

Jumping through hoops:

How are coordinated responses to multiple disadvantage meeting the needs of women?



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Introduction

In 2017, Agenda and AVA published *Mapping the Maze*, which provided a broad picture of the support that homelessness, substance misuse, mental health and criminal justice services are providing to women.

This report explores the experiences of local areas across the country that are seeking to bring such services together to develop a more coordinated response for individuals facing multiple disadvantage, either using the MEAM Approach or as part of the Big Lottery's Fulfilling Lives programme.

The focus of this work tends to be on the practical coordination of homelessness, substance misuse, mental health and criminal justice services, alongside a commitment to ensuring that all relevant agencies in the area offer flexible service responses.

A minority of the beneficiaries in these local areas are women. While there has been progress on gender and trauma informed approaches across the sectors mentioned, little is known about how general services in these areas are responding to women's needs or how women-specific services, such as domestic and sexual violence services, are involved in coordinated approaches.

This small-scale research report explores these issues and seeks to answer the following three questions:

1. Is there a good understanding in these areas of the experiences and support needs of women experiencing multiple disadvantage and how these needs differ from men?
2. To what extent is good practice in supporting women with multiple disadvantage being followed in these areas?
3. What is the impact of a more coordinated approach and what do services/systems need to do to improve support for women experiencing multiple disadvantage?

By exploring these questions, we expect this report to help to improve practice across MEAM Approach and Fulfilling Lives areas and to ensure that women receive the support they need.

AVA led the research for this publication, supported by a steering group including MEAM, Agenda and St Mungos. In-depth research was undertaken in five areas and a survey was sent to 24 areas. The five areas were chosen by the steering group to reflect a mix of Fulfilling Lives and MEAM Approach areas and to include well-established areas as well as those which were relatively new to this work.

In these five areas AVA spoke to 25 women with lived experience, 17 practitioners from general statutory and voluntary services (including substance misuse, criminal justice, housing and mental health), 9 practitioners from specialist voluntary sector women's services and 6 coordinators. In addition, AVA received 22 survey responses from practitioners representing 17 areas.

The **MEAM Approach** is a non-prescriptive framework to help local areas design and deliver better coordinated services for people with multiple disadvantage. At the time of publication, 23 local areas across the country are using the MEAM Approach, supported by staff from the Making Every Adult Matter (MEAM) coalition.

The Big Lottery Fund's **Fulfilling Lives: Supporting people with multiple needs** programme is a £112m investment in twelve local areas to support local partnerships to develop better services and improve local systems for people facing multiple needs.

Question 1: Is there a good understanding in these areas of the experiences and support needs of women experiencing multiple disadvantage and how these needs differ from men?

We started our research by asking all participants what they understood by the terms multiple disadvantage and gender informed services.

- ‘Multiple disadvantage’ was seen as a current ‘buzz word’ with most respondents saying that it referred to someone who had experienced a variety of issues. Overall it was seen as a multi-layered concept describing often inter-linked and concurrent needs, with a cumulative impact. However, the word ‘disadvantage’ was seen as stigmatising and negative. The term ‘complex needs’ was more widely used, however there were also issues with this term as it is often used to exclude women from domestic and sexual violence services. Furthermore, respondents noted that any combination of needs can be complex, not just the issues included in this report.
- ‘Gender informed services’ generated much more debate and difference in opinion. Many respondents were unfamiliar with the term, although generally it was understood that it related to an awareness of the needs and requirements of specific genders and the provision of services to meet those needs. It also spoke to a commitment to equality and a recognition of diversity. A controversial issue among practitioners was whether men and women have different needs. Many mentioned that gender is not taken into account by services when planning provision for women and that there needs to be more recognition that women still experience gender discrimination that prevents them from accessing some services.

During the research, it became apparent that women with lived experience and service providers often had divergent views on women’s experiences, how these differ from men, and how this affects their support needs. Two main themes emerged relating to women’s experiences and how services responded:

Trauma

“When you are in a traumatic/abusive situation your body runs on adrenalin, but when you leave you become withdrawn, tired, lonely and you can’t cope. There is no safety net to catch you.”

