 4 (page 28) presents the number of services recorded according to each category. Respondents could tick more than one category for their service if appropriate. Recovery work (46% of services) and community-based services (43%) were the most frequently recorded service categories, followed by prevention and awareness work (30%). One-fifth of services were recorded as accommodation based (20%), while a similar proportion were behaviour change interventions (18%). Only 4% of services specifically for children were open access, such as helplines, drop-ins or online.

Table 4: How would you categorise this service for children and young people? Categories are based on those used within the 'Routes to Support'⁴¹ definitions

Service categories based on Routes to Support definitions	No.	%
Recovery work, including counselling, therapeutic work, group work and support groups.	231	46%
Community-based services, including floating support, outreach, advocacy/caseworker roles.	216	43%
Prevention and awareness work, such as educational work with schools.	151	30%
Accommodation-based services, including refuge and other accommodation. This service may include some forms of recovery work within an accommodation-based setting.	101	20%
Behaviour-change interventions for children and young people displaying harmful behaviour within their peer relationships or family relationships, such as CAPVA.*	93	18%
Other	28	6%
Open access services, including helplines, drop ins and online web chats that are specifically for children and young people only.	22	4%

NB - percentages add up to more than 100 because respondents could pick more than one category for each service if appropriate.

*CAPVA = Child and Adolescent to Parent Violence and Abuse

41. Women's Aid 2023.

Main focus of services

Next, organisations were asked to indicate from a long list of service descriptions the main focus of their service(s). The number and percentage of each type of intervention reported within these categories is in Tables XXXIV to XXXVII within Appendix 5. The most frequently recorded service categories by service providers were:

- Information and advice services for children and young people that were delivered face to face (56%).
- Children and young people's group recovery work, including interventions and programmes (40%).
- Group work with young people to prevent domestic abuse and promote healthy relationships, delivered outside educational settings (32%).
- Children and young people's domestic abuse support workers (31%).

3.2.2 Which children are supported?

This section discusses the populations of children affected by domestic abuse that services targeted and the age range of children for whom referrals will be accepted.

Most service provision targets children experiencing domestic abuse at home

Organisations were asked to indicate the target populations for their services and were able to tick more than one category if appropriate (see Appendix Table XL). Over half of the services reported by organisations supported more than one of the

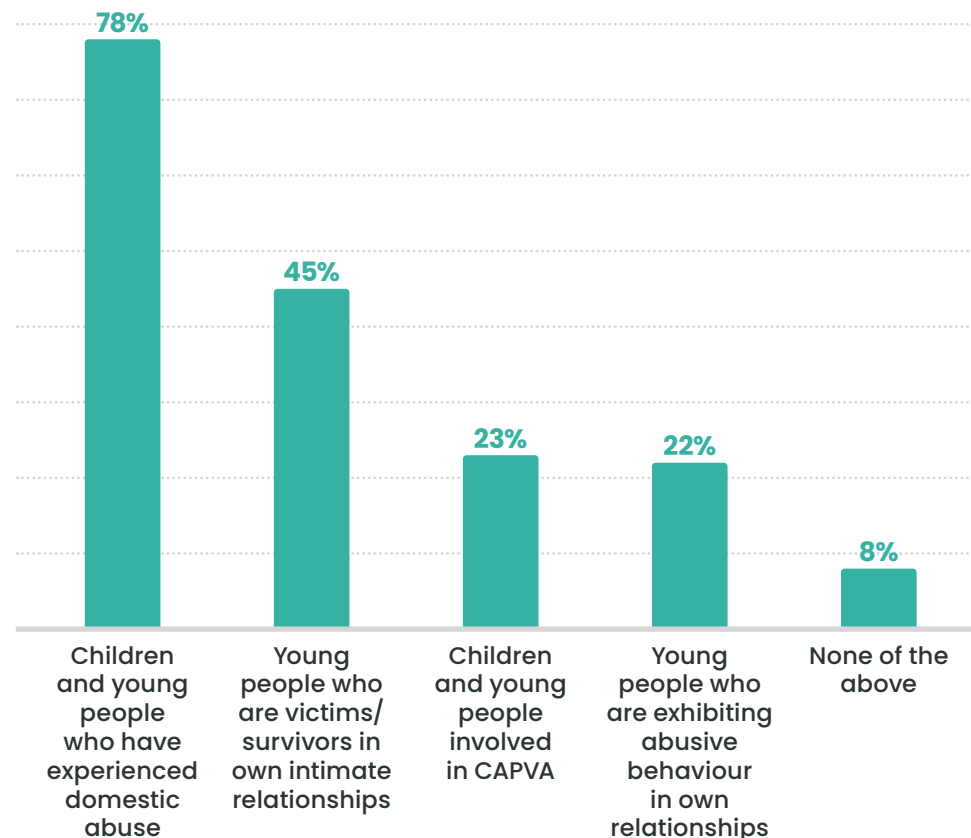
populations listed. Figure 8 presents the percentage of services reporting that they supported particular target populations of children affected by domestic abuse. The majority of services targeted children who have experienced domestic abuse in their own home or family (78%). Forty-five per cent of services supported children who are victims/survivors of domestic abuse within their own intimate relationships. Over a fifth of services supported children and young people involved in Child and Adolescent to Parent Violence and Abuse (CAPVA) (23%). A similar proportion supported young people who are exhibiting abusive behaviour within their own relationships (22%). Eight per cent of services reported that their target population did not fit into any of the categories provided. This group included services for survivors of domestic abuse and sexual violence, services to support young people experiencing so-called ‘honour’-based abuse, and services for children bereaved by domestic abuse-related deaths.

Services tend to support children from a wide age range

Organisations were given an age range from prebirth to 25 years and were asked to indicate the minimum and maximum ages of children and young people whose referrals would be accepted for their service (Appendix Table XXXVIII).

A small number of services were targeted specifically for relatively narrow age ranges, for example, prebirth and under ones (2%). However, most services provide support to children and young people from a wide age range, with three-quarters of services accepting referrals for young people aged over 16 years.

Figure 8: Percentage of services supporting different populations of children affected by domestic abuse



Looking at minimum and maximum ages across the whole sample, the most frequently reported minimum age ranges were at five years (26%) and pre-birth to under ones (25%), representing over half of the services. Less than one-fifth of services appeared to focus on secondary school aged children, where the minimum age for referral was from 11 years and upwards (18%). Sixteen per cent of services accepted referrals for young people up to 25 years. This reflects statutory guidance for organisations that support children and young people who have SEN or disabilities.⁴²

3.3 Organisations delivering domestic abuse support services to children

This section discusses the types of organisations delivering the services and their organisational and funding arrangements.

3.3.1 Organisation circumstances

Domestic abuse voluntary organisations are the most likely to deliver specialist support to children

Service providers were asked to indicate from a list of options, which described the type of organisation delivering services to children (see Appendix Table XXV). The biggest group of

respondents were organisations that described themselves as 'Domestic Abuse voluntary organisations' (59%) followed by children's voluntary organisations (14%) and 'By and for' organisations (11%). Seven per cent of organisations responding described themselves as 'local authority in-house services'. Several organisations ticked more than one option, and a quarter of responding organisations ticked the 'Other' option where there was space to describe their organisation in their own words. Information provided within the text box of the 'Other' option was merged and recoded to create additional organisational categories to best represent the profile of provider organisations participating in the survey (see Appendix Table XXVI).

Most services are delivered to one commissioning area

Organisations were asked to indicate which local authority or PCC areas they delivered their services. Most services were delivered to just one commissioning area (61%); however, over a third of services were delivered to multiple areas (39%) (Table XXX). The majority of service providers (85%) reported that their service or interventions was solely delivered by their organisation. Only 15% of interventions reported were delivered in partnership or as part of a consortium (Table XXXI).

Most organisations deliver multiple interventions to children affected by domestic abuse

Respondents were asked to record how many different specialist services their organisation delivered to children affected by domestic abuse. While nearly 40% of organisations said they delivered only one intervention for children, the majority delivered

42. Department for Education and Department of Health (2015).

two or more different types of intervention and nearly 20% delivered four or more interventions (see Appendix Table XXIV).

3.3.2 Funding reported by service providers

Service providers were asked to report on the total amount of funding for their service during the previous financial year April 2023 to March 2024 (Appendix Tables LI to LVI). Organisations were able to provide this figure for 341 services. Funding for the year for all services ranged from zero (5% of services reported) to £1,800,000. The median amount was £60,000 (see Appendix Table LI). As with the funding amounts reported by commissioners, there was a large difference between the lower median figure and the mean figure, which at £115,479 was just under the 75th percentile (see Appendix Table LI). Again, this suggests that the majority of services receive smaller amounts of funding, but the average figure is increased by a few services receiving much larger amounts of funding.

Most frequent source of funding came from local authorities followed by charitable trusts

Funding for specialist domestic abuse services for children came from a variety of sources. Organisations were asked to identify from a list all of the different sources of funding for their services (see Appendix Tables LVII and LVIII). Funding from local authorities was the frequent response (40%) followed by grants from charitable trusts (28%) and funding from PCCs (27%). Eighteen per cent of organisations also relied upon fundraising and income generating activities. Organisations were also asked where the majority of the funding for their service came from. A third of

organisations reported that it came from local authorities. The second largest group said the majority of their funding came from grants from charitable trusts (20%) (see Appendix Table LVIII).

Local authority funding was higher than that provided by charitable trusts but less than PCCs

While funding received by services from local authorities ranged considerably, the annual amounts tended to be higher than that given by charitable trusts. Funding provided by PCCs were on average higher still, possibly reflecting the larger geographical areas covered (see Appendix Table LIX).

Funding cuts affecting the majority of organisations providing services to children

Over half of organisations (56%) responding to the survey had experienced cuts in funding to the specialist services that they deliver to children affected by domestic abuse during the past five years. Twenty-nine per cent of organisations reported that, consequently they had to cease a specialist domestic abuse service that they had previously offered to children. A similar proportion (27%) said that they had to absorb some or all of the costs of the service to continue to deliver the service. For the remaining organisations, 43% did not have to cease any services or if they did so it was for reasons other than funding (2%) (see Appendix Table XXVII).

Funding issues particularly problematic within the domestic abuse sector

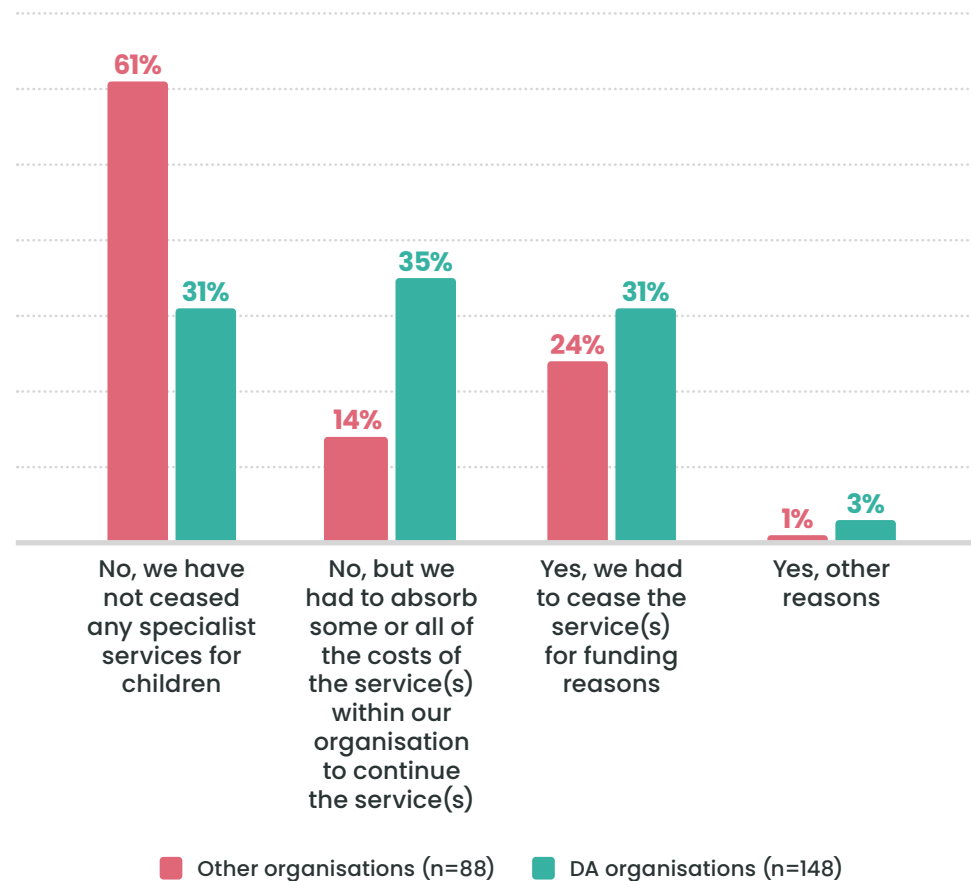
Information received by the DAC suggested that the funding of domestic abuse services is at greater risk than that of other

organisations providing services to children affected by domestic abuse. Figure 9 compares the responses of domestic abuse organisations that responded to the question with those of other organisations to find out if domestic abuse organisations were more likely to report that they had to cease services for children for funding reasons during the past five years. The majority of domestic abuse voluntary organisation reported problems with funding their services for children within the past five years. Compared with other organisations, domestic abuse voluntary organisations were far more likely to report that they had to cease specialist services for children for funding reasons or absorb the cost of the service within their organisation to continue the service.