Women experience trauma in very different ways to men. Trauma was a unifying characteristic for all the women we spoke to and interestingly it was more common for the women with lived experience to use the word ‘trauma’ than the practitioners/commissioners. Many women had a very real sense that what they had experienced did equate to complex trauma and felt that services were not designed to support their experiences and needs.

For the women in this study, the main trauma they referred to was abuse, namely child sexual abuse or domestic and sexual violence. Many women had experienced early developmental trauma which provided an added layer of complexity when added to their experiences in adulthood. Women frequently described a pattern of experiencing abuse, becoming homeless and using substances to cope, potentially becoming involved in criminal behaviour or prostitution and developing mental health issues. They reported that the impacts of trauma can make it feel impossible to cope with the additional barriers and obstacles posed by other complex needs, and indeed those posed by services themselves.

A common narrative across all the focus groups was the feeling that services can often re-traumatise women by the lack of joined up approaches, causing them to constantly re-tell their stories to multiple practitioners. One woman described services as feeling like ‘another abuser’, taking control of her again. The women felt that a failure to understand trauma and its impact on current behaviour and presenting needs, was a failure to work effectively with women.

Despite trauma and abuse being widespread, they are not one of the four areas of need as defined by the Big Lottery’s Fulfilling Lives programme and are not a direct focus in many MEAM Approach areas. This can lead to fewer women being identified in local research and caseload selection processes, and therefore fewer women being supported.

Children

“I’m never on my own in my thoughts, my son is always on my mind.”

The majority of women interviewed had had children removed. Many of these women had been teenage mothers and had previously been in care themselves.

Those women who still had custody of their children generally felt that they needed a lot more support both in terms of direct support for the children but also support for them as mothers to help understand their children’s behaviour. The impacts of domestic violence and coercive control were discussed frequently, with women feeling that social workers in particular needed more training to understand the impacts of abuse on children and on the mother-child relationship.

Women who had had their children removed felt as though services (in particular statutory social care services) abandoned them after the removal and that the grief and loss they felt was not acknowledged. This often led to internalised shame, guilt and a sense of not fulfilling societal expectations of what it means to be a woman (i.e. a mother, a care-taker and a home-maker). This became yet another form of trauma and could lead to more issues relating to mental ill health and substance misuse.

Question 2: To what extent is good practice in supporting women with multiple disadvantage being followed in these areas?

The research explored with local areas whether good practice on supporting women with multiple disadvantage was being followed. It looked specifically at twelve aspects of good practice, which were chosen by the steering group and influenced by research. Under each of these we outline what we found in the local areas:

There should be an alignment between clients' needs and service priorities

"Services want to fix us; we don't want to be fixed. It's going to take time"

Our research found that there was often a discrepancy between service priorities and client needs. In the current climate, there is a huge amount of pressure on staff to complete multiple forms and assessments which can leave women feeling unheard and unsupported. Additionally, funding cuts mean that women may see multiple workers over a short period. In one area, a woman reported having three different workers in four months. Out of hours support was also frequently mentioned. Most services only offer support Monday-Friday, 9-5, however, women are often particularly vulnerable during evenings and weekends. Women reported that evenings were a critical point for them, especially when facing multiple issues and that they felt vulnerable and unsupported during this time.

Services need to understand and address power dynamics

"You have to jump through hoops that are physically impossible to jump through."

There is often a power dynamic in services where workers are in a position of power (they are believed and trusted) whereas women themselves feel they are not. Respondents told us that some services were quick to label women as not engaging when actually the service wasn't trying hard enough to understand their needs or appropriately engage with them. This left the women feeling 'thrown aside' and invisible.

Mental health and other services need to be engaged

"They don't look below the surface as to why you are using. When a crisis hits, it's never just about one thing. We need a service that deals with all our issues, not in silos."

Across all the areas we spoke to, women named statutory mental health services as being the most difficult to access. We also found that there were particular problems with the engagement of mental health services in the local areas' multi-agency partnerships. Respondents told us that if appointments are missed, then often cases were closed and the

individual would need to be re-referred. Non-engagement is therefore seen as a refusal of services, not a common symptom of mental health, trauma and complex needs, when sometimes attending appointments can feel overwhelming and frightening.

The lack of engagement from mental health in local area partnerships was highlighted by us being unable to interview anyone from statutory mental health services, despite multiple requests. One practitioner described them as "the absent seat in meetings" and women and services alike found this very frustrating.

There must be an appropriate response to dual diagnosis

"They don't see addiction as a coping strategy to cope with mental health and other issues. When mental health treatment starts, it's easier to cope with addiction as you don't need to self-medicate."

Linked to the above, many respondents noted the lack of support for dual diagnosis – the co-existence of both mental health and substance misuse issues. Women described being 'batted from pillar to post', that most mental health services would not accept women until they were no longer using substances, and that substance misuse services wouldn't support people with mental health issues. This is an ongoing issue which requires urgent attention.

Practitioners need to build trusting relationships

"People who give up their time are magical. They say 'come in and have a brew', they say they'll be there for you. It makes a massive difference."

An over-arching theme from the women interviewed was how important a trusting relationship is - the need for a human connection. Respondents had mixed experiences of this from local services. They acknowledged that building trust can take time and that some services are under difficult time, funding and administrative pressures. They noted that failing to build trust can mean that women do not feel like a priority. Women's centre staff in particular, as well as some coordinators/navigators, were described as being more person-centred, making the time to listen and making women feel valued.

Body language is also vitally important. Women who have experienced trauma are often hyper-vigilant and will pay close attention to body language, eye contact and active listening. Reliability and trustworthiness are vital to them. There was a feeling from respondents that if you can't trust someone with the little things (i.e. ringing at an agreed time), there was no point trusting them with the real issues.

A trauma informed approach is vital

“Some people think that a trauma informed environment is putting a plant in a room!”

The women we interviewed were very clear that practitioners needed to develop a more trauma informed approach. Past experiences of trauma and complex needs can sometimes lead to conditioned behaviours, which serve as a psychological defence or coping strategy for women, but may feel very difficult to understand for an untrained worker. Some practitioners admitted that they found some women’s presenting behaviours difficult to respond to, with one commenting that *“women are more chaotic when they lose it”*.

Respondents felt that a trauma informed approach can help workers develop an environment and approach which recognises and responds to these past experiences. One specialist complex needs worker with Women’s Aid described her relational way of working whereby she takes time to sit, talk and listen. *“Simply having a cup of coffee with someone, makes them feel human. You get told more, you may find out stuff before the more relevant service due to creating an informal, trusting, person-centred relationship.”* Services that embrace ‘resilience over pathology’ are ones that women are much more likely to use and recommended.

The women’s sector needs to be actively involved

“Our service ranges from condoms and a pot-noodle to long term support!”

The women’s sector response (primarily voluntary-sector led) is crucial to supporting women facing multiple disadvantage. Women with lived experience were very clear that women-only services run by women who understand the impacts of abuse and trauma were their preferred source of support. This may include women’s refuges, women’s centres and projects aimed specifically at women using substances, in touch with the criminal justice system, or sex working. They also saw value in women-only spaces in more general services, if these were run well.

Women’s centres in general were very positively received by women in this study, as they appreciate having several support options under one roof. However, as one woman pointed out, this more relational, holistic support can mean that other services seem lacking in comparison: *“You can end up in a women’s centre bubble. The real world is different”*. Respondents also noted that their preferred model of one-to-one support was not always available in women’s services due to issues of capacity and funding constraints.

Despite the importance of the women’s sector, we found a mixed picture regarding its involvement in MEAM Approach and Fulfilling Lives partnerships. Some

women’s services knew of the coordinated approach but were not closely involved, while others had limited knowledge. Respondents also noted that some women-specific responses (notably domestic/sexual abuse residential services) cannot always support women with the most complex needs. Often this is due to the needs that women are presenting with being more complex and urgent than staff are able to deal with or have the capacity to fully support. This has been explored in more detail in AVA publications and the 2017 State of the Sector report from Clinks.¹

There needs to be an appropriate response to domestic violence for women with multiple disadvantage

“We have a 100-page business plan and domestic violence is not mentioned once.”