Recovery and community-based services were the most likely to be cut

Organisations that said they had ceased a service during the past five years due to funding reasons were asked to identify the type of service that was closed (see Appendix Table XXVIII). The most frequently mentioned service types were: 'Recovery work' (including counselling, therapeutic work, group work and support groups) (29%) followed by 'Community-based services' (including floating support, outreach, advocacy/caseworker roles) (23%). It is perhaps surprising that recovery work was the most likely to be ceased despite the DAC'S 'Patchwork of Provision' report (see Section 1.4.1 previously) recommending an increase in specialist counselling and therapeutic support available for victims and survivors including children.

Figure 9: Service providers responses to Q7 – Did your organisation have to cease any specialist domestic abuse services for children in the last five years?



'Don't know' and 'Not applicable' were excluded.

Written comments within the 'Other' category gave insights into some of the stories behind these figures – for example, what had happened. Respondents described:

- Declining to tender as it was impossible to provide a quality service within the budget offered.
- Providing unfunded support for children for a decade.
- Temporarily pausing a service for three months due to recommissioning leading to the loss of the entire team and subsequent recruitment.
- Services only having a few months of funding left.

3.4 Children's priorities: child focus

The next two sections of this report address issues that young people asked the DAC to find out:

1. Are support services specifically focused on children?
2. Can all children access the support? (discussed in Section 3.5).

Our findings on child focus include service providers responses to questions about children and young people's voice and involvement, the workers delivering the service to children, and whether children's access to support is dependent upon their parents and carers. These questions were included because the Changemakers group wanted to know whether workers:

- Know how to speak to and support children.
- Treat children and adults equally.

- Support children whose parents are a barrier to them accessing support.

3.4.1 Children and young people's voice and involvement

Most organisations do not currently have arrangements for children's engagement

Service providers were asked whether their organisation had a youth panel or young person's lived experience group who influence the operation of their services. Twenty-two per cent of organisations reported that they did so, while 7% said that they collaborate with another organisation that has a group or panel. Over a third of organisations (35%) responding to the question did not have a mechanism for children and young people's engagement that could influence the operation of their service. The next biggest group (30%) were planning to develop one (see Appendix Table XXIX).

Nearly two-thirds of services help children to advocate for themselves

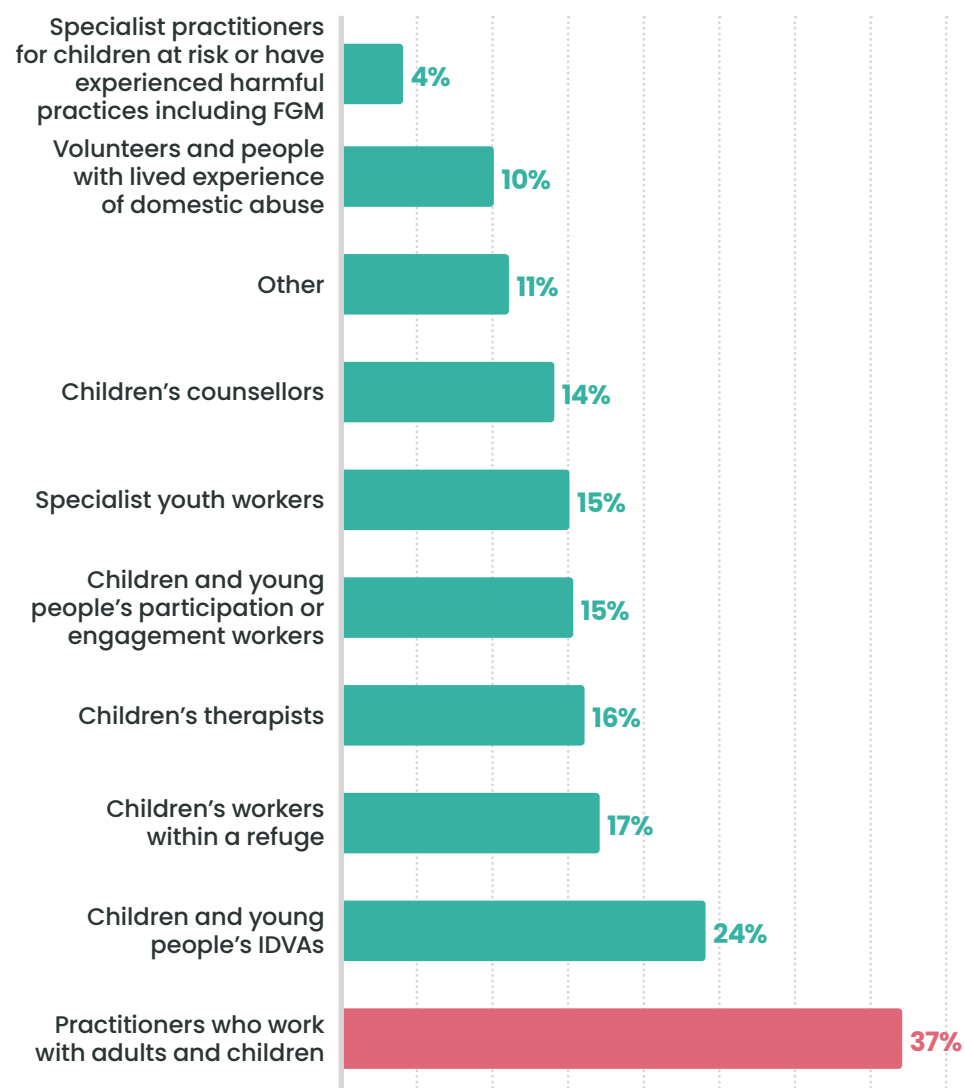
Service providers were more likely to help children to advocate for themselves on an individual basis as part of the support that they provide. Respondents were asked whether their service supports children and young people to advocate for themselves with statutory services, for example with children's social care or the police – nearly two-thirds of services said that they did so. This was done in the following ways: attending meetings with the child and advocating for them or supporting them to advocate for themselves (47%), referring children to specialist advocacy support in the area (8%) or

by discussing this in sessions with the child or young person to help them to prepare for advocacy but not actually attending meetings with them (7%). Service providers who indicated that they did not help with advocacy either said that their service did not provide that type of support (27%) or that the children they support were too young for this type of work (3%). The remaining 7% of respondents provided other answers to this question (see Appendix Table L).

3.4.2 Which professions are employed to deliver services to children?

The Changemakers group had told the DAC that it was important to know that the workers delivering support were able to relate to children. Organisations were asked to indicate what type of worker or practitioner provided the support to children (see Figure 10). While we acknowledge that worker’s job titles do not necessarily determine their ability to engage and work effectively with children, it is useful to understand what professions are currently providing support. Organisations were able to tick more than one profession from a range of possible professions for their service (see Appendix Table XXXII). The most frequently recorded group of workers were ‘Practitioners who work with adults and children’ (37%). This suggests that for over a third of services, the workers delivering specialist services actually work with adults and children rather than children specifically. Most of the other professions were workers with job titles that suggested that they specifically work with children, the most commonly recorded being ‘Children and Young People’s IDVAs’ (24%) and ‘Children’s workers within a refuge’ (17%).

Figure 10: Types of professions delivering services to children affected by domestic abuse (n=508)



3.4.3 Is children's access to support dependent upon parents or carers?

In Section 3.1.1, we discussed how 20% of commissioners reported that only children whose parent or carer is also being supported could receive the domestic abuse support services that they commission. Guided by the advice of the Changemakers group, this issue was explored in more detail within the survey of service providers, who were asked if their services for children are dependent on whether:

- The child's parent or carer is being also being supported.
- Parents and carers knowing the child is accessing the service.

Respondents indicated how they worked with children and their parents from a list of options.

One-third of services work with children only or separately from their parents or carers

Just over a third of services either only worked with children (24%) or always worked with children and adults separately (11%). Just under a third of services always worked with children and their parents or carers together. This group included services designed to work with children and their non-abusive parent or carer (26%) or services that used a whole family approach, sometimes working with the parent or carer who has perpetrated abuse (6%). The remaining services either said that they worked differently with each referral according to what is needed or gave another description of the way that they worked that did not fit with the categories provided (see Appendix Table XLVIII).

Young people can access three-fifths of services without the support of their parent or carer

Over a quarter of service providers said that children and young people need a parent or carer to know they are attending their service (27%). The majority of services would accept referrals without this in the following circumstances:

- If they were confident the young person is Gillick competent (25%)
- If they were aged 16 or older (13%) or
- If the child is supported by a professional (8%).

A further 12% of services said 'Yes' without adding any preconditions. The remaining 15% of respondents replied 'Other' and described the particular circumstances and referral criteria for their service (see Appendix Table XLIX).

3.5 Children's priorities: Access to services

On average, services providing prevention and awareness work see 1,517 children per year – more than all other services combined (see Figure 11 and Appendix Table XLI). This is partly due to this type of intervention often being delivered to large groups within educational settings. Services providing multiple interventions see the second largest number of children, at an average of 338 children per year – considerably less than preventative services. At the other end of the scale, recovery services and accommodation-

based services help on average 114 and 98 children per year respectively, as these interventions are longer term and more resource intensive.

Recognising the problems reported by parents about getting support for their children, both surveys included questions about children’s access to domestic abuse support services, including:

- The length of time children wait to be seen.
- Whether service providers manage additional waiting lists.
- Whether referrals are turned away due to lack of capacity or funding.
- Access for children with additional or intersecting needs.

3.5.1 Most frequently reported waiting time was between one and three months

Of those organisations who were able to report length of waiting times, the most frequently reported wait for accessing a service was between one and three months (31%). Six per cent of responding organisations said that they did not know the length of waiting time for children to be seen by their service. Figure 12 presents the waiting times for services who were able to respond to the question. Children were seen within 24 hours for 9% of services, while nearly a third of services (34%) were able to see children referred within a week. Over half of services were able to see the child within a month (55%).

Figure 11: Average number of children helped during the previous financial year April 2023 to March 2024, by service type

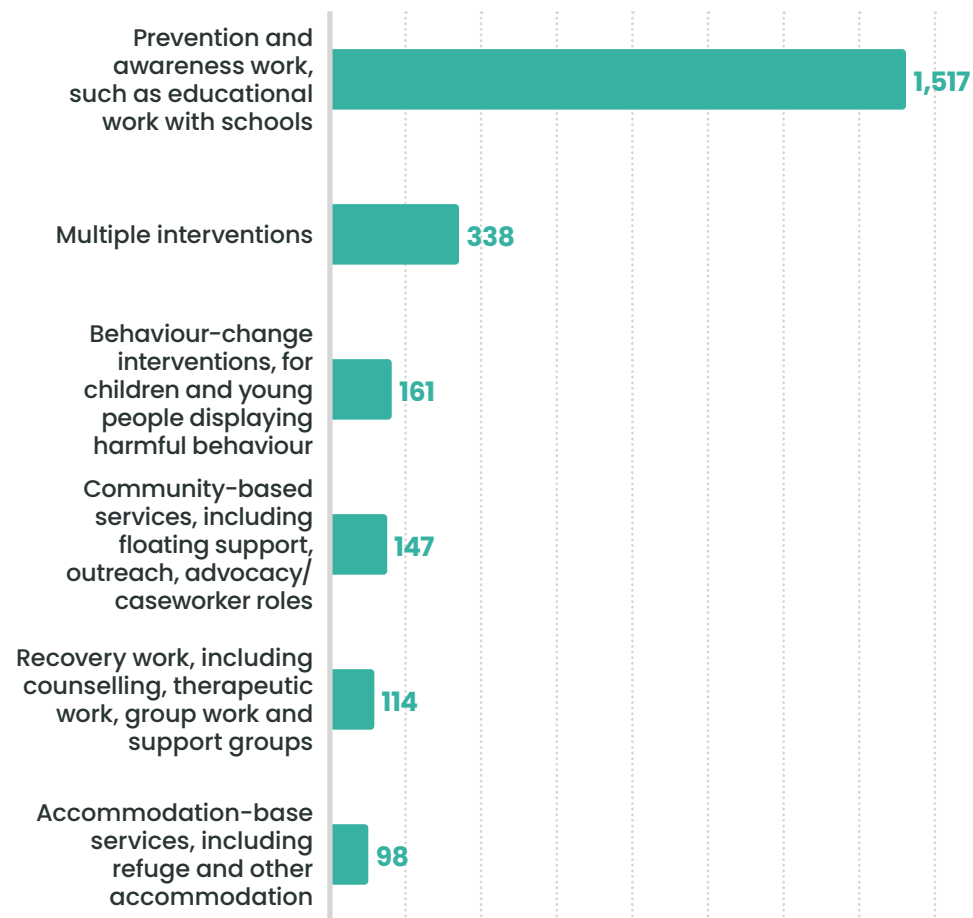
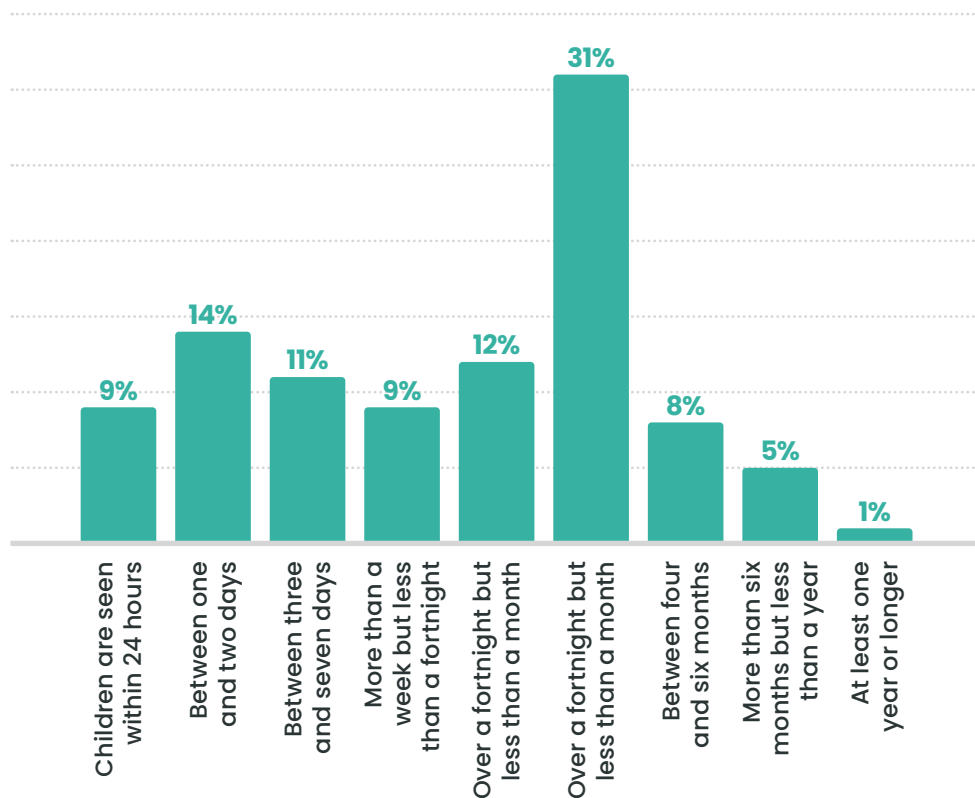


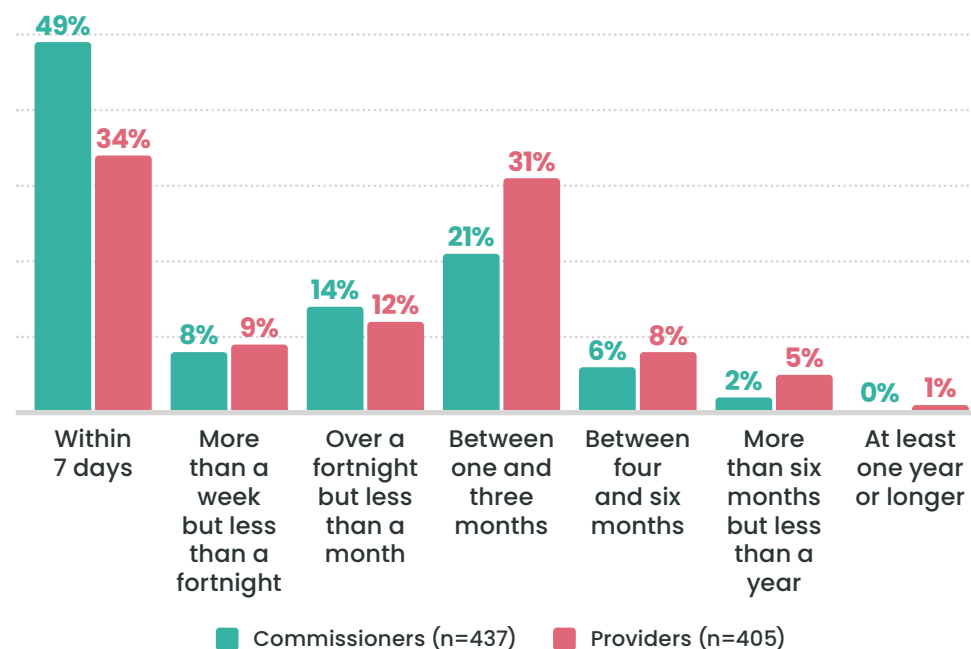
Figure 12: Waiting times for services reported by service providers (all services n=405)



3.5.2 Commissioners are more likely to report waiting times within seven days

Waiting times reported by commissioners and service providers were compared. While the distribution across the different waiting times for both sets of respondents are similar, commissioners were more likely to report that services would see children within a shorter waiting time. It is unclear whether this is due to the differing perspectives of commissioners and service providers or due to the

Figure 13: Waiting times for services according to commissioners and service providers



timing of the two surveys. Commissioners were surveyed before the end of the financial year so their reporting to some extent anticipated what should happen, whereas the service providers, who were surveyed later in the year could report on what had actually happened during the previous financial year, where it appears that children had to wait longer. Figure 13 presents the percentage of services that would see children within specific waiting times reported by each group of respondents.

3.5.3 Over a quarter of services have to turn some referrals away

In addition to the length of waiting times, organisations were asked whether their service held waiting lists or ever have to turn away referrals. Half of services (51%) said that they have had to place children on reserve or additional waiting lists because they receive more referrals than they have the capacity or funding to support (see Appendix Table XLIV). Over a quarter of services (27%) said that they had to turn away referrals because they received more referrals than they had the capacity or funding to support (Appendix Table XLVI).

3.5.4 Access to services according to type of service

Information on waiting times, waiting lists and whether services had to turn referrals away were analysed according to the type of service (see Appendix Tables XLIII, XLV and XLVII).

While 22% of children needing accommodation-based services were reported as being seen within 24 hours, the most frequently

reported waiting time for accommodation-based services was between one and two days (52%), meaning that nearly three-quarters of children were seen within two days.

Across the majority of other types of services, the most frequently reported waiting time was 'between one and three months': this was the case for behaviour change inventions for children and young people (40%), community-based services (20%), services providing multiple interventions (30%) and recovery work (42%).

Two-thirds of recovery services said that they have to place children on reserve or additional waiting lists. A similar proportion of the much smaller sample of behaviour change intervention services also needed to place children on lists (see Appendix Table XLV).

The percentage of services reporting that they had to turn away referrals was analysed according to the service type. While analysis of subgroups makes samples much smaller (and, therefore, less reliable) differences were observed for service types with more than 20 respondents. Accommodation-based services were the mostly likely to say that they have to turn away referrals, with nearly half of services (46%) saying that they receive more referrals than they have the capacity or funding to support. Prevention and awareness and recovery work were also slightly more likely to have to do this than other services, with 30% of both these service types reporting that they turned away referrals (see Appendix Table XLVII).

3.5.5 Access for children with additional and intersecting needs

Organisations were asked to indicate how their service was able to support children with additional or intersecting needs (see Table 5). Respondents could choose from the following options that best described what happens within their service:

- Service is specifically tailored for this population.
- Service is accessible to this population and is used by them regularly.
- Service can be accessed by this population but is not used by them regularly.
- Another organisation provides a service tailored for this population, so we tend to refer people there.
- Service is less suitable for this population of children and young people.
- Don't know.

We defined populations that most services were most confident to support as those where over 60% of responses were either (1) that the services were specifically designed for the populations or (2) was accessible to them and used by them regularly. Only three groups of children met these criteria: Girls and Young Women (79% of services), Boys and Young Men (69%), and Children and Young People with Mental Health Needs (64%).

Using the same criteria, the majority of services can confidently support Black and minoritised children and young people (55%) and Children and young people with special educational needs including learning disabilities and/or are neurodiverse (59%); however, there were also several services who reported that the services were not used regularly by these populations of children. The survey did not ask respondents to explain why this was the case.

Which children are less likely to be supported?

The populations that most services appeared to be less confident to support were 'd/Deaf children and young people' and 'Young people needing support for spiritual abuse' (both less than 10%). Nearly a third of organisations either said 'Don't know' or did not answer the question about young people needing support for spiritual abuse and very few respondents (7%) said they referred children needing this type of support elsewhere. Only one-in-10 organisations referred d/Deaf children to other support services tailored for their needs. Approximately half of services said that their service could be accessed but were not regularly used by the following groups: Physically disabled children and young people (51%), Non-binary Trans young people (48%) and d/Deaf children and young people (47%). Table 5 presents how services described their ability to support each group of children with additional and intersecting needs. These figures suggest that more could be done to explore joint working and publicising specialist domestic abuse support for children with these particular intersecting needs within the wider domestic abuse sector.

Table 5: Access for children with additional or intersecting needs

Population	Service is specifically tailored for this population	Service is accessible to this population and is used by them regularly	Service can be accessed by this population but is not used by them regularly	Another organisation provides a service tailored for this population, so we tend to refer people there	Service is less suitable for this population of children and young people	Do not know or Not applicable or Missing	Best and worst access
Black and minoritised children and young people	7%	48%	29%	0%	0%	16%	55%
LGBQ+ young people	1%	37%	41%	2%	1%	19%	38%
Non-binary Trans young people	1%	26%	48%	3%	2%	20%	27%
Children and young people with special educational needs including learning disabilities and/or are neurodiverse	3%	56%	20%	2%	2%	17%	59%
Children experiencing problems with drugs or alcohol	1%	18%	35%	15%	10%	21%	19%
d/Deaf children and young people	1%	9%	47%	11%	12%	21%	9%
Physically disabled children and young people	1%	19%	51%	6%	3%	20%	20%
Children and young people with mental health needs	10%	54%	13%	3%	1%	18%	64%
Girls and Young women	25%	55%	3%	1%	1%	17%	79%
Boys and Young men	18%	51%	7%	2%	3%	18%	69%
Young people needing support for spiritual abuse	4%	5%	35%	7%	17%	32%	9%
Young people needing support for so-called 'honour'-based abuse and harmful practices	5%	18%	36%	12%	9%	20%	23%
Children bereaved by domestic abuse-related death	3%	12%	32%	15%	14%	23%	15%
Children involved in the criminal justice system	5%	21%	30%	11%	12%	21%	26%

Chapter 4

Conclusions

Child victims of domestic abuse told the Domestic Abuse Commissioner there needs to be greater variety and availability of support services to enable them to recover.⁴³ In order to make recommendations on how to improve and increase services for children, the DAC, therefore, sought to understand and explore current commissioning and provision of support services for children.

Limitations to this process included insufficient coverage of commissioning areas and, to a much greater extent, the organisations thought to be providing domestic abuse support services to children within England and Wales. Reasons given for the lower than anticipated response from service providers (for example, staff turnover and capacity) pointed to a sector that is under pressure before we even began the analysis of data submitted. Large variations within the numerical data reported and the absence of a data validation process means that reported figures should only be considered indicators of current practice and should not be relied upon as an accurate representation of funding amounts or numbers of children seen.

We found a wide variety of services designed for children, delivered from different settings, by different professions, at different stages of intervention for different target populations of children and young people. This reflects the diverse contexts, needs, preferences, risks and experiences of children affected by domestic abuse. There are opportunities for sharing learning and strengthening service provision. For example, most organisations deliver their services within one geographical area only and over half of the commissioned services reported had been not evaluated.

While most areas commissioned at least one service for children, for one-in-five areas, children could only access this support if their parent or carer was receiving support. Over a third of services reported that the workers delivering their specialist service for children actually worked with adults and children rather than children specifically. While we recognise that many interventions that help both the parent or carer and their children will undoubtedly benefit the child, we were left wondering whether some services that were reported as a service for children, were not really for children but supported them as an additional factor within a service that was actually designed for their adult parent survivor.