A common consensus among respondents was that typical domestic violence responses did not work for women with complex needs. Many practitioners felt that women facing multiple disadvantage were too complex to be dealt with at Multi Agency Risk Assessment Conferences (MARAC) where the focus is on leaving an abusive perpetrator. In many cases women facing multiple disadvantage may still be with the perpetrator, and many women said that domestic violence was not their top priority for support. This is at odds with most services’ risk assessment processes.

Respondents also discussed the role of refuges, noting that while they were beneficial, many refuges were unwilling or unable to accept women facing multiple disadvantage (especially substance misuse and mental health issues) leaving these women with few alternative options apart from more general services. Conversely, some respondents felt that refuge environments could re-traumatise some survivors (due to house rules, meetings and paperwork that felt overwhelming, and the difficulties that can arise in shared housing), or that once placed in a refuge other services may no longer see women as being in crisis or urgent need, which can lead to women feeling unsupported and refuge staff feeling overstretched.

It is important to have access to the right kinds of accommodation

“You need somewhere to go with human connections, where you get support and you are not trodden on.”

Most of the women we interviewed had been homeless at some point. All the areas in which we conducted interviews had seen an increase in the number of women rough sleeping, although the women felt these figures would under-represent the problem as women often hide out of sight due to concerns over safety and so are not picked up in data.

¹ Available here: <https://www.clinks.org/resources-reports-mapping/state-sector-reports>

The women felt that housing services showed a lack of understanding as to why women may be homeless including not understanding domestic abuse as a reason for homelessness. There were examples of vulnerable women who were street homeless being found not to be in priority need by local authorities and therefore told that there was no statutory duty to provide housing. It was hoped that the recent implementation of the Homelessness Reduction Act would improve the support provided to women approaching local authorities.

Many respondents felt that hostels and temporary accommodation were often unsuitable for women, not sufficiently tailored to their needs and could make women feel vulnerable and unsafe. Women discussed the inappropriateness of Houses in Multiple Occupation (HMOs) for women and the sexual abuse that many women had experienced in hostels. It was also felt that complex needs or previous criminal behaviour made it hard to get a tenancy.

Women spoke more favourably about women-only accommodation or women-only spaces in accommodation, but it was felt that these needed to be well-run and fully segregated from the male dominated environments to avoid women feeling unsafe, as described above.

Services need to be shaped by people with lived experience

“Service users who go on to become staff are like a visual aid for others.”

The women we spoke to felt that involving experts by experience was vital to success: *“By having a chance to have your voice heard, you start to get a different sense of identity in a more productive way, rather than knowing yourself as chaos and the rest of it”*. Unfortunately, this issue was the one least discussed by service providers, as opposed to women with lived experience, who were very clear that they wanted to be consulted at every stage of service design, development and delivery.

One practitioner commented that it was best practice to recruit ex-service users in order to provide better services on the ground that were more empathic and could offer a more unique, personalised service. The women reported that peer-led services and recruitment of ex-service users offers an empowering opportunity, as they move from someone receiving a service to someone involved in designing and delivering them. Women still accessing peer-led services reported feeling inspired and empowered by role models who have had similar experiences. This approach can lead to feelings of shame, guilt and isolation being transformed to feeling valued and respected because of the valuable contributions they have to offer. In one area, two-thirds of the women we spoke to were now working for a service that had previously supported them.

It is important to understand women’s circumstances, backgrounds and experiences

“On my records I’ve got 15 different diagnoses, I don’t even know what I’ve got myself now.”

Respondents made reference to women who face additional barriers on top of their other complex needs. For example, young women and older women may also be experiencing violence from family members; young women may not be able to access certain benefits and therefore some housing options are not available to them; young women are more likely to self-harm; older women may feel that they have coped for so long, it is not worth getting support now; older women’s mental health needs are not always recognised. Women from ethnic minorities may not have English as their first language and may have insecure immigration status; they may be wary of services due to fears of discrimination and racism; and a lack of cultural awareness from services can mean they do not understand some women’s individual needs.