43. Domestic Abuse Commissioner (2025a).

Other signs that there could be greater recognition of children being considered victims of domestic abuse within their own right included:

- Few services having any mechanism or arrangements for children's engagement.
- Over a quarter of service providers stating that children would not be able to receive their service without the knowledge of their parents or carers.
- Difficulties in accessing support services.

Barriers to access included waiting times, waiting lists or services with limited funding and/or capacity having to turn referrals away. Services self-reported that they were less equipped to support some children with additional needs. d/Deaf children, children needing support for spiritual abuse, children bereaved by domestic homicide and children experiencing problems with drugs or alcohol are less likely to find a service that could confidently support them.

Our data suggests that child victims could be better supported if the organisations providing services are strengthened. But these organisations must prioritise child victims. As most support services for child victims are delivered by domestic abuse organisations, they are hampered by the factors that affect the domestic abuse sector as a whole.

The current funding environment hinders staff retention, learning and long-term service planning. The most frequently reported source of funding was from local authorities, many of which have been in financial crisis within recent years. Most of the funding amounts were relatively small for short periods of time. The majority of organisations reported that funding cuts had affected provision of services to children. Meanwhile, service commissioners could only confirm that the current levels of funding would continue for just one-in-five services.

The DAC will include recommendations on how to improve the response to child victims of domestic abuse within her policy report '*Victims in their own right? Babies, children and young people's experience of domestic abuse*'.⁴⁴

44. Domestic Abuse Commissioner (2025b).

References

Action for Children (2019). *Patchy, piecemeal and precarious: support for children affected by domestic abuse*. <https://media.actionforchildren.org.uk/documents/patchy-piecemeal-and-precarious-support-for-children-affected-by-domestic-abuse.pdf> (Accessed 02/01/24).

Against Violence and Abuse (2023). *Funding for Support Services for Victims and Survivors of Violence Against Women and Girls in London*. London: Against Violence and Abuse.

Department for Education and Department of Health (2015). *Special educational needs and disability code of practice: 0 to 25 years Statutory guidance for organisations which work with and support children and young people who have special educational needs or disabilities*. www.gov.uk/government/publications/send-code-of-practice-0-to-25 (Accessed 07/02/25).

Domestic Abuse Commissioner (2022a). *A Patchwork of Provision: How to meet the needs of victims and survivors across England and Wales*. London, Domestic Abuse Commissioner's Office. https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/DAC_Mapping-Abuse-Survivors_Long-Policy-Report_Nov2022_FA.pdf (Accessed: 20/02/25).

Domestic Abuse Commissioner (2022b). *A Patchwork of Provision Technical Report*. London: Domestic Abuse Commissioner's Office. https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/A-Patchwork-of-Provision_Technical-Report_Nov-2022_Final.pdf (Accessed: 20/02/25).

Domestic Abuse Commissioner (2023). *DAC Strategic Plan*. London. Office of the Domestic Abuse Commissioner. <https://domesticabusecommissioner.uk/wp-content/uploads/2023/03/DAC-Strategic-Plan-2023.pdf> (Accessed: 20/02/25).

Domestic Abuse Commissioner (2025a). *Tell Nicole "Our feelings matter": Children's views on the support they need after experiencing domestic abuse*. London, Domestic Abuse Commissioner's Office.

Domestic Abuse Commissioner (2025b). *Victims in their own right? Babies, children and young people's experience of domestic abuse*. London, Domestic Abuse Commissioner's Office.

Government Social Research (2021). *GSR Professional Guidance Ethical Assurance for Social and Behavioural Research in Government*. <https://www.gov.uk/government/publications/ethical-assurance-guidance-for-social-research-in-government> (Accessed: 26/03/25).

Ministry of Housing Communities and Local Government (formerly Department for Levelling Up, Housing and Communities) (2021). *Statutory guidance: Delivery of support to victims of domestic abuse in domestic abuse safe accommodation services*. www.gov.uk/government/publications/domestic-abuse-support-within-safe-accommodation/delivery-of-support-to-victims-of-domestic-abuse-in-domestic-abuse-safe-accommodation-services (Accessed 31/12/24).

Ministry of Housing Communities and Local Government (formerly Department for Levelling Up, Housing and Communities) (2023). *Support in domestic abuse safe accommodation: financial year 2022 to 2023*. www.gov.uk/government/publications/support-in-domestic-abuse-safe-accommodation-financial-year-2022-to-2023 (Accessed 21/02/23).

Office for National Statistics (2024). Estimates of the population for England and Wales. www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales (Accessed 13/01/25).

Parkinson and Steele (2024). *Support Matters: The landscape of child sexual abuse support services in England and Wales*. Centre for Expertise on Child Sexual Abuse.

Refuge (2024). *Refuge Annual Commissioning Report 2023/24* (Shared with the Commissioner's Office).

Rowson, M (2024). *A Real Safe Space*. Rape Crisis England and Wales.

Scottish Government (2023). *The Independent Strategic Review of Funding and Commissioning of Violence Against Women and Girls Service*. Edinburgh: Scottish Government.

Skafida, V., Devaney, J. and Morrison, F. (2023). *Children living with domestic abuse: Social inequalities in mother and child experiences and repercussions for children's wellbeing*. The University of Edinburgh.

Standing Together (2023). *Crossing Pathways Data Map*. www.standingtogether.org.uk/map (Accessed 21/02/25).

Stanley, N. (2011). *Children experiencing domestic violence: a research review*. Dartington: Research in Practice.

Traveller Movement (2022). *A Good Practice Guide: Improving service provision for Gypsy, Roma and Traveller domestic abuse survivors*. London: The Traveller Movement.

Welsh Parliament (2024). *How we must all play our part: a public health approach to halting the epidemic in gender-based violence*. Welsh Parliament Equality and Social Justice Committee. <https://senedd.wales/media/u5zm1rok/cr-ld16253-e.pdf> (Accessed 03/01/24).

Women's Aid (2020). *Research Integrity Framework on Domestic Violence and Abuse*. https://domesticabusecommissioner.uk/wp-content/uploads/2022/11/A-Patchwork-of-Provision_Technical-Report_Nov-2022_Final.pdf (Accessed: 10/01/25).

Women's Aid (2023). *The Domestic Abuse Report 2023: The Annual Audit*. Bristol: Women's Aid.

Women's Aid (2024). *Tackling the Recruitment & Retention Crisis: Recommendations from Violence Against Women and Girls Organisations*. www.womensaid.org.uk/wp-content/uploads/2024/03/Recruitment-Retention-in-the-VAWG-Sector-Recommendations-Final-2024-1.pdf (Accessed: 07/02/25).

Wu, M.J., Zhao, K. and Fils-Aime, F. (2022). Response rates of online surveys in published research: A meta-analysis. *Computers in Human Behavior Reports*, 7, p.100206.

Appendices

Appendix 1

Summary of Changemaker feedback

What CYP want to know about a service before they get help?

CYP experience: Do they know how to speak to and support children and young people? Do they treat children and adults equally?

Connections: Can this service influence other services?

Knowledge: Do they have experience in domestic abuse cases?

Consistency: Will I get bounced around different workers?

Access: Can anyone get in touch, or do they have to meet referral criteria?

Anonymity: What information will be shared with families?

What is most important when they attend a service?

Not feeling judged

Trust

Feeling heard

Being able to talk freely

Access support whenever I need it

Anonymity

What else should we ask service providers?

Children and young people focus: Do you have dedicated services, staff or teams for children and young people?

Choice: Is the service for groups of young people or one to one?

EDI: Do you consider race, ethnicity, background etc and how that affects young people?

Policies and skills: Do you provide training or guidance for working with CYP? Do your safeguarding policies for adults and children differ?

Access: How do you support CYP whose parents may be a barrier to them accessing support?

Anonymity: Is protecting young people's information a priority for you when working with them?

Appendix 2

Commissioner survey questions

Questions about commissioning

- Q1. Please provide your workplace email address to allow us to verify your response.
- Q2. On behalf of which type of organisation are you responding to this survey? (Routing to Q3 to Q6).
- Q3. On behalf of which Community Safety Partnership or wider area are you responding to this survey?
- Q4. On behalf of which English or Welsh Tier 1 Local Authority are you responding? (County Councils, Unitary Authorities and Metropolitan Districts).
- Q5. On behalf of which English Tier 2 Local Authority are you responding? (District Councils and London Boroughs)
- Q6. On behalf of which Police and Crime Commissioning Area or Mayoral Combined Authority are you responding? PCC areas should also include relevant interventions commissioned through the Violence Reduction Unit within their area.
- Q7. Has your organisation carried out a local needs assessment for domestic abuse that includes a comprehensive section on children and young people?

- Q8. Does your organisation or local community safety partnership currently commission any services that are designed for children affected by domestic abuse?
- Q9. Does your organisation or local community safety partnership plan to commission a service for children affected by domestic abuse during the next financial year (ending March 2025)?

Questions about individual commissioned services

- Q10. What is the name of the service or intervention?
- Q11. What is the name of the organisation providing the service, if different?
- Q12. Which children or young people are the target population for the service?
- Q13. Is the service an accommodation-based service (e.g., provided by a refuge or safe accommodation) or a community-based service?
- Q14. Has this service or intervention been evaluated?
- Q15. Service type: Services for individual children and young people (list).

- Q16. Service Type: Services or interventions delivered to groups of children and young people (list).
- Q17. Service Type: Other services for babies, children and young people and their families (list).
- Q18. Please tick the option that best describes the funding for this service or intervention providing by your organisation(s).
- Q19. Please use this space to describe the funding arrangements provided by your organisation(s) for this service or intervention (maximum 100 words).
- Q20. What is the total amount of funding for this service from your organisation during this current funding period?
- Q21. Is this a grant or a contract/commissioned service? (Tick the option that applies).
- Grant.
 - Contract/commissioned service.
 - In-house service.
 - Service has a combination of funding sources.
- Q22. When did this funding commence and when will it end? (Please use the boxes below to indicate to the nearest month and year. If you are unsure of the exact dates, please put the first of whichever months the funding commenced and will end).
- Date funding period started.
 - Date funding period will end.
- Q23. Would you say the funding for this service is at risk of being cut or reduced when the current funding comes to an end?
- Q24. Can you provide an approximate figure for the number of children or young people who will be helped by this service during the current financial year, ending March 2024?
- Q25. If you can provide an approximate number, please respond by providing a numerical figure, e.g. "eighty-nine children" should be written as "89".
- Q26. For approximately how long do children and young people usually have to wait to receive this service?

Appendix 3

Service provider survey questions

- Q1. Please provide your workplace email address in the space below to allow us to verify your response. We will only contact you if we have a question about the survey.
- Q2. Do you want us to retain this email address so that we can contact you about future projects via our newsletter?
- Q3. Please response to the statement below with either Yes or No "I consent for my anonymised responses to be used to further the work of the Domestic Abuse Commissioner in relation to children and young people affected by domestic abuse.
- Q4. What is the name of the organisation providing the service?
- Q5. How many different specialist services does your organisation currently deliver to children affected by domestic abuse? Please note that for this question we are trying to count the number of different service types, not the number of locations where it is delivered.
- Q6. Which of the following descriptions apply to your organisation? You can tick more than one description.
1. Domestic abuse voluntary organisation
 2. Children's voluntary organisation
 3. Local authority in-house service
 4. Health Service organisation
 5. By and for* voluntary organisation
 6. Other (please specify):
- Q7. Thinking about the past five years, did your organisation have to cease any specialist domestic abuse services that you used to offer to children and young people? (Please tick the option that best explains what happened with the service).
- Q8. What type of service for children affected by domestic abuse did you need to cease? Please choose from options* below: [You can select more than one service]
1. Accommodation-based services, including refuge and other accommodation. This service may include some forms of recovery work within an accommodation-based setting.
 2. Community-based services, including floating support, outreach, advocacy / caseworker roles.
 3. Recovery work, including counselling, therapeutic work, group work and support groups.
 4. Open access services, including helplines, drop ins and online web chats that are specifically for children and young people only.

5. Behaviour-change interventions, for children and young people displaying harmful behaviour within their peer relationships or family relationships, e.g., CAPVA (Child and Adolescent to Parent Violence and Abuse).
 6. Prevention and awareness work, such as educational work with schools.
 7. Other (please specify).
- Q9. Does your organisation have a youth panel or a young persons lived experience group who influence the operation of your service(s)?
- Q10. What is the name of the service or intervention that you provide?
- Q11. Is this service provided by just your organisation or is it provided by a partnership or consortium of organisations?
- Q12. Is the service provided nationally, regionally, locally or multiple different locations? (Routing to Q13 and Q14).
- Q13. Where is the service located? Use the searchable alphabetical drop-down list of Local Authority and Police and Crime Commissioning Areas to select your area.
- Q14. Please record all the areas where this service is provided in the space below. To help you we have listed all the different types of Local Authorities, and the Police and Crime Commissioning Areas within England and Wales below.
- Q15. Who provides the support within this service? Please tick the profession(s) that best describe the practitioners providing the support. You can tick more than one option.
1. Practitioners who work with adults and children.
 2. Children and Young People's IDVAs.
 3. Children's Workers within a refuge.
 4. Specialist Youth workers.
 5. Children and Young People's Participation or Engagement Workers.
 6. Children's Counsellors.
 7. Children's Therapists.
 8. Specialist practitioners for children at risk or have experienced harmful practices including FGM (Female Genital Mutilation).
 9. Volunteers and People with Lived Experience of Domestic Abuse.
 10. Other (please specify other types of workers).
- Q16. How would you categorise this service for children and young people? These categories are based on those used within the 'Routes to Support'* directory.
1. Accommodation-based services, including refuge and other accommodation. This service may include some forms of recovery work within an accommodation-based setting.

2. Community-based services, including floating support, outreach, advocacy/caseworker roles.
3. Recovery work, including counselling, therapeutic work, group work and support groups.
4. Open access services, including helplines, drop ins and online web chats that are specifically for children and young people only.
5. Behaviour-change interventions, for children and young people displaying harmful behaviour within their peer relationships or family relationships, e.g., CAPVA (Child and Adolescent to Parent Violence and Abuse).
6. Prevention and awareness work, such as educational work with schools.
7. Other (please specify).

Q17. Is the main focus of the service prevention and early intervention? Please tick all that apply.

1. Not applicable.
2. Healthy relationships group interventions delivered by specialist domestic abuse organisations within educational settings.
3. Other group work with young people to prevent domestic abuse and promote healthy relationships.
4. Mentoring to prevent domestic abuse and promote healthy relationships.

5. Whole family intervention services for babies/ expecting parents.
6. Training and tools for professionals working with children and young people affected by domestic abuse.
7. Behaviour change interventions for individual child or young person.
8. Behaviour change intervention for groups of children and young people.

Q18. Is the main focus of the service to provide information and advice to children and young people about domestic abuse? Please tick all that apply.

1. Not applicable.
2. Information and advice services designed for children and young people (face to face).
3. Information and advice services designed for children and young people (online/digital).
4. Helplines for children and young people.

Q19. Is the main focus of the service to provide crisis support following domestic abuse? Please tick all that apply.

1. Not applicable.
2. Children's IDVA, Children and Young People's IDVA, Young People's or Person's Violence Advisor (YPVA).

3. Children and Young People's Advocacy - 1-1 and/or group.
4. Children and Young People's domestic abuse support worker/CYP floating support workers.
5. Children and Young Peoples First Response Crisis Support Service.
6. Children and Young People's Outreach workers.
7. Children and Young People's resettlement work.
8. Children and Young People's drop in support
9. Family support worker.

Q20. Is the main focus of the service recovery after domestic abuse? Please tick all that apply.

1. Not applicable.
2. Recovery services for babies, e.g., massage, hydrotherapy.
3. Children and Young People's group recovery work including interventions or programmes.
4. Children and Young People's one to one therapy/counselling.
5. Children and Young People's Solution focused practice.
6. Children and Young People's peer support groups.
7. Play therapy, art therapy, music therapy, or drama therapy delivered to individual children and young people.
8. Play therapy, art therapy, music therapy, or drama therapy delivered to groups of children and young people.

9. Group work to build the child's relationship with the non-abusing parent.
10. Holiday activity programmes to improve bonding between child and non-abusive parent.
11. Participation, consultation, campaigning and lived experience work to enable CYP to use their voice.

Q21. Is the main focus of the service some other type of intervention that is not described above?

1. Not applicable.
2. Flexible work depending on the needs of the child or young person.
3. Other (please specify).

Q22. What is the age range for the children and young people supported by this service? Drag the slider scale to the right to get the correct age for each question. Perinatal services can be recorded as ""0"".

1. What is the minimum age for children and young people who are accepted for this service?
2. What is the maximum age for children and young people who are accepted for this service?

Q23. Which children are the target population for this service? You can select more than one target population if appropriate.

1. Children and young people who have experienced domestic abuse in their own home or family.

2. Young people who are victims / survivors in own intimate relationships.
3. Young people who are exhibiting abusive behaviour in own relationships.
4. Children and young people who involved in CAPVA (Child and adolescent to parent violence and abuse)
5. None of the above (please describe in the space provided).

Q24. How is your service able to support children with the following additional or intersecting needs?

1. Black and minoritised children and young people.
2. LGBTQ+ young people.
3. Non-binary Trans young people.
4. Children and young people with special educational needs including learning disabilities and/or are neurodiverse.
5. Children experiencing problems with drugs or alcohol.
6. Deaf children and young people.
7. Physically disabled children and young people.
8. Children and young people with mental health needs.
9. Girls and Young women.
10. Boys and Young men.
11. Young people needing support for spiritual abuse.

12. Young people needing support for so called honour-based abuse and harmful practices.

13. Children bereaved by domestic abuse related death.

14. Children involved in the criminal justice system.

Q25. How many children or young people who were helped by this service during the previous financial year April 2023–March 2024. Please provide a numerical figure, e.g., "eighty-nine children" should be written as "89" in the box below.

Q26. For approximately how long do children and young people usually have to wait to receive this service?

Q27. Does this service ever have to place children on a reserve or additional waiting list because you receive more referrals than you have the capacity or funding to support?

Q28. Does this service ever have to turn away referrals because you receive more referrals than you have the capacity or funding to support?

Q29. Does this service provide support for children and their parents or carers together? Please tick one option that best describes the service.

Q30. Can children and young people access the service without the support of their parent or carer? Please tick one option that best describes the service.

- Q31. Does your service support children and young people to advocate for themselves with statutory services (i.e., Children’s Social Care, the police).
- Q32. What was the total amount of funding for this service during the previous financial year April 2023–March 2024?
1. Total amount (please do not include decimal places or commas, e.g. £35000).
- Q33. How do you currently fund this service? Please tick all of the different sources of funding that you receive from the options below.
1. Funding from Local Authorities
 2. Funding from Police and Crime Commissioners (PCCs) including government grants administered by PCCs e.g., Ministry of Justice funding.
 3. Funding from multi-agency partnerships, e.g., Local Safeguarding Children’s Partnerships, Community Safety Partnerships.
 4. Funding from Clinical Commissioning Groups (CCGs) and NHS Trusts.
 5. Funding through Criminal Justice Boards, Probation and Prison services.
 6. Central government grants (direct funding that is not administered by PCCs or local government).

7. Grants from Charitable Trusts (including regional, specialist and nationwide charities or trusts e.g., National Lottery, Comic Relief, Family Foundations.
 8. Funding administered by national Domestic Violence and Abuse charities.
 9. Fundraising and income generating activities (including donations, events, crowdfunding, sponsorship, private/corporate funding).
 10. Internal reserves.
 11. Other (please specify).
- Q34. From where does the MAJORITY of the funding come from? Please tick one of the options below.
- Q35. Do you provide any other services for children and young people affected by domestic abuse that you have not told us about?

Appendix 4

Charts and tables from survey of commissioners

Commissioning of services

Table I: Whether commissioners had carried out a local needs assessment for domestic abuse that included a comprehensive section on children and young people.

	Freq	%
Yes, we have assessed the needs of children and young people in the community and safe accommodation	78	47%
Yes, in relation to Part 4 Safe Accommodation only	37	22%
No, however this is due to be carried out during the next financial year (01/04/24 to 31/03/25)	23	14%
Don't know or Unsure	14	8%
No	13	8%
Missing	1	1%
Total	166	

Table II: Whether commissioners had carried out a local needs assessment for domestic abuse that includes a comprehensive section on children and young people, according to type of commissioner (n=110).

	Joint submission by the Community Safety Partnership or wider area.		Police and Crime Commissioning Area or Mayoral Combined Authority		Tier 1 Local Authority (County Councils, Unitary Authorities and Metropolitan Districts)		Tier 2 Local Authority (District Councils, London Boroughs)		Total	
Don't know or missing	2	6%	0	0%	3	6%	2	17%	7	6%
No (all categories)	5	16%	9	64%	7	13%	4	33%	25	23%
Yes (all categories)	24	77%	5	36%	43	81%	6	50%	78	71%
Total	31	100%	14	100%	53	100%	12	100%	110	100%

Percentages may not add up to 100% due to rounding.

Table III: Whether respondents currently commission any services that are designed for children affected by domestic abuse?

	Freq	%
Yes, any child can receive the service	114	69%
Yes, any child whose parent or carer is also being supported can receive the service	33	20%
No, but children are indirectly supported while help is given to their parent or carer	11	7%
No	6	4%
Don't know	1	1%
Missing	1	1%
Total	166	

Percentages may not add up to 100% due to rounding.

Table IV: Whether the respondents planned to commission a service for children affected by domestic abuse during the next financial year (ending March 2025)?

	Freq	%
Already commission	147	89%
No, but children will be indirectly supported while help is given to their parent or carer	9	5%
No	4	2%
Don't know	3	2%
Yes, any child will be able to receive the service.	2	1%
Missing	1	1%
Total	166	

Table V: Number of commissioned services reported via the survey according to type of commissioning organisation.

	Freq	%
Joint response from a Community Safety Partnership	250	37%
Tier 1 local authority	258	38%
Tier 2 local authority	51	7%
Police and Crime Commissioner	124	18%
Total	683	100%

Table VI: Target populations for commissioned services. (Recoded).

	Freq	%
Child or young person affected by the domestic abuse within their parent/carer relationship	270	41%
Child or young person and also their non-abusing parent or carer	131	20%
Multiple target populations	65	10%
Young person subjected to domestic abuse in their own intimate relationship	46	7%
CYP affected by parental and own relationship	38	6%
Child or young person displaying abusive behaviour towards their parent or carer (CAPVA)	30	5%
Child(ren) and their whole family including the perpetrator, and the non-abusing parent or carer	27	4%
CYP at risk of abuse	15	2%
Young person displaying abusive behaviour in their own intimate relationship	15	2%
Behaviour change - family and partners	9	1%
Universal	8	1%
CYP DA SV	4	1%
Training or Other	4	1%
CYP following sexual assault	2	0%
Total	664	

Table VII: Whether the respondents planned to commission a service for children affected by domestic abuse during the next financial year (ending March 2025)?

	Freq	%
Crisis and Support	217	33%
Recovery	208	31%
No single category	107	16%
Prevention	88	13%
R&P Recovery and prevention	29	4%
Other	14	2%
Missing	1	0%
Total	664	

Table VIII: Is the service an accommodation-based service (e.g., provided by a refuge or safe accommodation) or a community-based service?

	Freq	%
Community based service	452	68%
Accommodation based service	183	28%
Other or not sure	29	4%
Total	664	

Table IX: Has this service or intervention been evaluated?

	Freq	%
No	341	51%
Yes, but the findings were for internal use only	158	24%
Don't know	123	19%
Yes, and the published findings are available to share	39	6%
Missing	3	0%
Total	664	

Table X: Types of services commissioned (i.e., services for individual children, groups, children with their families, and other services).

Services for individual children	Freq	%	Valid %
Independent Advocacy/Children's IDVA/Young People's or Person's Violence Advisor (YPVA)	79	12%	12%
Individual emotional support for child or young person	64	9%	10%
Children and Young People's worker	47	7%	7%
Children and Young People's counselling	32	5%	5%
Behaviour change intervention for individual child or young person	15	2%	2%

(Table X continued)

Services for individual children	Freq	%	Valid %
Play therapy	11	2%	2%
Mentoring	3	0%	0%
Art therapy	1	0%	0%
Information and advice services designed for children and young people (face to face)	1	0%	0%
Services to groups of children			
Healthy relationships group interventions delivered by specialist domestic abuse organisations within educational settings	27	4%	4%
Other group work with young people to prevent domestic abuse and promote healthy relationships	24	4%	4%
Group recovery intervention or programme	20	3%	3%
Play therapy delivered to groups	13	2%	2%
Behaviour change intervention for Children and Young People	12	2%	2%
Outings/activities/play sessions	5	1%	1%
Support group	5	1%	1%

(Table X continued)

Services for babies, children young people and their families	Freq	%	Valid %
Services for babies, children young people and their families			
Whole family intervention	24	4%	4%
Family support worker	19	3%	3%
Group work to build the child's relationship with the non-abusing parent	16	2%	2%
(Online digital) information and advice services designed for children and young people	2	0%	0%
Other service models			
Multiple interventions	152	22%	23%
Accommodation based multiple interventions	66	10%	10%
Other	10	1%	2%
Training and tools for professionals working with children affected by domestic abuse	9	1%	1%
One to one and group support	2	0%	0%
Behaviour change intervention (Individuals and Groups)	4	1%	1%

(Table X continued)

Services for babies, children young people and their families	Freq	%	Valid %
Missing			
BCYP service not commissioned	17	3%	
Missing	1	0%	
Total	681	100%	100%

Percentages may not add up to 100% due to rounding.