People who have protected characteristics as defined by the Equalities Act are also more likely to face additional barriers to services. Respondents suggested that disabled women may find it harder to access some services and a lack of ground floor accommodation was reported in all areas studied. They noted that disabled survivors of abuse may also be regarded as vulnerable adults and that contact with local adult safeguarding teams should be made. It was reported that rates of abuse for LGBT people appear to be higher than the heterosexual population and they are also vulnerable to homo/bi/trans-phobic abuse. It was noted that individuals may fear talking to services as they also have to ‘come out’ to them as well as discussing their other needs.

There must be the right support in place for staff

“I’ve been a social worker, a GP and a housing officer this week!”

It was noted that services must recognise and respond to the impact of secondary trauma on staff: the vicarious trauma that staff themselves can experience due to hearing about the trauma suffered by the people they are supporting. Respondents felt that if a service is truly trauma informed (see section above) then it will be aware of the signs of secondary trauma and provide appropriate support and clinical supervision from the outset to try to reduce the amount of secondary trauma faced by staff. As one area manager asked *“How can we keep our staff motivated to come to work every day? We get more complex cases now, do people want to do that? Is it an attractive job?”* A refuge worker noted that they and a colleague each had 24 clients and felt like they were constantly juggling them. Many services were concerned that they are increasingly taking on more complex cases, and whilst they want to help, it is not sustainable in the long term.

Question 3: What is the impact of a more coordinated approach and what do services/systems need to do to improve support for women experiencing multiple disadvantage?

We asked women and service providers about the impact that a more coordinated approach was having in their local area and what more needed to be done. They told us that:

There were benefits and challenges arising from the coordinated approach

“Multi-agency working is our best weapon when it comes to supporting women.”

The women we spoke to in this study reported feeling lost and unsupported, because of having to re-tell their stories and an overwhelming number of appointments with different practitioners. They felt that these problems could be solved through more effective partnership working. Practitioners noted that services benefit from not having to deal with complex cases alone, gaining a more holistic view of their clients, having a better understanding of risk and safety planning and the ability to intervene earlier to prevent crisis or escalation of need.

In MEAM Approach areas, despite the mixed levels of involvement from those interviewed, there was clear evidence that the MEAM Approach (a non-prescriptive framework for developing a better coordinated approach) was a useful model. Having multi-agency meetings, shared databases and top down strategic buy-in offered a sound basis for systems change and a framework for supporting women with multiple disadvantage.

There were similar benefits reported in the Fulfilling Lives areas, for example in one area a shared database was enabling workers to input client information to prevent the need to retell stories to multiple services. Women can see their records and update them and there is a focus on strengths and assets as well as disadvantage.

Good practice examples from MEAM Approach and Fulfilling Lives areas included:

- Women-only drop-in services
- One lead specialist to help women navigate other services
- Multi-agency meetings
- Training for all staff on gender, trauma and multiple disadvantage
- Longer-term commissioning to allow projects to fully develop and embed
- Assertive outreach
- Peer support

- Shared standard practices and protocols
- Strategic partnerships chaired by the voluntary sector

Common challenges included:

- A lack of understanding and focus in some partnerships about women and multiple disadvantage
- Partners having different targets or priorities
- Competition for funding
- Reduced capacity
- Over-reliance on the voluntary sector to respond to more complex issues
- A fragmented approach when services are commissioned by different areas (ie: county and district)
- Lack of holistic risk assessments, which can be shared across services.

There was varied understanding/visibility of the coordinated approach in local areas

“Joint working is challenging in any context, but now there is a perfect storm of financial, social and political change nationally and locally, that makes people and organisations retreat into protectionism and competition for diminishing resources.”

Multi-agency working and collaboration was consistently highlighted as being vital when supporting women with multiple disadvantage. Unfortunately, it was also frequently an issue which women and service providers felt needed improvement, despite their local areas’ involvement in the MEAM Approach or Fulfilling Lives.

Generally, it seemed that while coordinated approaches seem to be happening at a strategic level, the practitioners working ‘on the ground’ with women were not always aware of the approach. Hopefully the longer-term funding and focus on systems change in MEAM Approach and Fulfilling Lives areas will allow change to filter down to all practitioners, some of whom currently do not feel part of this joined up approach.

There was limited involvement from women-specific services in the coordinated approaches

“All services need to work together to support women with complex needs from falling through the cracks.”

For the reasons discussed earlier in the report, there was often limited involvement from the women’s sector in coordinated approaches – with some notable exceptions. Women with the most complex needs were therefore often in a situation where typical domestic violence coordination and accommodation mechanisms (MARACs and refuges) didn’t work well for them, but neither did

the coordinated approaches developed under the MEAM Approach and Fulfilling Lives. Notable exceptions included:

- In one of the MEAM Approach areas, if a woman disengages from the MARAC process, a domestic violence specialist worker will do a joint visit with a health visitor. The area also coordinates regular MEAM panel meetings made up of a cross-section of services who share information about high risk homeless men and women.
- In one of the Fulfilling Lives areas, a complex needs worker post has been created. The post is part of Women's Aid but is able to offer support on a range of issues to women who decline Women's Aid services. A number of drop in services for mental health, substance misuse, health and housing are available. Refuges have individual units for women with complex needs as well as a specialist six-bed refuge. Domestic violence training and routine screening has been built into all substance misuse service contracts.
- In another Fulfilling Lives area, it was noted that in the first year of operation 91% of clients were male. The project lead challenged this and worked with a group of women with lived experience to co-produce a conference. This led to the creation of a Women's Voices Group, paid peer trainees and researchers, and an action plan dedicated to helping services engage with more women. Twenty five percent of the project's clients are now women.

Recommendations

The research has led the steering group to make five key recommendations:

1. MEAM Approach and Fulfilling Lives areas should ensure that they are involving women-specific services in their partnerships and that frontline staff working with women in all types of services are aware of the partnership's work.
2. MEAM Approach and Fulfilling Lives areas should ensure that their caseloads are reflective of local need and that they have an appropriate balance of men and women, including women who face additional needs. The support they provide should be gender and trauma informed.
3. MEAM Approach and Fulfilling Lives areas should ensure that the work of their partnerships are shaped by the voice and experience of women facing multiple disadvantage and that women with experience have a clear role in decision-making structures.
4. Women-specific services should explore whether they feel able to support women with the most complex needs and develop partnerships with other relevant services to improve their response to these women. Relevant structures (such as MARACs) should do the same.
5. Homelessness, substance misuse, mental health and criminal justice agencies should develop a clear understanding of what it means to be 'gender informed', build on existing good practice and ensure their services reflect this approach.

About the partners

AVA

AVA is an expert, ground-breaking and independent charity working across the UK. Our mission is to inspire innovation and collaboration and encourage and enable direct service providers to help end gender based violence and abuse particularly against women and girls.

www.avaproject.org.uk

MEAM

Making Every Adult Matter (MEAM) is a coalition of Clinks, Homeless Link and Mind, formed to improve policy and services for people facing multiple disadvantage. Together the charities represent over 1,300 frontline organisations and have an interest in the criminal justice, substance misuse, homelessness and mental health sectors.

www.meam.org.uk

Agenda

Agenda is the alliance for women and girls at risk. We exist to ensure that women and girls at risk of abuse, poverty, poor mental health, addiction and homelessness get the support and protection they need. We campaign for systems and services to be transformed; to raise awareness across sectors; and to promote public and political understanding of the lives of women and girls facing multiple disadvantage.

www.weareagenda.org

St Mungo's

St Mungo's is a charity and housing association working directly every day with people who are sleeping rough, in hostels and at risk of homelessness. From supporting people away from rough sleeping, through to helping people rebuild their lives and fulfil their hopes and ambitions, we're here for every step of the journey away from homelessness.

www.mungos.org