Table XI: How funding for this service or intervention is provided.

	Freq	%
The funding we provide is from one source (e.g. grant or core funding) for a set period of time	479	72%
The funding we provide is made up from a combination of grants and core funding and/or with funding for different durations of time	166	25%
Neither or don't know	11	2%
Missing	8	1%
Total	664	

Table XII: Average funding per year reported by commissioners, according whether service is accommodation or community-based.

Service setting	Mean	N	Std. Dev	Min	Max	Range	Median
Accommodation based service	£106,552	152	£390,997	£2,691	£4,492,300	£4,489,609	£41,088
Community based service	£96,632	347	£404,905	£828	£6,500,000	£6,499,172	£27,889
Other or not sure	£110,429	20	£223,112	£5,925	£960,538	£954,613	£30,000
Total	£100,069	519	£394,873	£828	£6,500,000	£6,499,172	£31,842

Table XIII: Average funding per year reported by commissioners, according to the stage of intervention.

Stage of intervention	Mean	N	Std. Dev	Min	Max	Range	Median
No single category	£215,728	76	£799,725	£1,800	£6,500,000	£6,498,200	£48,375
Crisis and Support	£75,884	178	£170,182	£2,691	£1,700,000	£1,697,309	£38,452
Recovery	£99,290	157	£400,054	£828	£4,492,300	£4,491,472	£28,574
Prevention	£65,387	72	£132,096	£1,250	£960,538	£959,288	£26,449
Other	£59,461	11	£67,576	£5,925	£171,204	£165,279	£22,000
Recovery and prevention	£43,308	25	£70,231	£4,600	£312,500	£307,900	£12,750
Total	£100,069	519	£394,873	£828	£6,500,000	£6,499,172	£31,842

Table XIV: Average funding per year reported by commissioners, according to the target population.

Target population	Mean	N	Std. Dev	Min	Max	Range	Median
Child or young person affected by parental and own relationship	£105,279	28	£194,154	£2,940	£1,000,000	£997,060	£50,185
Child or young person and also their non-abusing parent or carer	£80,553	109	£171,495	£1,800	£1,666,667	£1,664,867	£49,699
Multiple target populations	£169,285	39	£330,520	£4,000	£1,700,000	£1,696,000	£46,670
Child or young person displaying abusive behaviour towards their parent or carer (CAPVA)	£67,778	23	£90,484	£3,000	£312,500	£309,500	£35,000
Child(ren) and their whole family including the perpetrator, and the non-abusing parent or carer	£46,928	21	£50,374	£4,600	£198,574	£193,974	£34,500
Child or young person affected by the domestic abuse within their parent/carer relationship,	£121,096	216	£570,921	£828	£6,500,000	£6,499,172	£28,042
At risk of abuse	£45,166	13	£48,594	£3,000	£156,477	£153,477	£27,675
Young person displaying abusive behaviour in their own intimate relationship,	£43,556	10	£58,998	£10,000	£207,868	£197,868	£25,000
Young person subjected to domestic abuse in their own intimate relationship,	£75,218	37	£197,090	£3,401	£1,033,123	£1,029,722	£20,000
Total	£100,069	496	£394,873	£828	£6,500,000	£6,499,172	£31,842

Table XV: Is this a grant or a contract/commissioned service?

	Freq	%
Contract / commissioned service	256	51%
Grant	210	42%
In-house service	26	5%
Service has a combination of funding sources	4	1%
Missing	3	1%
Total	499	

Table XVI: Length of funding period in years for services reported by commissioners.

Years	N	%	Statistics
Less than one year	6	1%	Mean 2.93
1	154	29%	Median 3
2	101	19%	Mode 1
3	123	23%	Std. deviation 2.328
4	48	9%	Range 25
5	51	10%	Minimum 0
6	12	2%	Maximum 25
7	6	1%	Percentiles
8	6	1%	25 1
9	7	1%	50 3
10	4	1%	75 4
11	2	0%	
12	2	0%	
13	1	0%	
15	1	0%	
25	1	0%	
Total	525	100%	

Table XVII: Commissioner’s response to whether the funding for the service is at risk of being cut or reduced when the current funding comes to an end?

	Freq	%
Yes, all the funding will be at risk	273	41%
Don't know	134	20%
Yes, some of the funding will be at risk	133	20%
No, the funding is likely to remain the same	90	14%
No, the funding is likely to increase	31	5%
Total	661	

Table XVIII: Commissioners’ responses to whether they can provide an approximate figure for the number of children or young people who will be helped by this service during the current financial year, ending March 2024?

	Freq	%
Yes	463	70%
No	197	30%
Total	660	

Table XIX: Statistics for number of children who will be helped by the service during the current financial year ending March 2024.

Descriptive statistics		
N	Valid	368
	Missing	157
Mean		193.00
Median		55.00
Std. Deviation		721.094
Minimum		0
Maximum		9,999*
Percentiles	10	16.00
	20	26.00
	25	30.00
	30	35.00
	40	42.00
	50	55.00
	60	75.00
	70	100.00
	75	123.25
80	150.00	
90	289.90	

*This was the maximum number the survey allowed. Respondent indicated a higher number of children were helped.

Table XX: Number of children who will be helped by the service during the current financial year ending March 2024 (banded).

Number of children seen	Freq	%
0 to 50	174	47%
51 to 100	87	24%
101 to 150	36	10%
151 to 200	20	5%
201 to 300	22	6%
301 to 500	9	2%
501 to 10K+	20	5%
Total	368	100%

Percentages may not add up to 100% due to rounding.

Access to services within commissioned services

Table XXI: Commissioners' responses to how long do children and young people usually have to wait to receive the service (all respondents).

	Freq	%
Don't know	201	32%
Children are seen within 3 days (72 hours)	144	23%
Between three and seven days	70	11%
More than a week but less than a fortnight	35	5%
Over a fortnight but less than a month	60	9%
Between one and three months	92	14%
Between four and six months	26	4%
More than six months but less than a year	9	1%
Over a year	1	0%
Total	638	

Table XXII: Commissioners' responses to how long do children and young people usually have to wait to receive the service (Respondents who were able to report on waiting times).

	Freq	%
Children are seen within 3 days (72 hours)	144	33%
Between three and seven days	70	16%
More than a week but less than a fortnight	35	8%
Over a fortnight but less than a month	60	14%
Between one and three months	92	21%
Between four and six months	26	6%
More than six months but less than a year	9	2%
Over a year	1	0%
Total	437	100%

Appendix 5

Charts and tables from survey of providers

About the service providing organisations

Table XXIII: Provider organisations survey sample.

	No.	%
Submission via survey	221	82%
Partial submissions forced to completion	42	16%
Created via information sent by email	3	1%
Total	266	100%

Percentages may not add up to 100% due to rounding.

Table XXIV: How many different specialist services does your organisation deliver to children affected by domestic abuse?

Number of services reported by organisations	No.	%
One	106	39%
Two	65	24%
Three	43	16%
Four	23	9%
Five or more	29	11%
Total	266	100%

Table XXV: Thinking about the past five years, did your organisation have to cease any specialist domestic abuse services that you used to offer to children and young people?

Type of organisation	No.	%
Domestic abuse voluntary organisation	159	59%
Children's voluntary organisation	37	14%
Local authority in-house service	20	7%
Health service organisation	1	0%
By and for voluntary organisation	30	11%
Other	63	25%
Total	266	100%

Respondents could tick more than one description.

Table XXVI: Which of the following descriptions apply to your organisation? (Recoded).

Type of organisation	No.	%
Bereavement support organisation	1	0%
By and for voluntary organisation	13	5%
Charity	7	3%
Children's voluntary organisation	20	8%
Counselling organisation	3	1%
Domestic Abuse organisation	4	2%
Domestic abuse voluntary organisation	120	45%
Harmful practices organisation	2	1%
Health service organisation	1	0%
Housing organisation	4	2%
Limited company	1	0%
Local authority in-house service	20	8%
Multiple	35	13%
Organisation supporting victims of crime	2	1%
Other	22	8%
Refuge	4	2%
Sexual violence organisation	2	1%
VAWG and Domestic Abuse organisation	5	2%
Total	266	100%

Table XXVII: Thinking about the past five years, did your organisation have to cease any specialist domestic abuse services that you used to offer to children and young people?

Responses to question on ceasing services	No.	%	Valid %
Yes, we had to cease the service(s) for funding reasons.	68	25%	29%
Yes, we ceased the service(s) for reasons other than funding.	5	2%	2%
No, but we had to absorb some or all of the costs of the service(s) within our organisation to continue the service(s).	64	24%	27%
No, we have not ceased any specialist services for children.	100	37%	43%
Don't know or not applicable	20	7%	
Missing	12	4%	
Total	269	100%	101%

Percentages may not add up to 100% due to rounding.

Table XXVIII: Types of services that were closed in the past five years.

Types of services closed	No.	%
Accommodation-based services, including refuge and other accommodation. This service may include some forms of recovery work within an accommodation-based setting.	11	8%
Community-based services, including floating support, outreach, advocacy/caseworker roles.	33	23%
Recovery work, including counselling, therapeutic work, group work and support groups.	42	29%
Open access services, including helplines, drop ins and online web chats that are specifically for children and young people only.	6	4%
Behaviour-change interventions, for children and young people displaying harmful behaviour within their peer relationships or family relationships, e.g., CAPVA (Child and Adolescent to Parent Violence and Abuse).	18	13%
Prevention and awareness work, such as educational work with schools.	25	17%
Other (please specify):	8	6%
Total	143	100%

Table XXIX: Does your organisation have a youth panel or a young persons lived experience group who influence the operation of your service(s)?

	No.	%
Yes	59	22%
No, but we are planning to develop one	81	30%
No, but we collaborate with another organisation that has a young person's group/panel	18	7%
No	93	35%
Missing	15	6%
Total	266	100%

About the services provided

Table XXX: Is the service was delivered nationally, regionally, locally or multiple areas? (Based on recoded data about locations).

Area(s) that service is delivered within	No.	%
Multiple	191	39%
Single	296	61%
Total	487	100%

Table XXXI: Is this service provided by just your organisation or is it provided by a partnership or consortium of organisations?

Organisational arrangement for the service	No.	%
It is provided in partnership another organisation, or as part of a consortium with other organisations	70	15%
It is provided solely by our organisation	389	85%
Total	459	100%

Table XXXII: Professions providing the support within the service.

Professions	No.	%
Practitioners who work with adults and children	186	37%
Children and Young People's IDVAs	122	24%
Children's Workers within a refuge	88	17%
Children's Therapists	83	16%
Children and Young People's Participation or Engagement Workers	77	15%
Specialist Youth workers	74	15%
Children's Counsellors	72	14%
Other (please specify other types of workers):	58	11%
Volunteers and People with Lived Experience of Domestic Abuse	50	10%
Specialist practitioners for children at risk or have experienced harmful practices including FGM	20	4%
Total	508	

Respondents could tick more than one option.

Types of specialist services provided to children

Table XXXIII: How would you categorise this service for children and young people?

	Freq	%
Accommodation based services	101	20%
Community based services	219	43%
Recovery work	231	46%
Open access	22	4%
Behaviour change	93	18%
Prevention and awareness	151	30%
Other	28	6%
Total	506	100%

Respondents could tick more than one option.

Table XXXIV: Main focus of the service: Prevention and early intervention.

Prevention and Early Intervention Services	No	%
Whole family intervention services for babies / expecting parents	39	8%
Training and tools for professionals working with children and young people affected by domestic abuse	94	19%
Mentoring to prevent domestic abuse and promote healthy relationships	124	24%
Behaviour change interventions for individual child or young person	131	26%
Healthy relationships group interventions delivered by specialist domestic abuse organisations within educational settings	144	28%
Group work with young people to prevent domestic abuse and promote healthy relationships (delivered outside educational settings)	163	32%
Total	508	

Respondents could tick more than one option.

Table XXXV: Main focus of the service: Information and advice.

Information and advice	No.	%
Helplines for children and young people	11	2%
Information and advice services designed for children and young people (online/digital)	71	14%
Information and advice services designed for children and young people (face to face)	286	56%
Total	508	

Respondents could tick more than one option.

Table XXXVI: Main focus of the service: Crisis support following domestic abuse.

Crisis support following domestic abuse	No.	%
Children and Young Peoples First Response Crisis Support Service	18	4%
Children and Young People's resettlement work	26	5%
Children and Young People's drop-in support	31	6%
Family support worker	57	11%
Children and Young People's Outreach workers	77	15%
Children's IDVA, Children and Young People's IDVA, Young People's or Person's Violence Advisor (YPVA)	97	19%
Children and Young People's Advocacy - 1-1 and/or group	128	25%
Children and Young People's domestic abuse support worker/CYP floating support workers	157	31%
Total	508	

Respondents could tick more than one option.

Table XXXVII: Main focus of the service: Recovery after domestic abuse.

Recovery after domestic abuse	No.	%
Recovery services for babies, e.g., massage, hydrotherapy	8	2%
Play therapy, art therapy, music therapy, or drama therapy delivered to groups of children and young people	58	11%
Participation, consultation, campaigning and lived experience work to enable CYP to use their voice	61	12%
Children and Young People's peer support groups	82	16%
Holiday activity programmes to improve bonding between child and non-abusive parent	87	17%
Children and Young People's Solution focused practice	95	19%
Play therapy, art therapy, music therapy, or drama therapy delivered to individual children and young people	97	19%
Group work to build the child's relationship with the non-abusing parent	101	20%
Children and Young People's one to one therapy/counselling	144	28%
Children and Young People's group recovery work including interventions or programmes	201	40%
Total	508	

Respondents could tick more than one option.

Which children are the services supporting?

Table XXXVIII: Number and percentage of services accepting referrals of children at different ages.

Age of children and young people	No. of organisations where this was the minimum age for referral		No. of organisations where this was the maximum age for referral	
	No.	%	No.	%
Pre-birth and under 1s	111	25%	9	2%
1 year	1	0%	1	0%
2 years	4	1%	0	0%
3 years	17	4%	0	0%
4 years	42	9%	1	0%
5 years	118	26%	2	0%
6 years	17	4%	0	0%
7 years	12	3%	0	0%
8 years	18	4%	0	0%
9 years	12	3%	0	0%
10 years	14	3%	3	1%
11 years	33	7%	13	3%

(Table XXXVIII continued)

Age of children and young people	No. of organisations where this was the minimum age for referral		No. of organisations where this was the maximum age for referral	
	No.	%	No.	%
12 years	7	2%	3	1%
13 years	23	5%	4	1%
14 years	4	1%	9	2%
15 years	1	0%	6	1%
16 years	13	3%	60	13%
17 years	0	0%	58	13%
18 years	2	0%	145	32%
19 years	0	0%	25	6%
20 years	0	0%	4	1%
21 years	0	0%	13	3%
22 years	0	0%	0	0%
23 years	0	0%	0	0%
24 years	0	0%	19	4%
25 years	0	0%	74	16%

Table XXXIX: Number and percentage of services accepting referrals of children within different age ranges.

Minimum and maximum referral age ranges of children	Minimum age	Minimum age %	Maximum age	Maximum age %
Prebirth and under 1s	111	25%	9	2%
1 to 4 years	64	14%	2	0%
5 to 7 years KS1	147	33%	2	0%
8 to 11 years KS2	77	17%	16	4%
12 to 14 years KS3	34	8%	16	4%
15 to 16 years KS4	14	3%	66	15%
17 to 18 years	2	0%	203	45%
Over 18	0	0%	135	30%

Table XL: Number and percentage of services reporting different target populations of children for their service.

Target populations	No.	%
Children and young people who have experienced domestic abuse in their own home or family	394	78%
Young people who are victims/survivors in own intimate relationships	230	45%
Children and young people who involved in CAPVA	116	23%
Young people who are exhibiting abusive behaviour in own relationships	109	22%
None of the above	38	8%
Total	506	

Services could select more than one target population if appropriate.

Access to services reported by service providers

Table XLI: Average number of children helped during the previous financial year April 2023 to March 2024 by service type.

Service type	Mean
Accommodation-based services, including refuge and other accommodation	98
Recovery work, including counselling, therapeutic work, group work and support groups	114
Community-based services, including floating support, outreach, advocacy/caseworker roles	147
Behaviour-change interventions, for children and young people displaying harmful behaviour	161
Multiple interventions	338
Prevention and awareness work, such as educational work with schools	1,517

Table XLII: Length of time children have to wait to attend the service

Length of wait	No.	%	%
Children are seen within 24 hours	38	9%	9%
Between one and two days	57	13%	14%
Between three and seven days	44	10%	11%
More than a week but less than a fortnight	35	8%	9%
Over a fortnight but less than a month	47	11%	12%
Between one and three months	125	29%	31%
Between four and six months	33	8%	8%
More than six months but less than a year	21	5%	5%
At least one year or longer	5	1%	1%
Don't know	27	6%	-
Total	432	100%	100%

Table XLIII: Average waiting times reported by service providers according to service type.

	Accommodation-based services, including refuge and other accommodation		Behaviour-change interventions, for children and young people displaying harmful behaviour		Community-based services, including floating support, outreach, advocacy/caseworker roles		Multiple		Prevention and awareness work, such as educational work with schools		Recovery work, including counselling, therapeutic work, group work and support groups		Total
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Children are seen within 24 hours	6	22%	0	0%	7	13%	20	9%	0	0%	1	1%	34
Between one and two days	14	52%	0	0%	10	18%	24	11%	2	9%	6	7%	56
Between three and seven days	2	7%	0	0%	7	13%	30	14%	0	0%	5	6%	44
More than a week but less than a fortnight	1	4%	2	13%	6	11%	18	8%	2	9%	6	7%	35
Over a fortnight but less than a month	1	4%	2	13%	7	13%	24	11%	2	9%	10	11%	46
Between one and three months	0	0%	6	40%	11	20%	64	30%	5	23%	37	42%	123
Between four and six months	0	0%	4	27%	1	2%	17	8%	2	9%	9	10%	33
More than six months but less than a year	0	0%	0	0%	1	2%	11	5%	0	0%	9	10%	21
At least one year or longer	0	0%	0	0%	0	0%	2	1%	0	0%	3	3%	5
Don't know	3	11%	1	7%	5	9%	6	3%	9	41%	2	2%	26
Total	27	100%	15	100%	55	100%	216	100%	22	100%	88	100%	423

Table XLIV: Does this service ever have to place children on a reserve or additional waiting list because you receive more referrals than you have the capacity or funding to support?

Response	Freq	%
No	214	49%
Yes	219	51%
Total	433	100%

Table XLVI: Does this service ever have to turn away referrals because you receive more referrals than you have the capacity or funding to support?

Response	No.	%
No	315	73%
Yes	119	27%
Total	434	100%

Table XLV: Services providers that ever had to place children on a reserve or additional waiting list because they receive more referrals than you have the capacity or funding to support, according to service type.

Service type	Accommodation-based services, including refuge and other accommodation		Behaviour-change interventions, for children and young people displaying harmful behaviour		Prevention and awareness work, such as educational work with schools		Recovery work, including counselling, therapeutic work, group work and support groups	
	No.	%	No.	%	No.	%	No.	%
No	27	96%	5	33%	18	78%	29	33%
Yes	1	4%	10	67%	5	22%	58	67%
Total	28	100%	15	100%	23	100%	87	100%

Table XLVII: Service providers that said they had to turn away referrals because they receive more referrals than you have the capacity or funding to support, according to service type.

	Accommodation-based services, including refuge and other accommodation		Behaviour-change interventions, for children and young people displaying harmful behaviour		Community-based services, including floating support, outreach, advocacy/caseworker roles		Multiple interventions		Prevention and awareness work, such as educational work with schools		Recovery work, including counselling, therapeutic work, group work and support groups		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Yes	13	46%	4	27%	9	16%	59	27%	7	30%	26	30%	118	27%
No	15	54%	11	73%	46	84%	158	73%	16	70%	62	71%	314	73%
Total	28	100%	15	100%	55	100%	217	100%	23	100%	88	100%	432	100%

Percentages may not add up to 100% due to rounding.

Questions that children and young people wanted the DAC to ask

Table XLVIII: Does this service provide support for children and their parents or carers together?

	No.	%
No, the service always works with children and adults separately	47	11%
No, the service only works with children	105	24%
Yes, sometimes, we will work differently with each referral according to what is needed	84	19%
Yes, the service is designed to work with children and their non-abusive parents or carers	111	26%
Yes, the service uses a whole family approach, sometimes working with the parent or carer who has perpetrated abuse	28	6%
Other description	60	14%
Total	435	100%

Table XLIX: Can children and young people access the service without the support of their parent or carer?

	No.	%
No, they need a parent or carer to know they are attending our services	114	27%
Yes, if we are confident that the young person is 'Gillick competent'	108	25%
Replied "Other"	64	15%
Yes, if 16 or older	56	13%
Yes	52	12%
Yes, if supported by a professional	35	8%
Total	429	100%

Table L: Does your service support children and young people to advocate for themselves with statutory services (i.e., Children’s Social Care, the police).

	No.	%
Yes, we will attend meetings with the children and young people we are supporting and advocate for them or support them to advocate for themselves	204	47%
No, this service does not focus on this type of support	116	27%
Yes, we can refer children and young people to specialist advocacy support in the area	35	8%
Other responses	32	7%
Yes, we discuss this in sessions with the child or young person and help them prepare for advocacy, but do not attend meetings with them	31	7%
No, the children we support are too young for this	14	3%
Total	432	100%

Percentages may not add up to 100% due to rounding.

Table LI: What was the total amount of funding for this service during the previous financial year April 2023 to March 2024?

Descriptive statistics – Averages and range		
N	Valid	341
	Missing	170
Mean		£115,479
Median		£60,000
Mode		0
Std. deviation		179,906.09
Range		£1,800,000
Minimum		£0
Maximum		£1,800,000

Table LII: What was the total amount of funding for this service during the previous financial year April 2023 to March 2024?

Descriptive statistics – percentiles		
Percentiles	25	£29,500
	50	£60,000
	75	£120,000

Table LIII: Funding of prevention and early intervention services during financial year April 2023 to March 2024?

Service type	Mean	N	Median	Min	Max	Range
Behaviour change interventions for individual child or young person	£73,590	12	£56,000	£0	£185,000	£185,000
Healthy relationships group interventions delivered by specialist domestic abuse organisations within educational settings	£44,464	11	£29,000	£0	£124,203	£124,203
Mentoring to prevent domestic abuse and promote healthy relationships	£75,223	13	£48,060	£0	£284,084	£284,084
Multiple	£119,745	153	£63,016	£0	£945,839	£945,839

Table LIV: Funding of information and advice services during financial year April 2023 to March 2024?

Service type	Mean	N	Median	Min	Max	Range
Information and advice services designed for children and young people (face to face)	£122,708	167	£61,660	£0	£1,800,000	£1,800,000
Multiple	£133,773	49	£90,000	£0	£829,480	£829,480

Table LV: Funding of crisis services during financial year April 2023 to March 2024?

Service type	Mean	N	Median	Min	Max	Range
Children and Young People's Advocacy - 1-1 and/or group	£78,305	12	£56,000	£0	£221,688	£221,688
Children and Young People's domestic abuse support worker/ CYP floating support workers	£79,201	33	£60,000	£0	£551,715	£551,715
Children's IDVA, Children and Young People's IDVA, Young People's or Person's Violence Advisor (YPVA)	£208,740	25	£70,000	£0	£1,800,000	£1,800,000
Family support worker	£240,304	11	£83,000	£0	£1,235,000	£1,235,000
Multiple	£128,256	109	£71,000	£0	£829,480	£829,480

Table LVI Funding of recovery services during financial year April 2023 to March 2024?

Funding of recovery services	Mean	N	Median	Min	Max	Range
Children and Young People's group recovery work including interventions or programmes	£81,609	36	£34,766	£0	£560,000	£560,000
Children and Young People's one to one therapy/counselling	£73,585	29	£48,000	£0	£400,000	£400,000
Children and Young People's Solution focused practice	£73,838	13	£63,016	£32,000	£178,000	£146,000
Multiple	£116,318	176	£65,000	£0	£829,480	£829,480

Table LVII: How do you currently fund this service?

Sources of funding	No.	%
Funding from Local Authorities	200	40%
Funding from Police and Crime Commissioners (PCCs) including government grants administered by PCCs e.g., Ministry of Justice funding	138	27%
Funding from multi-agency partnerships, e.g., Local Safeguarding Children's Partnerships, Community Safety Partnerships	25	5%
Funding from Clinical Commissioning Groups (CCGs) and NHS Trusts	11	2%
Funding through Criminal Justice Boards, Probation and Prison services	1	0%
Central government grants (direct funding that is not administered by PCCs or local government).	26	5%
Grants from Charitable Trusts (including regional, specialist and nationwide charities or trusts e.g., National Lottery, Comic Relief, Family Foundations)	144	28%
Funding administered by national Domestic Violence and Abuse charities	14	3%
Fundraising and income generating activities (including donations, events, crowdfunding, sponsorship, private/corporate funding)	89	18%
Internal reserves	43	8%
Other (please specify)	61	12%
Total	506	

Respondents could tick as many options as applied.

Table LVIII: From where does the MAJORITY of the funding come from?

Sources of funding	No.	%
Central government grants (direct funding that is not administered by PCCs or local government)	9	2%
Funding from Local Authorities	136	33%
Funding from Police and Crime Commissioners (PCCs) including government grants administered by PCCs e.g., Ministry of Justice funding	77	18%
Fundraising and income generating activities (including donations, events, crowdfunding, sponsorship, private/corporate funding)	13	3%
Grants from Charitable Trusts (including regional, specialist and nationwide charities or trusts e.g., National Lottery, Comic Relief, Family Foundations)	82	20%
There is no main source where the majority of funding comes from	40	10%
Other responses	61	15%
Total	418	

Table LIX: Funding according to the sources of funding

Sources of funding	Mean	N	Std. Deviation	Median	Minimum	Maximum	Range
Funding from Local Authorities	£101,132	74	117,131.28	£51,175	£0	£662,876	£662,876
Funding from Police and Crime Commissioners (PCCs) including government grants administered by PCCs e.g., Ministry of Justice funding	£156,037	22	373,488	£60,199	£5,000	£1,800,000	£1,795,000
Funding from Police and Crime Commissioners (PCCs) including government grants administered by PCCs e.g., Ministry of Justice funding	£132,853	16	185,303	£55,422	£1,000	£639,368	£638,368
Grants from Charitable Trusts (including regional, specialist and nationwide charities or trusts e.g., National Lottery, Comic Relief, Family Foundations)	£57,833	36	79,009	£35,000	£0	£436,417	£436,417
Multiple	£143,598	157	188,259	£82,425	£0	£1,235,000	£1,235,000

Appendix 6

Research ethics

Principle components	Considerations and mitigations
<p>a. Identifying a user need</p> <ul style="list-style-type: none"> Does the research aim to meet a clearly defined, legitimate and unmet user need? Have you engaged with relevant stakeholders in order to fully establish the user need? Is other research already taking place with the same groups, which could be amalgamated to prevent over-researching small populations? 	<p>The DAC's role is to provide leadership on tackling domestic abuse and to oversee and monitor the provision of services to victims of domestic abuse in England and Wales. This research explores the provision of specialist domestic abuse support specifically for children affected by domestic abuse.</p> <p>Engagement with children and young people has included the development of Tell Nicole – the DAC's framework for involving children and young people within her work. Working in partnership with participation workers from eight organisation enabled over 100 children to share their views with the DAC on the support that children need. The DAC Office has also met with the Safelives Changemakers group who advised on the content of the service provider survey.</p> <p>The DAC holds a monthly meeting to consult with the domestic abuse sector to update them on the work of her office. Relevant services that have had recently been subject to assessment or mapping exercises were excluded from the project, e.g. support following child sexual abuse.</p>
<p>b. Public benefit</p> <ul style="list-style-type: none"> How will the findings from this research benefit the public? Are there any risks that public benefits will not be realised? Could the research disproportionately benefit or disadvantage a particular group? Is it necessary to conduct this research in order to realise the public benefits? Does the public benefit outweigh any identified risks? 	<p>Evidence of current commissioning practice and service provision for children affected by domestic abuse that can inform decision making by local commissioners and central government departments including the Home Office and the Department for Education.</p> <p>Findings need to be published ahead of the next spending review to inform decision making.</p> <p>No disproportionate benefit of disadvantage to any particular group.</p> <p>Public benefit is that commissioning and spending on support services for children are currently unknown. Previous research suggests that the 'patchwork of provision' that currently exists for adult survivors is replicated and possibly worse for children because they have only been recognised as victims of domestic abuse in their own right since the Domestic Abuse Act 2021.</p> <p>Information on current provision is also needed to fulfil the DAC's statutory duties.</p>

c. Transparency and dissemination

- Have you got a clear dissemination strategy in place? i.e. where, when and how you will disseminate findings?
- What is our role/responsibility to different stakeholders and research participants around dissemination?
- Are there any accessibility or equality issues about how findings are made available or presented?
- How will you ensure that research findings are brought to the attention of relevant stakeholders?
- Will the research process be fully transparent?

Dissemination

Data from this research will be published within a technical report and will contribute to a policy report that will be laid before Parliament. Policy and practice recommendations will be made to central government departments and local commissioners of services. The Government will have 56 days to respond to the DAC's recommendations within the policy report.

Parliamentary launch of the report in April 2025.

Child friendly versions of reports and a video will be circulated to organisations involved in children's engagement via Tell Nicole and published on the DAC website. The DAC will invite some Tell Nicole participants to the Parliamentary launch and will visit other areas where the children live.

Links to the reports will be shared the DAC website and promoted via social media. These will be emailed to commissioning organisations, service providers, government departments and academics.

A series of webinars will be organised for local commissioners, service providers, government departments and academics.

Blogs and articles will be produced on specific issues.

Presentations at academic conferences, abstracts submitted to ECDV.

Transparency

Research questions and process is set out within report and appendices.

BSL video for Deaf survivors and provider organisations

Easy Read version of report

Principle components	Considerations and mitigations
<p>a. Proposed methodology</p> <ul style="list-style-type: none"> • Is the research design appropriate to the groups being interviewed? • Is this level of respondent burden appropriate for the groups of people involved in the research? • How will the research consider the diverse perspectives of people according to their gender, disability, ethnicity, religion, sexual orientation, socio-economic status and age? • Is the proposed methodology the best and most cost-effective way of answering the research questions? • Have you considered all the possible potential biases in the data, methods and analysis techniques that will be used in the project? • Are you using new, emerging, or controversial methodologies or techniques? If so, what steps have been taken to ensure the integrity of the methods and results? 	<p>Online surveys of commissioners and service providers of specialist domestic abuse services for children across England and Wales.</p> <p>Online surveys will provide a cost-effective opportunity to obtain a good representation of commissioners and service providers.</p> <p>Respondent burden is reasonable for commissioners of services who have a public duty to respond to information requests from the DAC.</p> <p>The survey was open for two months to enable small domestic abuse sector organisation to manage an additional request alongside their critical work.</p> <p>No emerging or controversial methodologies are used.</p> <p>Service providers were asked about accessibility and service provision for children with additional and intersecting needs.</p> <p>Possible bias includes commissioners and services wanting to present their practice and service delivery in a positive light or not responding to the survey or specific questions, e.g. if they do not provide services for children. To mitigate this risk, respondents were assured that no individual organisation or area would be identified, and data will be presented on an English region or Wales only basis.</p>
<p>b. External ethical scrutiny</p> <ul style="list-style-type: none"> • Has your project been subject to independent ethical review? • Does the project fall within the remit of the UK Policy Framework for Health and Social Care Research? (See section 3.13–3.15 in the main guidance for further information and links to decision making tools) • Will contracted partners be required to go through internal ethics committees? 	<p>Project scrutiny is provided by an external advisory group to the DAC that includes domestic abuse sector and academic members.</p> <p>The NHS Health Research decision tool indicated that they study would NOT be considered Research by the NHS.</p> <p>Contracted partners were used for proof reading and design only and therefore do not need to go through ethics committee processes.</p>

Principle components	Considerations and mitigations
<p>a. Data protection</p> <ul style="list-style-type: none"> • What procedures are in place to ensure adherence to the GDPR, Data Protection Act (2018) and other government data security requirements? • What is your legal basis for processing of personal data? • How will you inform and assure participants that you will treat their data in accordance with the relevant data protection legislation (e.g. privacy notice)? • Do you need to complete a Data Protection Impact Assessment? 	<p>Public task is the lawful basis for the processing of data within this project.</p> <p>The data protection processes and mitigations described below negates the need for a Data Protection Impact Assessment</p> <p>Questions within the surveys do not involve personal data.</p> <p>Open text boxes were coded into categories for analysis and anonymised where necessary.</p> <p>Appropriate IT security is in place. Computer and cloud access controls are in place and password protected.</p> <p>Commercially sensitive data is not reported on an individual basis.</p>
<p>b. Research findings</p> <ul style="list-style-type: none"> • How can you ensure that the data collected during the research is not going to be used for any other than its originally defined purpose? • What checks are in place to ensure that no one can be identified in reporting? (for both quantitative and qualitative work). 	<p>DAC Office maintains and regularly reviews a data protection log that records sources of data, legitimate use and for how long data can be stored.</p> <p>Survey data or mailing lists will not be shared with external organisations.</p>

Principle components	Considerations and mitigations
<p>a. Consent to take part in primary research</p> <ul style="list-style-type: none"> • What processes are in place to ensure that participants are informed and understand the project, the purpose, the client, topics and that their participation is voluntary? Will you ensure that participants have given fully informed consent before taking part in the research? • If you intend to follow up participants with further research, has this been made clear and consent given? 	<p>Participants in both surveys were provided with detailed information about the purpose and questions included within the survey via email and guidance documents. Webinars were arranged with commissioning organisations to enable them to see the survey tool and ask questions.</p> <p>Consent was requested to send a link to the report to participants.</p>
<p>b. Consent via gatekeepers or proxy</p>	<p>Not applicable, participating organisations were contacted directly.</p>
<p>c. Children and young people (aged 16 and under)</p>	<p>Not applicable to the surveys.</p>
<p>d. Vulnerable adults</p>	<p>Not applicable.</p>
<p>e. Access protocols</p>	<p>Not applicable.</p>
<p>f. Secondary Research</p> <ul style="list-style-type: none"> • Does the consent cover all potential future uses of the data? • If your legal basis for processing data is not consent, have you still considered whether individuals have been (or should be) given the choice of their data being included in this research? 	<p>Not applicable</p>
<p>g. Incentives?</p>	<p>Not applicable.</p>

Principle components	Considerations and mitigations
a. Identifying and reducing the barriers to participation	Not applicable.
b. Ensuring that hard to reach groups are included	Not applicable.

Principle components	Considerations and mitigations
a. Research participants <ul style="list-style-type: none"> Do any of the research questions cover stressful or culturally sensitive subjects? If so, how will stress and sensitivities be minimised? How can interview length be kept to the minimum? Do you need to ensure that there is post-interview support? How will you offer support to those that are approached but decide not to participate in the research? 	Although the subject area is potentially stressful as it concerns children affected by domestic abuse, the survey is about the commissioning and provision of services rather than any potentially sensitive areas.
b. Interviewers/researchers	Not applicable.
c. Wider social groups <ul style="list-style-type: none"> How will you mitigate any potential for harm to those who have not taken part in the research? For example, research focussing on specific groups has the potential to impact the wider social group. Have you considered or sought the public's views on the research? 	<p>DAC's strategic aims are published on the DAC's website.</p> <p>Careful consideration will be given to the presentation of findings, given the sensitivity of the topic area. Domestic abuse affects every group in society so themes that emerge from the research will apply to many different groups.</p>

Relevant legislation	
Will your research comply with all relevant legislation?	Yes
For example: <ul style="list-style-type: none"> Anti-Terrorism, Crime and Security Act (2001) Crime and Disorder Act (1998) Data Protection Act (2018) Freedom of Information Act (2000) General Data Protection Regulation (2016) Health and Social Care Act (2012) Human Rights Act (1998) Mental Capacity Act (2005) Equality Act (2010) – Public Sector Equality Duty 	
Do you need to ensure compliance with any additional legislation, policy, code of practice or guidance?	

Summary
What are the key sensitivities? The key ethical issues are protecting against bias and adhering to data protection principles.
How are you addressing them? Possible bias includes commissioners and services wanting to present their practice and service delivery in a positive light or not responding to the survey or specific questions, e.g. if they do not provide services for children. To mitigate this risk of organisations presenting commissioning or service delivery in the best possible light, respondents were assured that no individual organisation or area would be identified, and data will be presented on an English region or Wales only basis. Similarly, commercially sensitive data is not reported on an individual organisation basis.
How often will you re-visit this research ethics assessment? After data collection, prior to writing the report and post project.



**domestic
abuse
commissioner**

The Domestic Abuse Commissioner for England and Wales
2 Marsham Street, London SW1P 4JA

commissioner@domesticabusecommissioner.independent.gov.uk

www.domesticabusecommissioner.uk